**Section VI  MISSING INFORMATION CHART – Continued**

### 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.)

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Blocks of time</th>
<th>Reason</th>
<th>Will physician’s office provide missing data? (Mark X) (a)</th>
<th>Number of patients seen</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] Yes
- [ ] No

---

**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 D-74, Atlanta, GA 30333, ATTN: PRA (0607-0725).

- **Assurance of Confidentiality** - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

---

**1. Physician’s address:**

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

**3. Field Representative information**

**4. Record of telephone calls**

- **Call**
- **Date**
- **Time**
- **Results**

---

**U.S. DEPARTMENT OF COMMERCE**

**Economics and Statistics Administration**

**U.S. CENSUS BUREAU**

**ACTING AS DATA COLLECTION AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS**

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

**NATIONAL AMBULATORY MEDICAL CARE SURVEY 2007 PANEL**

**FORM NAMCS-1** (11-15-2006)
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 am 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 30 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 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. 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
   a. Your specialty is _________________________, is that right?
      1 Yes – SKIP to item 8
      2 No
   b. What is your specialty (including general practice)?
      __________
      (Name of specialty)
      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 –
   1 Patient care
   2 Research
   3 Teaching
   4 Administration
   5 Something else – Specify

9a. Do you directly care for any ambulatory patients in your work?
   1 Yes – SKIP to item 9c
   2 No – does not give direct care [9b PROBE]
   d. In addition to working in any of these settings, do you also see any ambulatory patients?
      1 Yes
      2 No – 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?
   1 Yes, cares for ambulatory patients
   2 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?
   1 Yes
   2 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?
   1 Yes
   2 No – SKIP to item 11 on page 4

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

Section V – PATIENT RECORD FORM CHECK

1. Who answered the questions in the Physician Induction Interview?
   Mark (X) all that apply.
   a. Sampled provider
   b. Office staff

2. Who completed the Patient Record forms?
   Mark (X) all that apply.
   a. Sampled provider
   b. Other – Specify
   c. FR – abstraction

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 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.

   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 1550092 through 1550097 are dated "1/12/2007" and the date on 1550095 is missing, enter "1/12/2007" 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
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?
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
- SKIP to item 12
- Telephone (Area code and number)

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)?

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.)

NOTES

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)

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

[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
- 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.

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

- CCS web user ID:

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

- CCS web password:
### Section I - TELEPHONE SCREENING - Continued

**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 III - NONINTERVIEW - Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>38.</strong></td>
<td>Why is provider unavailable or not in practice?</td>
</tr>
</tbody>
</table>

**Notes**: SKIP to item 40 on page 21

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>39a.</strong></td>
<td>What is the provider's new address?</td>
</tr>
</tbody>
</table>

- Number and street:
- City, State, ZIP Code:
- Telephone:

**b. Name of Field Representative**

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

**Notes**: Continue with item 40 on page 21

### Provider's Office Schedule

**FR INSTRUCTION**

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

<table>
<thead>
<tr>
<th>Day</th>
<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>
<td></td>
</tr>
<tr>
<td>P.M.</td>
<td></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>
<td></td>
</tr>
</tbody>
</table>
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?
   Number of office locations

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

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

   If > 26 weeks ask item 13c.

13c. You typically see patients fewer than half the weeks in each year. Is that correct?
   1 Yes – SKIP to item 13e.
   2 No – Please explain

13d. You typically see patients all 52 weeks of the year. Is that correct?
   1 Yes
   2 No – Please explain

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

f. At the office location where you see the most ambulatory patients:
   (1) How many physicians are associated with you?
      Number of physicians

   If number of other physicians is 0, SKIP to item 13f(3).

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

   (3) Are you a full- or part-owner, employee, or an independent contractor?
      1 Owner – Automatically mark “Physician or physician group” in item 13f(4)
      2 Employee
      3 Contractor

   (4) Who owns the practice?
      1 Physician or physician group
      2 HMO
      3 Community Health Center
      4 Medical/Academic health center
      5 Other hospital
      6 Other health care corporation
      7 Other – Specify

Final outcome of screening

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
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,  through Sunday, .

