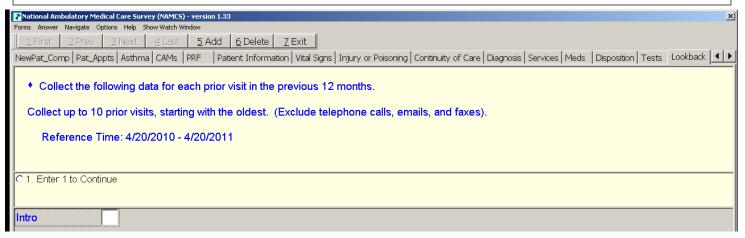
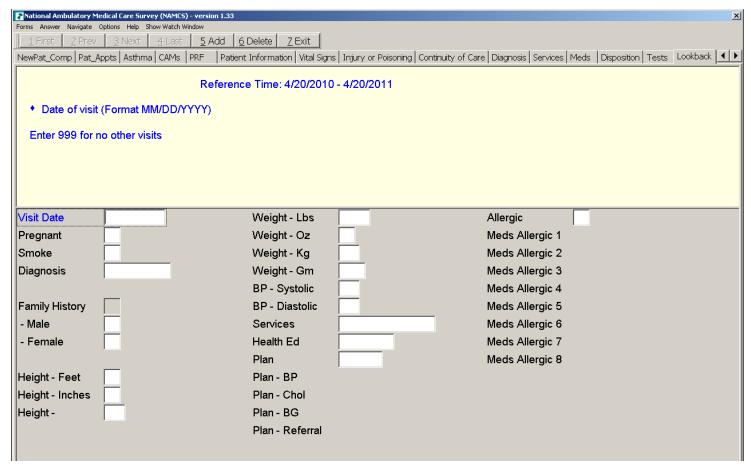
### Attachment DD: 2012 NAMCS Re-abstraction Study: Lookback Module

NOTICE: Public reporting burden of this collection of information is estimated to average 0 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).

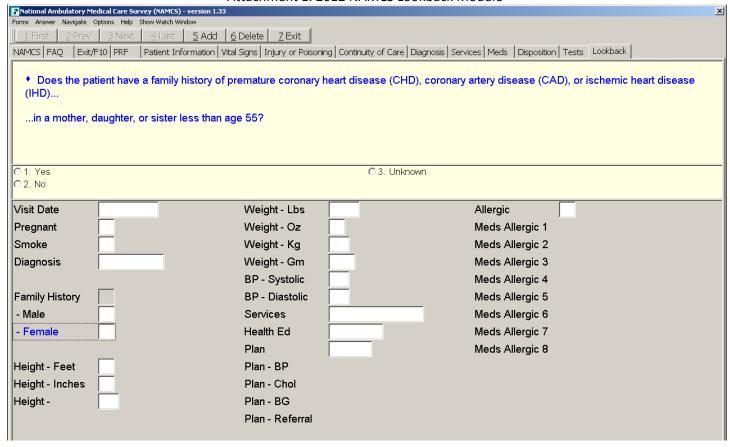
OMB No 0920-0234: Approval expires 03/31/2013





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| Was the patient pregnant at  | the time of the visit?   |  |
| C 1. Yes<br>C 2. No  |  |  |
| Visit Date   | Weight - Lbs   | Allergic   |
|  | — ·  |  |
| Pregnant   | Weight - Oz  | Meds Allergic 1  |
| Smoke  | Weight - Kg  | Meds Allergic 2  |
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|  | BP - Systolic  | Meds Allergic 4  |
| Family History   | BP - Diastolic   | Meds Allergic 5  |
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| 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  |  |  |
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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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| Thirst 2 Prev 3 Next 4 Last 5 Add 6 NAMCS FAQ Exit/F10 PRF Patient Information Vita  * Does the patient have a family history of profile (IHD)in a father, son, or brother less than age 55  C 1. Yes C 2. No  Visit Date  Pregnant Smoke Diagnosis  Family History - Male   | Delete Z Exit  Signs Injury or Poisoning Continuity of Care Diagnosis Services  Health Ed  Continuity of Care Diagnosis Services  Continuity of Care Diagnosis Services  Continuity of Care Diagnosis Services   | Allergic Meds Allergic 2 Meds Allergic 3 Meds Allergic 4 Meds Allergic 5 Meds Allergic 5 Meds Allergic 6 Meds Allergic 7 |
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| Thirst 2 Prev 3 Next 4 Last 5 Add 6 NAMCS FAQ Exit/F10 PRF Patient Information Vita  * Does the patient have a family history of profile (IHD)in a father, son, or brother less than age 55  C 1. Yes C 2. No  Visit Date Pregnant Smoke Diagnosis  Family History - Male - Female  Height - Feet  | Delete Z Exit  Signs Injury or Poisoning Continuity of Care Diagnosis Services Health Ed Plan Plan - BP  | Allergic Meds Allergic 2 Meds Allergic 3 Meds Allergic 4 Meds Allergic 5 Meds Allergic 5 Meds Allergic 6 Meds Allergic 7 |



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).

