

Attachment C2: 2021 NAMCS-1 Traditional Physician Induction Interview

Form Approved
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Exp. Date xx/xx/20xx

Note: Red indicates modifications.

Notice-CDC estimates the average public reporting burden for this collection of information as 30 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).

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| Variable Name | Question Text and Answer Categories | |
|--------------------------------------|---|---|
| Section 1: Telephone Screener | | |
| START | <ol style="list-style-type: none"> 1. Continue 2. Noninterview (Unable to locate, refusal, etc.) 5. Quit | <p>[goto DIAL]</p> <p>[goto NONINT_TYPE]</p> <p>[exit instrument]</p> |
| NONINT_TYPE | <p>◆ Enter the type of noninterview</p> <ol style="list-style-type: none"> 1. Unable to locate (call RO) 2. Moved out of U.S.A 3. Retired 4. Deceased 5. Non-office based 6. Not licensed [7. Mover-further work needed (call RO) 8. Other out-of-scope-Specify 9. Potential refusal-followup required 10. Refused (TRANSMIT) 11. Temporarily not practicing-more than 3 months | <p>[goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK]</p> <p>[goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK]</p> <p>[goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK]</p> <p>[goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK]</p> <p>[goto—NONINT_PTYPE—WHY_OOS]</p> <p>goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK]</p> <p>[goto NONINT_SP]</p> <p>[goto NONINT_NAME to NONINT_PTYPE—NUMLOCR]</p> <p>[goto NONINT_NAME to NONINT_PTYPE—NUMLOCR]</p> <p>[goto NONINT_NAME to NONINT_PTYPE—WHY_UNAVAIL]</p> |

| Variable Name | Question Text and Answer Categories |
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| NONINT_NAME NONINT_TITLE NONINT_NUMBER NONINT_PTYPE | Enter the name of the person who provided the information/Refused. Enter title of the person who provided the information/refused. ♦ Enter phone number of the person who provided the information/Refused. Press ENTER for none Enter the phone number type. ♦ Enter phone number type 0. Main 1. Home 2. Work 3. Mobile 4. Beeper, Pager, Answering Service 6. Toll Free 7. Other 8. Fax 9. Don't Know [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 goto WHY_UNAVAIL] |
| EXIT_THANK | Thank you for your time. ♦ HANG UP. |
| NONINT_SP | ♦ Specify out-of-scope [goto NONINT_NAME — NONINT_PTYPE — WHY_OOS] |
| DIAL | ♦ Dial number: (Try all numbers before selecting options 2 or 3) Physician Phone 1: (physician's number) x Type: Main Physician Phone 2: Type: Main Alt Contact Phone 1: Type: Main Alt Contact Phone 2: Type: Main 1. Someone answers [goto HELLO] 2. All phone number are bad/Need new number [goto NOGOOD_PHN] 3. No answer/problem [goto NOGOOD_PHN] 4. Personal visit for screener [goto SCREENER_PV] |

| Variable Name | Question Text and Answer Categories |
|----------------------|--|
| HELLO | <p>Hello, This is (FR name) from the U.S. Census Bureau. May I speak to (physician's name/respondent's name)?</p> <p>◆ Press Alt-F9 to update physician's/alternate's contact information</p> <p>If call is transferred, repeat this screen when phone is answered</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> <ol style="list-style-type: none"> 1. Correct person, correct person called to the phone, or call is transferred to correct person [goto INTRO_SCR] 2. No longer there [goto WHY_GONE] 3. Unknown [goto EXIT_THANK] 4. Respondent can best be reached on a different number [goto REACHED_ON] 5. Not available now, not at desk, etc. [goto TRY_BACK] 6. On vacation or otherwise temporarily away from work [goto TRY_BACK] 7. Other outcome or problem interviewing respondent (Exit instrument) [exit instrument] |
| NOGOOD_PHN | <p>◆ All phone numbers for this case are bad. Press ALT-F9 to remove/update phone numbers. After exiting the case, try to find a new number for this physician. [if DIAL=2]</p> <ol style="list-style-type: none"> 1. Enter 1 to Exit [exit instrument] <p style="text-align: center;">[OR]</p> <p>◆ All numbers have been tried. Try this case another time. [if DIAL=3]</p> <ol style="list-style-type: none"> 1. Enter 1 to Exit [exit instrument] |
| SCREENER_PV | <p>◆ DO NOT READ AS WORDED BELOW</p> <ul style="list-style-type: none"> ○ Identify yourself-shoe I.D. ○ Ask to speak to (physician's name/respondent's name) (Press Alt-F9 to update physician/contact information) ○ Introduce survey, as necessary <ol style="list-style-type: none"> 1. Continue [goto SPECVER] 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> <p>◆ Today is: (fill today's date) 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> <p>◆ Revisit [exit instrument]</p> |