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

(FOR ALLERGISTS, FAMILY PRACTITIONERS, ETC. – IF ROUTINE CARE SUCH AS ALLERGY SHOTS, BLOOD PRESSURE CHECKS, AND SO FORTH WILL BE PROVIDED BY STAFF IN PHYSICIAN’S ABSENCE, MARK “YES.”)

b. Why is that? Record verbatim.

c. 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.
### Section II: INDUCTION INTERVIEW – Continued

**16a. At what office location(s) will you see ambulatory patients during your practice’s 7-day reporting period?**

**Monday—Sunday?**

---

**16b. Give FLASHCARD A (p. 14 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.**

- **Flashcard A**
  - Office number
  - Office locations
  - Circle FLASHCARD number
  - Mark (X)
  - In-scope
  - Out-of-scope

<table>
<thead>
<tr>
<th>Office No.</th>
<th>Office locations (Enter street address)</th>
<th>Circle FLASHCARD number</th>
<th>Mark (X)</th>
<th>In-scope</th>
<th>Out-of-scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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
  - (15) Faculty Practice Plan

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

- Yes – SKIP to item 16d
- No – SKIP to item 17a on page 9

**d. 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

---

**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.)

---

**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 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.

---

**Section II: INDUCTION INTERVIEW – Continued**

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

**Start With Number**

**Office number**

**Folio Number**

**OFFICE USE ONLY**

Number of PRFs completed

---

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

**PROBE:** 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.)

**PROBE:** If FLASHCARD number 13 (Health maintenance organization or other prepaid practice) is marked, ask –

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

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>Days physician will see patients that week</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>13-24</td>
<td>2</td>
<td>1</td>
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<tr>
<td>195-209</td>
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<td>10</td>
<td>10</td>
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<td>210-219</td>
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<td>10</td>
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<td>10</td>
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<td>220-254</td>
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<td>10</td>
<td>10</td>
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<td>255-319</td>
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<td>10</td>
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<td>320-364</td>
<td>30</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<td>10</td>
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<td>365+</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

Take Every Number

### 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.

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

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

<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></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.

Number of visits

### Section II  INDUCTION INTERVIEW – Continued

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?

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.

Yes . . 1 1 1 1
No . . 2 2 2 2

### Section II  INDUCTION INTERVIEW – Continued

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

Number of visits

### Section II  INDUCTION INTERVIEW – Continued

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.

Number of visits

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)?

Solo ............
NonSolo ............

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

How many

### Section II  INDUCTION INTERVIEW – Continued

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

Single ............
Multi ............
### Section II - INDUCTION INTERVIEW – Continued

<table>
<thead>
<tr>
<th>Office Location #1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Contractor</td>
<td></td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>How many</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

**e. 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.**

- Owner - 1111
- Employee - 1111
- Independent contractor - 1111

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

- Physician or physician group - 1111
- HMO - 1111
- Community Health Center - 1111
- Medical/Academic health center - 1111
- Other hospital - 1111
- Other health care corp - 1111

** 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)?**

- CT scan - Yes 1111
- Chemotherapy - Yes 1111
- Colonoscopy - Yes 1111
- EKG/ECG - Yes 1111
- Lab testing - Yes 1111
- Mammography - Yes 1111
- MRI - Yes 1111
- PET scan - Yes 1111
- Radiation therapy - Yes 1111
- Sigmoidoscopy - Yes 1111
- Spirometry - Yes 1111
- Ultrasound - Yes 1111
- X-Ray - Yes 1111

** REFER TO FLASHCARD C. **

32. Provider demographics –

- a. What is your year of birth? [ ] Male [ ] Female
- b. What is your sex? [ ] Hispanic or Latino [ ] Not Hispanic or Latino
- d. What is your highest medical degree? [ ] MD [ ] DO [ ] Nurse practitioner [ ] Physician assistant [ ] Nurse midwife [ ] Other [ ]

** REFER TO FLASHCARD G. **

- f. What is your primary specialty? Name of specialty Code
- g. What is your secondary specialty? Name of specialty Code
- h. What is your primary board certification? Board certification Code
- i. 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 INSTRUCTION**

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

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 – 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.

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

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

[ ] Yes [ ] No [ ] Don’t know

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

Item 30 should only be asked of GFP, IM, PD, OB/GYN, physicians and all providers at community health centers. Otherwise SKIP to item 31.

30a. Does your practice currently recommend the new Human Papillomavirus (HPV) vaccine?

[ ] Yes – SKIP to item 30c
[ ] No – Go to item 30b

d. Please indicate the reason(s) why your practice does NOT plan on recommending the HPV vaccine. Mark (X) all that apply.

REFER TO FLASHCARD F.

b. Does your practice plan on recommending the HPV vaccine?

