

## NHAMCS OPD Screen Shots

**OMB No. 0920-0278; Exp. Date:** \_\_\_\_\_

**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 Efficiency Act (PL-107-347).

**Notice** – Public reporting burden for this collection of information is estimated to average 14 minutes per response, including 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 current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).

**National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24**

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition

---

**1 of 1 PRF's      MRN:      NHAMCS-100(OPD)      PATIENT INFORMATION**

<p>♦ Enter patient's first name</p> <input style="width: 90%;" type="text"/>	<p>♦ Age</p> <input style="width: 80%;" type="text"/>	<p>♦ Expected source(s) of payment for THIS VISIT. (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. Private Insurance  <input type="checkbox"/> 2. Medicare  <input type="checkbox"/> 3. Medicaid or CHIP  <input type="checkbox"/> 4. Worker's compensation  <input type="checkbox"/> 5. Self-pay  <input type="checkbox"/> 6. No charge /Charity  <input type="checkbox"/> 7. Other  <input type="checkbox"/> 8. Unknown</p>
<p>♦ Enter patient's middle name</p> <input style="width: 90%;" type="text"/>	<p>♦ Enter time period    <input type="radio"/> 1. Days    <input type="radio"/> 3. Years  <input type="radio"/> 2. Months</p>	<p>♦ Tobacco Use</p> <p><input type="radio"/> 1. Not current  <input type="radio"/> 2. Current  <input type="radio"/> 3. Unknown</p>
<p>♦ Enter patient's last name</p> <input style="width: 90%;" type="text"/>	<p>♦ Sex    <input type="radio"/> 1. Female  <input type="radio"/> 2. Male</p>	<p>♦ Race (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. White  <input type="checkbox"/> 2. Black or African American  <input type="checkbox"/> 3. Asian  <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> 5. American Indian or Alaska Native</p>
<p>♦ Enter the patient's medical record number</p> <input style="width: 90%;" type="text"/>	<p>♦ Is patient pregnant?    <input type="radio"/> 1. Yes  <input type="radio"/> 2. No</p>	<p>♦ Date of visit (arrival) (Format MM/DD/YYYY)</p> <input style="width: 80%;" type="text"/>
<p>♦ Patient's 5 digit zip code. (Enter "1" if homeless)</p> <input style="width: 80%;" type="text"/>	<p>♦ Ethnicity    <input type="radio"/> 1. Hispanic or Latino    <input type="radio"/> 2. Not Hispanic or Latino</p>	<p>♦ Date of birth</p> <input style="width: 80%;" type="text"/>

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24  
 Forms Answer Navigate Options Help Show Watch Window  
 1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit  
 NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition  
**1 of 1 PRF's MRN: NHAMCS-100(OPD) INJURY/POISONING/ADVERSE EFFECT**

♦ Is this visit related to any of the following?

1. Unintentional injury/poisoning  
 2. Intentional injury/poisoning  
 3. Injury/poisoning - unknown intent  
 4. Adverse effect of medical/surgical care or adverse effect of medicinal drug  
 5. None of the above

♦ Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words. Enter the "most important" complaint/symptom/reason first Enter the "most important" complaint/symptom/reason first

\_\_\_\_\_

♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found

\_\_\_\_\_

\_\_\_\_\_

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24  
 Forms Answer Navigate Options Help Show Watch Window  
 1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit  
 NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition  
**1 of 1 PRF's MRN: NHAMCS-100(OPD) Continuity of care**

♦ Is this clinic the patient's primary care provider?

1. Yes  2. No  3. Unknown

♦ Was patient referred for this visit?

1. Yes  2. No  3. Unknown

♦ Has the patient been seen in this clinic before?