| Variable Name | Question Text and Answer Categories |
|---------------|---|
| WHY_GONE | <p>◆ Enter reason why physician is no longer there.</p> <ol style="list-style-type: none"> 1. Retired [goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK] 2. Deceased [goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK] 3. Not licensed [goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK] 4. Moved-further research needed [goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK] 5. Other-Specify [goto WHYGONE_SP] |
| WHYGONE_SP | <p>◆ Enter reason why physician is no longer there [goto NONINT_NAME to NONINT_PTYPE—WHY_OOS]</p> |
| REACHED_ON | <p>What phone number should I use to reach (physician’s name/respondent’s name) Enter 1 to update Phone number(s)</p> <ol style="list-style-type: none"> 1. Update phone number(s) [update number(s) goto TRANSFER] 2. Continue [goto TRANSFER] |
| TRANSFER | <p>Can you transfer me?</p> <ol style="list-style-type: none"> 1. Yes [goto HELLO] 2. No [goto EXIT_THANK] |
| TRY_BACK | <p>◆ Do you want to callback later to try and speak to (physician’s name/respondent’s name) or do you want to continue with a new/different respondent? REPORTING PERIOD: (reporting period begin date—reporting period end date)</p> <ol style="list-style-type: none"> 1. Callback later [goto CALLBACKNOTES] 2. Continue with new/different/respondent [goto NEW_CONTACT] |
| NEW_CONTACT | <p>◆ Enter 1 to record a new contact person If necessary, explain survey to new respondent</p> <ol style="list-style-type: none"> 1. Record new contact person [update person goto NEW_CONTACT] 2. Continue interview [goto INTRO_SCR] |
| INTRO_SCR | <p>Hello (physician’s name/respondent’s name),</p> <p>I am (FRs name). I’m calling for the Centers for Disease Control and Prevention regarding their study of ambulatory care. You should have received a letter from Brian C. Moyer, the Director of the National Center for Health Statistics, explaining the study. You’ve probably also received a letter from the Census Bureau. We are acting as data collection agents for this study.</p> <p>◆ If respondent does not remember NCHS letter, press F1 and read what the letter states</p> <p>If respondent indicates non-interview status or there is an issue preventing the interview, go back to START screen and report the care accordingly.</p> <ol style="list-style-type: none"> 1. Enter 1 to Continue [goto INTROB] |
| INTROB | <p>◆ Is respondent ready to compete the interview?</p> <ol style="list-style-type: none"> 1. Continue [goto SPECVER] 2. Inconvenient time [goto CALLBACKNOTES] 3. Other outcome (Exit instrument) [exit instrument] |
| SPECVER | <p>(Your/physician’s name) specialty is (fill sampled specialty), Is that right?</p> <ol style="list-style-type: none"> 1. Yes [goto PROFACT] 2. No [goto PRV_SPEC] |

