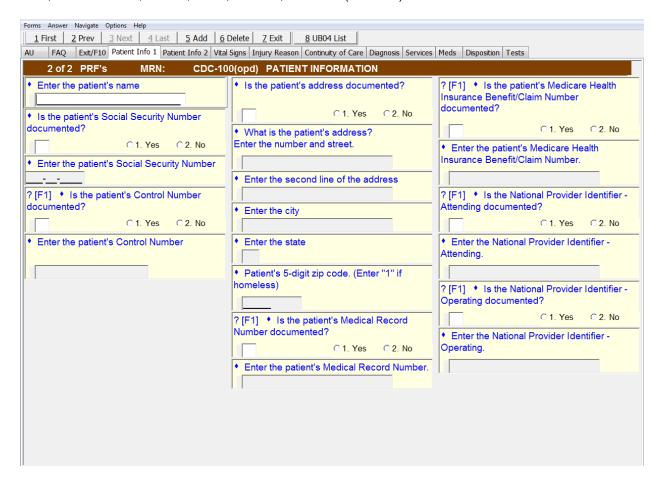
#### **Ambulatory Component, National Hospital Care Survey**

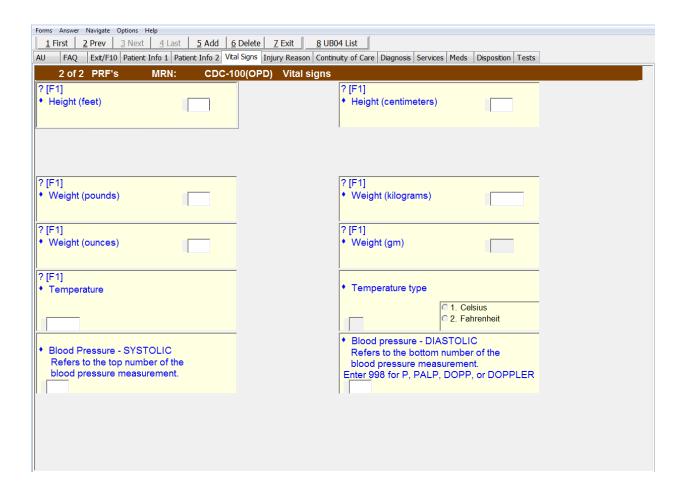
OMB No. 0920-0212 Exp. Date: XX/XX/XXXX

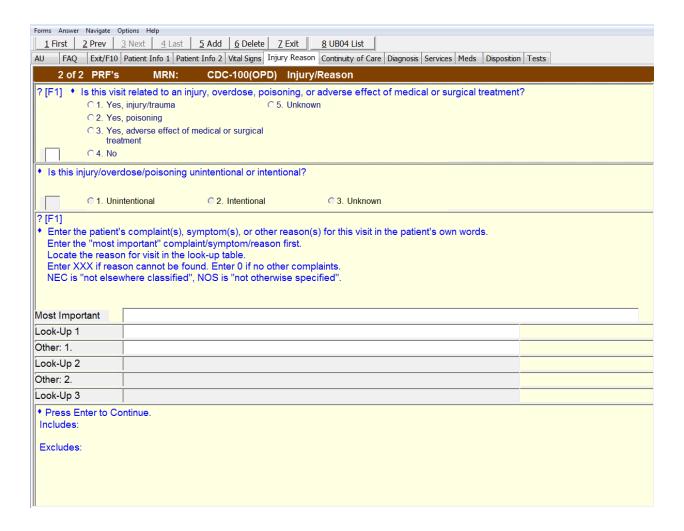
Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not 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).