|                     | edical Care Survey (NAMCS) - version 1.33  | Teta official E. Z.          | × ×  |
|---------------------|--|------------------------------|--|
| 11                  | Options Help Show Watch Window             | . D. I                       |  |
| 1 First 2 Prev      |  | Delete ZExit                 | Injury or Poisoning   Continuity of Care   Diagnosis   Services   Meds   Disposition   Tests   Lookback   •          |
| Newrac_comp   rac_A | pps   Astrina   CAPIS   FRI   Fater        | ic Information   Vical Signs | This is a resoluting containably of care   Diagnosis   Services   Freds   Dispositor   Tests                         |
| Blood Press         | sure - Systolic refers to the top          | number of the bloo           | d pressure measurement   |
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|                     |  |                              |  |
|                     |  |                              |  |
|                     |  |                              |  |
| Visit Date          |  | Weight - Lbs                 | Allergic   |
| 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  |
| - Female            |  | Health Ed                    | Meds Allergic 7  |
| remaie              |  | Plan                         | Meds Allergic 8  |
| Height - Feet       |  | Plan - BP                    | inode / weight o   |
| Height - Inches     |  | Plan - Chol                  |  |
| Height -            |  | Plan - BG                    |  |
|                     |  | Plan - Referral              |  |
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| National Ambulatory | Medical Care Survey (NAMCS) - version 1.33 |                              | ×  |
|                     | Options Help Show Watch Window             |                              |  |
| 1 First 2 Prev      |  | 6 Delete 7 Exit              |  |
| NewPat_Comp Pat_    | Appts   Asthma   CAMs   PRF   Patie        | ent Information   Vital Sign | ns   Injury or Poisoning   Continuity of Care   Diagnosis   Services   Meds   Disposition   Tests   Lookback   4   Þ |
| Rlood pres          | sure - Diastolic refers to the b           | ottom number of the          | e blood pressure measurement   |
|                     |  |                              | e blood pressure measurement   |
| Enter 99            | 98 for P, PAL, DOPP, or DOP                | PLER                         |  |
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| 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  |
| Height - Feet       |  | Plan - BP                    |  |
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| National Assistance                                    | 4-4:I 5 (NAMCS)i 1.22   |                             |  |                                |                            |            |
|--|---|-----------------------------|--|--------------------------------|----------------------------|------------|
|  | 1edical Care Survey (NAMCS) - version 1.33 Options Help Show Watch Window |                             |  |                                |                            |            |
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| Services   |   |                             |  |                                |                            |            |
| Enter all that a                                       | pply, separate with commas  |                             |  |                                |                            |            |
|  |   |                             |  |                                |                            |            |
| <ul><li>□ 1. NONE</li><li>□ 2. Lipids/choles</li></ul> | eterol  |                             | □7. Sodium<br>□8. AST/ALT              |                                |                            |            |
|  | ohemoglobin A1c)  |                             | 9. Basic metabolic                     | panel                          |                            |            |
| □4. Fasting blood                                      |   |                             | ■ 10. Comprehensive r                  |                                |                            |            |
