

# Attachment E: 2015 NAMCS Re-abstraction Study screenshots

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 3.08 5/12/2014  
Forms Answer Navigate Options Help Show Watch Window  
NAMCS FAQ Exit/F10

**CENSUS CAPI SYSTEM**

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction

CASE STATUS IS: Re-abstraction Started

Reference Week: February 27 - March 4

Press Alt-F9 to update contact information

OMB No. 0920-0234 Exp. Date 12/31/2014

Notice - Public reporting burden for this collection of information is estimated to average 1 minute per response, including time for pulling and filing each medical record. 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 (0920-0234).

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 the 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).

1. Continue  
 2. Noninterview (Refusal, unable to locate, etc.)  
 3. Transmit for reassignment  
 4. Quit

Start

00011100 START 5:58:05 PM 6-2-2014 3/51 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window  
NAMCS FAQ Exit/F10

♦ DO NOT READ AS WORDED BELOW

- o Identify yourself - show I.D.
- o Ask to speak to:  
James A Bleau  
Jane P Humano  
(Press Alt-F9 to update contact information)
- o Introduce survey, as necessary (press F1 for sample introduction)

1. Continue  
 2. Inconvenient time  
 3. Other Outcome - exit instrument

Intro for

00011100 INTRO\_INTERVIEW 5:58:53 PM 6-2-2014 3/51 RP: February 27 - March 4

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 3.08 5/12/2014

Forms Answer Navigate Options Help Show Watch Window

NAMCS [FAQ](#) [Exit/F10](#)

♦ Enter 1 to start a new PRF/Pick a PRF

Currently there are 10 PRFs

1. Enter PRFs  
2. Exit/Done with PRFs

Next PRF

♦ Pull these Patient Record Forms for this Re-abstraction

Visit Date	Birth Date	MRN
03/01/2012	01/01/1970	5374674567
03/02/2012	01/01/1971	8872342
03/03/2012	01/01/1972	6857435
03/02/2012	01/01/1974	878834543
03/04/2012	01/01/1975	575623
03/03/2012	01/01/1976	76234234
03/03/2012	01/01/1976	556523
03/01/2012	01/01/1978	7466344
03/03/2012	01/01/1979	78678534
03/03/2012	01/01/1980	344643

OK

00011100 NEXT\_PRF 6:07:41 PM 6-2-2014 8/51 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

NAMCS [FAQ](#) [Exit/F10](#)

♦ Enter 1 to start a new PRF/Pick a PRF

Currently there are 10 PRFs

1. Enter PRFs  
2. Exit/Done with PRFs

Next PRF

00011100 NEXT\_PRF 6:09:51 PM 6-2-2014 8/51 RP: February 27 - March 4

National Ambulatory Medical Care Survey (NAMCS) Re-abstractor - Ver 3.08 5/12/2014

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRP's MRN: 5374674567 NAMCS PATIENT INFORMATION**

<p>Enter the patient's medical record number</p> <p>5374674567</p> <p>Date of visit (Format MM/DD/YYYY)</p> <p>3/1/2012</p> <p>Patient's 5-digit zip code (Enter "1" if homeless)</p> <p>11111</p> <p>Date of birth (Format MM/DD/YYYY)</p> <p></p>	<p>Age</p> <p>22</p> <p>Enter time period <input checked="" type="radio"/> 1. Years <input type="radio"/> 2. Months <input type="radio"/> 3. Days</p> <p>1</p> <p>Sex <input checked="" type="radio"/> 1. Female <input type="radio"/> 2. Male</p> <p>1</p> <p>Is patient pregnant? <input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>1</p> <p>Specify Gestation - Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus</p> <p>2</p> <p>Last menstrual period - Month/Day/Year</p> <p></p> <p>Ethnicity <input checked="" type="radio"/> 1. Hispanic or Latino <input type="radio"/> 2. Not Hispanic or Latino</p> <p>1</p>	<p>Race (Enter all that apply, separate with commas)</p> <p><input checked="" type="checkbox"/> 1. White <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander</p> <p><input checked="" type="checkbox"/> 2. Black or African American <input type="checkbox"/> 5. American Indian or Alaska Native</p> <p><input type="checkbox"/> 3. Asian</p> <p>1,2</p> <p>Expected source(s) of payment for THIS VISIT. (Enter all that apply, separate with commas)</p> <p><input checked="" type="checkbox"/> 1. Private Insurance <input type="checkbox"/> 5. Self-pay</p> <p><input type="checkbox"/> 2. Medicare <input type="checkbox"/> 6. No charge /Charity</p> <p><input type="checkbox"/> 3. Medicaid or CHIP or other state-based program <input type="checkbox"/> 7. Other</p> <p><input type="checkbox"/> 4. Workers' compensation <input type="checkbox"/> 8. Unknown</p> <p>1</p> <p>Tobacco Use <input checked="" type="radio"/> 1. Never smoker <input type="radio"/> 2. Former smoker <input type="radio"/> 3. Current smoker <input type="radio"/> 4. Unknown</p> <p>1</p>
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00011100 ETHNIC 6:17:43 PM 6-2-2014 I/1 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRP's MRN: 5374674567 NAMCS Biometrics/Vital signs**

