

## Attachment Q: Semi-Structured Reabstraction Telephone Protocol

Form Approved  
OMB No. 0920-0278  
Exp. Date : \_\_\_\_\_

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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).

- Introduction
  - This is [new Field Representative's name]; I am a colleague of [previous Field Representative's name] at the U.S. Census Bureau. I'm calling for the Centers for Disease Control and Prevention concerning your recent participation in the National Hospital Ambulatory Medical Care Survey.
- Explain why calling
  - The CDC is conducting a small study to verify the consistency of data previously collected for NHAMCS, to validate our data collection procedures. For this study, I will visit your [emergency service area/clinic/ambulatory surgery location] to reabstract data from 10 medical records previously abstracted by [previous Field Representative's name].
  - Your participation would only involve pulling and refiling the 10 medical records that have been randomly selected for reabstraction.
- Share confidentiality, informed consent, and voluntary participation information
  - As with the original NHAMCS survey, all information which would permit identification of an individual, a practice, or an establishment will be held confidential.
  - Participation is voluntary, but will assist greatly in helping us ensure the consistency of our data collection procedures.
- Set up time to reabstract
  - Make appointment to come in and reabstract.
- Thank you and closure.
  - Verify phone number and address for followup.