

Attachment G: 2018 NAMCS Reabstraction Study Screenshots

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

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: New Case

Reference Week: February 27 - March 4

Press Alt-F9 to update contact information

OMB No. 0920-0234 Exp. Date 03/31/2019

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1. Continue 3. Transmit for reassignment

2. Noninterview (Refusal, unable to locate, etc.) 4. Quit

Start

00011300 START 10:58:03 AM 1-26-2018 CaseID: 00011300 RP: February 27 - March 4 3/52

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

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:
Herman B Humano
Karen S Joe

(Press Alt-F9 to update contact information)

- o Introduce survey, as necessary

1. Continue 3. Other Outcome - exit instrument

2. Inconvenient time

Intro for Re-abstraction

00011400 INTRO_INTERVIEW 10:59:58 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 5/52

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

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 8 PRFs

♦ 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	876834543
03/01/2012	01/01/1975	575623
03/01/2012	01/01/1975	76234234
03/04/2012	01/01/1976	556523
03/01/2012	01/01/1978	7466344

OK

1. Enter PRFs
 2. Exit/Done with PRFs

Next PRF

00011400 NEXT PRF 11:00:28 AM 1-26-2018 CaseID: 00011400 RP: Februarv 27 - March 4 8/52

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

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

8 of 8 PRFs MRN: 7466344 NAMCS PATIENT INFORMATION AGE: SEX:

<p>♦ Enter the patient's medical record number</p> <p>7466344</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></p> <p>♦ Date of birth (Format MM/DD/YYYY)</p> <p></p>	<p>♦ Age</p> <p><input type="text"/></p> <p>♦ Enter time period <input type="radio"/> 1. Years <input type="radio"/> 3. Days <input type="radio"/> 2. Months</p> <p>♦ Sex <input type="radio"/> 1. Female <input type="radio"/> 2. Male</p> <p>♦ Is patient pregnant? <input type="radio"/> 1. Yes <input type="radio"/> 2. No</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><input type="text"/></p> <p>? [F1] ♦ Ethnicity <input type="radio"/> 1. Hispanic or Latino <input type="radio"/> 2. Not Hispanic or Latino</p>	<p>? [F1] ♦ Race <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black or African American <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5. American Indian or Alaska Native</p> <p><input type="text"/> (Enter all that apply, separate with commas)</p> <p>? [F1] ♦ Expected source(s) of payment for THIS VISIT. <input type="checkbox"/> 1. Private Insurance <input type="checkbox"/> 5. Self-pay <input type="checkbox"/> 2. Medicare <input type="checkbox"/> 6. No charge /Charity <input type="checkbox"/> 3. Medicaid or CHIP or other state-based program <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Unknown <input type="checkbox"/> 4. Workers' compensation</p> <p><input type="text"/> (Enter all that apply, separate with commas)</p> <p>? [F1] ♦ Tobacco Use <input type="radio"/> 1. Not current <input type="radio"/> 3. Unknown <input type="radio"/> 2. Current</p> <p>? [F1] ♦ Prior tobacco use? <input type="radio"/> 1. Never <input type="radio"/> 3. Unknown <input type="radio"/> 2. Former</p>
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00011400 PATZIP 11:01:15 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/1

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last Z Exit

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

8 of 8 PRFs MRN: 7466344 NAMCS Biometrics/Vital signs AGE: 33 Years SEX: Female

Height in feet and inches OR cm

? [F1] ♦ Height (feet)

? [F1] ♦ Height (inches)

? [F1] ♦ Height (centimeters)

Weight in pounds and ounces OR kg and gm

? [F1] ♦ Weight (pounds)

? [F1] ♦ Weight (kilograms)

? [F1] ♦ Weight (ounces)

? [F1] ♦ Weight (gm)

Temperature in °C or °F

? [F1] ♦ Temperature

? [F1] ♦ 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.

? [F1] ♦ 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

00011400 HTFT 11:02:10 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/1

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last Z Exit

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

8 of 8 PRFs MRN: 7466344 NAMCS Reason for Visit AGE: 33 Years SEX: Female

? [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.

