**AMBULATORY UNIT RECORD**

National Hospital Ambulatory Medical Care Survey 2008 Panel

**Section A – AMBULATORY UNIT INFORMATION**

a. Is this ambulatory unit part of an emergency or outpatient department?

- □ ED – Mark (X) type
  - 1. General
  - 2. Adult
  - □ Urgi-/Fast track
  - □ Trauma

- □ OPD – Mark (X) specialty
  - 1. GM
  - 2. SURG
  - □ OBG
  - □ Substance Abuse
  - □ Other

b. AU No. of Total AU’s sampled within the ED or OPD

c. Hospital number

d. Hospital name

1. Enter the name of the (emergency service area/clinic). (If no name, identify it by location, service type, or some other unique identifier.)

   Name

2. Where is the (emergency service area/clinic) located?

   - □ Onsite at hospital
   - □ Elsewhere – Specify

   Address (Number and street)

   City/State

   ZIP Code

3. What is the name, title, and telephone number of the director of the (emergency service area/clinic)?

   Name

   Title

   Telephone (Area code and number)

CHECK ITEM A

Is this an OPD Clinic whose specialty is GM or OB/G?

   1. Yes, Continue to Item 4
   2. No, Skip to Section B

4. Does this clinic offer any type of cervical cancer screening?

   1. Yes – Leave NHAMCS-906
   2. No
   3. Unknown

**Section B – SAMPLE INFORMATION**

1. Take every number

2. Random start number

3. Estimated number of visits in this AU during reporting period

   REPORTING PERIOD

   From: / / 

   To: / /

   (Month/Day/Year)

   From the Sampling Plan:

   If a sampling plan is not required, item 6 is the AU No. from Section A, items b. Items 7 and 8 are each 1.

   SU number

   Numerator

   Denominator

   What was the total number of patient visits to this AU from (dates specified in B5)? (Refer to patient logs, etc. Ask if necessary DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)

   WEEKLY NUMBER OF VISITS:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

   WEEKLY NUMBER OF FORMS:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>-</td>
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</tbody>
</table>

**Notice**

Public reporting burden of this collection of information is estimated to average 60 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 (0920-0278).
Section C – EMERGENCY SERVICES/OUTPATIENT CLINIC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
<th>Mark (X) ONLY one</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td>Open 24 hours (c)</td>
</tr>
<tr>
<td>Monday</td>
<td>FROM a.m. TO a.m.</td>
<td>☐</td>
</tr>
<tr>
<td>Tuesday</td>
<td>FROM a.m. TO a.m.</td>
<td>☐</td>
</tr>
<tr>
<td>Wednesday</td>
<td>FROM a.m. TO a.m.</td>
<td>☐</td>
</tr>
<tr>
<td>Thursday</td>
<td>FROM a.m. TO a.m.</td>
<td>☐</td>
</tr>
<tr>
<td>Friday</td>
<td>FROM a.m. TO a.m.</td>
<td>☐</td>
</tr>
<tr>
<td>Saturday</td>
<td>FROM a.m. TO a.m.</td>
<td>☐</td>
</tr>
<tr>
<td>Sunday</td>
<td>FROM a.m. TO a.m.</td>
<td>☐</td>
</tr>
</tbody>
</table>

Open 24 hours (c) ☐ Not open (d) ☐ Hours vary (e) ☐

2. How many separate shifts are there in this unit? Number of separate shifts

3. How many separate patient registration logs are maintained in this unit? Number of logs

Section D – VERIFICATION OF ESTIMATED VISITS

Verify with ED/Clinic director BEFORE data collection begins (and records have been pulled).

1. According to our information, about (Number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate? ☐ Yes – SKIP to section F, page 3 ☐ No

2. About how many visits do you expect during the reporting period, _____ to _____? Revised estimate

Determine if new Take Every and Random Start numbers must be calculated for this clinic.

3a. Divide the revised estimate by the original estimate from B-3.

Revised estimate = Original estimate

(Result)

b. Is the result of (a) between 0.7 and 1.3? ☐ Yes – SKIP to section F, page 3 ☐ No

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ESA/CLINIC

1. Calculate new sampling Take Every, using the appropriate table (page 2 or 4) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4). New Take Every

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101. New Random Start
## Section F - DATA COORDINATOR AND HOSPITAL STAFF

Enter the name, title, shift, and telephone number of the data coordinator and hospital staff involved in the data collection.

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Name</th>
<th>Title</th>
<th>Shift</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section G - PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were **ACTUALLY** used by the unit.

   **FIRST FOLIO**
   - FROM: [ ]
   - TO: [ ]

   **SECOND FOLIO**
   - FROM: [ ]
   - TO: [ ]

   **THIRD FOLIO**
   - FROM: [ ]
   - TO: [ ]

2. Of the completed PRF’s in this ESA, how many had a visit disposition (item 11) of "Admit to hospital"?

   - Number of PRFs with visit disposition of "Admit to hospital" [ ]
   - If the number of PRFs given above is 0, then return to the ED for an explanation and write it in the "NOTES" section below. If an error was found in sampling or recording the disposition, then make the correction and note it below.

3. Did you complete a NHAMCS-105, Hospital Admission Log for any PRFs where the patient was admitted to the hospital?

   - 1. Yes
   - 2. No

**NOTE** - On average, about 12 percent of ED visits result in hospital admission; therefore, it would be unusual to have no PRFs with this disposition during the 4-week reporting period.

### NOTES
###Section H - FINAL DISPOSITION

####1. FINAL DISPOSITION

- **Ambulatory unit**
  - [ ] Participated
  - [ ] Patients seen, Continue to Item 2
  - [ ] No patients seen
  - [ ] Refused
  - [ ] Closed
  - [ ] Temporary
  - [ ] Permanent
  - [ ] Ineligible
  - [ ] AU not under auspices of hospital
  - [ ] Only ancillary services provided
  - [ ] Care not provided by or under the direct supervision of a physician
  - [ ] Clinic classified as out-of-scope
  - [ ] Other – Specify

  *SKIP to Item 3*

####2. Who completed the patient record forms?

*Mark (X) all that apply*

- [ ] Hospital staff
- [ ] FR – abstraction DURING reporting period
- [ ] FR – abstraction AFTER reporting period
- [ ] Other – Specify

####3. DISPOSITION OF NHAMCS-906

**Cervical Cancer Screening Supplement**

- [ ] Completed
- [ ] Refused
- [ ] Not applicable – Clinic not eligible for CCSS

###NOTES