[ ] Yes – Go to item 30c
[ ] No – SKIP to item 30d

c. What age group(s) does your practice recommend patients get the HPV vaccine? Mark (X) all that apply.

[ ] Females 9–12 years of age
[ ] Females 13–26 years of age
[ ] Females 27 years of age and older
[ ] Males 9–12 years of age
[ ] Males 13–26 years of age
[ ] Males 27 years age and older

Item 31 should only be asked of GFP, IM, PD, OB/GYN, physicians and all providers at community health centers. Otherwise SKIP to item 31.

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

[ ] 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?

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

Section II – INDUCTION INTERVIEW – Continued

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

[ ] Yes [ ] No [ ] Don’t know

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

(1) Nursing home visits

[ ] Approximately 0 [ ] 1–9 [ ] 10–29 [ ] 30 or more

(2) Other home visits

[ ] Approximately 0 [ ] 1–9 [ ] 10–29 [ ] 30 or more

(3) Hospital visits

[ ] Approximately 0 [ ] 1–9 [ ] 10–29 [ ] 30 or more

(4) Telephone consults

[ ] Approximately 0 [ ] 1–9 [ ] 10–29 [ ] 30 or more

(5) Internet/e-mail consults

[ ] Approximately 0 [ ] 1–9 [ ] 10–29 [ ] 30 or more

20. Does your practice submit claims electronically?

[ ] Yes, all electronic
[ ] Yes, part paper and part electronic
[ ] No

SKIP to item 30d

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

(1) Patient demographic information?

[ ] Yes [ ] No [ ] Don’t know

If Yes, ask – (a) Does this include patient problem lists?

[ ] Yes [ ] No

(2) Orders for prescriptions?

[ ] Yes [ ] No [ ] Don’t know

If Yes, ask – (a) Are there warnings of drug interactions or contraindications provided?

[ ] Yes [ ] No

(b) Are prescriptions set electronically to the pharmacy?

[ ] Yes [ ] No

(3) Orders for tests?

[ ] Yes [ ] No [ ] Don’t know

If Yes, ask – (a) Are orders sent electronically?

[ ] Yes [ ] No

(4) Viewing Lab results?

[ ] Yes [ ] No [ ] Don’t know

If Yes, ask – (a) Are out of range levels highlighted?

[ ] Yes [ ] No

(5) Viewing Imaging results?

[ ] Yes [ ] No [ ] Don’t know

If Yes, ask – (a) Are electronic images returned?

[ ] Yes [ ] No

(6) Clinical notes?

[ ] Yes [ ] No [ ] Don’t know

If Yes, ask – (a) Do they include medical history and follow up notes?

[ ] Yes [ ] No

(7) Reminders for guideline-based interventions and/or screening tests?

[ ] Yes [ ] No [ ] Don’t know

(8) Public health reporting?

[ ] Yes [ ] No [ ] Don’t know

If Yes, ask – (a) Are notifiable diseases sent electronically?

[ ] Yes [ ] No
22. 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 21b, last column, any component(s) turned off.

☐ No

☐ Unknown

23. 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.

24a. 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.)

☐ %

REfer to Flashcard D.

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 25a

☐ Less than 3

☐ 3 to 10

☐ More than 10

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

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.

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

FR NOTE – Categories should sum close to 100%.

24b. Percent of patient care revenue

☐ %

24c. Percent of revenue from managed care

☐ %

25a. Which of the following factors are taken into account for your patient care compensation (e.g., base pay, bonuses, or withholdings)?

(1) Your productivity (e.g., number of cases seen per time period)?

☐ Yes ☐ No ☐ Don’t know

(2) Patient satisfaction (e.g., results of patient surveys)?

☐ Yes ☐ No ☐ Don’t know

(3) Quality of care (e.g., rates of preventive care services)?

☐ Yes ☐ No ☐ Don’t know

(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 25a, then ask item 25b. Otherwise, SKIP to item 26.

b. Are performance measures on your practice available to the public?

☐ Yes

☐ No

☐ Don’t know

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

Percent of patient care revenue

☐ %

27. 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?

☐ %

REfer to Flashcard E.

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

☐ Private insurance –

(a) Capitated?

☐ %

(b) Non-capitated?

☐ %

(c) Medicare?

☐ %

(d) Medicaid?

☐ %

(e) Workers compensation?

☐ %

(f) Self-pay?