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

? [F1] ♦ Enter 0 for None/No more

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

? [F1] ♦ Enter 0 for None/No more

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

? [F1] ♦ Enter 0 for None/No more

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

? [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)

00011400 VRFV1 11:03:06 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/1

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

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

8 of 8 PRFs MRN: 7466344 NAMCS Injury AGE: 33 Years SEX: Female

? [F1] ♦ Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?

1. Yes, injury/trauma 2. Yes, overdose/poisoning 3. Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug 4. No 5. Unknown

? [F1] ♦ Did the injury/trauma, overdose/poisoning or adverse effect occur within 72 hours prior to the date and time of this visit?

1. Yes 2. No 3. Unknown

? [F1] ♦ Is this injury/trauma or overdose/poisoning intentional or unintentional?

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

? [F1] ♦ What was the intent of the injury/trauma or overdose/poisoning?

1. Suicide attempt with intent to die 2. Intentional self-harm without intent to die 3. Unclear if suicidal attempt or intentional self-harm without intent to die 4. Intentional harm inflicted by another person (e.g., assault, poisoning) 5. Intent Unclear

? [F1] ♦ Cause of injury/trauma, overdose/ poisoning, or adverse effect of medical/surgical treatment

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)

00011400 INJURY 11:24:41 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/1

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

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

8 of 8 PRFs MRN: 7466344 NAMCS Continuity of care AGE: 33 Years SEX: Female

? [F1] ♦ Is the sampled provider the patient's primary care provider?

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.

00011400 PRIMCARE 11:25:20 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/1

National Ambulatory Medical Care Survey (NAMCS) Re-abstractation - Ver 18.01.02 01/23/2018

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

8 of 8 PRFs MRN: 7466344 NAMCS Provider's diagnosis for this visit AGE: 33 Years SEX: Female

? [F1]
 ♦ As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnosis first.

Primary:

? [F1]
 ♦ Enter 0 if no other diagnoses

Other 1

? [F1]
 ♦ Enter 0 if no other diagnoses

Other 2

? [F1]
 ♦ Enter 0 if no other diagnoses

Other 3

? [F1]
 ♦ Enter 0 if no other diagnoses

Other 4

00011400 VDIAG1 11:25:59 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/2

National Ambulatory Medical Care Survey (NAMCS) Re-abstractation - Ver 18.01.02 01/23/2018

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

8 of 8 PRFs MRN: 7466344 NAMCS Provider's diagnosis for this visit AGE: 33 Years SEX: Female

? [F1] ♦ Regardless of the diagnoses previously entered, does the patient now have - Enter all that apply, separate with commas

<input type="checkbox"/> 1. Alcohol misuse, abuse or dependence	<input type="checkbox"/> 10. Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> 20. History of pulmonary embolism (PE) or deep vein thrombosis (DVT), or venous thromboembolism (VTE)
<input type="checkbox"/> 2. Alzheimer's disease/Dementia	<input type="checkbox"/> 11. Congestive heart failure (CHF)	<input type="checkbox"/> 21. HIV Infection/AIDS
<input type="checkbox"/> 3. Arthritis	<input type="checkbox"/> 12. Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)	<input type="checkbox"/> 22. Hyperlipidemia
<input type="checkbox"/> 4. Asthma	<input type="checkbox"/> 13. Depression	<input type="checkbox"/> 23. Hypertension
<input type="checkbox"/> 5. Autism spectrum disorder	<input type="checkbox"/> 14. Diabetes mellitus (DM), Type I	<input type="checkbox"/> 24. Obesity
<input type="checkbox"/> 6. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)	<input type="checkbox"/> 15. Diabetes mellitus (DM), Type II	<input type="checkbox"/> 25. Obstructive sleep apnea (OSA)
<input type="checkbox"/> 7. Cancer	<input type="checkbox"/> 16. Diabetes mellitus (DM), Type unspecified	<input type="checkbox"/> 26. Osteoporosis
<input type="checkbox"/> 8. Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)	<input type="checkbox"/> 17. End-stage renal disease (ESRD)	<input type="checkbox"/> 27. Substance abuse or dependence
<input type="checkbox"/> 9. Chronic kidney disease (CKD)	<input type="checkbox"/> 18. Hepatitis B	<input type="checkbox"/> 28. None of the above
	<input type="checkbox"/> 19. Hepatitis C	