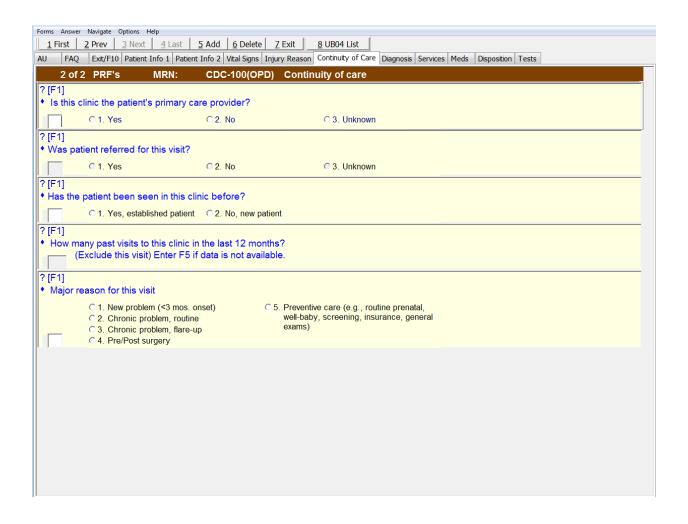
**Notice** – Public reporting burden for this collection of information is estimated to average 0 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An 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 (0920-0212).



Forms Answer Navigate Options Help		
	Delete Z Exit 8 UB04 List	
AU FAQ Exit/F10 Patient Info 1 Patient Info 2 Vital	Signs   Injury Reason   Continuity of Care   Diagnosis   Services	Meds Disposition Tests
2 of 2 PRF's MRN: CDC-10	0(OPD) PATIENT INFORMATION	
Date of visit (Format MM/DD/YYYY)  Date of birth. Enter mm/dd/yyyy.   The state of	Enter time period	? [F1]







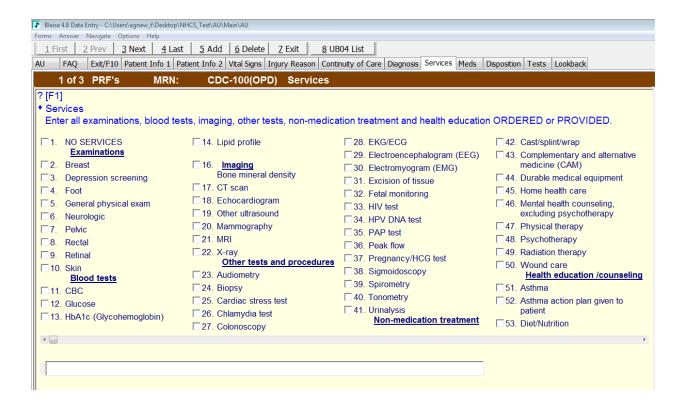
Forms	Answer	Navigate	Options H	Help													
1	irst	2 Prev	3 Next	4 Last	<u>5</u> A	Add	<u>6</u> Delete	Z Exit	8	UB04 List	,						
AU	FAQ	Exit/F10	Patient :	Info 1 Pa	tient Inf	fo 2 \	Vital Signs	Injury Reas	son Co	ntinuity of Care	Diagnosis	Services	Meds	Disposition	Tests		
	3 of 3	PRF's		MRN:	С	DC-	100(OPI	) Prov	/ider	s diagnosi	s for this	visit					
? [F																	
• As	speci	fically as	possib	ole, list di	iagnos	ses r	elated to	this visit	includ	ling chronic	condition	S.					
Li	st PRII	MARY di	iagnosis	s first													
Prim	ary:																
? [F															•Enter	the ICI	09 Code.
* A	s speci	ifically as	s possik	ole, list d	liagno	ses	related to	this visit	, inclu	iding chroni	conditio	ns.			Enter (	0 if Non	e.
l e	nter "X	XX" if di	agnosis	cannot	be fou	ınd.											
							not othe	rwise spe	ecifie	d".							
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? [F								ered, do	es the	e patient nov	v have -						
			nat apply	y, separa													
	Arthri						nic obstru se (COPI		onary	☐ 10. Hype				☐ 16. No	t docum	ented	
	Asthn Canc						nic renal t	*		☐ 11. Hype		disease					
<b>4</b>	Cerel	brovascul	ar diseas	se/History	,□7.	Cong	gestive hea	art failure		☐ 13. Obes		aiscusc					
	of str	oke or tra	insient is	chemic	<u>8</u> .	Depr	ession			☐ 14. Oste	porosis						
	allaci	k (TIA)			<b>□</b> 9.	Diab	etes			□ 15. None	of the abo	ve					
• As	thma s	severity					• s	pecify As	thma	severity							
		ntermitter		3. Mod													
	© 2. N	Mild persis		pers ○ 4. Seve	istent ere pers	sisten	t II										
	4				no pon												
• As	thma c	ontrol					• s	pecify As	sthma	control							
			rolled	3. Very		/											
		Not well controlled	(	cont 4. Othe	rolled :r - spei	cifv											
				5. None													
? [F	1]																
• s	elect c	ancer ty	pe														
00	. In situ			02.5	Stage II			04.5	Stage I	IV							
01	Stage	1		03.8	Stage II	I		O 5. l	Jnknov	wn stage							