| Variable Name | Question Text and Answer Categories |
|---------------|--|
| PRV_SPEC | <p>What is (your/physician’s name) specialty (including general practice)?</p> <p>◆ Enter “XXX” if specialty not found</p> <p>Job Aid A contains a list of physician specialties. Where applicable, please encourage respondent to use this list.</p> <p>[goto PROFACT] [if ‘XXX’ goto PRV_SPEC_SP]</p> |
| PRV_SPEC_SP | <p>◆ Enter verbatim response for specialty [goto PROCACT]</p> |
| PROFACT | <p>Which of the following categories best describes (your/physician’s 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 <p>[if PROFACT is 1-4 goto AMBCARE]</p> |
| PROFACT_SP | <p>◆ Specify other professional activity</p> |
| AMBCARE | <p>(Do/Does) (you/physician’s name) directly care for any ambulatory patients in your work?</p> <ol style="list-style-type: none"> 1. Yes [goto FED] 2. No - does not give direct care [goto VERIF9A] 3. No longer in practice (i.e., retired, not licensed) [goto THANK_OOS] 4. Temporarily not practicing (refers to duration of 3 months or more) [goto THANK_OOS] |
| FED | <p>(Do/Does) (you/physician’s name) work as an employee or a contractor in a federally operated patient care setting (for example, VA, military, prison), hospital emergency department, hospital outpatient department, or community health center?</p> <ol style="list-style-type: none"> 1. Yes [goto PRIVPAT] 2. No [goto HOSPRIVPAT] |
| VERIF9A | <p>We include, as ambulatory patients, individuals receiving health services without admission to a hospital or other facility. Does (your/physician’s name) work include such individuals?</p> <ol style="list-style-type: none"> 1. Yes, cares for ambulatory patients [goto FED] 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> |
| PRIVPAT | <p>In addition to working in a federally operated patient care setting, hospital emergency department, hospital outpatient department, or community health center, (do/does) (you/physician’s name) also see any ambulatory patients in another setting (for example, office-based practice)?</p> <ol style="list-style-type: none"> 1. Yes [goto HOSPRIVPAT] 2. No [goto THANK_OOS] |
| HOSPRIVPAT | <p>(Do/Does) (you/physician’s name) work in an office-based practice owned by a hospital?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>[If FED=1 and HOSPRIVPAT is 1 or 2 goto REMINDER] [If FED=2 and HOSPRIVPAT is 1 or 2 goto ADDCHECK]</p> |
| REMINDER | <p>◆ Although the physician works in a federal patient care setting, hospital emergency department, hospital outpatient department, or community health center, please make sure the respondent is aware that all of the following questions are NOT concerned with these settings/patients/visits. The survey is ONLY concerned with their private patients.</p> <p>[goto ADDCHCEK]</p> |

| Variable Name | Question Text and Answer Categories |
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| ADDCHECK | <p>We have (your/physician's name) address as (fill sampled office address)</p> <p>Is that the correct address for your office?</p> <ol style="list-style-type: none"> 1. Yes [goto INDUCT_APPT] 2. No, update address [goto NEW_PINFO] |
| NEW_PINFO | <p>What is the correct address and phone number?</p> <p>◆ Enter 1 to update the address and phone</p> |
| THANK_OOS | <p>Thank you, (respondent's name/physician's name), but since (physician's name/you) 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 = 2 goto WHY_OOS] [If AMBCARE =3 goto WHYNO_PRACT] [If AMBCARE = 4 goto WHY_UNAVAIL]</p> <p>[depending on 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> |
| 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, hospital outpatient department, or community health center 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 [exit instrument]</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 Physician | |
| <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] | |

| Variable Name | Question Text and Answer Categories |
|---------------|---|
| NUMLOCR | <p>I appreciate that you choose not to participate in the study, but I would like to ask a few short questions about your practice, so we can make sure responding physicians do not differ from nonresponding physicians.</p> <p>Overall, at how many different office locations (do/does) (you/physician's name) see ambulatory patients? Do not include settings such as emergency departments, outpatient departments, surgicenters, federal clinics, and community health centers. [goto NOPATSENR]</p> |
| NOPATSENR | <p>In a typical year, about how many weeks (do/does) (you/physician's name) NOT see any ambulatory patients (for example, conferences, vacations, etc.)? [if NOPATSENR GE 27 goto LTHALFR] [if NOPATSENR= 0 goto ALLYEARR]</p> |
| LTHALFR | <p>(You/physician's name) typically see(s) patients fewer than half the weeks in each year. Is that correct? 1. Yes [goto NUMVISR] 2. No [if correct goto NUMVISR; if wrong goto NOPATSENR]</p> |
| ALLYEARR | <p>(You/physician's name) typically sees patients all 52 weeks of each year. Is that correct? 1. Yes [goto NUMVISR] 2. No [if correct goto NUMVISR; if wrong goto NOPATSENR]</p> |
| NUMVISR | <p>During your last normal week of practice, how many office visit encounters did (you/physician's name) have at all office locations?</p> |
| WKHOUSR | <p>During your last normal week of practice, how many hours of direct patient care did (you/physician's name) provide?</p> <p>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> |
| NUMPAR | <p>At the office location where (you/physician's name) see the most ambulatory patients, how many physicians are associated with (you/physician's name)? ◆ Include all out-of-scope physicians other than interns, residents, and fellows in the count.</p> |
| SINGSPCR | <p>At the office location where you see the most ambulatory patients: Is this a multi- or single-specialty group practice? 1. Multi 2. Single</p> |
| OWNERSHR | <p>At the office location where you see the most ambulatory patients: Are you a full- or part-owner, employee, or an independent contractor? 1. Full-owner [goto REFPOINT] 2. Part-owner 3. Employee 4. Contractor [if 2-3 goto OWNSR]</p> |
| OWNSR | <p>Who owns the practice? 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]</p> |
| OWNER_SP | <p>◆ Specify</p> |

