Attachment K: Snapshots of NHAMCS OPD PRF

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) - Ver 3.23 4/15/2014

Forms Answer Navigate Options Help Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | Tests

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

◆ Enter the patient's medical record number

◆ Date of visit (Format MM/DD/YYYY)

◆ Patient's 5-digit zip code.
(Enter "1" if homeless)

◆ Date of birth (Format MM/DD/YYYY)

◆ Age

◆ Enter time period
○ 1. Years   ○ 3. Days
○ 2. Months

◆ Sex
○ 1. Female
○ 2. Male

◆ Is patient pregnant?
○ 1. Yes
○ 2. No

◆ Specify Gestation - Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus

◆ Last menstrual period - Month/Day/Year

? [F1] ◆ Ethnicity
○ 1. Hispanic or Latino
○ 2. Not Hispanic or Latino

? [F1] ◆ Race
(Enter all that apply, separate with commas)
□ 1. White
□ 2. Black or African American
□ 3. Asian
□ 4. Native Hawaiian or Other Pacific Islander
□ 5. American Indian or Alaska Native

? [F1] ◆ Expected source(s) of payment for THIS VISIT.
(Enter all that apply, separate with commas)
□ 1. Private Insurance
□ 2. Medicare
□ 3. Medicaid or CHIP or other state-based program
□ 4. Workers' compensation
□ 5. Self-pay
□ 6. No charge /Charity
□ 7. Other
□ 8. Unknown

? [F1] ◆ Tobacco Use
○ 1. Never smoker
○ 2. Former smoker
○ 3. Current smoker
○ 4. Unknown

Forms   Answer   Navigate   Options   Help   Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | Tests

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

Height in feet and inches OR cm

? [F1]
♦ Height (feet)

? [F1]
♦ Height (inches)

? [F1]
♦ Height (centimeters)

Weight in pounds and ounces OR kg and gm

? [F1]
♦ Weight (pounds)

? [F1]
♦ Weight (kilograms)

? [F1]
♦ Weight (ounces)

? [F1]
♦ Weight (gm)

Temperature in °C or °F

? [F1]
♦ Temperature

♦ Temperature type

　　○ 1. Celsius
　　○ 2. Fahrenheit

Blood pressure (Systolic and Diastolic)

♦ Blood Pressure - SYSTOLIC
　Refers to the top number of the blood pressure measurement.

　If multiple measurements are taken, record the last measurement.

♦ Blood pressure - DIASTOLIC
　Refers to the bottom number of the blood pressure measurement.

　If multiple measurements are taken, record the last measurement.
　　　Enter 998 for P, PALP, DOPP, or DOPPLER

Forms   Answer   Navigate   Options   Help   Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | Tests

1 of 1   PRF's   MRN: NHAMCS-100(OPD)   Reason for Visit

? [F1]   ♦ List the first 5 reasons for visit (i.e., symptoms, problems, issues, concerns of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history for additional reasons.

? [F1]   ♦ Locate the reason for visit in the look-up table.
Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Locate the reason for visit in the look-up table.
Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Locate the reason for visit in the look-up table.
Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Locate the reason for visit in the look-up table.
Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Locate the reason for visit in the look-up table.
Enter XXX if reason cannot be found

? [F1]
♦ Major reason for this visit
　　○ 1. New problem (<3 mos. onset)
　　○ 2. Chronic problem, routine
　　○ 3. Chronic problem, flare-up
　　○ 4. Pre surgery

　　○ 5. Post surgery
　　○ 6. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.23 4/15/2014

Forms   Answer   Navigate   Options   Help   Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | Tests

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

? [F1] ◆ Is this visit related to an injury, poisoning, or adverse effect of medical treatment?

- ○ 1. Yes, injury
- ○ 2. Yes, poisoning
- ○ 3. Yes, adverse effect of medical/surgical care or adverse effect of medicinal drug
- ○ 4. No
- ○ 5. Unknown

◆ Did the injury or poisoning occur within 72 hours prior to the date and time of this visit?

- ○ 1. Yes
- ○ 2. No
- ○ 3. Unknown
- ○ 4. Not Applicable

◆ Is this injury or poisoning intentional or unintentional?

- ○ 1. Intentional
- ○ 2. Unintentional (e.g., accidental)
- ○ 3. Intent unclear

? [F1] Cause of injury, poisoning, or adverse effect.

◆ Describe the place and circumstances that preceded the injury, poisoning, or adverse effect.
   Examples:
1. Injury (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider)
2. Poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting)
3. Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.23 4/15/2014

Forms   Answer   Navigate   Options   Help   Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | Tests

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

? [F1]

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

- ○ 1. Yes
- ○ 2. No
- ○ 3. Unknown

? [F1]

◆ Was patient referred for this visit?

