

Attachment E: 2020 NAMCS-1 CHC Providers Induction Interview

Form Approved
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Variable Name	Question Text and Answer Categories
Section 1: Telephone Screener	
START	One button is selected to start the interview: <ol style="list-style-type: none"> 1. Continue [goto INTRO_IND] 2. Noninterview (Unable to locate, refusal, etc.) [goto NONINT_TYPE] 5. Quit [exit instrument]

Variable Name	Question Text and Answer Categories
NONINT_TYP E	<p>◆ Enter the type of noninterview</p> <ol style="list-style-type: none"> 1. Unable to locate (call RO) [goto NONINT_NAME to NONINT_PTYPE— EXIT_THANK] 2. Moved out of U.S.A [goto NONINT_NAME to NONINT_PTYPE— EXIT_THANK] 3. Retired [goto NONINT_NAME to NONINT_PTYPE— EXIT_THANK] 4. Deceased [goto NONINT_NAME to NONINT_PTYPE— EXIT_THANK] 5. Non-office based [goto NONINT_NAME to NONINT_PTYPE— WHY_OOS] 6. Not licensed [goto NONINT_NAME to NONINT_PTYPE— EXIT_THANK] 7. Mover-further work needed (call RO) [goto NONINT_NAME to NONINT_PTYPE— EXIT_THANK] 8. Other out-of-scope-Specify [goto NONINT_SP] 9. Potential refusal-followup required [goto NONINT_NAME to NONINT_PTYPE— NUMLOCR] 10. Refused (TRANSMIT) [goto NONINT_NAME to NONINT_PTYPE— NUMLOCR] 11. Temporarily not practicing- more than 3 months [goto NONINT_NAME to NONINT_PTYPE— WHY_UNAVAIL]
NONINT_NAM E NONINT_TITL E NONINT_NUMB ER NONINT_PTY PE	<p>Enter the name of the person who provided the information/Refused. Enter title of the person who provided the information/refused</p> <p>◆ Enter phone number of the person who provided the information/Refused Press ENTER for none</p> <p>◆ Enter the phone number type.</p> <ol style="list-style-type: none"> 0. Main 1. Home 2. Work 3. Mobile 4. Beeper, Pager, Answering Service 5. Toll Free 6. Other 7. Fax 8. Don't Know <p>[if NONINT_TYPE is 0-4, 6-7 goto EXIT THANK] [if NONINT_TYPE is 5 goto WHY_OOS] [if NONINT_TYPE is 9 or 10 goto NUMLOCR] [if NONINT_TYPE is 11 toto WHY_UNAVAIL]</p>
EXIT_THANK	<p>Thank you for your time.</p> <p>◆ HANG UP.</p>
NONINT_SP	<p>◆ Specify out-of-scope [goto NONINT_NAME—NONINT_PTYPE—WHY_OOS]</p>

Variable Name	Question Text and Answer Categories
INTRO_IND	<p>BEFORE CALLING CHC PROVIDER, REVIEW TALKING POINTS</p> <ul style="list-style-type: none"> ○Identify yourself <p>-Hello. This is (your name) from the U.S. Census Bureau. May I speak to (respondent's name/provider's name)?</p> <ul style="list-style-type: none"> -Press Alt-F9 to update CHC physician/provider contact information -If call is transferred, repeat this screen when phone is answered <ul style="list-style-type: none"> ○Introduce survey <p>-I am (your name). I'm calling for the Centers for Disease Control and Prevention regarding their study of ambulatory care. This study is called the National Ambulatory Medical Care Survey or NAMCS. You should have received a letter from Brian C. Moyer, the Director of the National Center for Health Statistics, explaining the study. You probably also received a letter from the Census Bureau. We are acting as data collection agents for the study.</p> <p>-If respondent does not remember the NCHS letter, press F1 and read what the letter states Always emphasize that the NAMCS is voluntary and they may stop participating at any time without penalty or loss of benefits</p> <ol style="list-style-type: none"> 1. Continue [goto PROFACT] 2. Inconvenient time [goto CALLBACKNOTES] 3. Other outcome (Exit instrument) [exit instrument]
CALLBACKNOTES	<p>I'd like to schedule a DATE to complete the interview. What DATE AND TIME would be best?</p> <ul style="list-style-type: none"> ◆ Today is: (fill today's date) <p>Press F5 to view Screener/Induction status</p> <p>[goto THANKCB]</p>
THANKCB	<p>Thank you. I will come back at the time suggested.</p> <ul style="list-style-type: none"> ◆ Revisit [exit instrument]
PROFACT	<p>Which of the following categories best describes (your/provider's greet name) professional activity - patient care, research, teaching, administration, or something else?</p> <ol style="list-style-type: none"> 1. Patient Care 2. Research 3. Teaching 4. Administration 5. Something else – Specify PROFACT_SP
PROFACT_SP	<ul style="list-style-type: none"> ◆ Specify other professional activity