Delete: Cancer type

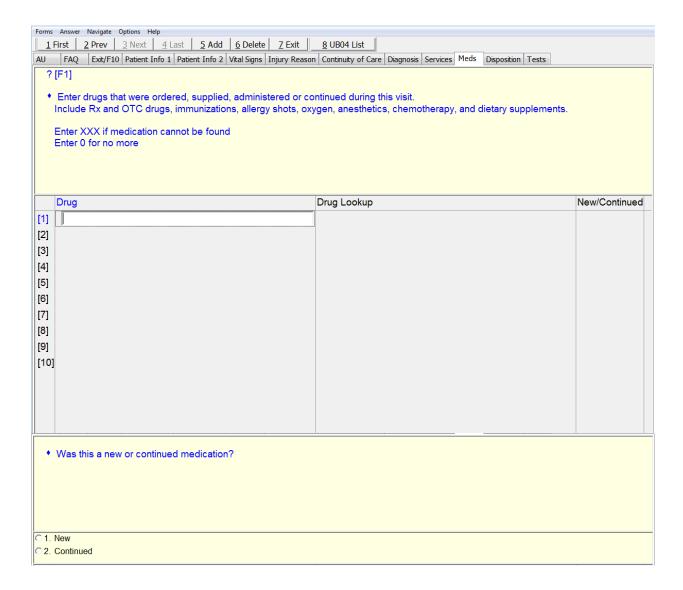
Asthma Severity responses 5 and 6.

◆ Asthma severity	Specify Asthma severity
C 3. Moderate C 5. Other - specify	
persistent O.6. None recorded	
C 4. Severe persistent	
Asthma control	Specify Asthma control
○ 1. Well controlled ○ 3. Very poorly	
C 2. Not well controlled	
controlled O 4. Other - specify	
○ 5. None recorded	
? [F1]	
Select cancer type	
C 0. In situ C 2. Stage II	C 4. Stage IV
C 1. Stage III	○ 5. Unknown stage