- ○ 1. Yes
- ○ 2. No
- ○ 3. Unknown

? [F1]

◆ Has the patient been seen in this clinic before?

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

? [F1]

◆ How many past visits to this clinic in the last 12 months?
   (Exclude this visit) Enter CTRL-D if data is not available.

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | **Diagnosis** | Services | Medications | Disposition | Tests

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

? [F1]
♦ As specifically as possible, list diagnoses related to this visit including chronic conditions.   List PRIMARY diagnoses first.

? [F1]
♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions.
Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions.
Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions.
Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions.
Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions.
Enter "XXX" if diagnosis cannot be found

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | **Diagnosis** | Services | Medications | Disposition | Tests

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

? [F1]   ♦ Regardless of the diagnoses previously entered, does the patient now have -   Enter all that apply, separate with commas

- ☐ 1. Alcohol misuse, abuse or dependence
- ☐ 2. Alzheimer's disease/Dementia
- ☐ 3. Arthritis
- ☐ 4. Asthma
- ☐ 5. Cancer
- ☐ 6. Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)
- ☐ 7. Chronic kidney disease (CKD)
- ☐ 8. Chronic obstructive pulmonary disease (COPD)
- ☐ 9. Congestive heart failure (CHF)
- ☐ 10. Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
- ☐ 11. Depression
- ☐ 12. Diabetes mellitus (DM), Type I
- ☐ 13. Diabetes mellitus (DM), Type II
- ☐ 14. Diabetes mellitus (DM), Type unspecified
- ☐ 15. End-stage renal disease (ESRD)
- ☐ 16. History of pulmonary embolism (PE) or deep vein thrombosis (DVT)
- ☐ 17. HIV Infection/AIDS
- ☐ 18. Hyperlipidemia
- ☐ 19. Hypertension
- ☐ 20. Obesity
- ☐ 21. Obstructive sleep apnea (OSA)
- ☐ 22. Osteoporosis
- ☐ 23. Substance abuse or dependence
- ☐ 24. None of the above

♦ Asthma severity
- ○ 1. Intermittent
- ○ 2. Mild persistent
- ○ 3. Moderate persistent
- ○ 4. Severe persistent
- ○ 5. Other - specify
- ○ 6. None recorded

♦ Specify Asthma severity

♦ Asthma control
- ○ 1. Well controlled
- ○ 2. Not well controlled
- ○ 3. Very poorly controlled
- ○ 4. Other - specify
- ○ 5. None recorded

♦ Specify Asthma control

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.23 4/15/2014

Forms Answer Navigate Options Help Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | **Services** | Medications | Disposition | Tests

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

? [F1] ♦ Services Enter all Examinations/Screenings, Laboratory tests, Imaging, Procedures, Treatments, and Health education/Counseling ORDERED or PROVIDED.

☐ 1. NO SERVICES

Examinations/Screenings
☐ 2. Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)
☐ 3. Breast
☐ 4. Depression screening
☐ 5. Domestic violence screening
☐ 6. Foot
☐ 7. Neurologic
☐ 8. Pelvic
☐ 9. Rectal
☐ 10. Retinal/ Eye Exam
☐ 11. Skin
☐ 12. Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)

Laboratory tests
☐ 13. Basic metabolic panel
☐ 14. CBC
☐ 15. Chlamydia test
☐ 16. Comprehensive metabolic panel
☐ 17. Creatinine /Renal function panel
☐ 18. Culture, blood
☐ 19. Culture, throat
☐ 20. Culture, urine

☐ 21. Culture, other
☐ 22. Glucose, serum
☐ 23. Gonorrhea test
☐ 24. HbA1c (Glycohemoglobin)
☐ 25. Hepatitis testing/Hepatitis panel
☐ 26. HIV test
☐ 27. HPV DNA test
☐ 28. Lipid profile
☐ 29. Liver enzymes/Hepatic function panel
☐ 30. PAP test
☐ 31. Pregnancy/HCG test
☐ 32. PSA (prostate specific antigen)
☐ 33. Rapid strep test
☐ 34. TSH/Thyroid panel
☐ 35. Urinalysis
☐ 36. Vitamin D test

Imaging
☐ 37. Bone mineral density
☐ 38. CT scan
☐ 39. Echocardiogram
☐ 40. Ultrasound
☐ 41. Mammography
☐ 42. MRI

☐ 43. X-ray

Procedures
☐ 44. Audiometry
☐ 45. Biopsy
☐ 46. Cardiac stress test
☐ 47. Colonoscopy
☐ 48. Cryosurgery (cryotherapy)/ Destruction of tissue
☐ 49. EKG/ECG
☐ 50. Electroencephalogram (EEG)
☐ 51. Electromyogram (EMG)
☐ 52. Excision of tissue
☐ 53. Fetal monitoring
☐ 54. Peak flow
☐ 55. Sigmoidoscopy
☐ 56. Spirometry
☐ 57. Tonometry
☐ 58. Tuberculosis skin testing/PPD
☐ 59. Upper gastrointestinal endoscopy/EGD

