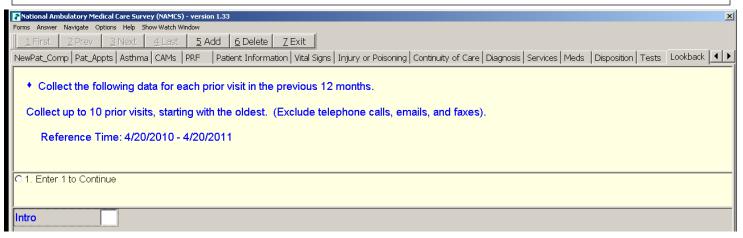
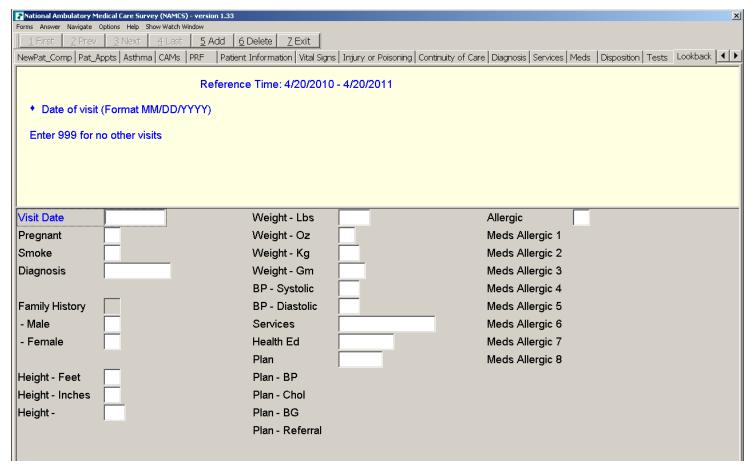
NOTICE: Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An 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 Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0234).

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 the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

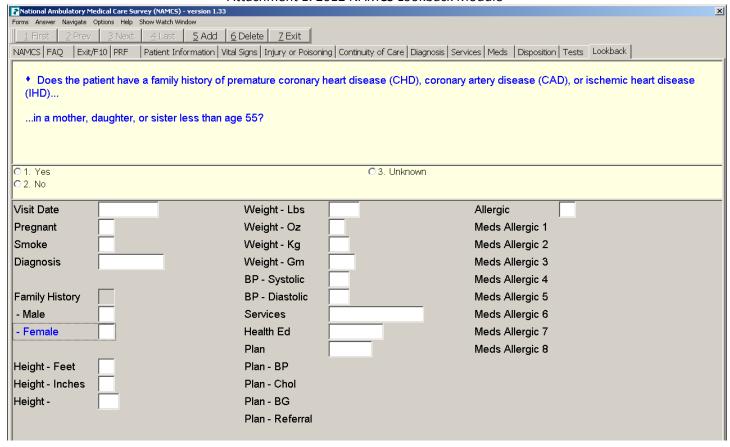
OMB No 0920-0234: Approval expires 03/31/2013





National Ambulatory Medical Care Survey (NA™	11.51 - version 1.33	
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NewPat_Comp Pat_Appts Asthma CAM	Is PRF Patient Information Vital Signs Injury or Poisoning	Continuity of Care Diagnosis Services Meds Disposition Tests Lookback
Was the patient pregnant at	the time of the visit?	
C 1. Yes C 2. No		
Visit Date	Weight - Lbs	Allergic
	— ·	
Pregnant	Weight - Oz	Meds Allergic 1
Smoke	Weight - Kg	Meds Allergic 2
Diagnosis	Weight - Gm	Meds Allergic 3
January I		
	BP - Systolic	Meds Allergic 4
Family History	BP - Diastolic	Meds Allergic 5
- Male	Services	Meds Allergic 6
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		Care Diagnosis Services Meds Disposition Tests Lookback
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Does the patient now have		
i i		
Enter all that apply, separate with commas		
I 1. NONE	□ 7. Ischemic heart di	
2. Cerebrovascular disease/history of stroke or tra		sease
3. Congestive heart failure (CHF)	and on the reservoir and add on the reservoir	
□4. Diabetes		
5. Hypertension		
6. Hyperlipidemia		
Visit Date	Weight - Lbs	Allergic
Pregnant	Weight - Oz	Meds Allergic 1
Smoke	Weight - Kg	Meds Allergic 2
Diagnosis	Weight - Gm	Meds Allergic 3
	BP - Systolic	Meds Allergic 4
		-
Family History	BP - Diastolic	Meds Allergic 5
- Male	Services	Meds Allergic 6
- Female	Health Ed	Meds Allergic 7
	Plan	Meds Allergic 8
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Skipping height through BP systolic screens- simply asks to fill in the number for: Height (Feet), Height (Inches), Height (Centimeters), Weight (Pounds), Weight (Ounces), Weight (Kilograms), Weight (Grams).

