

## 2020 NHAMCS Reinterview Study Questionnaire

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National (Hospital) Ambulatory Medical Care Survey QUALITY CONTROL REINTERVIEW		RO Code 25	Control Number 18010112000	Original James Bond ID JBOND001	Survey Name NAMCS
<b>Original Interview Outcome:</b> 242: Temporarily not practicing					
<b>Original Interviewer's Notes</b>					
will return to limited practice.					
<b>Section I</b>					
<b>Reinterviewer James Bond ID:</b> Keyr002		<b>Reinterviewer Name (First Last):</b> Suzie Coe		<b>Reinterview Call Attempts:</b>	
<b>Contact Persons</b>		<b>Address - Line 1:</b> Cedar Valley Medical Special		<b>Date 1:</b> 11/28/2018	
<b>Contact Person 1:</b>	Erin Dalziel (999) 555-5390 <input type="checkbox"/> Noninterview Contact	<b>Address - Line 2:</b> 1753 W. Ridgeway Ave., Ste 1		<b>Time 1:</b> 4:33 PM	
<b>Contact Person 2:</b>	James Crouse (999) 555-5922 <input type="checkbox"/> Physician	<b>City:</b> Waterloo		<b>Date 2:</b>	
<b>Contact Person 3:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>State:</b> IA		<b>Time 2:</b>	
<b>Contact Person 4:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Zip Code:</b> 50701		<b>Date 3:</b>	
<b>Phone Number:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<b>Time 3:</b>	
<b>Contact Person 5:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<b>Date 4:</b>	
<b>Phone Number:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<b>Time 4:</b>	
				<b>Date 5:</b>	
				<b>Time 5:</b>	
				<b>Date 6:</b>	
				<b>Time 6:</b>	

## Section II

1. Hello, I am  from the United States Census Bureau. May I speak to  ?

- Yes
- No - Person not available now. Call back later - Include notes and move on to next case.
- No - Person unknown - Skip to section III
- No - Refuse reinterview - Skip to section III

2. Thank you for helping us recently with the National (Hospital) Ambulatory Medical Care Survey. We're doing a short quality control check, that may last about 5 minutes, to make sure our interviewers are following correct procedures.

Did an interviewer contact you about/between 11/1/2018 - 11/30/2018 regarding patient visits to physician offices or emergency departments?

- Yes
- No - Skip to section III
- Don't Know
- Refused

3. Did the interviewer conduct the interview in person or over the telephone?

- Personal visit only
- Telephone call only - Skip question 4
- Both
- Don't Know
- Refused

4. Did the interviewer use a laptop computer?

- Yes
- No
- Don't Know
- Refused

5. Was the interviewer polite and professional?

- Yes
- No - Please provide comments below:

- Don't Know
- Refused

**Section III End of the Interview**

**A. REINTERVIEW OUTCOME**

- 1. Original Interview or Noninterview verified as correct
- 2. Original Interview or Noninterview verified as incorrect
- 3. Unable to determine if original Interview or Noninterview is correct or incorrect

NOTE: If the outcome above is 2 or 3, please comment why.

**B. FALSIFICATION ASSESSMENT**

- 1. No suspected falsification
- 2. Suspected falsification
- 3. Unable to determine if there is falsification.

NOTE: If the outcome above is 3, please comment why.

**Reinterviewer's Notes**

Reinterview Attempt 1

Reinterview Attempt 2

Reinterview Attempt 3

Reinterview Attempt 4

Reinterview Attempt 5

Reinterview Attempt 6