Treatments
☐ 60. Cast/splint/wrap
☐ 61. Complementary and alternative medicine (CAM)
☐ 62. Durable medical equipment
☐ 63. Home health care

☐ 64. Mental health counseling, excluding psychotherapy
☐ 65. Occupational therapy
☐ 66. Physical therapy
☐ 67. Psychotherapy
☐ 68. Radiation therapy
☐ 69. Wound care

Health education/Counseling
☐ 70. Alcohol abuse counseling
☐ 71. Asthma
☐ 72. Asthma action plan given to patient
☐ 73. Diabetes education
☐ 74. Diet/Nutrition
☐ 75. Exercise
☐ 76. Family planning/Contraception
☐ 77. Genetic counseling
☐ 78. Growth/Development
☐ 79. Injury prevention
☐ 80. STD prevention
☐ 81. Stress management
☐ 82. Substance abuse counseling
☐ 83. Tobacco use/Exposure
☐ 84. Weight reduction

Other services not listed
☐ 85. Other service

Enter all that apply, separate with commas

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.23 4/15/2014

Forms Answer Navigate Options Help Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | **Services** | Medications | Disposition | Tests

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

♦ Specify other exam/test/service

♦ Specify other exam/test/service
Enter '0' if no other exam/test/services provided

♦ Specify other exam/test/service
Enter '0' if no other exam/test/services provided

♦ Specify other exam/test/service
Enter '0' if no other exam/test/services provided

♦ Specify other exam/test/service
Enter '0' if no other exam/test/services provided

Forms   Answer   Navigate   Options   Help   Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | Tests

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

Forms   Answer   Navigate   Options   Help   Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | Tests

♦ Were any prescription or non-prescription drugs ORDERED or PROVIDED (by any route of administration) at this visit?
Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered, or continued during this visit.
Include drugs prescribed at a previous visit if the patient was instructed at THIS VISIT to continue with the medication.

- ○ 1. Yes
- ○ 2. No

Drugs Ordered

Forms Answer Navigate Options Help Show Watch Window

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | **Medications** | Disposition | Tests

? [F1]

- Enter drugs that were ordered, supplied, administered, or continued during this visit.
  Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements.

  Enter 0 for no more

	Drug	Drug Lookup	New/Continued
[1]			
[2]			
[3]			
[4]			
[5]			
[6]			
[7]			
[8]			
[9]			
[10]			
[11]			
[12]			
[13]			
[14]			
[15]			

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | **Disposition** | Tests

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

? [F1]

♦ 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

? [F1]

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

☐ 1. Return to referring physician   ☐ 6. Return at unspecified time
☐ 2. Refer to other physician   ☐ 7. Return as needed (p.r.n.)
☐ 3. Return in less than 1 week   ☐ 8. Refer to ER/Admit to hospital
☐ 4. Return in 1 week to less than 2 months ☐ 9. Other
☐ 5. Return in 2 months or greater

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

NHAMCS | FAQ | Exit/F10 | Patient Information | Vital Signs | Reason | Injury | Continuity of Care | Diagnosis | Services | Medications | Disposition | **Tests**

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

? [F1]   ♦ Was blood for the following laboratory tests drawn on the day of the
             sampled visit or during the 12 months prior to the visit?

         Reference Time: 11/30/2001 - 0/0/0

                                          Most recent result   Date of Test (MM/DD/YYYY)
                                                                     CTRL+D (not available)
☐ ○ 1. Enter 1 to Continue

? [F1]	♦ Total cholesterol? (1 = yes 2 = none found)	♦ Total cholesterol ___ mg/dL	♦ Most recent cholesterol result.
? [F1]	♦ High density lipoprotein (HDL)? (1 = yes 2 = none found)	♦ HDL ___ mg/dL	♦ Most recent HDL result.
? [F1]	♦ Low density lipoprotein (LDL)? (1 = yes 2 = none found)	♦ LDL ___ mg/dL	♦ Most recent LDL result.
? [F1]	♦ Triglycerides (TGs) ? (1 = yes 2 = none found)	♦ TGs ___ mg/dL	♦ Most recent TGs result.
? [F1]	♦ HbA1c Glycohemoglobin ? (1 = yes 2 = none found)	♦ A1C ___ %	♦ Most recent A1C result.
? [F1]	♦ Blood glucose (BG) ? (1 = yes 2 = none found)	♦ Blood Glucose (BG) ___ mg/dL	♦ Most recent BG result.
? [F1]	♦ Serum creatinine? (1 = yes 2 = none found)	♦ Serum creatinine ___ mg/dL	♦ Most recent Serum creatinine result.