Variable Name	Question Text and Answer Categories
AMBCARE	<p>(Do/Does) (you/provider's greet name) directly care for any ambulatory patients in your work?</p> <ol style="list-style-type: none"> 1. Yes [goto ADDCHECK] 2. No - does not give direct care [goto VERIF9A] 3. No longer in practice (i.e., retired, not licensed) [goto THANK_OOS--WHYNO_PRACT] 4. Temporarily not practicing (refers to duration of 3 months or more) [goto THANK_OOS--WHY_UNAVAIL]
ADDCHECK	<p>We have (your/provider's greet name) address as (fill CHC address)</p> <p>Is that the correct address for the CHC?</p> <p>◆ This pre-filled address represents the sampled CHC. In very rare cases, this might need to be changed; if so, please contact your RO before updating the address and explain the circumstances. However, simple modification of the address, such as an updated suite number are acceptable.</p> <ol style="list-style-type: none"> 1. Yes [goto INDUCT_APPT] 2. No, update address [goto NEW_PINFO]
VERIF9A	<p>We include, as ambulatory patients, individuals receiving health services without admission to a hospital or other facility. Does (your/provider's greet name) work include such individuals?</p> <ol style="list-style-type: none"> 1. Yes, cares for ambulatory patients [goto ADDCHCEK] 2. No, does not give direct care [goto VERIF9A_SP]
VERIF9A_SP	<p>◆ Enter a brief explanation describing why provider does not provide ambulatory care [goto THANK_OOS]</p>
NEW_PINFO	<p>What is the correct address and phone number of your current CHC location?</p> <p>◆ Enter 1 to update the address and phone</p> <ol style="list-style-type: none"> 1. Enter 1 to update [update info goto INDUCT_APPT] 2. Continue [goto INDUCT_APPT]
THANK_OOS	<p>Thank you, (provider's name/respondent's name), but since (you/provider's greet name) are not currently practicing, our questions would not be appropriate for you. I appreciate your time and interest.</p> <p>1. Enter 1 to Continue</p> <p>If AMBCARE = 3 [goto WHYNO_PRACT] If AMBCARE = 4 [goto WHY_UNAVAIL] [depending on the paths above, THANK_OOS might goto WHY_OOS]</p>
WHYNO_PRACT	<p>◆ Why isn't the doctor practicing?</p> <ol style="list-style-type: none"> 1. Retired [exit instrument] 2. Not licensed [exit instrument] 3. Other [goto WHY_OOS]
WHY_UNAVAIL	<p>◆ Why is provider temporarily not practicing? (enter verbatim response) [exit instrument]</p>