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Pregnant		Weight - Oz	Meds Allergic 1
Smoke		Weight - Kg	Meds Allergic 2
Diagnosis		Weight - Gm	Meds Allergic 3
Biagnosis		BP - Systolic	Meds Allergic 4
Family History		BP - Diastolic	Meds Allergic 5
- Male		Services	Meds Allergic 6
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			e blood pressure measurement
Enter 99	98 for P, PAL, DOPP, or DOP	PLER	
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Pregnant		Weight - Oz	Meds Allergic 1
Smoke		Weight - Kg	Meds Allergic 2
Diagnosis		Weight - Gm	Meds Allergic 3
		BP - Systolic	Meds Allergic 4
Family History		BP - Diastolic	Meds Allergic 5
- Male		Services	Meds Allergic 6
- Female		Health Ed	Meds Allergic 7
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Enter all that a	pply, separate with commas					
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	ohemoglobin A1c)		9. Basic metabolic	panel		
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5. Creatinine						
☐ 6. Potassium Visit Date		Weight - Lbs		Allergic		
Pregnant		Weight - Oz		Meds Allergic 1		
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Diagnosis		Weight - Gm		Meds Allergic 3		
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Enter all that ap	oply, separate with commas					
1. NONE						
	Reduce fat/cholesterol					
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Smoke		Weight - Kg		Meds Allergic 2		
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	_	BP - Systolic	_	Meds Allergic 4		
Family History		BP - Diastolic		Meds Allergic 5		
- Male		Services		Meds Allergic 6		
- Female		Health Ed		Meds Allergic 7		
		Plan		Meds Allergic 8		
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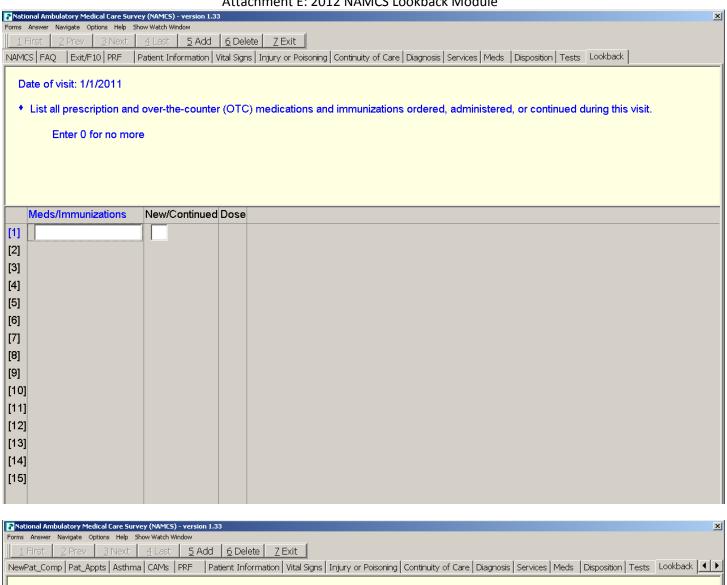
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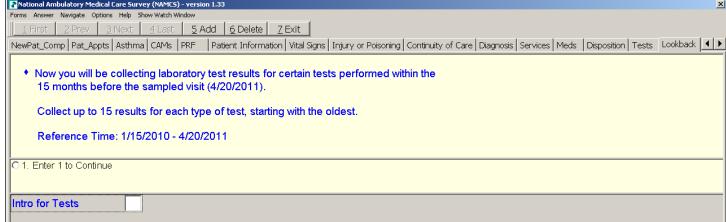
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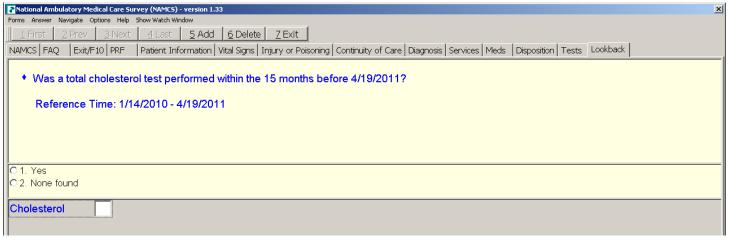
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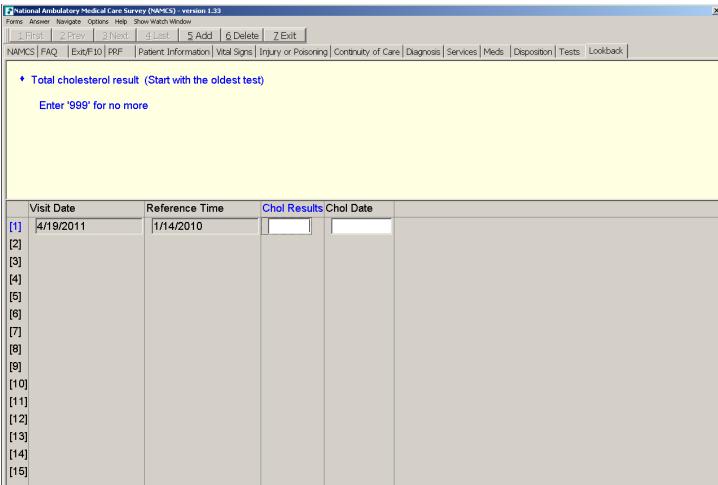
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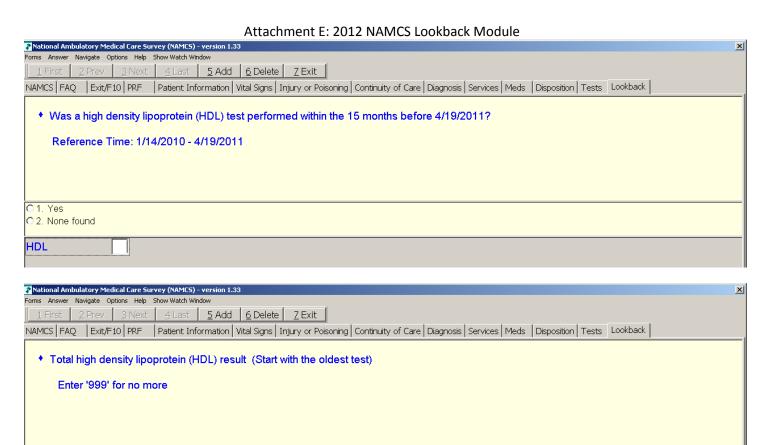
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	Visit Date	Reference Time	HDL Results HDL Date
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