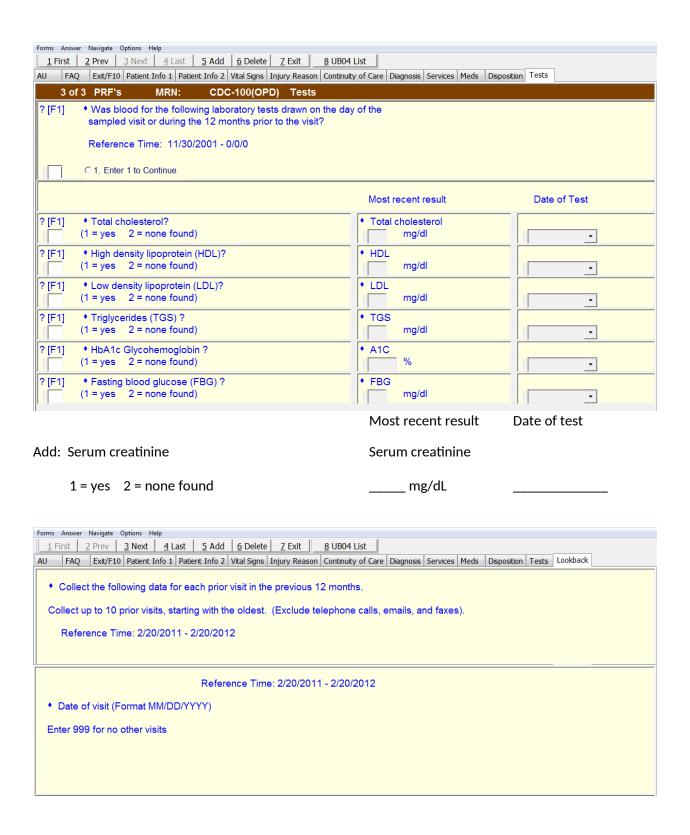
Delete: Cancer type



Forms	Answer	Navigate	Options H	elp												
1	First	2 Prev	3 Next	4 Last	5 Add	6 Delete	7 Exit	<u>8</u> UB0	4 List	]						
AU	FAQ	Exit/F1	Patient 1	info 1 Pat	ient Info 2	Vital Signs 1	Injury Reas	on Continu	uity of Ca	are Diagnosis	Services	Meds	Disposition	Tests		
? [F + S E   C   C   C   C   C   C   C   C   C	3 of	s examina d profile A (prostate aging e mineral scan occardiogrer ultrasor nmograph ay her tests iometry	ations, biggs specific density among the same and pro-	MRN:	CDC 28, imaging 27. Col 28. EK 29. Ele 30. Ele 31. Exc 32. Fet 33. HIV 34. HP 35. PA 36. Pec 37. Pre	g, other te onoscopy G/ECG ctroenceph ctromyogra- cision of tis al monitorin / test V DNA test P test ak flow egnancy/HC moidoscop rometry	ests, non- nalogram ( am (EMG) sue ng	rices medicati	ion trea  41. U  42. C  43. C  44. E  45. H  46. N  47. F  48. F  49. R	atment and I	tion treat ap ry and alte M) cal equipm are counseling chotherap	ducatio tment ernative nent g,	52. / 53. 1 54. 1 55. 1 56. 57. 58. 3 59. 3 60. 61. 1	RED or P Asthma activation Diet/Nutritio Exercise Family plan Growth/Dev Injury preve STD preven Stress mana Tobacco us Weight redu	on plan given ning/Contra elopment ntion tion agement e/Exposure uction vices not I	en to
• 8	pecify	other e	xam/test xam/test r exam/t	/service	ces provid	ded										
Ento	er '0' if	no other	xam/test	est/servi	ces provid											
			xam/test r exam/te		ces provid	ded										







Was the patient pregnant at the time of the visit?	
C 1. Yes	
C 2. No	
◆ Smoke cigarettes	
C 1. Not current C 3. Unknown	
C 2. Current	
Does the patient now have	
Enter all that apply, separate with commas	
□ 1. NONE □ 6. Hyperlipidemia	
☐ 2. Cerebrovascular disease/history of stroke or transient ischemic attack (TIA) ☐ 7. Ischemic heart disease	
☐ 3. Congestive heart failure (CHF)	
4. Diabetes	
5. Hypertension	
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	
C 1. Yes C 3. Unknown	
C 2. No	
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?	
C 1. Yes C 3. Unknown	
C 2. No	
◆ Height (feet)	

Modify: 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 65?

Height (inches)	
A Hainta (continuators)	
Height (centimeters)	
Weight (pounds)	
Weight (ounces)	
◆ Weight (kilograms)	
Weight (gm)	

Blood Pressure - Systolic refers to the top number of the blood pressure measurement					
Blood pressure - Diastolic refers to the bottom number of the bloo	d pressure measurement				
Enter 998 for P, PALP, DOPP, or DOPPLER					
Blood tests					
Enter all that apply, separate with commas					
	☐ 6. Potassium ☐ 7. Sodium				
	8. AST/ALT				
, , ,	<ul><li>☐ 9. Basic metabolic panel</li><li>☐ 10. Comprehensive metabolic panel (CMP)</li></ul>				
Health education/counseling     Enter all that apply, separate with commas					
1. NONE	☐ 6. Smoking cessation				
Diet/Nutrition-Reduce fat/cholesterol     3. Diet/Nutrition-Reduce salt/sodium					
4. Weight or caloric reduction 5. Exercise					
Assessment and plan					
Enter all that apply, separate with commas					
1. NONE					
Blood pressure assessment and plan     Cholesterol assessment and plan					
☐ 4. Blood glucose assessment and plan					
□ 5. Referral					
Assessment and plan - blood pressure					
C 1. Controlled					
C 2. Elevated or uncontrolled C 3. Medication being titrated					
C 4. Ambulatory/home blood pressure monitoring normal					
○ 5. Patient nonadherence					