♦ Asthma severity

1. Intermittent 5. Other - specify

2. Mild persistent 6. None recorded

3. Moderate persistent

4. Severe persistent

♦ Specify Asthma severity

♦ Asthma control

1. Well controlled 4. Other - specify

2. Not well controlled 5. None recorded

3. Very poorly controlled

♦ Specify Asthma control

00011400 PATIENT_HAVE 11:26:37 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 2/2

National Ambulatory Medical Care Survey (NAMCS) Re-abstractor - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last Z Exit

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

8 of 8 PRFs MRN: 7466344 NAMCS Services AGE: 33 Years SEX: Female

? [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
Examinations/Screenings	<input type="checkbox"/> 22. Glucose, serum	Procedures	<input type="checkbox"/> 65. Occupational therapy
<input type="checkbox"/> 2. Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)	<input type="checkbox"/> 23. Gonorrhea test	<input type="checkbox"/> 44. Audiometry	<input type="checkbox"/> 66. Physical therapy
<input type="checkbox"/> 3. Breast	<input type="checkbox"/> 24. HbA1c (Glycohemoglobin)	<input type="checkbox"/> 45. Biopsy	<input type="checkbox"/> 67. Psychotherapy
<input type="checkbox"/> 4. Depression screening	<input type="checkbox"/> 25. Hepatitis testing/panel	<input type="checkbox"/> 46. Cardiac stress test	<input type="checkbox"/> 68. Radiation therapy
<input type="checkbox"/> 5. Domestic violence screening	<input type="checkbox"/> 26. HIV test	<input type="checkbox"/> 47. Colonoscopy	<input type="checkbox"/> 69. Wound care
<input type="checkbox"/> 6. Foot	<input type="checkbox"/> 27. HPV DNA test	<input type="checkbox"/> 48. Cryosurgery (cryotherapy)/Destruction of tissue	Health education/Counseling
<input type="checkbox"/> 7. Neurologic	<input type="checkbox"/> 28. Lipid profile/panel	<input type="checkbox"/> 49. EKG/ECG	<input type="checkbox"/> 70. Alcohol abuse counseling
<input type="checkbox"/> 8. Pelvic	<input type="checkbox"/> 29. Liver enzymes/Hepatic function panel	<input type="checkbox"/> 50. Electroencephalogram (EEG)	<input type="checkbox"/> 71. Asthma education
<input type="checkbox"/> 9. Rectal	<input type="checkbox"/> 30. PAP test	<input type="checkbox"/> 51. Electromyogram (EMG)	<input type="checkbox"/> 72. Asthma action plan given to patient
<input type="checkbox"/> 10. Retinal/ Eye	<input type="checkbox"/> 31. Pregnancy/HCG test	<input type="checkbox"/> 52. Excision of tissue	<input type="checkbox"/> 73. Diabetes education
<input type="checkbox"/> 11. Skin	<input type="checkbox"/> 32. PSA (prostate specific antigen)	<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"/> 33. Rapid strep test	<input type="checkbox"/> 54. Peak flow	<input type="checkbox"/> 75. Exercise
Laboratory tests	<input type="checkbox"/> 34. TSH/Thyroid panel	<input type="checkbox"/> 55. Sigmoidoscopy	<input type="checkbox"/> 76. Family planning/Contraception
<input type="checkbox"/> 13. Basic metabolic panel (BMP)	<input type="checkbox"/> 35. Urinalysis (UA) or urine dipstick	<input type="checkbox"/> 56. Spirometry	<input type="checkbox"/> 77. Genetic counseling
<input type="checkbox"/> 14. CBC	<input type="checkbox"/> 36. Vitamin D test	<input type="checkbox"/> 57. Tonometry	<input type="checkbox"/> 78. Growth/Development
<input type="checkbox"/> 15. Chlamydia test	Imaging	<input type="checkbox"/> 58. Tuberculosis skin testing/PPD	<input type="checkbox"/> 79. Injury prevention
<input type="checkbox"/> 16. Comprehensive metabolic panel (CMP)	<input type="checkbox"/> 37. Bone mineral density	<input type="checkbox"/> 59. Upper gastrointestinal endoscopy/EGD	<input type="checkbox"/> 80. STD prevention
<input type="checkbox"/> 17. Creatinine /Renal function panel	<input type="checkbox"/> 38. CT scan	Treatments	<input type="checkbox"/> 81. Stress management
<input type="checkbox"/> 18. Culture, blood	<input type="checkbox"/> 39. Echocardiogram	<input type="checkbox"/> 60. Cast/splint/wrap	<input type="checkbox"/> 82. Substance abuse counseling
<input type="checkbox"/> 19. Culture, throat	<input type="checkbox"/> 40. Other ultrasound	<input type="checkbox"/> 61. Complementary and alternative medicine (CAM)	<input type="checkbox"/> 83. Tobacco use/Exposure
<input type="checkbox"/> 20. Culture, urine	<input type="checkbox"/> 41. Mammography	<input type="checkbox"/> 62. Durable medical equipment	<input type="checkbox"/> 84. Weight reduction
	<input type="checkbox"/> 42. MRI	<input type="checkbox"/> 63. Home health care	Other services not listed
			<input type="checkbox"/> 85. Other service