| Variable Name | Question Text and Answer Categories |
|---------------------------------------|---|
| REFPOINT | <ul style="list-style-type: none"> ◆ At what point in the interview did the refusal/break-off occur? <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 | <ul style="list-style-type: none"> ◆ By whom? <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_SP | <ul style="list-style-type: none"> ◆ Specify |
| WHY_REF | <ul style="list-style-type: none"> ◆ Specify reason given |
| DATE_REF | <ul style="list-style-type: none"> ◆ Date refusal/breakoff was reported to supervisor |
| CONVERS | <ul style="list-style-type: none"> ◆ Conversion attempt result <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.</p> <ul style="list-style-type: none"> ◆ HANG UP. |
| Section 2: Induction Interview | |
| INDUCT_INTRO | <ul style="list-style-type: none"> ◆ You must make sure that every respondent answering the following induction questions has provided informed consent. To 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>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/following) 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 your practice. Your answers will only be used to provide data on the characteristics of office-based practices 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> <ol style="list-style-type: none"> 1. Enter 1 to Continue |
| NUMLOC | <p>At how many different office locations (do/does) (you/physician's name) see ambulatory patients? Do <u>not</u> include settings such as emergency departments, outpatient departments, surgicenters, federal clinics, and community health centers.</p> |

| Variable Name | Question Text and Answer Categories |
|---|---|
| NOPATSEN | <p>In a typical year, about how many weeks (do/does) (you/physician's name) <u>not</u> see any ambulatory patients (for example, conferences, vacations, etc.)? [if NOPATSEN GE 27 goto LTHALF] [if NOPATSEN= 0 goto ALLYEAR]</p> |
| LTHALF | <p>(You/physician's name) typically see(s) patients fewer than half the weeks in each year. Is that correct? 1. Yes [goto SEEPAT] 2. No [if correct goto SEEPAT; if wrong goto NOPATSEN]</p> |
| ALLYEAR | <p>(You/physician's name) typically see patients all 52 weeks of each year. Is that correct? 1. Yes [goto SEEPAT] 2. No [if correct goto SEEPAT; if wrong goto NOPATSEN]</p> |
| SEEPAT | <p>This study will be concerned with the ambulatory patients (you/physician's name) (saw/will see) in (your/his/her) office during the week of Monday, (reporting period begin date) through Sunday, (reporting period end date).</p> <p>Did (you/physician's name) see any ambulatory patients in your office during that week? [wording after sample week]</p> <p>This study will be concerned with the ambulatory patients (you/physician's name) will see in (your/his/her) office during the week of Monday, (reporting period begin date) through Sunday, (reporting period end date).</p> <p>(Are/Is) (you/physician's name) likely to see any ambulatory patients in (your/his/her) office during that week? [wording before sample week]</p> <p>1. Yes [goto listing of offices table-OFFSTRET] 2. No [goto WHYNOPAT]</p> |
| 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>♦ Even though the physician/provider did not see ambulatory patients during the reporting period, continue with the induction interview.</p> <p>Since it's very important that we include any ambulatory patients that (you/physician's name) might see in (your/his/her) office during that week, I'll check back with your office just before (reporting period begin date) to make sure your 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> |
| OFFSTRET (table of office locations) | <p>Street number/name Are there any other office locations at which (you/physician's name) saw ambulatory patients during that 7-day reporting period? [wording after sample week]</p> <p>Are there any other office locations at which (you/physician's name) will see ambulatory patients during that 7-day reporting period? [wording before sample week]</p> <p>♦ Enter 999 for no more</p> |