Variable Name	Question Text and Answer Categories
WHY_OOS	<p>◆ Enter all that apply to describe the physician’s practice or medical activities which define him/her as ineligible or out-of-scope, separate with commas.</p> <ol style="list-style-type: none"> 1. Federally employed 2. Radiology, anesthesiology or pathology specialist 3. Administrator 4. Work in institutional setting 5. Work in hospital emergency department or outpatient department 6. Work in industrial setting 7. Ambulatory surgicenter 8. Laser vision surgery 9. Other – Specify [goto WHY_OOS_SP] <p>[depending on previous paths above, WHY_OOS leads to either EXIT_THANK or simply exits instrument]</p>
WHY_OOS_SP	<p>◆ Specify why respondent is out of scope</p>
INDUCT_APPT	<p>I would like to arrange an appointment with you to discuss this study. When would be a good time for you within the next week? It will take about 30 minutes.</p> <p>◆ Enter 999 to start the induction now</p> <p>◆ If respondent indicates non-interview status or there is an issue preventing the interview, go back to START screen and report the case accordingly.</p>
Questions for Refusing CHC Provider	
<p>Instrument entry-F10</p> <p>◆ Are you exiting this case because of a refusal?</p> <ol style="list-style-type: none"> 1. Yes [goto NUMLOCR] 2. No [goto CALLBACKNOTES] 	
NUMLOCR	<p>I appreciate that you choose not to participate in the study, but I would like to ask a few short questions about the CHC, so we can make sure responding providers do not differ from nonresponding physicians.</p> <p>Overall, at how many different locations (do/does) (you/provider’s greet name) see ambulatory patients?</p> <p>Do <u>not</u> include settings such as emergency departments, outpatient departments, surgicenters, federal clinics, and community health centers.</p>
NUMLOCR_C HC	<p>Overall, at how many different CHC locations do you see ambulatory patients?</p>
NOPATSEN	<p>In a typical year, about how many weeks (do/does) (you/provider’s greet name) NOT see any ambulatory patients (for example, conferences, vacations, etc.)?</p> <p>[if GE 27 goto LTHALFR]</p> <p>[if 0 goto ALLYEARR]</p>
LTHALFR	<p>(You/Provider’s greet name) typically see(s) patients fewer than half the weeks in each year. Is that correct?</p> <ol style="list-style-type: none"> 1. Yes 2. No
ALLYEARR	<p>(You/provider’s greet name) typically sees patients all 52 weeks of each year. Is that correct?</p> <ol style="list-style-type: none"> 1. Yes 2. No
NUMVISR	<p>During your last normal week of practice, how many office visit encounters did (you/provider’s greet name) have at all CHC locations?</p>

Variable Name	Question Text and Answer Categories
WKHOUSR	<p>During your last normal week of practice, how many hours of direct patient care did (you/provider's greet name) provide?</p> <p>Note: Direct patient care includes: Seeing patients, reviewing tests, preparing for and performing surgery/procedures, providing other related patient care services. Do not include hours from EDs, outpatient departments, surgicenters, or Federal clinics.</p>
NUMBP	<p>At the current CHC location, how many physicians are associated with (you/provider's greet name)?</p> <p>◆ Include all out-of-scope physicians other than interns, residents, and fellows in the count.</p>
SINGSP	<p>At the current CHC location: Is this a multi- or single-specialty CHC at this location?</p>
OWNERS	<p>At the current CHC location: Are you a full- or part-owner, employee, or an independent contractor?</p> <ol style="list-style-type: none"> 1. Full-owner [goto REFPOINT] 2. Part-owner 3. Employee 4. Contractor <p>[if 2-3 goto OWNSR]</p>
OWNSR	<p>Who owns the practice?</p> <ol style="list-style-type: none"> 1. Physician or physician group 2. Insurance company, health plan, or HMO 3. Community Health Center 4. Medical/Academic health center 5. Other hospital 6. Other health care corporation 7. Other-Specify [goto OWNER_SP]
OWNER_SP	<p>◆ Specify</p>
REFPOINT	<p>◆ At what point in the interview did the refusal/break-off occur?</p> <ol style="list-style-type: none"> 1. During the telephone screening 2. During induction interview 3. After induction but prior to assigned reporting days 4. At reminder call 5. During assigned reporting days or mid-week calls 6. At follow-up contact
WHOREFUS	<p>◆ By whom?</p> <ol style="list-style-type: none"> 1. Sampled provider 2. Sampled provider through nurse 3. Nurse/Secretary 4. Receptionist 5. Office manager/Administrator 6. Other office staff-Specify [goto WHOREFUS_SP]
WHOREFUS_S P	<p>◆ Specify</p>
WHY_REF	<p>◆ Specify reason given</p>
DATE_REF	<p>◆ Date refusal/breakoff was reported to supervisor</p>
CONVERS	<p>◆ Conversion attempt result</p> <ol style="list-style-type: none"> 1. No conversion attempt 2. Sampled provider refused 3. Sampled provider agreed to see Field Representative
EXIT_THANK	<p>Thank you for your time. ◆ HANG UP.</p>
Section 2: Induction Interview	
INDUCT_INTR	<p>◆ You must make sure that every respondent answering the following induction questions</p>