Height in feet and inches OR cm

Height (feet) 6

Height (inches) 4

Height (centimeters)

Weight in pounds and ounces OR kg and gm

Weight (pounds) 120

Weight (kilograms)

Weight (ounces) 3

Weight (gm)

Temperature in °C or °F

Temperature 98.0

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. 120

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. 80

00011100 HTFT 6:24:14 PM 6-2-2014 I/1 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Ext/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRP's MRN: 5374674567 NAMCS 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.

one

? [F1] \* Enter 0 for None/No more

leg pain

? [F1] \* Enter 0 for None/No more

? [F1] \* Enter 0 for None/No more

? [F1] \* Enter 0 for None/No more

? [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)

1

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

orthopnea

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

leg pain

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

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

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

00011100 VRFV3 6:26:02 PM 6-2-2014 I/1 RP: February 27 - March 4

National Ambulatory Medical Care Survey (NAMCS) Re-abstractation - Ver 3.08 5/12/2014

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Ext/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRP's MRN: 5374674567 NAMCS 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

1

\* 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

1

\* Is this injury or poisoning intentional or unintentional?

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

1

? [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)

patient passed out and hit head

00011100 WCAUSE 6:28:02 PM 6-2-2014 I/1 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 10 PRP's MRN: 5374674567 NAMCS Continuity of care

? [F1] Are you the patient's primary care physician?  
 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 practice before?  
 1. Yes, established patient  2. No, new patient

? [F1] How many past visits to this practice in the last 12 months?  
 (Exclude this visit) Enter CTRL-D if data is not available.

00011100 PRMCARE 6:28:48 PM 6-2-2014 1/1 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 10 PRP's MRN: 5374674567 NAMCS 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.

00011100 VDIAG5 6:46:35 PM 6-2-2014 1/2 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRF's** **MRN: 5374674567** **NAMCS 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

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

4,1,2,3,5,6,7,8,9,10,11,12,13,14,1!

♦ Asthma severity

<input type="radio"/> 1. Intermittent	<input type="radio"/> 4. Severe persistent
<input type="radio"/> 2. Mild persistent	<input checked="" type="radio"/> 5. Other - specify
<input type="radio"/> 3. Moderate persistent	<input type="radio"/> 6. None recorded

5

Specify Asthma severity

severe intermittent

♦ Asthma control

<input type="radio"/> 1. Well controlled	<input type="radio"/> 3. Very poorly controlled
<input type="radio"/> 2. Not well controlled	<input checked="" type="radio"/> 4. Other - specify
	<input type="radio"/> 5. None recorded

4

Specify Asthma control

occasionally well controlled

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NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRF's** **MRN: 5374674567** **NAMCS Services**