00011400 DIAG_SERVICE 11:27:27 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/3

National Ambulatory Medical Care Survey (NAMCS) Re-abstractor - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last Z 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

00011400 NOMED 11:27:59 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/3

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last Z 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 up to 30 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]		
[2]		
[3]		
[4]		
[5]		
[6]		
[7]		
[8]		
[9]		
[10]		
[11]		
[12]		
[13]		
[14]		

00011400 VMED 11:28:36 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 2/3

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last Z Exit

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

8 of 8 PRFs MRN: 7466344 NAMCS Providers and Disposition AGE: 33 Years SEX: Female

? [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

? [F1]

♦ Enter estimated time in minutes spent with sampled provider

Enter 0 if no provider seen

? [F1]

♦ Visit Disposition (Enter all that apply, separate with commas)

1. Return to referring physician/provider 6. Return at unspecified time
 2. Refer to other physician/provider 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

00011400 PROV_SEEN 11:29:24 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/1

National Ambulatory Medical Care Survey (NAMCS) Re-abstractation - Ver 18.01.02 01/23/2018

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

8 of 8 PRFs MRN: 7466344 NAMCS Tests AGE: 33 Years SEX: Female

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

	Most recent result	Date of Blood Draw (MM/DD/YYYY) Enter Ctrl+D if date is unavailable
? [F1] Total cholesterol? (1 = yes 2 = none found)	Total cholesterol 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 or μmol/L	Most recent Serum creatinine result.

00011400 CHOL 11:30:07 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/1

National Ambulatory Medical Care Survey (NAMCS) Re-abstractation - Ver 18.01.02 01/23/2018

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 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]	
[2]	
[3]	
[4]	
[5]	
[6]	
[7]	
[8]	
[9]	
[10]	
[11]	
[12]	
[13]	
[14]	
[15]	

00011400 CPT 11:30:45 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 1/2

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

NAMCS FAQ Exit/F10

◆ Have ALL the reabstraction PRF's been completed?

Total number of PRFs: 1
Total number of collected PRFs: 8
Expected number of PRFs: 8

Press Alt-F12 to view PRF status

1. Yes, PRF/abstraction is ENTIRELY complete for this case
 2. No, set appointment

PRFs Done

Appointment

Exit Thank you

00011400 PRF_DONE 11:31:34 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 51/52

National Ambulatory Medical Care Survey (NAMCS) Re-abstraction - Ver 18.01.02 01/23/2018

Forms Answer Navigate Options Help Show Watch Window

NAMCS FAQ Exit/F10

Thank you for your time.

1. Enter 1 to Continue

PRFs Done 1

Appointment

Exit Thank you

00011400 EXIT_THANK 11:32:45 AM 1-26-2018 CaseID: 00011400 RP: February 27 - March 4 51/52