Variable Name	Question Text and Answer Categories
O	<p>has provided informed consent. The ensure informed consent, please ask each different respondent if they have seen the advance letter sent from NCHS. If they have not seen the letter, please provide a copy and offer to summarize the contents before continuing the induction interview or press F1 and read the letter.</p> <p>Before we begin, I'd like to give you some background about this study.</p> <p>Medical researchers and educators are especially interested in topics like medical education, health workforce needs, and the changing nature of health care delivery. The National Ambulatory Medical Care Survey (or NAMCS) was developed to meet the need for such information.</p> <p>The CDC's National Center for Health Statistics works closely with members of the medical profession to design the NAMCS each year. The NAMCS supplies essential information about how ambulatory medical care is provided in the United States, and how it is utilized by patients.</p> <p>Your part in the study is very important and should not take much of your time. It consists of your participation during a specified 7-day period, and includes supplying a minimal amount of information about the patients you see.</p> <p>First, I have some questions to ask about the CHC at this location. Your answers will only be used to provide data on the characteristics of community health centers in the U.S. Any and all information you provide for this study will be kept confidential. Participation is voluntary, and you or your staff may refuse to answer any question or stop participating at any time without penalty or loss of benefits.</p> <p>1. Enter 1 to Continue</p>
NUMLOC	<p>Outside of this CHC, at how many different office locations (do/does) (you/provider's greet name) see ambulatory patients? Do <u>not</u> include settings such as emergency departments, outpatient departments, surgicenters, federal clinics, and community health centers. [goto NOPATSEN]</p>
NOPATSEN	<p>In a typical year, about how many weeks (do/does) (you/provider's greet name) <u>not</u> see any ambulatory patients (for example, conferences, vacations, etc.)? [if GE 27 goto LTHALF] [if 0 goto ALLYEAR]</p>
LTHALF	<p>(You/Provider's greet name) typically see patients fewer than half the weeks in each year. Is that correct? 1. Yes 2. No</p>
ALLYEAR	<p>(You/Provider's greet name) typically see patients all 52 weeks of the year. Is that correct? 1. Yes 2. No</p>

Variable Name	Question Text and Answer Categories
SEEPAT	<p>This study will be concerned with the ambulatory patients you saw at this office location during the week of Monday, (reporting period begin date) through Sunday, (reporting period end date).</p> <p>Did (you/provider's greet name) see any ambulatory patients at the current location during that week? [wording after sample week]</p> <p>This study will be concerned with the ambulatory patients you will see at this office location during the week of Monday, (reporting period begin date) through Sunday, (reporting period end date).</p> <p>(Are/Is) (you/provider's greet name) likely to see any ambulatory patients at the current location during that week? [wording before sample week]</p> <ol style="list-style-type: none"> 1. Yes [goto CUR_CHC_ADD] 2. No [goto WHYNOPAT]
WHONOPAT	<p>Why is that? ◆ Enter verbatim response</p>
CHECK_BACK	<p>Even though you did not see any ambulatory patients in your office that week, I would still like to ask you a few questions. [wording after sample week]</p> <p>Since it's very important that we include any ambulatory patients that (you/provider's greet name) might see at this CHC location during that week, I'll check back with you just before (reporting period begin date) to make sure (your/his/her) plans have not changed. [wording before sample week]</p> <p>◆ Even though the physician/provider is not likely to see ambulatory patients during the reporting period, continue with the induction interview.</p> <ol style="list-style-type: none"> 1. Enter 1 to Continue [goto CUR_CHC_ADD]
CUR_CHC_ADD	<p>◆ What does the current address represent? (insert sampled CHC address)</p> <ol style="list-style-type: none"> 1. Sampled CHC location [goto OTHLOC] 2. Sampled CHC that moved [goto OTHLOC] 3. Not sampled CHC location [goto CALL_RO_PHYS]
CALL_RO_PHYS	<p>◆ Call your RO and inform them of the situation (if you have not already done so). Await resolution from the RO before continuing with this case.</p> <ol style="list-style-type: none"> 1. Enter 1 to Exit [exit instrument]

