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.

National (Hospital) Ambulatory Medical Care Survey QUALITY CONTROL REINTERVIEW			RO Code 25	Control Number 19130268900	Original James Bond ID FITCH303	Survey Name NAMCS			
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 addtess 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									
Reinterviewer James Bond ID: Reinterviewer Name (ame (First Las	t):	Reinterview (Reinterview Call Attempts:		
bookh001			Victoria Bookhultz			Date 1: 12	2/18/2019		
Contact Persons						Time 1: 10	Time 1: 10:10 AM		
Contact Person 1:	MYCHAEL LUU (408) 294-7551		itle Physician	11 -	Address - Line 1: 2050 CLARMAR WAY	Date 2: Time 2:			
Contact Person 2:	Title ☐ Administrator		A	Address - Line 2:	Date 3: Time 3:	Time 3:			
Contact Person 3:	Title ☐ Administrat			s	ity: AN JOSE	Date 4: Time 4:			
Contact Person 4: Phone Number:	Title		-	tate: A	Date 5: Time 5:				
Contact Person 5: Phone Number:	Title				ip Code: 5128	Date 6: Time 6:			

	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 He	alth Statistics. May I speak to				
C yes					
C No - Person not available now. Call	back later - Include notes and move on to next case.				
C No - Person unknown - Skip to secti	on III				
No - Refuse reinterview - Skip to section III					
control check, that should last about 15	h the National (Hospital) Ambulatory Medical Care Survey. We're doing a short quality minutes, to make sure our interviewers are following the correct procedures. Before your ved a letter describing the survey. You may have received this letter from your inteviewer?				
Did an interviewer contact you about/ community health center or emergency	between 8/28/2019 - 9/5/2019 regarding patient visits to the physician office,				
C Yes	department.				
No - Skip to section III					
C Don't Know					
♠ Refused					
4. Did the interviewer conduct the inte	rview in person or over the telephone?				
Personal visit only					
C Telephone call only - Skip to quest	ion 6				
C Both					
C Other - Please provide comments	pelow				
Don't Know					

C Personal visit only					
C Telephone call only - Skip to question 6					
C Both					
C Other - Please provide comments below					
C Don't Know					
5. Did the interviewer use a laptop computer?					
C Yes					
O No					
C Don't Know					
Refused Refused					
6. Was the interviewer polite and professional?					
C Yes					
C No - Please provide comments below:					
C Don't Know					
Refused Refused					

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

Section III A. REINTERVIEW OUTCOME B. FALSIFICATION ASSESSMENT 1. Original Interviewer followed correct procedures 1. No suspected falsification 2. Original Interviewer did not follow correct procedures © 2. Suspected falsification 3. Unable to determine if original Interviewer followed 3. Unable to determine if there is falsification. correct procedures NOTE: If the outcome above is 2 or 3, please comment why. NOTE: If the outcome above is 2 or 3, please comment why. testing this Reinterviewer's Notes note for a note Reinterview Attempt 1 Reinterview Attempt 2 Reinterview Attempt 3 Reinterview Attempt 4 Reinterview Attempt 5 Reinterview Attempt 6 Check if reinterview is.. ✓ Completed Reinterview Date 12/18/2019 Refused Version 2020.v1.0 Unable to be Completed

NAMCS Background Info

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

- 1. Do you remeber 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 Decease Control and Prevenon'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 perod; 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' Reseach 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.
 - \bullet U.S. Census Bureau employees. who administer the study, are required by la to