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**NAMCS Supplement on Primary Care Policies**

**TELEPHONE SCREENER**

1. Hello, have I reached Dr. {PHYSICIAN NAME}'s office?

- YES .....1
- NO .....2 (GO TO 15)
- WRONG NUMBER.....3 (GO TO 15)
- NO LONGER WORKS HERE.....4 (GO TO 15)
- DECEASED.....5 (END STATEMENT 1)
- RETIRED.....6 (END STATEMENT 1)
- NOT IN PRACTICE.....7 (END STATEMENT 1)
- REFUSED.....-8

2. This is {INTERVIEWER NAME}. I am calling on behalf of the National Center for Health Statistics regarding a study of physicians. I'd like to confirm that I have the correct office address for Dr. {PHYSICIAN'S NAME}.

[VERIFY ADDRESS AND RECORD ANY CHANGES.]

- PRACTICE/CLINIC NAME \_\_\_\_\_
- STREET ADDRESS \_\_\_\_\_
- PO BOX/SUITE/ROOM/DEPT/BLDG \_\_\_\_\_
- CITY, STATE ZIP \_\_\_\_\_
- REFUSED.....-7
- DON'T KNOW.....-8

Attachment 3a

3. Is Dr. {PHYSICIAN NAME}'s specialty {SPECIALTY}?

- YES .....1 (GO TO 5)
- NO .....2
- REFUSED.....-7 (GO TO 5)
- DON'T KNOW.....-8 (GO TO 5)

4. What is {his/her} specialty?

- FAMILY PRACTICE/FAMILY MEDICINE.....1
- INTERNAL MEDICINE/GENERAL INTERNAL MEDICINE/INTERNIST...2
- OTHER, SPECIFY.....91 \_\_\_\_\_
- REFUSED.....-7
- DON'T KNOW.....-8

5. Does this practice have a website?

- YES .....1
- NO .....2 (GO TO 7)
- REFUSED.....-7 (GO TO 7)
- DON'T KNOW.....-8 (GO TO 7)

6. What is the web address?

- WEB ADDRESS \_\_\_\_\_
- REFUSED.....-7
- DON'T KNOW.....-8

7. What is the number of physicians employed at this practice, across all practice locations?

- NUMBER \_\_\_\_\_
- REFUSED.....-7
- DON'T KNOW.....-8

8. Of the total number of physicians at this practice, how many specialize in Family Medicine?

- NUMBER \_\_\_\_\_
- REFUSED.....-7
- DON'T KNOW.....-8

9. How many specialize in Internal Medicine?

- NUMBER \_\_\_\_\_
- REFUSED.....-7
- DON'T KNOW.....-8

10. Does {PHYSICIAN'S NAME} see all {his/her} patients in a hospital?

[IF NEEDED: **All** patients or only some patients?]

- YES .....1
- NO .....2
- REFUSED.....-7
- DON'T KNOW.....-8

Attachment 3a

11. Does {PHYSICIAN'S NAME} see all{his/her} patients in an urgent or immediate care center?

[IF NEEDED: **All** patients or only some patients?]

- YES .....1
- NO .....2
- REFUSED.....-7
- DON'T KNOW.....-8

12. Does {PHYSICIAN'S NAME} see all {his/her} patients in a Federal facility such as a VA office, a military clinic, or a Public Health Service or Indian Health Service clinic?

[IF NEEDED: **All** patients or only some patients?]

- YES .....1
- NO .....2
- REFUSED.....-7
- DON'T KNOW.....-8

13. Does Dr. {PHYSICIAN'S NAME} see all{his/her} patients in a nursing home, rehabilitation center or correctional facility?

[IF NEEDED: **All** patients or only some patients?]

- YES .....1 (END STATEMENT 2)
- NO .....2 (END STATEMENT 2)
- REFUSED.....-7 (END STATEMENT 2)
- DON'T KNOW.....-8 (END STATEMENT 2)

14. Is {PHONE NUMBER} the best phone number at which to reach Dr. {PHYSICIAN'S NAME}'s office?

[VERIFY AND RECORD ANY CHANGES]

- TELEPHONE NUMBER \_\_\_\_\_ (END STATEMENT 2)
- REFUSED.....-7 (END STATEMENT 2)
- DON'T KNOW.....-8 (END STATEMENT 2)

15. I'm trying to reach the office of Dr. {PHYSICIAN'S NAME} on {STREET} in {CITY, STATE}. Do you know {him/her}?

[IF NEEDED: Do you know {his/her} telephone number/address/the name of a person who might know how to reach {him/her}??]

- YES .....1 (FOLLOW LEADS, THEN RESTART)
- NO .....2 (END STATEMENT 1, THEN TO TRACING)

16. Do you have a forwarding telephone number and address for the doctor?

[IF NEEDED: Do you know the name of a person who might know how to reach {him/her}??]

- YES .....1 (FOLLOW LEADS, THEN RESTART)
- NO .....2 (END STATEMENT 1, THEN TO TRACING)

END STATEMENT 1: Thank you for your time.

END STATEMENT 2: Those are all the questions I have for you. Thank you for your help.