| Variable Name | Question Text and Answer Categories |
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| | <p>Table is pre-filled with sampled physician's address which cannot be edited here. If additional offices are listed in instrument table, the following questions are asked separately for each location.</p> |
| OFFICE_CITY | In what city is this office located? |
| OFFICE_ST | In what state is this office? |
| OFFICE_ZIP | What is the zip code for this office? |
| LOCTYPE | <ul style="list-style-type: none"> ◆ Enter location/address type <ol style="list-style-type: none"> 1. Main Office address 2. Alternative/2nd office address 3. Home office 4. Home 5. Unknown [goto OFFSTRET] |
| CUR_OFFICE | <ul style="list-style-type: none"> ◆ Which office is the current office? [enter 1 office] <ol style="list-style-type: none"> 1. OFF1-street address 2. OFF2-street address 3. OFF3-street address 4. OFF4-street address 5. OFF5-street address 6. OFF6-street address 7. OFF7-street address 8. OFF8-street address 9. OFF9-street address 10. OFF10-street address |
| OFFICETYP (for each office listed in table, FR determines the type of setting) | <p>Looking at this list, choose <u>all</u> the type(s) of settings that describe the office at (fill office location).</p> <ul style="list-style-type: none"> ◆ If in doubt about any clinic/facility/institution, <u>probe</u> -- Is the clinic/facility/institution part of a hospital emergency department or an outpatient department ◆ If yes, select 2 or 4 <p>Is this/that clinic/facility/institution operated by the Federal Government? If yes, select 12</p> <ul style="list-style-type: none"> ◆ Enter up to 3, separate with commas <ol style="list-style-type: none"> 1. Private solo or group practice 2. Hospital emergency department 3. Freestanding clinic/urgicenter (not part of a hospital outpatient department) 4. Hospital outpatient department 5. Intentionally left blank 6. Ambulatory surgicenter 7. Mental health center 8. Institutional setting (school infirmary, nursing home, prison) 9. Non-federal government clinic (for example, state, county, city, maternal and child health, etc.) 10. Industrial outpatient facility 11. Family planning clinic (including Planned Parenthood) 12. Federal government operated clinic (for example, VA, military, etc.) 13. Health maintenance organization or other prepaid practice (for example, Kaiser Permanente) 14. Laser vision surgery 15. Faculty practice plan 16. Community Health Center (for example, Federally Qualified Health Center (FQHC), federally funded clinics or 'look alike' clinics) |
| FREESTAND_PROBE (if OFFICETYP=3) | <p>Is this/that clinic in an institutional setting, in an industrial outpatient facility, or operated by the Federal Government?</p> <ol style="list-style-type: none"> 1. Yes 2. No |

| Variable Name | Question Text and Answer Categories |
|------------------------------------|---|
| FAMPLAN_PROBE (if OFFICETYP=11) | <p>Is this/that clinic operated by the Federal Government?</p> <ol style="list-style-type: none"> 1. Yes 2. No |
| OTHLOC | <p>Are there other office locations where (you/physician's name) normally would see patients, even though (you/physician's name) did not see any between (reporting period begin date) and (reporting period end date)? [wording after reporting week]</p> <p>Are there other office locations where (you/physician's name) normally would see patients, even though (you/physician's name) will not see any between (reporting period begin date) and (reporting period end date)? [wording before reporting week]</p> <p>Do not include settings such as emergency departments, outpatient departments, surgicenters, federal clinics, and community health centers.</p> <ol style="list-style-type: none"> 1. Yes [if inconsistent value with NUMLOC & total # office in-scope & OTHLOC goto NUMLOC to fix entry] 2. No [if inconsistent value with NUMLOC & total # office in-scope & OTHLOC goto NUMLOC to fix entry] <p>[if NUMLOC > total # of in-scope offices & NUMLOC=1 goto OTHLOCVS] [if match between NUMLOC & OTHLOC goto ESTDAYS]</p> |
| OTHLOCVS | <p>Of these locations where (you/physician's name) did not see patients during between (reporting period begin date) and (reporting period end date), how many total office visits did (you/physician's name) have during (your/his/her) last week of practice at these locations? [wording after reporting week]</p> <p>Of these locations where (you/physician's name) will not be seeing patients between (reporting period begin date) and (reporting period end date), how many total office visits did (you/physician's name) have during (your/his/her) last week of practice at these locations? [wording before reporting week]</p> <p>[goto ESTDAYS]</p> |
| ESTDAYS | <p>During the week of Monday, (reporting period begin date) through Sunday, (reporting period end date) how many days did (you/physician's name) see any ambulatory patients at the following locations? [wording after reporting week]</p> <p>During the week of Monday, (reporting period begin date) through Sunday, (reporting period end date) how many days (do/does) (you/physician's name) expect to see any ambulatory patients at the following locations? [wording before reporting week]</p> <p>◆ Read locations OFF1-street address . . OFF10-street address [if applicable]</p> |