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

<input type="checkbox"/> 1. NO SERVICES	<input type="checkbox"/> 21. Culture, other	<input type="checkbox"/> 43. X-ray	<input type="checkbox"/> 64. Mental health counseling, excluding psychotherapy
<input type="checkbox"/> 2. Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)	<input type="checkbox"/> 22. Glucose, serum	<input type="checkbox"/> 44. Audiometry	<input type="checkbox"/> 65. Occupational therapy
<input type="checkbox"/> 3. Breast	<input type="checkbox"/> 23. Gonorrhea test	<input checked="" type="checkbox"/> 45. Biopsy	<input type="checkbox"/> 66. Physical therapy
<input type="checkbox"/> 4. Depression screening	<input type="checkbox"/> 24. HbA1c (Glycohemoglobin)	<input type="checkbox"/> 46. Cardiac stress test	<input type="checkbox"/> 67. Psychotherapy
<input type="checkbox"/> 5. Domestic violence screening	<input type="checkbox"/> 25. Hepatitis testing/Hepatitis panel	<input checked="" type="checkbox"/> 47. Colonoscopy	<input type="checkbox"/> 68. Radiation therapy
<input type="checkbox"/> 6. Foot	<input type="checkbox"/> 26. HIV test	<input type="checkbox"/> 48. Cryosurgery (cryotherapy)/ Destruction of tissue	<input type="checkbox"/> 69. Wound care
<input type="checkbox"/> 7. Neurologic	<input type="checkbox"/> 27. HPV DNA test	<input type="checkbox"/> 49. EKG/ECG	<input type="checkbox"/> 70. Alcohol abuse counseling
<input type="checkbox"/> 8. Pelvic	<input type="checkbox"/> 28. Lipid profile	<input type="checkbox"/> 50. Electroencephalogram (EEG)	<input type="checkbox"/> 71. Asthma
<input type="checkbox"/> 9. Rectal	<input type="checkbox"/> 29. Liver enzymes/Hepatic function panel	<input type="checkbox"/> 51. Electromyogram (EMG)	<input type="checkbox"/> 72. Asthma action plan given to patient
<input type="checkbox"/> 10. Retinal/ Eye Exam	<input type="checkbox"/> 30. PAP test	<input checked="" type="checkbox"/> 52. Excision of tissue	<input type="checkbox"/> 73. Diabetes education
<input type="checkbox"/> 11. Skin	<input type="checkbox"/> 31. Pregnancy/HCG test	<input type="checkbox"/> 53. Fetal monitoring	<input type="checkbox"/> 74. Diet/Nutrition
<input type="checkbox"/> 12. Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)	<input type="checkbox"/> 32. PSA (prostate specific antigen)	<input type="checkbox"/> 54. Peak flow	<input type="checkbox"/> 75. Exercise
<input type="checkbox"/> 13. Basic metabolic panel	<input type="checkbox"/> 33. Rapid strep test	<input checked="" type="checkbox"/> 55. Sigmoidoscopy	<input type="checkbox"/> 76. Family planning/Contraception
<input type="checkbox"/> 14. CBC	<input type="checkbox"/> 34. TSH/Thyroid panel	<input type="checkbox"/> 56. Spirometry	<input type="checkbox"/> 77. Genetic counseling
<input type="checkbox"/> 15. Chlamydia test	<input type="checkbox"/> 35. Urinalysis	<input type="checkbox"/> 57. Tonometry	<input type="checkbox"/> 78. Growth/Development
<input type="checkbox"/> 16. Comprehensive metabolic panel	<input type="checkbox"/> 36. Vitamin D test	<input type="checkbox"/> 58. Tuberculosis skin testing/PPD	<input type="checkbox"/> 79. Injury prevention
<input type="checkbox"/> 17. Creatinine /Renal function panel	<input type="checkbox"/> 37. Bone mineral density	<input type="checkbox"/> 59. Upper gastrointestinal endoscopy/EGD	<input type="checkbox"/> 80. STD prevention
<input type="checkbox"/> 18. Culture, blood	<input type="checkbox"/> 38. CT scan	<input type="checkbox"/> 60. Cast/splint/wrap	<input type="checkbox"/> 81. Stress management
<input type="checkbox"/> 19. Culture, throat	<input type="checkbox"/> 39. Echocardiogram	<input type="checkbox"/> 61. Complementary and alternative medicine (CAM)	<input type="checkbox"/> 82. Substance abuse counseling
<input type="checkbox"/> 20. Culture, urine	<input type="checkbox"/> 40. Ultrasound	<input type="checkbox"/> 62. Durable medical equipment	<input type="checkbox"/> 83. Tobacco use/Exposure
	<input type="checkbox"/> 41. Mammography	<input type="checkbox"/> 63. Home health care	<input type="checkbox"/> 84. Weight reduction
	<input type="checkbox"/> 42. MRI		<input checked="" type="checkbox"/> 85. Other service