| 5. Creatinine  |   |                             |  |                                |                            |            |
| ☐ 6. Potassium  Visit Date                             |   | Weight - Lbs                |  | Allergic                       |                            |            |
| Pregnant   |   | Weight - Oz                 |  | Meds Allergic 1                |                            |            |
| Smoke  |   | Weight - Kg                 |  | Meds Allergic 2                |                            |            |
| Diagnosis  |   | Weight - Gm                 |  | Meds Allergic 3                |                            |            |
| Diagnosis  |   | BP - Systolic               |  | Meds Allergic 4                |                            |            |
| Family History   |   | BP - Diastolic              |  | _                              |                            |            |
|  |   | ,                           |  | Meds Allergic 5                |                            |            |
| - Male   | H   | Services                    |  | Meds Allergic 6                |                            |            |
| - Female   |   | Health Ed                   |  | Meds Allergic 7                |                            |            |
|  |   | Plan                        |  | Meds Allergic 8                |                            |            |
| Height - Feet  |   | Plan - BP                   |  |                                |                            |            |
| Height - Inches  |   | Plan - Chol                 |  |                                |                            |            |
| Height -   |   | Plan - BG                   |  |                                |                            |            |
|  |   | Plan - Referral             |  |                                |                            |            |
|  |   |                             |  |                                |                            | _          |
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| 1 First 2 Prev   | 3 Next 4 Last 5 Add 6   | Delete Z Exit               |  |                                |                            |            |
| NAMCS FAQ Exit/  | F10 PRF Patient Information Vital   | Signs   Injury or Poisoning | Continuity of Care   Diagnosis   Servi | ces   Meds   Disposition   T   | ests Lookback              |            |
| ♦ Health adua  | ation/counseling  |                             |  |                                |                            |            |
| - Health educa   | auon/counseling   |                             |  |                                |                            |            |
| Enter all that ap                                      | oply, separate with commas  |                             |  |                                |                            |            |
| 1. NONE  |   |                             |  |                                |                            |            |
|  | Reduce fat/cholesterol  |                             |  |                                |                            |            |
| 3. Diet/Nutrition-F                                    | Reduce salt/sodium  |                             |  |                                |                            |            |
| 5. Exercise  | no roudouon   |                             |  |                                |                            |            |
| 6. Smoking cessa                                       | ation   |                             |  |                                |                            |            |
| 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                |                            |            |
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| Height - Feet  |   | Plan - BP                   |  |                                |                            |            |
| Height - Inches  |   | Plan - Chol                 |  |                                |                            |            |
| Height -   |   | Plan - BG                   |  |                                |                            |            |
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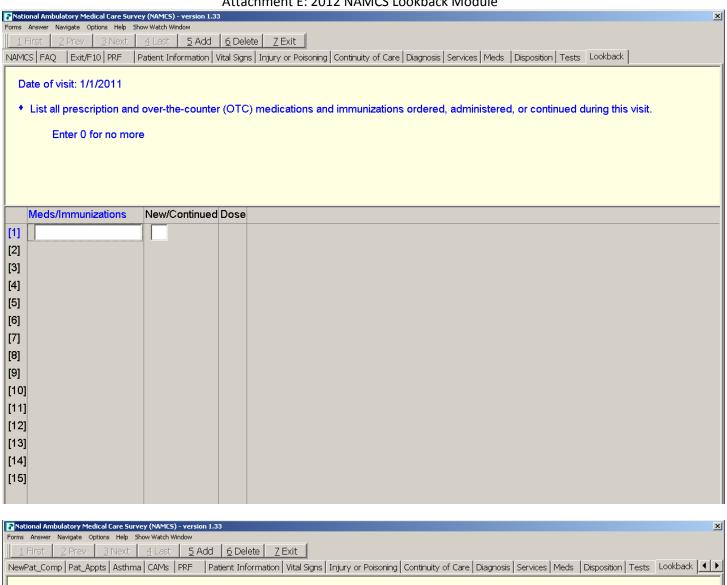