	Assessment and plan - cholesterol	
Ш	1. Controlled 2. Elevated or uncontrolled	C 3. Medication being titrated C 4. Patient nonadherence
ľ	2. Lievateu di uncontrolleu	4. Patient nonaunerence
	Assessment and plan - blood glucose	
ш	C 1. Controlled	C 3. Medication being titrated
	C 2. Elevated or uncontrolled	C 4. Patient nonadherence
	Assessment and plan - referral	
	Enter all that apply, separate with commas	
	Nurse management     Nurse management	
	Nutritionist     Smoking-cessation program	
Γ	4. Weight loss program	
	5. Other physician, including primary care provider	
	• Is patient allergic to any medications?	
	1. Yes	C 3. Unknown
	C 2. No	
	• Has the patient had any adverse reactions to any medications e.g.	bleeding from aspirin?
(	0 1. Yes	C 3. Unknown
(	○ 2. No	
	Date of visit: 01/23/2012	
	• Enter drugs that were ordered, supplied, administered, or continued oxygen, anesthetics, chemotherapy, and diety supplements	I during this visit. Include Rx and OTC drugs, immunizations, allergy shots,
	Enter 0 for no more	
1		

Date of visit: 01/23/2012  List all prescription and over-the-counter (OTC) medications and immunizations ordered, administered, or continued during this visit.  Enter 0 for no more
◆ New or continued
C 1. New
C 2. Continued
Same dose, increase, or decrease
C 1. Same dose C 3. Dose decreased
© 2. Dose increased
Now you will be collecting laboratory test results for certain tests performed on the day of the sampled visit or during the 15 months before the sampled visit (2/20/2012).  Collect up to 15 results for each type of test, starting with the oldest.  Reference Time: 11/17/2010 - 2/20/2012
Was a total cholesterol test performed on the day of the sampled visit or during the 15 months before 2/20/2012?  Reference Time: 11/17/2010 - 2/20/2012
• 1. Yes
C 2. None found
Total cholesterol result mg/dL (Start with the oldest test)  Enter '999' for no more
Month, day and four-digit year of cholesterol result.
Enter F5 if data is not available
Effet Fo ii data is not avaliable

Was a high density lipoprotein (HDL) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?  Reference Time: 11/17/2010 - 2/20/2012
© 1. Yes C 2. None found
Total high density lipoprotein (HDL) result mg/dL (Start with the oldest test)  Enter '999' for no more
Month, day and four-digit year of high density lipoprotein (HDL) result.
Enter F5 if data is not available
Was a low density lipoprotein (LDL) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?  Reference Time: 11/17/2010 - 2/20/2012
€ 1. Yes  C 2. None found
Total low density lipoprotein (LDL) result mg/dL (Start with the oldest test)  Enter '999' for no more
Month, day and four-digit year of low density lipoprotein (LDL) result.  Enter F5 if data is not available

A W
Was a triglycerides test performed on the day of the sampled visit or during the 15 months before 2/20/2012?  Reference Time: 11/17/2010 - 2/20/2012
© 1. Yes C 2. None found
Total triglycerides result mg/dL (Start with the oldest test)  Enter '999' for no more
Month, day and four-digit year of triglycerides result.  Enter F5 if data is not available
Was a HbA1c (glycohemoglobin) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?  Reference Time: 11/17/2010 - 2/20/2012
© 1. Yes C 2. None found
Total HbA1c (glycohemoglobin) result % (Start with the oldest test)  Enter '99' for no more
Month, day and four-digit year of HbA1c (glycohemoglobin) result.  Enter F5 if data is not available

Was a fasting blood glucose (FBG) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?
Reference Time: 11/17/2010 - 2/20/2012
C 1. Yes
C 2. None found
Total fasting blood glucose result mg/dL (Start with the oldest test)
Enter '999' for no more
Enter 999 for no more
Month, day and four-digit year of fasting blood glucose (FBG) result.
Enter F5 if data is not available

### Add:

Was a serum creatinine test performed on the day of the sampled visit or during the 15 months before xx/xx/201x?

Serum creatinine result mg/dL (Start with the oldest test)

Month, day and four-digit year of serum creatinine result.