OMB No. 0920-0278 Sheet sheets

NOTICE - Public reporting burden of this collection of information is included in **NOTICE** – Public reporting burden of this collection of information is included in the 60 minute burden associated with the Ambulatory Unit Record, 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 Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278). Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Effciency Act (PL-107-347).

FORM **NHAMCS-103** (10-20-2008)

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR THE
NATIONAL CENTER FOR
HEALTH STATISTICS CENTERS FOR DISEASE CONTROL AND PREVENTION

1. Clinic/Service Area/ASC Name

2. Sampling Take Every

3. Random Start Number

## **PATIENT VISIT LOG** NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

**NOTE** – Hospital is to retain log after completion of study. This log is for optional use. Put a check mark ( $\nu$ ) in column (f) "Sample" next to each patient selected for the sample of visits.

MEDICAL CARE SURVEY			each patient selected for the sample of visits.		
Line No.	Date of visit	Patient name	Patient record/ identification number	Remarks	Sample  Mark () for patient(s) selected for sample of visits.
(a)	(b)	(c)	(d)	(e)	(f)
					$\vdash$