Variable Name	Question Text and Answer Categories
OTHLOC	<p>Are there other CHC locations where (you/provider's greet name) normally would see patients, even though (you/provider's greet name) did not see any between (reporting period begin date) and (reporting period end date)? [wording after reporting week]</p> <p>Are there other CHC locations where (you/provider's greet name) normally would see patients, even though (you/provider's greet name) will not see any between (reporting period begin date) and (reporting period end date)? [wording before reporting week]</p> <ol style="list-style-type: none"> 1. Yes [goto OTHLOC_NUM] 2. No [goto ESTDAYS]
OTHLOC_NUM	<p>In how many other CHC locations do you NORMALLY see patients? [goto OTHLOCVS]</p>
OTHLOCVS	<p>Of these CHC locations where (you/provider's greet name) did not see patients during between (reporting period begin date) and (reporting period end date), how many total office visits did (you/provider's greet name) have during (your/his/her) last week of practice at these CHC locations? [wording after reporting week] [goto ESTDAYS]</p> <p>Of these CHC locations where (you/provider's greet name) will not be seeing patients between (reporting period begin date) and (reporting period end date), how many total office visits did (you/provider's greet name) have during (your/his/her) last week of practice at these CHC locations? [wording before reporting week]</p>
ESTDAYS	<p>During the week of Monday, (reporting period begin date) through Sunday, (reporting period end date) how many days did (you/provider's greet name) see any ambulatory patients at this CHC location? [wording after reporting week]</p> <p>During a normal week how many days (do/does) (you/provider's greet name) normally see ambulatory patients at this CHC location? [wording before reporting week]</p> <p>◆ Read locations</p> <p>(insert sampled CHC street address)</p>
ESTVIS	<p>During (your/his/her) last normal week of practice, approximately how many office visit encounters did (you/provider's greet name) have at this CHC location?</p> <p>◆ Only include the visits to the sampled CHC provider</p> <p>CHC 1-enter estimated visits</p>