1. Yes, established patient  2. No, new patient

♦ How many past visits in the last 12 months? (Exclude this visit)

\_\_\_\_\_

♦ Major reason for this visit

1. New problem (<3 mos. onset)  5. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)  
 2. Chronic problem, routine  
 3. Chronic problem, flare-up  
 4. Pre/Post surgery

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24  
 Forms Answer Navigate Options Help Show Watch Window  
 1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit  
 NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition

**1 of 1 PRF's**      **MRN:**      **NHAMCS-100(OPD)**      **Providers diagnosis for this visit**

♦ As specifically as possible, list diagnoses related to this surgery or procedure  
 ♦ List PRIMARY diagnoses first

\_\_\_\_\_

\_\_\_\_\_

♦ Locate the diagnosis in the look-up table.    Enter "XXX" if diagnosis cannot be found

\_\_\_\_\_

\_\_\_\_\_

♦ Locate the diagnosis in the look-up table.    Enter "XXX" if diagnosis cannot be found

\_\_\_\_\_

♦ Regardless of the diagnoses previously entered, does the patient now have -  
 Enter all that apply, separate with commas

<input type="checkbox"/> 1. Arthritis	<input type="checkbox"/> 4. Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)	<input type="checkbox"/> 5. Chronic renal failure	<input type="checkbox"/> 9. Diabetes	<input type="checkbox"/> 13. Obesity
<input type="checkbox"/> 2. Asthma	<input type="checkbox"/> 6. Congestive heart failure	<input type="checkbox"/> 7. COPD	<input type="checkbox"/> 10. Hyperlipidemia	<input type="checkbox"/> 14. Osteoporosis
<input type="checkbox"/> 3. Cancer	<input type="checkbox"/> 8. Depression	<input type="checkbox"/> 11. Hypertension	<input type="checkbox"/> 12. Ischemic heart disease	<input type="checkbox"/> 15. None of the above

\_\_\_\_\_

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24  
 Forms Answer Navigate Options Help Hide Watch Window  
 1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit  
 NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Meds | Disposition

**1 of 1 PRF's**      **MRN:**      **NHAMCS-100(OPD)**      **Providers diagnosis for this visit**

♦ Asthma severity

<input type="radio"/> 1. Intermittent	<input type="radio"/> 4. Severe persistent
<input type="radio"/> 2. Mild persistent	<input type="radio"/> 5. Other
<input type="radio"/> 3. Moderate persistent	<input type="radio"/> 6. None recorded

\_\_\_\_\_

♦ Asthma control

<input type="radio"/> 1. Well controlled	<input type="radio"/> 3. Very poorly controlled
<input type="radio"/> 2. Not well controlled	<input type="radio"/> 4. Other
<input type="radio"/> 5. None recorded	

\_\_\_\_\_

? [F1]  
 ♦ Select cancer type

<input type="radio"/> 0. In situ	<input type="radio"/> 2. Stage II	<input type="radio"/> 4. Stage IV
<input type="radio"/> 1. Stage I	<input type="radio"/> 3. Stage III	<input type="radio"/> 5. Unknown stage

\_\_\_\_\_

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24  
Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition

1 of 1 PRF's MRN: NHAMCS-100(OPD) Vital signs

♦ Height (feet) <input type="text"/>	♦ Height (inches) <input type="text"/>
♦ Height (centimeters) <input type="text"/>	
♦ Weight (pounds) <input type="text"/>	♦ Weight (ounces) <input type="text"/>
♦ Weight (kilograms) <input type="text"/>	♦ Weight (gm) <input type="text"/>
♦ Temperature <input type="text"/>	♦ Temperature type <input type="radio"/> 1. Celsius <input type="radio"/> 2. Fahrenheit
♦ Blood Pressure - SYSTOLIC <input type="text"/>	♦ Blood pressure - DIASTOLIC Enter 998 for P, PAL, DOPP, or DOPPLER <input type="text"/>

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition

1 of 1 PRF's MRN: NHAMCS-100(OPD) Services

? [F1]

♦ Services  
Enter all examinations, blood tests, imaging, other tests, non-medication treatment and health education ORDERED or PROVIDED.

