Attachment C5: 2015 NAMCS-201 CHC Service Delivery Site Induction Interview, List of all questions

This table lists all proposed 2015 survey questions in the order that they would appear in the survey. Additions and modifications for 2015 are **highlighted in yellow**. Instructions for field representatives are in blue.

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Variable name	Question text and answer categories
START	One button is selected to start the interview:
	1. Continue
	2. Noninterview (Unable to locate, refusal, etc.)
	3. Issue preventing CHC facility interview
	4. Quit
СНСТҮРЕ	How would you classify this center?
	Enter all that apply - separate with commas
	Federally-funded Community Health Center (330)
	Community Health Center (CHC)
	Migrant Health Center (MHC)
	Health Care for the Homeless (HCH)
	Public Housing Primary Care (PHPC) grant program
	2. Federally Qualified Health Center, but not federally funded (330 look-alike)
	3. Urban Indian (437) Health Center
	4. None of the above
ADDCHECK	We have your address and telephone number as
	(Name and Address) (Phone number)
	Is this correct?
	1. Yes
	2. No, update address and phone
CHC_NAME	What is the correct address?
	 Enter 1 to update the CHC name, address, and phone
PR330	What percent of your CHC's revenue comes from the following sources?
PRTITLEV	1. 330 Grant
PROTHFED	2. Title V grant or contract
PRSTLOC	3. Other Federal Grant
PRPRIVAT	4. State/Local Grant
PRCARE	5. Individual, corporation or foundation grants or donations
PRCAID	6. Medicare
PRFEES	7. Medicaid/CHIP

Variable name	Question text and answer categories
PROTHER	8. Patient payments
TOTALGRANT	9. Other (including private insurance, Tricare, VA, etc.)?
AVG_WEEKS	On average, in a normal year, how many weeks does the CHC at this location see
	patients?"
	Number of weeks
WEEK_FOLLUP	"You indicated that this CHC LOCATION does not usually see patients in a
	typical year, is this correct?"
	1. Yes
INTRO_SAMP	2. No I would like to discuss a plan for conducting the National Ambulatory Medical
INTRO_SAMP	Care Survey (NAMCS) to a sample of your providers. This center has been
	assigned to a 1-week reporting period that begins on Monday, (Reporting period
	start date) and ends on Sunday, (Reporting period end date).
	court dutte, and on sumady, (resporting period and dutte).
	I will need to sample 3 providers from your Center. In order to do this, I will need
	the name, specialty, and estimated visit volume, corresponding to the sample week,
	for all physicians and mid-level providers ONLY AT THE CURRENTLY
	SAMPLED IN-SCOPE LOCATION.
	Please include all providers even if they do NOT plan on seeing patients during
	the sample week. In-scope locations include all fixed locations that provide health
	care, including mobile clinics, and specialty clinics. Please do not include providers that work solely at school-based clinics.
	providers that work solery at school-based chines.
	Please exclude anesthesiologists, dentists, hygienists, optometrists, pathologists,
	psychologists, podiatrists, and radiologists. Include physicians (both MDs and
	DOs), nurse practitioners (NPs), physician assistants (PAs), and nurse midwives
	(NMWs).
	 List all providers only from the currently sampled in-scope locations, even if they do
	not expect to see patients during the sampled week. Enter a zero for the expected visit
	volume for those providers with no expected visits.
	If the CIIC that has been compled is a health department, please veryify that they will
	If the CHC that has been sampled is a health department, please verify that they will not be distributing the 330 grant money to other administratively unconnected
	community health centers. If the health department does distribute the money to other
	CHCs, these need to be sampled, so please contact your supervisor for further
	instructions.
PROV_FNAME	What is the provider's first name?
_	(Include providers from all in-scope CHC locations.)
PROV_MNAME	What is the provider's middle name?
PROV_LNAME	What is the provider's last name?
PROV_TYPE	Is (Provider's name) a Medical Doctor (MD) or Doctor of Osteopathy (DO), Nurse
	Practitioner (NP), Physician Assistant (PA), or Nurse Midwife (NMW)?
	1. Medical Doctor (MD)
	2. Doctor of Osteopathy (DO)
	3. Nurse Practitioner (NP)
	4. Physician Assistant (PA) 5. Nurso Midwife (NIMA)
Clain Instructions	5. Nurse Midwife (NMW)
Skip Instructions:	1,2: Goto PROV_SPEC Else goto PROVIDED
PROV_SPEC	What is (Provider's name)'s specialty?
I NO V_SEEC	Enter 'XXX' if the specialty is not listed
	- Lines AAA is the specialty is not fisted