Variable Name	Question Text and Answer Categories
SAME	<p>During the week of Monday, (reporting period begin date) through Sunday (reporting period end date), did (you/provider’s greet name) have about the same number of visits as (you/provider’s greet name) had during (your/his/her) last normal week at the current CHC location taking into account time off, holidays, and conferences? [wording after sample week]</p> <p>During the week of Monday, (reporting period begin date) through Sunday (reporting period end date), (do/does) (you/provider’s greet name) expect to have about the same number of visits as (you/provider’s greet name) had during (your/his/her) last normal week at the current CHC location taking into account time off, holidays, and conferences? [wording before sample week]</p> <ol style="list-style-type: none"> 1. Yes [goto SOLO] 2. No [goto ESTVISP]
ESTVISP	<p>Approximately how many ambulatory visits did (you/provider’s greet name) have at this CHC location? [wording after sample week]</p> <p>Approximately how many ambulatory visits (do/does) (you/provider’s greet name) expect to have at this CHC location? [wording before sample week]</p>
The next group of questions (SOLO-FEDTXID) are asked of the sampled CHC.	
SOLO	<p>Now, I’m going to ask about the CHC at (fill CHC location).</p> <p>(Do/Does) (you/provider’s greet name) work in a solo CHC, or (are/is) (you/provider’s greet name) associated with other physicians in a partnership, in a group CHC, or in some other way at this location?</p> <ol style="list-style-type: none"> 1. Solo [goto MIDDLEV] 2. Nonsolo [goto OTHPHY]
OTHPHY	<p>How many physicians are associated with (you/provider’s greet name) at (fill CHC location)? Do not include interns, residents, or fellows.</p> <p>◆ Include all out-of-scope physicians other than interns, residents, and fellows in the count.</p>
MULTI	<p>Is this a multi- or single-specialty CHC at (fill CHC location)?</p> <ol style="list-style-type: none"> 1. Multi 2. Single <p>[goto MIDDLEV]</p>
MIDDLEV	<p>How many advanced practice providers (nurse practitioners, physician assistants, and certified nurse midwives) are associated with (you/provider’s greet name) at (fill CHC location)?</p> <p>◆ The term “advanced practice provider” is to be used by field representatives during the interview to refer to nurse practitioners, physician assistants, or certified nurse midwives. However, please note that some respondents may also use the terms “mid-level provider” or “non-physician clinician” to refer to this same group of providers.</p>
OWNERSH	<p>(Are/Is) (you/provider’s greet name) a full- or part-owner, employee, or an independent contractor at (fill CHC location)?</p> <ol style="list-style-type: none"> 1. Full-owner [goto ONSITE_EKG] 2. Part-owner [goto OWNS] 3. Employee [goto OWNS] 4. Contractor [goto ONSITE_EKG]

Variable Name	Question Text and Answer Categories
OWNS	<p>Who owns the CHC at (fill CHC location)?</p> <ol style="list-style-type: none"> 1. Physician/Physician group 2. Insurance company, health plan, or HMO 3. Community Health Center 4. Medical/Academic health center 5. Other hospital 6. Other health care corporation 7. Other
ONSITE_EKG ONSITE_PHLE B ONSITE_LAB ONSITE_SPIR O ONSITE_ULTR A ONSITE_XRA Y	<p>Does the CHC have the ability to perform any of the following on site at (fill CHC location)?</p> <ul style="list-style-type: none"> • EKG/ECG • Phlebotomy • Laboratory testing (not including urine dipstick, urine pregnancy, fingerstick blood glucose, or rapid swab testing for infectious diseases) • Spirometry • Ultrasound • X-ray <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
PATEVEN	<p>Do (you/provider's greet name) see patients in the CHC during the evening or on weekends at (fill CHC location)?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
NPI	<p>What is (your/provider's greet name) National Provider Identifier (NPI) at (fill CHC location)?</p>
FEDTXID	<p>What is your Federal Tax ID, also known as Employer Identification Number (EIN), at (fill CHC location)?</p>
WKHOURS	<p>During (your/provider's greet name) last normal week of practice, how many hours of direct patient care did (you/provider's greet name) provide?</p> <p>Direct patient care includes: Seeing patients, reviewing tests, preparing for and performing surgery/procedures, providing other related patient care services.</p>
NHVISWK HOMVISWK HOSVISWK TELCONWK ECONWK	<p>During (your/his/her) last normal week of practice, about how many encounters of the following type did (you/provider's greet name) make with patients:</p> <ul style="list-style-type: none"> • Nursing home visits? • Other home visits? • Hospital visits? • Telephone consults? • Internet or e-mail consults? <p>[goto SDAPPT]</p>
SDAPPT	<p>Roughly, what percent of (your/provider's greet name) daily visits are same day appointments?</p>
PRVYEAR	<p>What is (your/provider's greet name) year of birth?</p>
PRVSEX	<p>What is (your/provider's greet name) sex?</p> <ol style="list-style-type: none"> 1. Female 2. Male