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| 1. NONE  |  |  |   |        |
|  | e assessment and plan  |  |   |        |
| 3. Cholesterol as  | · ·  |  |   |        |
| ■ 4. Blood glucose ■ 5. Referral   | assessment and plan  |  |   |        |
| Visit Date   |  | Mainh Iba  | Alleveie  |        |
|  |  | Weight - Lbs   | Allergic  |        |
| Pregnant   | 닏  | 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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| Agricular William architecture   | ledical Care Survey (NAMCS) - version  | 1.33   |   | X      |
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| Assessment   Assessment   Assessment   Enter all that a    1. Controlled   2. Elevated or un   3. Medication be   4. Ambulatory/hc   5. Patient nonadl   Visit Date   Pregnant   Smoke   Diagnosis    Family History   Male                                | options Help Show Watch Window  3 Next 4 Last 5 Ac  F10 PRF Patient Information  at and plan - blood pressu  pply, separate with communication  accontrolled ing titrated one blood pressure monitorin | dd 6 Delete Z Exit  n Vital Signs Injury or Poisoning Contre  nas  g normal  Weight - Lbs  Weight - Oz  Weight - Kg  Weight - Gm  BP - Systolic  BP - Diastolic  Services  Health Ed                           | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6  Meds Allergic 7 |        |
| Assessmen  Assessmen  Assessmen  Enter all that a  1. Controlled 2. Elevated or un 3. Medication be 4. Ambulatory/hc 5. Patient nonadl  Visit Date  Pregnant  Smoke  Diagnosis  Family History - Male - Female   | options Help Show Watch Window  3 Next 4 Last 5 Ac  F10 PRF Patient Information  at and plan - blood pressu  pply, separate with communication  accontrolled ing titrated one blood pressure monitorin | dd 6 Delete Z Exit  n Vital Signs Injury or Poisoning Contre  nas  g normal  Weight - Lbs  Weight - Oz  Weight - Kg  Weight - Gm  BP - Systolic  BP - Diastolic  Services  Health Ed  Plan  2,3,4              | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6  Meds Allergic 7 |        |
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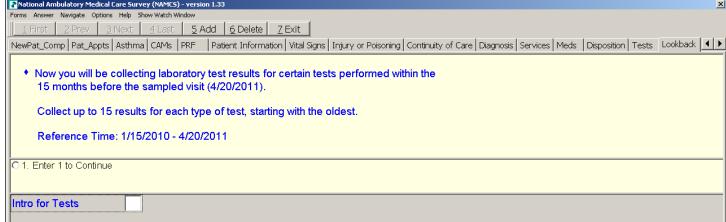
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| II                  |   |  | ng Continuity of Care Diagnosis Sen        | rices   Meds   Disposition   Tests   Lookback |
| 144 100   174Q   EX | gradie Friedrick  | an organo   many or recorn                       | ing   containing on come   blagmood   cont | inco   Floor   Bioposido   Floor   Estado     |
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|                     |   |  |  |   |
| 1. Controlled       |   |  | ☐ 3. Medication being ti                   | trated  |
| 2. Elevated or u    | incontrolled  |  | 4. Patient nonadherer                      |   |
|                     |   |  |  | <u></u>                                       |
| Visit Date          |   | Weight - Lbs                                     |  | Allergic                                      |
| Pregnant            |   | Weight - Oz                                      |  | Meds Allergic 1                               |
| Smoke               |   | Weight - Kg                                      |  | Meds Allergic 2                               |
| Diagnosis           |   | Weight - Gm                                      |  | Meds Allergic 3                               |
| Diagnosis           |   | _  |  | -   |
|                     | _   | BP - Systolic                                    |  | Meds Allergic 4                               |
| Family History      |   | BP - Diastolic                                   |  | Meds Allergic 5                               |
| - Male              |   | Services   |  | Meds Allergic 6                               |
| - Female            |   | Health Ed  |  | Meds Allergic 7                               |
|                     | •   | Plan   | 2,3,4,5                                    | Meds Allergic 8                               |
| Height - Feet       |   | Plan - BP  | 1,-,-,-                                    | <b>3</b>                                      |
| _                   |   | ,  |  |   |
| Height - Inches     | <u> </u>  | Plan - Chol                                      |  |   |