Variable name	Question text and answer categories
PROV_SPEC2	◆ Is the provider an anesthesiologist, dentist, hygienist, optometrist, pathologist,
	psychologist, podiatrist, or radiologist?
	1. Yes
DDOM CDEC CD	2. No
PROV_SPEC_SP	• Enter verbatim response for specialty
PROVIDED	? [F1]
	What is the expected visit volume during the sample week for (Provider's name)? ◆ Enter 0 if provider does not expect to see patients during the reference period.
PREVSAMP	Compare this provider ((Providers name)) to the listed providers that have been
TRE VOZIVII	sampled from this community health center in the past.
	Previously sampled providers
	(Previously sampled providers)
	1. Yes, previously sampled
	2. No, not previously sampled
VER_PREVSAMP	• Were the previously sampled providers selected correctly?
	<u>Current name</u> <u>Previous name</u>
	(Current provider names) (Previously sampled provider names)
	1. Yes
	2. No
NOPATIENTS	You have told me that NONE of these providers expect to see patients during the
NOTATIENTS	sample week that begins on Monday, (Reporting period start date) and ends on
	Sunday, (Reporting period end date). Is this correct?
	1. Yes, there are no providers seeing patients during reference week
	2. No, incorrect - there are providers seeing patients
Skip Instructions:	1: Exit block and goto BlkBACK.THANK_OOS
	2: Go back to TblProv1.PROV_FNAME for the last row.
PROV_STRT	What is (Provider's name)'s address?
DDOW STDT2	Enter number and street.What is (Provider's name)'s address?
PROV_STRT2	• Enter line two of address.
PROV_CITY	What is (Provider's name)'s address?
	• Enter city.
PROV_STATE	What is (Provider's name)'s address?
	• Enter state.
PROV_ZIPCODE	What is (Provider's name)'s address?
	• Enter zipcode.
PROV_LOCTYPE	• Enter location/address type
	1. Main Office address
	2. Alternative/2nd office address3. Home office
	4. Home
	5. Unknown
PROV_PHONE	What is (Provider's name)'s telephone number?
PROV_PHTYP	What type of telephone number is this?
	1. Main
	2. Home
	3. Work
	4. Mobile
	5. Pager, Beeper, Answering Service
	6. Public pay phone7. Toll Free
	7. 10111100

Variable name	Question text and answer categories
	8. Other
	9. Fax
	10. Unknown
GREET_NAME	◆ Enter Greet Name
	(Greet name will be used on the letter that is sent to the provider.)
	Provider Name: (Provider's name)
CALLBACKNOTES	I'd like to schedule a DATE to (conduct/complete) the interview.
	What DATE AND TIME would be best to visit again?
	◆ Today is: ^IntDate
Skip Instructions:	RF: Goto CBREF
	All others, goto THANKCB
CBREF	• Exit this case now.
	Call the case up again and make it a non-interview before transmitting.
THANKCB	Thank you.
	I will call/come back at the time suggested
	◆ Revisit (Appointment information)
THANKYOU	This concludes the interview. Thank you for your patience, and for taking the time
	to answer our questions.
THANK_OOS	Thank you (Respondent name), your center is not within the scope of this study.
	We appreciate your time and interest.