

# Attachment P2: 2021 Census Reinterview Instrument

Form Approved  
OMB No. 0920-0234  
Exp. Date xx/xx/20xx

**Notice-**CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, NE MS\_D-74, Atlanta, Georgia GA 30333; ATTN: PRA (0920-0234).

**Assurance of confidentiality-** We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347 (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

<b>National (Hospital) Ambulatory Medical Care Survey QUALITY CONTROL REINTERVIEW</b>	<b>RO Code</b> 25	<b>Control Number</b> 19130268900	<b>Original James Bond ID</b> FITCH303	<b>Survey Name</b> NAMCS
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**Original Interview Outcome:** 201 - Completed

## Original Interviewer's Notes

# CAPI NOTE: 12:27:02 PM 2019/02/04 MON USER: 32A84 HWANG001 MYCHAEL LUU MD address location: 2050 Clamar Way San Jose CA 95128 408.294.7551 specialty: dermatology ca medical license renewed and vurrent: 10.31.2020 x date# CAPI NOTE: 04:37 PM 2019/06/26 WED USER: 32 FITCH303Called 408 294-7551. Got ans machine that says it is the office of Dr Luu.# CAPI NOTE: 04:11 PM 2019/06/27 THU USER: 32 FITCH303Called, spoke to office, dr too busy today, but bring in

### Section I

<b>Reinterviewer James Bond ID:</b> bookh001		<b>Reinterviewer Name (First Last):</b> Victoria Bookhultz		<b>Reinterview Call Attempts:</b>	
<b>Contact Persons</b>				<b>Address - Line 1:</b> 2050 CLARMAR WAY	
<b>Contact Person 1:</b>	MYCHAEL LUU (408) 294-7551	<input checked="" type="checkbox"/>	<b>Title</b> Physician	<b>Address - Line 2:</b>	
<b>Contact Person 2:</b>		<input type="checkbox"/>	<b>Title</b> Administrator	<b>City:</b> SAN JOSE	
<b>Contact Person 3:</b>		<input type="checkbox"/>	<b>Title</b> Administrat	<b>State:</b> CA	
<b>Contact Person 4:</b>		<input type="checkbox"/>	<b>Title</b>	<b>Zip Code:</b> 95128	
<b>Phone Number:</b>		<input type="checkbox"/>		<b>Date 1:</b> 12/18/2019	
<b>Contact Person 5:</b>		<input type="checkbox"/>		<b>Time 1:</b> 10:10 AM	
<b>Phone Number:</b>		<input type="checkbox"/>		<b>Date 2:</b>	
		<input type="checkbox"/>		<b>Time 2:</b>	
		<input type="checkbox"/>		<b>Date 3:</b>	
		<input type="checkbox"/>		<b>Time 3:</b>	
		<input type="checkbox"/>		<b>Date 4:</b>	
		<input type="checkbox"/>		<b>Time 4:</b>	
		<input type="checkbox"/>		<b>Date 5:</b>	
		<input type="checkbox"/>		<b>Time 5:</b>	
		<input type="checkbox"/>		<b>Date 6:</b>	
		<input type="checkbox"/>		<b>Time 6:</b>	

## Section II

1. Hello, I am Victoria Bookhultz from the United States Census Bureau, calling on behalf of the Centers for Disease Control and Prevention's National Center for Health Statistics. 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 should last about 15 minutes, to make sure our interviewers are following the correct procedures. Before your initial interview, you should have received a letter describing the survey. You may have received this letter from your interviewer or by mail. Do you remember this letter?

- Yes
- No
- Don't Know
- Refused

3. Did an interviewer contact you about/between 8/28/2019 - 9/5/2019 regarding patient visits to the physician office, community health center or emergency department?

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

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

- Personal visit only
- Telephone call only - Skip to question 6
- Both
- Other - Please provide comments below

- Don't Know
- Refused

5. Did the interviewer use a laptop computer?

- Yes
- No
- Don't Know
- Refused

6. Was the interviewer polite and professional?

- Yes
- No - Please provide comments below:

- Don't Know
- Refused

**Thank you for your cooperation, you've been very helpful.**

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**Section III**

**A. REINTERVIEW OUTCOME**

- 1. Original Interviewer followed correct procedures
- 2. Original Interviewer did not follow correct procedures
- 3. Unable to determine if original Interviewer followed correct procedures

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 2 or 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

Check if reinterview is..  Completed  
 Refused  
 Unable to be Completed

Reinterview Date 12/18/2019

Version 2020.v1.0

**NAMCS Background Info**

If the reinterview respondent does not remember the advance letter, please read the following questions:

1. Do you remember the details of the NAMCS?

- (a) YES - Go to #2.
- (b) NO - Convey the following concepts below: (Paraphrasing is acceptable)
  - The NAMCS is conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics.
  - NAMCS is an annual study that collects information about the large portion of ambulatory care provided by physicians and advanced practice providers throughout the United States.
  - Sampled providers were asked to allow the abstraction of a sample of about 30 patient encounters during a randomly assigned 1-week reporting period; providers also completed a short interview about the nature of their practice.

GO TO #2.

2. I need to make sure you give me informed consent for this quality control check. Would you like me to review some key points about the survey?

- (a) NO - Go back to reinterview form and continue with question #3.
- (b) YES - Convey the following concepts below: (Paraphrasing is acceptable)
  - Participation in this reinterview is voluntary, and you or your staff may refuse to answer any questions or stop participating at any time without penalty or loss of benefits.
  - We take your privacy very seriously. We are required to keep your survey data confidential.
  - The NCHS' Research Ethics Review Board has approved this research survey.
  - Data collection for NAMCS is authorized by section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k).
  - All information collected will be held in confidence according to Section 308(d) of the Public Health Service Act (Title 42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). This information will be used for statistical purposes only. No patient names, social security numbers, or addresses are collected.
  - In addition, NAMCS conforms to the Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164) as mandated by HIPAA (Public Law 104-191) because disclosure of patient data is permitted for public health purposes, and the NCHS Research Ethics Review Board has approved NAMCS.
  - U.S. Census Bureau employees, who administer the study, are required by law to