| Height -            |   | Plan - BG  | <u></u>                                    |   |
|                     |   | Plan - Referral                                  |  |   |
|                     |   |  |  |   |
|                     |   |  |  |   |
|                     |   |  |  |   |
|                     | edical Care Survey (NAMCS) - version 1.33                                 |  |  | X   |
| 11                  | Options Help Show Watch Window  |  |  |   |
| 1 First 2 Prev      |   | <u>6 Delete                                 </u> |  |   |
| NAMCS FAQ Exity     | F10 PRF Patient Information Vita  | al Signs   Injury or Poisonin                    | ng   Continuity of Care   Diagnosis   Serv | ices   Meds   Disposition   Tests   Lookback  |
| l                   |   |  |  |   |
| Assessmen           | t and plan - blood glucose  |  |  |   |
| Enter all that a    | oply, separate with commas  |  |  |   |
| Linter all triat ap | pply, separate with commas  |  |  |   |
|                     |   |  |  |   |
|                     |   |  |  |   |
|                     |   |  |  |   |
| ☐ 1. Controlled     |   |  | □3. Medication being tit                   |   |
| ☐ 2. Elevated or un | controlled  |  | ☐ 4. Patient nonadherer                    | ice   |
| 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                               |
| 1                   |   |  |  |   |
| - Male              |   | Services   |  | Meds Allergic 6                               |
| - Female            |   | Health Ed  |  | Meds Allergic 7                               |
|                     |   | Plan   | 2,3,4,5                                    | Meds Allergic 8                               |
| Height - Feet       |   | Plan - BP  |  |   |
| Height - Inches     |   | Plan - Chol                                      |  |   |
| _                   |   |  |  |   |
| Height -            |   | Plan - BG  |  |   |

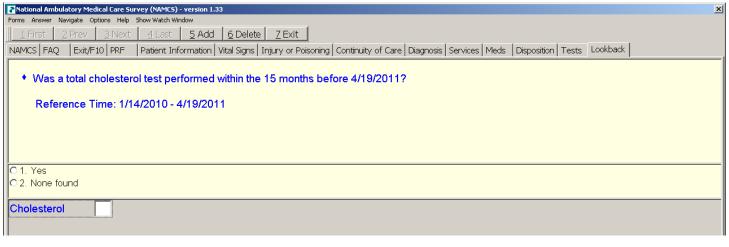
Plan - Referral

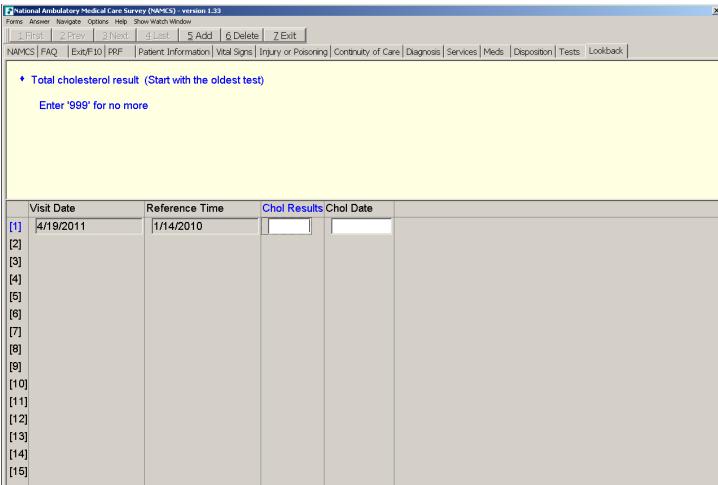
| National Ambulatory Me   |  | ·  |   | ×        |
|--|--|--|---|----------|
| Forms Answer Navigate C  | 3 Next 4 Last  |  |   |          |
|  |  |  | e Diagnosis Services Meds Disposition Tests Lookback  |          |
|  | and plan - referr                                      |  |   |          |
| 1. Nurse manager 2. Nutritionist 3. Smoking-cessa 4. Weight loss pro   | ation program<br>ogram                                 | v care provider  |   |          |
| 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 2,3,4,5   | Meds Allergic 8   |          |
| Height - Feet  |  | Plan - BP Plan - Chol  |   |          |
| Height - Inches<br>Height -  |  | Plan - BG  |   |          |
| neight -   |  | Plan - Referral  |   |          |
|  |  | rian-reichai   |   |          |
| № National Ambulatory M  | 1edical Care Survey (NAM                               | 1C5) - version 1.33  |   | ×        |
|  | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th Window  St  | ing   Continuity of Care   Diagnosis   Services   Meds   Disposition   Tests   Lookb  | <u>x</u> |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_  | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th Window  St  | ing   Continuity of Care   Diagnosis   Services   Meds   Disposition   Tests   Lookb  |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_  Is patient all  C 1. Yes  | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th Window  St  |   |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_  Is patient all  C 1. Yes C 2. No  | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th Window  St 5 Add 6 Delete Z Exit  S PRF Patient Information Vital Signs Injury or Poisor  dication, e.g., bleeding from aspirin?  | Jnknown   |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_  Is patient all  C 1. Yes C 2. No  Visit Date  | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th Window  St 5 Add 6 Delete Z Exit  S PRF Patient Information Vital Signs Injury or Poisor  dication, e.g., bleeding from aspirin?  C3.  Weight - Lbs   | Jnknown Allergic  |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant   | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th Window    St   5 Add   6 Delete   Z Exit     S   PRF   Patient Information   Vital Signs   Injury or Poison    C 3.     