<input type="checkbox"/> 1. NO SERVICES <b>Examinations</b> <input type="checkbox"/> 2. Breast <input type="checkbox"/> 3. Depressing screening <input type="checkbox"/> 4. Foot <input type="checkbox"/> 5. General physical exam <input type="checkbox"/> 6. Neurologic <input type="checkbox"/> 7. Pelvic <input type="checkbox"/> 8. Rectal <input type="checkbox"/> 9. Retinal <input type="checkbox"/> 10. Skin <b>Blood tests</b> <input type="checkbox"/> 11. CBC <input type="checkbox"/> 12. Glucose <input type="checkbox"/> 13. HgbA1c (Glycohemoglobin) <input type="checkbox"/> 14. Lipid profile <input type="checkbox"/> 15. PSA (prostate specific antigen)	<input type="checkbox"/> 16. <b>Imaging</b> Bone mineral density <input type="checkbox"/> 17. CT scan <input type="checkbox"/> 18. Echocardiogram <input type="checkbox"/> 19. Other ultrasound <input type="checkbox"/> 20. Mammography <input type="checkbox"/> 21. MRI <input type="checkbox"/> 22. X-ray <b>Other tests and procedures</b> <input type="checkbox"/> 23. Audiometry <input type="checkbox"/> 24. Biopsy <input type="checkbox"/> 25. Cardiac stress test <input type="checkbox"/> 26. Colonoscopy <input type="checkbox"/> 27. Chlamydia test <input type="checkbox"/> 28. EKG/ECG <input type="checkbox"/> 29. Electroencephalogram (EEG) <input type="checkbox"/> 30. Electromyogram (EMG) <input type="checkbox"/> 31. Excision of tissue	<input type="checkbox"/> 32. Fetal monitoring <input type="checkbox"/> 33. HIV test <input type="checkbox"/> 34. HPV DNA test <input type="checkbox"/> 35. PAP test <input type="checkbox"/> 36. Peak flow <input type="checkbox"/> 37. Pregnancy/HCG test <input type="checkbox"/> 38. Sigmoidoscopy <input type="checkbox"/> 39. Spirometry <input type="checkbox"/> 40. Tonometry <input type="checkbox"/> 41. Urinalysis <b>Non-medication treatment</b> <input type="checkbox"/> 42. Cast/splint/wrap <input type="checkbox"/> 43. Complementary and alternative medicine (CAM) <input type="checkbox"/> 44. Durable medical equipment <input type="checkbox"/> 45. Home health care <input type="checkbox"/> 46. Mental health counseling <input type="checkbox"/> 47. Physical therapy	<input type="checkbox"/> 48. Psychotherapy <input type="checkbox"/> 49. Radiation therapy <input type="checkbox"/> 50. Wound care <b>Health education /counseling</b> <input type="checkbox"/> 51. Asthma <input type="checkbox"/> 52. Diet/Nutrition <input type="checkbox"/> 53. Exercise <input type="checkbox"/> 54. Family planning/Contraception <input type="checkbox"/> 55. Growth/Development <input type="checkbox"/> 56. Injury prevention <input type="checkbox"/> 57. Stress management <input type="checkbox"/> 58. Tobacco use/Exposure <input type="checkbox"/> 59. Weight reduction <b>Other services not listed</b> <input type="checkbox"/> 60. Other service
--	--	---	--

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24  
Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Meds | Disposition

**1 of 1 PRF's      MRN:      NHAMCS-100(OPD)      Services**

♦ **Biopsy provided?**

1. Yes  
  2. No

♦ **Colonoscopy provided?**

1. Yes  
  2. No

♦ **Excision of tissue provided?**

1. Yes  
  2. No

♦ **Sigmoidoscopy provided?**

1. Yes  
  2. No

♦ **Asthma action plan given to patient?**

1. Yes  
  2. No

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24  
Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition

**1 of 1 PRF's      MRN:      NHAMCS-100(OPD)      Providers**

♦ **Enter all providers seen at this visit, separate with commas**

1. Physician       5. Mental health provider  
 2. Physician assistant       6. Other  
 3. Nurse practitioner/Midwife       7. None  
 4. RN/LPN