☐ %

(g) No charge?

☐ %

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

FR NOTE – Categories should sum close to 100%.

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

☐ Yes

☐ No – SKIP to item 29

☐ Don’t know – SKIP to item 29

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

(1) Private insurance –

(a) Capitated?

☐ Yes ☐ No ☐ Don’t know

(b) Non-capitated?

☐ Yes ☐ No ☐ Don’t know

(c) Medicare?

☐ Yes ☐ No ☐ Don’t know

(d) Medicaid?

☐ Yes ☐ No ☐ Don’t know

(e) Workers compensation?

☐ Yes ☐ No ☐ Don’t know

(f) Self-pay?

☐ Yes ☐ No ☐ Don’t know

(g) No charge?

☐ Yes ☐ No ☐ Don’t know

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

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

Percent of revenue from managed care

☐ %
Section II  INDUCTION INTERVIEW – Continued

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

☐ Yes – Please specify ☐ No ☐ Unknown

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

23. 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.

24a. 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 

☐ None – SKIP to item 25a

☐ Less than 3

☐ 3 to 10

☐ More than 10

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?

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.

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

If necessary read: 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.

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 25a

☐ Less than 3

☐ 3 to 10

☐ More than 10

REFER TO FLASHCARD D.

25a. 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)? .................................................

☐ Yes ☐ No ☐ Don’t know

(2) Patient satisfaction (e.g., results of patient surveys)? .................................................................

☐ Yes ☐ No ☐ Don’t know

(3) Quality of care (e.g., rates of preventive care services)? ...............................................................  

☐ Yes ☐ No ☐ Don’t know

(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 25a, then ask item 25b. Otherwise, SKIP to item 26.

b. Are performance measures on your practice available to the public?

☐ Yes ☐ No ☐ Don’t know

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

Percent of patient care revenue 

☐ None – SKIP to item 25a

☐ Less than 3

☐ 3 to 10

☐ More than 10

FR NOTE – Categories should sum close to 100%.

27. Roughly, what percentage of the patient care revenue received by this practice comes from each of the following methods of payment?

(1) Usual, customary and reasonable fee-for-service?

Percent of patient care revenue 

☐ None – SKIP to item 25a

☐ Less than 3

☐ 3 to 10

☐ More than 10

FR NOTE – Categories should sum close to 100%.

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

☐ Yes ☐ 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 (all in-scope locations)?

(1) Private insurance –

(a) Capitated? ..................................................

☐ Yes ☐ No ☐ Don’t know

(b) Non-capitated? ...........................................

☐ Yes ☐ No ☐ Don’t know

(2) Medicare? ...................................................

☐ Yes ☐ No ☐ Don’t know

(3) Medicaid? ...................................................

☐ Yes ☐ No ☐ Don’t know

(4) Workers compensation? ............................

☐ Yes ☐ No ☐ Don’t know

(5) Self-pay? ...................................................

☐ Yes ☐ No ☐ Don’t know

(6) No charge? ..............................................

☐ Yes ☐ No ☐ Don’t know
**Section II – INDUCTION INTERVIEW – Continued**

### 29a. Roughly, what percent of your daily visits are same day appointments?
- Yes
- No
- Don’t know

### 29b. Does your practice set time aside for same day appointments?
- Yes
- No
- Don’t know

### 29c. 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

### 30a. Does your practice currently recommend the new Human Papillomavirus (HPV) vaccine?
- Yes
- No
- Don’t know

### 30b. Does your practice have a computerized system for –

<table>
<thead>
<tr>
<th>Item</th>
<th>Mark (X) all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Patient demographic information?</td>
</tr>
<tr>
<td>(2)</td>
<td>Orders for prescriptions?</td>
</tr>
<tr>
<td>(3)</td>
<td>Surveys?</td>
</tr>
<tr>
<td>(4)</td>
<td>Reminders for guideline-based interventions and/or screening tests?</td>
</tr>
</tbody>
</table>

### 31. Do you offer any type of cervical cancer screening?
- Yes
- No
- Don’t know

---

**Section II – INDUCTION INTERVIEW – Continued**

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

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

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

<table>
<thead>
<tr>
<th>Encounter Type</th>
<th>Number of Encounters per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Nursing home visits</td>
<td></td>
</tr>
<tr>
<td>(2) Other home visits</td>
<td></td>
</tr>
<tr>
<td>(3) Hospital visits</td>
<td></td>
</tr>
<tr>
<td>(4) Telephone consults</td>
<td></td>
</tr>
</tbody>
</table>