Weight - Lbs   Weight - Oz   Weight - Kg   Weight - Gm   Weig | Jnknown  Allergic  Meds Allergic 1  |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis   | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th window  st 5 Add 6 Delete Z Exit  Is PRF Patient Information Vital Signs Injury or Poisor  dication, e.g., bleeding from aspirin?  C3.  Weight - Lbs Weight - Oz Weight - Kg Weight - Gm BP - Systolic  | Allergic Meds Allergic 1 Meds Allergic 2 Meds Allergic 3 Meds Allergic 4  |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis  Family History   | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th window  St 5 Add 6 Delete Z Exit  Is PRF Patient Information Vital Signs Injury or Poisor  dication, e.g., bleeding from aspirin?  C 3.  Weight - Lbs Weight - Oz Weight - Kg Weight - Gm BP - Systolic BP - Diastolic  | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5                                   |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis  Family History  - Male   | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th window    St   5 Add   6 Delete   Z Exit     S   PRF   Patient Information   Vital Signs   Injury or Poison    S   PRF   Patient Information   Vital Signs   Injury or Poison    C   S   S   S   S     C   S   S     C   S   S     C   S   S     C   S   S     C   S   S     C    | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6                  |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis  Family History   | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | weight - Lbs Weight - Cz Weight - Gr Weight - Gr Weight - Gr Weight - Gr BP - Systolic BP - Diastolic Services Health Ed   | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6  Meds Allergic 7 |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis  Family History  - Male  - Female                                 | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | th window  st 5 Add 6 Delete 7 Exit  Is PRF Patient Information Vital Signs Injury or Poisor  dication, e.g., bleeding from aspirin?  Weight - Lbs Weight - Oz Weight - Kg Weight - Gm BP - Systolic BP - Diastolic Services Health Ed Plan 2,3,4,5  | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6                  |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis  Family History  - Male  - Female  Height - Feet                  | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | weight - Lbs Weight - Cz Weight - Cz Weight - Cz Weight - Cz Weight - Gm BP - Systolic BP - Diastolic Services Health Ed Plan Plan - BP  | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6  Meds Allergic 7 |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis  Family History  - Male  - Female  Height - Feet  Height - Inches | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | weight - Lbs Weight - Cz Weight - Gm BP - Systolic BP - Diastolic   | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6  Meds Allergic 7 |          |
| Forms Answer Navigate  1 First 2 Prev  NewPat_Comp Pat_/  Is patient all  C 1. Yes C 2. No  Visit Date  Pregnant  Smoke  Diagnosis  Family History  - Male  - Female  Height - Feet                  | Options Help Show Water  3 Next 4 La  Appts Asthma CAM | weight - Lbs Weight - Cz Weight - Cz Weight - Cz Weight - Cz Weight - Gm BP - Systolic BP - Diastolic Services Health Ed Plan Plan - BP  | Allergic  Meds Allergic 1  Meds Allergic 2  Meds Allergic 3  Meds Allergic 4  Meds Allergic 5  Meds Allergic 6  Meds Allergic 7 |          |

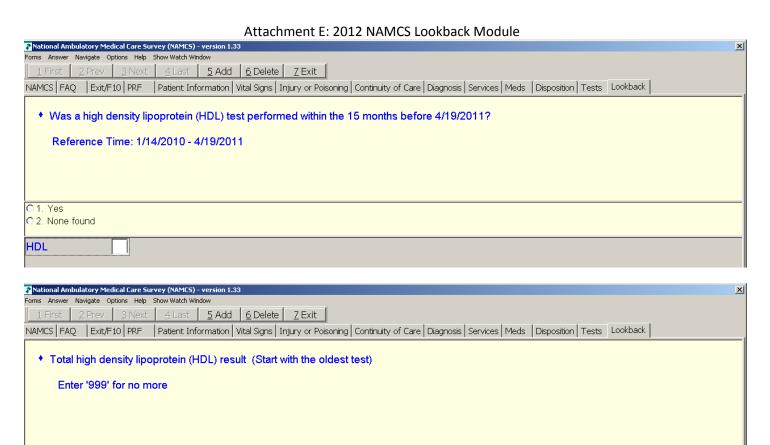
| National Ambulatory M | edical Care Sur | rvey (NAMCS) - vei | rsion 1.33         |                     |          |              |           |                 |                           |         |          | ×   |
|-----------------------|-----------------|--------------------|--------------------|---------------------|----------|--------------|-----------|-----------------|---------------------------|---------|----------|-----|
| Forms Answer Navigate | Options Help    | Show Watch Window  |                    |                     |          |              |           |                 |                           |         |          |     |
| 1 First 2 Prev        | 3 Next          | 4 Last 5           | Add 6 De           | elete <u>Z</u> Exit | t        |              |           |                 |                           |         |          |     |