♦ **Enter time spent, in minutes, with provider**

Enter 0 if no provider seen

♦ **Visit Disposition (Enter all that apply, separate with commas)**

1. Refer to other physician       4. Other  
 2. Return at specified time  
 3. Refer to ER /Admit to hospital

♦ Were the following laboratory tests drawn 1=yes 2=no		
	Most recent result	Date of Test
<input type="checkbox"/> ♦ Was a total cholesterol laboratory test drawn within the past 12 months of this visit?	♦ Total cholesterol <input type="text"/>	<input type="text"/>
<input type="checkbox"/> ♦ Was a high density lipoprotein (HDL) laboratory test drawn within the past 12 months of visit?	♦ HDL <input type="text"/>	<input type="text"/>
<input type="checkbox"/> ♦ Was a low density lipoprotein (LDL) laboratory test drawn within the past 12 months of visit?	♦ LDL <input type="text"/>	<input type="text"/>
<input type="checkbox"/> ♦ Was a triglycerides (TGS) laboratory test drawn within the past 12 months of visit?	♦ TGS <input type="text"/>	<input type="text"/>
<input type="checkbox"/> ♦ Was a glycohemoglobin HbA1c laboratory test drawn within the past 12 months of this visit?	♦ A1C <input type="text"/>	<input type="text"/>
<input type="checkbox"/> ♦ Was a fasting blood glucose (FBG) laboratory test drawn within the past 12 months of this visit?	♦ FBG <input type="text"/>	<input type="text"/>

# OPD Lookback

**National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.27**

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Collect the following data for each prior visit in the previous 12 months.

Collect up to 10 prior visits, starting with the oldest. (Exclude telephone calls, emails, and faxes).

Reference Time: 5/4/2010 - 5/4/2011

1. Enter 1 to Continue

Intro 1

**National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.27**

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

Reference Time: 5/4/2010 - 5/4/2011

♦ Date of visit (Format MM/DD/YYYY)

Enter 999 for no other visits

Visit Date <input style="width: 100%;" type="text"/>	Weight - Lbs <input style="width: 100%;" type="text"/>	Allergic <input style="width: 100%;" type="text"/>
Pregnant <input type="checkbox"/>	Weight - Oz <input style="width: 100%;" type="text"/>	Meds Allergic 1 <input type="checkbox"/>
Smoke <input type="checkbox"/>	Weight - Kg <input style="width: 100%;" type="text"/>	Meds Allergic 2 <input type="checkbox"/>
Diagnosis <input style="width: 100%;" type="text"/>	Weight - Gm <input style="width: 100%;" type="text"/>	Meds Allergic 3 <input type="checkbox"/>
Family History <input type="checkbox"/>	BP - Systolic <input style="width: 100%;" type="text"/>	Meds Allergic 4 <input type="checkbox"/>
- Male <input type="checkbox"/>	BP - Diastolic <input style="width: 100%;" type="text"/>	Meds Allergic 5 <input type="checkbox"/>
- Female <input type="checkbox"/>	Services <input style="width: 100%;" type="text"/>	Meds Allergic 6 <input type="checkbox"/>
Height - Feet <input style="width: 100%;" type="text"/>	Health Ed <input style="width: 100%;" type="text"/>	Meds Allergic 7 <input type="checkbox"/>
Height - Inches <input style="width: 100%;" type="text"/>	Plan <input style="width: 100%;" type="text"/>	Meds Allergic 8 <input type="checkbox"/>
Height - <input style="width: 100%;" type="text"/>	Plan - BP <input type="checkbox"/>	
	Plan - Chol <input type="checkbox"/>	
	Plan - BG <input type="checkbox"/>	
	Plan - Referral <input type="checkbox"/>	





National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Does the patient have a family history of premature coronary heart disease (CHD), coronary artery disease (CAD), or ischemic heart disease (IHD)...

...in a father, son, or brother less than age 55

1. Yes  2. No  3. Unknown

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	<input type="checkbox"/>	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	<input type="checkbox"/>	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Does the patient have a family history of premature coronary heart disease (CHD), coronary artery disease (CAD), or ischemic heart disease (IHD)...

...in a mother, daughter, or sister less than age 55?

1. Yes  2. No  3. Unknown

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	<input type="checkbox"/>	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Blood pressure - DIASTOLIC

Enter 998 for P, PAL, DOPP, or DOPPLER

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	3	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Services

Enter all that apply, separate with commas

1. NONE

2. Lipids/cholesterol

3. HgbA1c (Glycohemoglobin A1c)

4. Fasting blood glucose (FBG)

5. Creatinine

6. Potassium

7. Sodium

8. AST/ALT

9. Basic metabolic panel

10. Comprehensive metabolic panel (CMP)

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	3	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Health education/counseling

