# **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.

| Variable name | Question text and answer categories |
|---|---|
| **START** | One button is selected to start the interview:<br>1.  Continue<br>2.  Noninterview (Unable to locate, refusal, etc.)<br>3.  **Issue preventing CHC facility interview**<br>4.  Quit |
| **CHCTYPE** | **How would you classify this center?**<br>Enter all that apply - separate with commas<br><br>1.  Federally-funded Community Health Center (330)<br>&bull;  Community Health Center (CHC)<br>&bull;  Migrant Health Center (MHC)<br>&bull;  Health Care for the Homeless (HCH)<br>&bull;  Public Housing Primary Care (PHPC) grant program<br>2.  Federally Qualified Health Center, but not federally funded (330 look-alike)<br>3.  Urban Indian (437) Health Center<br>4.  None of the above |
| **ADDCHECK** | **We have your address and telephone number as**<br>**(Name and Address) (Phone number)**<br>**Is this correct?**<br>1.  Yes<br>2.  No, update address and phone |
| **CHC_NAME** | **What is the correct address?**<br>&#9670; Enter 1 to update the CHC name, address, and phone |
| **PR330**<br>**PRTITLEV**<br>**PROTHFED**<br>**PRSTLOC**<br>**PRPRIVAT**<br>**PRCARE**<br>**PRCAID**<br>**PRFEES** | **What percent of your CHC's revenue comes from the following sources?**<br>1.  330 Grant<br>2.  Title V grant or contract<br>3.  Other Federal Grant<br>4.  State/Local Grant<br>5.  Individual, corporation or foundation grants or donations<br>6.  Medicare<br>7.  Medicaid/CHIP |

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|---|---|
| PROTHER<br>TOTALGRANT | 8. Patient payments<br>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?"**<br>**_____Number of weeks** |
| WEEK_FOLLUP | **"You indicated that this CHC LOCATION does not usually see patients in a typical year, is this correct?"**<br>    **1. Yes**<br>    **2. No** |
| INTRO_SAMP | **I would like to discuss a plan for conducting the National Ambulatory Medical 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).**<br><br>**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.**<br><br>**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.**<br><br>**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).**<br><br>◆ 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.<br><br>  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?**<br>(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)?**<br>    1. Medical Doctor (MD)<br>    2. Doctor of Osteopathy (DO)<br>    3. Nurse Practitioner (NP)<br>    4. Physician Assistant (PA)<br>    5. Nurse Midwife (NMW) |
| Skip Instructions: | 1,2: Goto PROV_SPEC<br>Else goto PROVIDED |
| PROV_SPEC | **What is (Provider's name)'s specialty?**<br>◆ Enter 'XXX' if the specialty is not listed |

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

| Variable name | Question text and answer categories |
|---|---|
| | **8.** Other<br>**9.** Fax<br>**10.** Unknown |
| **GREET_NAME** | ◆ Enter Greet Name<br>(Greet name will be used on the letter that is sent to the provider.)<br>Provider Name: (Provider's name) |
| **CALLBACKNOTES** | **I'd like to schedule a DATE to (conduct/complete) the interview.**<br>**What DATE AND TIME would be best to visit again?**<br>◆ Today is: ^IntDate |
| Skip Instructions: | RF: Goto CBREF<br>All others, goto THANKCB |
| **CBREF** | ◆ Exit this case now.<br>Call the case up again and make it a non-interview before transmitting. |
| **THANKCB** | **Thank you.**<br>**I will call/come back at the time suggested**<br>◆ 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.**<br>**We appreciate your time and interest.** |