| NAMCS FAQ Exit        | /F10 PRF        | Patient Inform     | nation   Vital Sig | ıns [Injury or I    | Poisonin | g Continuity | of Care D | iagnosis   Serv | rices   Meds   Dispositio | n Tests | Lookback |     |
| Enter medic           | •               |                    | <u> </u>           |                     |          |              |           |                 |                           |         |          |     |
| Visit Date            |                 |                    | ١                  | Weight - Lb         | s        |              |           |                 | Allergic                  | 1       |          |     |
| Pregnant              |                 |                    |                    | Veight - Oz         |          |              |           |                 | Meds Allergic 1           |         |          | MPT |
| Smoke                 |                 |                    | ١                  | Veight - Kg         | j        |              |           |                 | Meds Allergic 2           |         |          | 224 |
| Diagnosis             |                 |                    | ١                  | Weight - Gn         | n        |              |           |                 | Meds Allergic 3           |         |          |     |
|                       |                 |                    |                    | 3P - Systoli        | С        |              |           |                 | Meds Allergic 4           |         |          |     |
| Family History        |                 |                    |                    | 3P - Diastol        | lic      |              |           |                 | Meds Allergic 5           |         |          |     |
| - Male                |                 |                    | 5                  | Services            |          |              |           |                 | Meds Allergic 6           |         |          |     |
| - Female              |                 |                    | H                  | lealth Ed           |          |              |           |                 | Meds Allergic 7           |         |          |     |
|                       |                 |                    | ı                  | Plan                |          | 2,3,4,5      |           |                 | Meds Allergic 8           |         |          |     |
| Height - Feet         |                 |                    | F                  | Plan - BP           |          |              |           |                 |                           |         |          |     |
| Height - Inches       |                 |                    | ı                  | Plan - Chol         |          |              |           |                 |                           |         |          |     |
| Height -              |                 |                    | F                  | Plan - BG           |          |              |           |                 |                           |         |          |     |
|                       |                 |                    | ı                  | Plan - Refer        | rral     |              |           |                 |                           |         |          |     |











|            | Visit Date | Reference Time | HDL Results HDL Date |
|------------|------------|----------------|----------------------|
| [1]        | 4/19/2011  | 1/14/2010      |                      |
| [2]        |            |                |                      |
| [3]        |            |                |                      |
| [4]        |            |                |                      |
| [5]        |            |                |                      |
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| [8]<br>[9] |            |                |                      |
| [10]       |            |                |                      |
| [11]       |            |                |                      |
| [12]       |            |                |                      |
| [13]       |            |                |                      |
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