### 20. Does your practice submit claims electronically (Electronic billing)?
- Yes, all electronic
- Yes, part paper and part electronic
- No
- Don’t know

### 21a. Does your practice use electronic MEDICAL RECORDS (not including billing records)?
- Yes, all electronic
- Yes, part paper and part electronic
- No
- Don’t know

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

<table>
<thead>
<tr>
<th>System</th>
<th>Mark (X) all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Patient demographic information?</td>
</tr>
<tr>
<td>(2)</td>
<td>Orders for prescriptions?</td>
</tr>
<tr>
<td>(3)</td>
<td>Surveys?</td>
</tr>
<tr>
<td>(4)</td>
<td>Reminders for guideline-based interventions and/or screening tests?</td>
</tr>
</tbody>
</table>

---

Ask of all physicians/providers

- Is provider part of the community health center sample?
  - 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
  - No – SKIP to FR INSTRUCTION on page 15
### Section II - INDUCTION INTERVIEW - Continued

#### 32. Provider demographics –

- **a. What is your year of birth?**
  - [ ] Male
  - [ ] Female

- **b. What is your sex?**
  - [ ] Hispanic or Latino
  - [ ] Not Hispanic or Latino

- **c. What is your ethnicity?**
  - [ ] White
  - [ ] Black/African-American
  - [ ] Asian
  - [ ] Native Hawaiian/Other Pacific Islander
  - [ ] American Indian/Alaska Native

- **d. What is your race?**
  - [ ] MD
  - [ ] DO
  - [ ] Nurse practitioner
  - [ ] Physician assistant
  - [ ] Nurse midwife
  - [ ] Other

- **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?**

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

- **j. What year did you graduate medical school?**
  - [ ] Yes
  - [ ] No

- **k. Did you graduate from a foreign medical school?**
  - [ ] Yes
  - [ ] No

---

### Section II - INDUCTION INTERVIEW - Continued

**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.

Office No.                  Location Name Position

1
2
3
4

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></td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>0-12</td>
<td>1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>13-24</td>
<td>2 1 1 1 1 1 1</td>
</tr>
<tr>
<td>25-39</td>
<td>3 2 1 1 1 1 1</td>
</tr>
<tr>
<td>40-44</td>
<td>4 2 2 1 1 1 1</td>
</tr>
<tr>
<td>45-49</td>
<td>4 2 2 2 2 2 2</td>
</tr>
<tr>
<td>50-64</td>
<td>5 3 2 2 2 2 2</td>
</tr>
<tr>
<td>65-74</td>
<td>10 3 2 2 2 2 2</td>
</tr>
<tr>
<td>75-89</td>
<td>10 4 3 2 2 2 2</td>
</tr>
<tr>
<td>90-104</td>
<td>10 4 3 3 3 3 3</td>
</tr>
<tr>
<td>105-114</td>
<td>10 5 3 3 3 3 3</td>
</tr>
<tr>
<td>115-129</td>
<td>10 5 4 3 3 3 3</td>
</tr>
<tr>
<td>130-134</td>
<td>15 10 4 3 3 3 3</td>
</tr>
<tr>
<td>135-154</td>
<td>15 10 4 4 4 4 4</td>
</tr>
<tr>
<td>155-174</td>
<td>15 10 5 4 4 4 4</td>
</tr>
<tr>
<td>175-194</td>
<td>15 10 5 5 5 5 5</td>
</tr>
<tr>
<td>195-209</td>
<td>20 10 10 5 5 5 5</td>
</tr>
<tr>
<td>210-219</td>
<td>20 10 10 10 5 5 5</td>
</tr>
<tr>
<td>220-254</td>
<td>20 10 10 10 10 10 10</td>
</tr>
<tr>
<td>255-319</td>
<td>25 15 10 10 10 10 10</td>
</tr>
<tr>
<td>320-364</td>
<td>30 15 10 10 10 10 10</td>
</tr>
<tr>
<td>365+</td>
<td>30 30 30 30 30 30 30</td>
</tr>
</tbody>
</table>

**Take Every Number**
Section II – INDUCTION INTERVIEW – Continued

16a. At what office location(s) will you see ambulatory patients during your practice’s 7-day reporting period Monday through Sunday, __________? If refusal (Final=3) or unavailable (Final=4) record locations where ambulatory patients are normally seen.