Variable Name	Question Text and Answer Categories
PRVDEGR	<p>What is (your/provider's greet name) highest medical degree?</p> <ol style="list-style-type: none"> 1. MD 2. DO 3. Nurse practitioner 4. Physician assistant 5. Certified nurse midwife 6. Other
PRVPSPEC	<p>What is (your/provider's greet name) primary specialty?</p> <p>◆ Enter 'XXX' if the specialty is not listed</p> <p>Job Aid A contains a list of physician specialties. Where applicable, please encourage respondent to use this list.</p> <p>[if 'XXX' goto PRVPSPEC_SP]</p>
PRVPSPEC_SP	◆ Enter verbatim response for specialty
PRVSSPEC	<p>What is (your/provider's greet name) secondary specialty?</p> <p>◆ Enter 'XXX' if specialty is not listed</p> <p>Job Aid A contains a list of physician specialties. Where applicable, please encourage respondent to use this list.</p> <p>Enter 999 if no secondary specialty</p> <p>[if 'XXX' goto PRVSSPEC_SP]</p>
PRVSSPEC_SP	◆ Enter verbatim response for specialty
PRVPBC	<p>What is (your/provider's greet name) primary board certification?</p> <p>◆ Enter verbatim response</p>
PRVSBC	<p>What is (your/provider's greet name) secondary board certification?</p> <p>◆ Enter verbatim response</p> <p>◆ Enter 0 if no secondary board certification</p>
PRVYRGRD	What year did (you/provider's greet name) graduate from medical school?
PRVFMS	<p>Did (you/provider's greet name) graduate from a foreign medical school?</p> <ol style="list-style-type: none"> 1. Yes 2. No
PRVETHN	<p>(Are/Is) (you/provider's greet name) of Hispanic, Latino/a, or Spanish origin?</p> <p>◆ Enter all that apply, separate with commas</p> <ol style="list-style-type: none"> 1. No, not of Hispanic, Latino/a, or Spanish origin 2. Yes, Mexican, Mexican American, Chicano/a 3. Yes, Puerto Rican 4. Yes, Cuban 5. Yes, Another Hispanic, Latino/a or Spanish origin
RACE	<p>What is (your/provider's greet name) race?</p> <p>◆ Enter all that apply, separate with commas</p> <ol style="list-style-type: none"> 1. White 2. Black or African American 3. American Indian or Alaska Native 4. Asian Indian 5. Chinese 6. Filipino 7. Japanese 8. Korean 9. Vietnamese 10. Other Asian 11. Native Hawaiian 12. Guamanian or Chamorro 13. Samoan

Variable Name	Question Text and Answer Categories
	14. Other Pacific Islander
NEW_RINFO	<p>Can you confirm that (respondent's name/provider's greet name) is the correct individual to contact for the re-interview?</p> <p>Current contact information: (fill respondent's name/provider's greet name)</p> <ul style="list-style-type: none"> ◆ Enter 1 to update the contact and phone <ol style="list-style-type: none"> 1. Enter 1 to update information 2. Continue
Number of Visits & Days (for weighting)	
NUMVIS1	◆ Number of patients visits during the reporting week
NUMDAYS1	◆ Number of days during reporting week on which patients were seen
Unavailable CHC Provider Ending Question	
PHY_UNAVAIL L (if CHC provider is not seeing patients during reporting week (SEEPAT=2) but completes induction questions above)	<p>Thank you for your time and cooperation (respondent's name/provider's greet name). The information you provided will improve the accuracy of the NAMCS in describing office-based patient care in the United States.</p> <p>If you have any questions, (Hand respondent your business card) please feel free to call me. [Note: Following this, FR enters callback info-if needed.]</p> <p>[all wording above after sample week]</p> <p>Thank you for your time and cooperation (respondent's name/provider's greet name). The information you provided will improve the accuracy of the NAMCS in describing office-based patient care in the United States.</p> <p>If you have any questions (Hand respondent your business card) please feel free to call me. [Note: Following this, FR enters callback info to verify provider not seeing patients during sample week.]</p> <p>[all wording above before sample week]</p>