Enter all that apply, separate with commas

1. NONE  
 2. Diet/Nutrition-Reduce fat/Cholesterol  
 3. Diet/Nutrition-Reduce salt/sodium  
 4. Weight or caloric reduction  
 5. Exercise  
 6. Smoking cessation

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed		Meds Allergic 7	
Height - Inches		Plan		Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Assessment and plan

Enter all that apply, separate with commas

1. NONE  
 2. Blood pressure assessment and plan  
 3. Cholesterol assessment and plan  
 4. Blood glucose assessment and plan  
 5. Referral

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan		Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Assessment and plan - blood pressure

Enter all that apply, separate with commas

1. Controlled  
 2. Elevated or uncontrolled  
 3. Medication being titrated  
 4. Ambulatory/home blood pressure monitoring normal  
 5. Patient nonadherence

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	1	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	2,3,4,5	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP	<input type="text"/>		
		Plan - Chol	<input type="text"/>		
		Plan - BG	<input type="text"/>		
		Plan - Referral	<input type="text"/>		

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Assessment and plan - cholesterol

Enter all that apply, separate with commas

1. Controlled  
 2. Elevated or uncontrolled  
 3. Medication being titrated  
 4. Patient nonadherence

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	1	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	2,3,4,5	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP	<input type="text"/>		
		Plan - Chol	<input type="text"/>		
		Plan - BG	<input type="text"/>		
		Plan - Referral	<input type="text"/>		

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Assessment and plan - blood glucose

Enter all that apply, separate with commas

1. Controlled  3. Medication being titrated  
 2. Elevated or uncontrolled  4. Patient nonadherence

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan	2,3,4,5	Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Assessment and plan - referral

Enter all that apply, separate with commas

1. Nurse management  
 2. Nutritionist  
 3. Smoking-cessation program  
 4. Weight loss program  
 5. Other physician, including primary care provider

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan	2,3,4,5	Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			



National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

Date of visit: 1/1/2011

♦ List all prescription and over-the-counter (OTC) medications and immunizations ordered, administered, or continued during this visit.

Enter 0 for no more

	Meds/Immunizations	New/Continued	Dose
[1]	<input type="text"/>	<input type="checkbox"/>	
[2]			
[3]			
[4]			
[5]			
[6]			
[7]			
[8]			
[9]			
[10]			
[11]			
[12]			
[13]			
[14]			
[15]			

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Now you will be collecting laboratory test results for certain tests performed within the 15 months before the sampled visit (5/4/2011).

Collect up to 15 results for each type of test, starting with the oldest.

Reference Time: 1/29/2010 - 5/4/2011

1. Enter 1 to Continue

Intro for Tests

♦ Was a total cholesterol test performed within the 15 months before 5/4/2011?  
 Reference Time: 1/29/2010 - 5/4/2011

- 1. Yes
- 2. No / not found

Cholesterol

♦ Total cholesterol result (Start with the oldest test)  
 Enter '999' for no more

	Visit Date	Reference Time	Chol Results	Chol Date
[1]	5/4/2011	1/29/2010	<input type="text"/>	<input type="text"/>
[2]				
[3]				
[4]				
[5]				
[6]				
[7]				
[8]				
[9]				
[10]				
[11]				
[12]				
[13]				
[14]				
[15]				



National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27  
Forms Answer Navigate Options Help Hide Watch Window  
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit  
NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a high density lipoprotein (HDL) test performed within the 15 months before 5/4/2011?  
Reference Time: 1/29/2010 - 5/4/2011

1. Yes  
 2. No / not found

HDL

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27  
Forms Answer Navigate Options Help Hide Watch Window  
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit  
NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a low density lipoprotein (LDL) test performed within the 15 months before 5/4/2011?  
Reference Time: 1/29/2010 - 5/4/2011

1. Yes  
 2. No / not found

LDL

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.27  
Forms Answer Navigate Options Help Hide Watch Window  
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit  
NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a triglycerides test performed within the 15 months before 5/4/2011?  
Reference Time: 1/29/2010 - 5/4/2011

1. Yes  
 2. No / not found

TGS

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a glycohemoglobin A1c (HbA1c) test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes

2. No / not found

A1C

National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.27

Forms Answer Navigate Options Help Hide Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a fasting blood glucose (FBG) test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes

2. No / not found

FBG