PROBE: Are there any other office locations at which you will see ambulatory patients during that 7-day report 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. 14 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/urgent care) 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.)

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 determine the Start With (SW) number read down the "If Take Every Number is" column and find the Start With 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.

---

START WITH NUMBER

To determine the Start With (SW) number read down the "If Take Every Number is" column and find the Start With 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.

Office number

Folio Number

Number of PRFs completed

OFFICE USE ONLY

Number of PRFs completed

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 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.

---

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 on page 9

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 on page 9
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.

### Section II - INDUCTION INTERVIEW

34a. 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.

**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 Dr. __________________. 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 I TELEPHONE SCREENER Continued

### 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>

### 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>
</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.

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

| 1. Yes – SKIP to item 13e.  
| 2. No – Please explain |

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

| 1. Yes  
| 2. No – Please explain |

### 13e. 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. 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

   - If number of other physicians is 0, SKIP to item 13f(3).

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

### 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 –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 III NONINTERVIEW

35. What is the reason the provider did not participate in this study?

   - Refused/Breakoff –SKIP to item 37a
   - Non-office based
   - See no ambulatory patients
   - Refired
   - Deceased
   - Temporarily not practicing –SKIP to item 38 on page 20
   - Can’t locate
   - Not licensed
   - Moved out of U.S.
   - 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

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

   - During telephone screening [Mark (X) one.]
   - 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

   - During telephone screening [Mark (X) one.]

37b. By whom?

   - 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

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37e. 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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>38.</strong> Why is provider unavailable or not in practice?</td>
<td></td>
<td></td>
<td><strong>SKIP to item 40 on page 21</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>39a.</strong> What is the provider’s new address?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NOTEE

**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>A.M.</td>
<td>A.M.</td>
<td>A.M.</td>
<td>A.M.</td>
<td>A.M.</td>
<td>A.M.</td>
</tr>
<tr>
<td>P.M.</td>
<td>P.M.</td>
<td>P.M.</td>
<td>P.M.</td>
<td>P.M.</td>
<td>P.M.</td>
<td>P.M.</td>
</tr>
</tbody>
</table>

**NOTES**
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

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

10a. Number and street
10b. City
10c. State
10d. ZIP Code
10e. Telephone (Area code and number)

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

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 ___________ (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.)

NOTES
**Section I  TELEPHONE SCREENER**

**Section V  PATIENT RECORD FORM CHECK**

**CHECK ITEM D**

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

   **Field Representative check list**  
   - [ ] Office check list

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

   **Office check list**

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

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.

   **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.

   **Check list list**

   a. Yes – SKIP to item 8
   b. No – does not give direct care (9b PROBE)

   **Field Representative**

   **Office check list**

   a. Check for missing Patient Record forms (e.g., if the last completed Patient Record form 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 1550097 through 1550099 are dated “1/12/2007” and the date on 1550098 is missing, enter “1/12/2007” 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.

**Section I  TELEPHONE SCREENER**

7. Specialty

   a. Your specialty is _________________________.  
   - [ ] Yes – SKIP to item 8
   - [ ] No

   **Code**

   (Name of specialty)

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

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

   a. Patient care
   b. Research
   c. Teaching
   d. Administration
   e. 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)

   **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?**

9b. **Do not longer in practice – SKIP to item 11 on page 4**

   a. Yes, cares for ambulatory patients
   b. 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

   **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.

   **Field Representative**

   **Office check list**

   a. Check for missing Patient Record forms (e.g., if the last completed Patient Record form 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 1550097 through 1550099 are dated “1/12/2007” and the date on 1550098 is missing, enter “1/12/2007” 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**

   If “Yes” to item 9d, all of the following questions are concerned with the private patients.
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 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 30 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 308(d) of the Public Health Service Act (42, U.S. Code, 242d(m)) 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 VI  MISSING INFORMATION CHART – Continued

#### 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.)

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Blocks of time</th>
<th>Reason</th>
<th>Will physician's office provide missing data? (Mark X)</th>
<th>Number of patients seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
</tr>
</tbody>
</table>

### 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</th>
<th>Item number(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
</tr>
</tbody>
</table>

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

- Yes
- No

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**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 D-74, Atlanta, GA 30333, ATTN: PRA (0607-0725).

**Assurance of Confidentiality** - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Physician’s address:

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

3. Field Representative information

**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>
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<td></td>
<td></td>
</tr>
<tr>
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