45,47,52,55,85

Enter all that apply, separate with commas

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Forms Answer Navigate Options Help Show Watch Window

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NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 10 PRP's MRN: 5374674567 NAMCS Services

Specify other exam/test/service

CAT scan

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

PET scan

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

0

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

00011100 OTHER\_SP3 6:54:50 PM 6-2-2014 2/3 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 10 PRP's MRN: 5374674567 NAMCS Services

Biopsy provided?

1. Yes  
 2. No

1

Colonoscopy provided?

1. Yes  
 2. No

1

Excision of tissue provided?

1. Yes  
 2. No

1

Sigmoidoscopy provided?

1. Yes  
 2. No

1

00011100 BIOPSY 6:55:08 PM 6-2-2014 3/3 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS | FAQ | Exit/F10 | Patient Information | Biometrics/Vital signs | Reason for visit | Injury | Continuity of Care | Diagnosis | Services | Meds | Disposition | Tests | CPT

• 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

00011100 NOMED 6:55:28 PM 6-2-2014 1/3 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS | FAQ | Exit/F10 | Patient Information | Biometrics/Vital signs | Reason for visit | Injury | Continuity of Care | Diagnosis | Services | Meds | Disposition | Tests | CPT

? [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] Glucophage	GLUCOPHAGE	1
[2] Januvia	JANUVIA	2
[3] tincture	TINCTURE OF IRON	1
[4] Epanova	XXX (NOT FOUND)	1
[5] 0		
[6]		
[7]		
[8]		
[9]		
[10]		
[11]		
[12]		
[13]		
[14]		
[15]		

00011100 WMD 6:59:27 PM 6-2-2014 2/3 RP: February 27 - March 4



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Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRP's MRN: 5374674567 NAMCS 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

6

? [F1] Enter estimated time spent with sampled provider

Enter 0 if no provider seen

4

? [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

00011100 PROV\_SEEN 6:59:59 PM 6-2-2014 I/1 RP: February 27 - March 4

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NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

**1 of 10 PRP's MRN: 5374674567 NAMCS 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: 3/2/2011 - 3/1/2012

1 1. Enter 1 to Continue

	Most recent result	Date of Test (MM/DD/YYYY) CTRL+D (not available)
? [F1] Total cholesterol? (1 = yes 2 = none found)	Total cholesterol 111 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.

00011100 HDL 7:00:44 PM 6-2-2014 I/1 RP: February 27 - March 4

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Forms Answer Navigate Options Help Show Watch Window

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NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

◆ Enter Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code

Enter XXX if CPT or HCPCS code cannot be found  
Enter 0 for no more

CPT Lookup	Other CPT
[1] XXX	123456677
[2] P2028	
[3] P2028	
[4] P2028	
[5] XXX	xxx
[6] P2028	
[7] P2028	
[8] P2028	
[9] P2028	
[10] P2028	
[11] P2028	
[12] P2028	
[13] P2028	
[14] P2028	
[15] P2028	

00011100 CPT 7:01:05 PM 6-2-2014 1/2 RP: February 27 - March 4

National Ambulatory Medical Care Survey (NAMCS) Re-abstractation - Ver 3.08 5/12/2014

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 7 Exit

NAMCS FAQ Exit/F10 Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

◆ Enter Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code

Enter XXX if CPT or HCPCS code cannot be found  
Enter 0 for no more

CPT Lookup	Other CPT
[16] P2028	
[17] P2028	
[18] P2028	

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