| Variable Name | Question Text and Answer Categories |
|---|--|
| ESTVIS | <p>During (your/his/her) last normal week of practice, approximately how many office visit encounters did (you/physician's name) have at each office location?</p> <p>♦ If physician is in group practice, only include the visits to sampled physician. OFF1-estimated visits . . OFF-10 estimated visits [if applicable]</p> |
| SAME | <p>During the week of Monday, (reporting period begin date) through Sunday (reporting period end date), did (you/physician's name) have about the same number of visits as (you/physician's name) had during (your/his/her) last normal week in each office 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/physician's name) expect to have about the same number of visits as (you/physician's name) had during (your/his/her) last normal week in each office taking into account time off, holidays, and conferences? [wording before sample week]</p> <p>1. Yes [goto SOLO] 2. No [goto ESTVISP]</p> <p>[asked for each OFF1-OFF10]</p> |
| ESTVISP | <p>Approximately how many ambulatory visits did (you/physician's name) have at this office location? [wording after sample week]</p> <p>Approximately how many ambulatory visits (do/does) (you/physician's name) expect to have at this office location? [wording before sample week]</p> <p>[asked for OFF1-OFF10]</p> |
| <p>The next group of questions (SOLO-FEDTXID) are asked of each in-scope office where physician saw patients during sample week.</p> | |
| SOLO | <p>Now, I'm going to ask about (you/physician's name) practice at (fill office location).</p> <p>(Do/Does) (you/physician's name) have a solo practice, or (are/is) (you/physician's name) associated with other physicians in a partnership, in a group practice, or in some other way at this location?</p> <p>1. Solo [goto MIDDLEV] 2. Nonsolo [goto OTHPHY]</p> |
| OTHPHY | <p>How many physicians are associated with (you/physician's name) at (fill office 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. [goto MULTI]</p> |
| MULTI | <p>Is this a multi- or single-specialty (group) practice at (fill office location)?</p> <p>1. Multi 2. Single</p> |

| Variable Name | Question Text and Answer Categories |
|--|---|
| MIDLEV | <p>How many advanced practice providers (nurse practitioners, physician assistants, and certified nurse midwives) are associated with (you/physician's name) at (fill office 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/physician's name) a full- or part-owner, employee, or an independent contractor at (fill office 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] |
| OWNS | <p>Who owns the practice at (fill office 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_PHEB ONSITE_LAB ONSITE_SPIRO ONSITE_ULTRA ONSITE_XRAY | <p>Does (your/physician's name) practice have the ability to perform any of the following on site at (fill office 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/physician's name) see patients in the office during the evening or on weekends at (fill office location)?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know |
| NPI | <p>What is (your/physician's name) National Provider Identifier (NPI) at (fill office location)?</p> |
| FEDTXID | <p>What is (your/physician's name) Federal Tax ID, also known as Employer Identification Number (EIN), at (fill office location)?</p> |
| WKHOURS | <p>During (your/physician's name) last normal week of practice, how many hours of direct patient care did (you/physician's 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/physician's 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? [goto COVID_INTRO] |

| Variable Name | Question Text and Answer Categories |
|---|---|
| COVID_INTRO (section updated 6/5/20) | Now I would like to ask you a few questions about the coronavirus disease (COVID-19) and the impact it had on operations in your office and on your staff. Enter 1 to Continue |
| COVID_N95_RESP COVID_EYE | During the past THREE months, how often did your office experience shortages of any of the following personal protective equipment due to the onset of the coronavirus disease (COVID-19) pandemic? (Note: This heading should remain if different instrument panes are needed.) ♦ Check only one box per piece of equipment. N95 respirators or other approved facemasks <ol style="list-style-type: none"> 1. Never 2. Some of the time 3. Most of the time 4. All of the time 5. Don't know Eye protection, isolation gowns, or gloves <ol style="list-style-type: none"> 1. Never 2. Some of the time 3. Most of the time 4. All of the time 5. Don't know |
| COVID_TEST COVID_SHORT COVID_REFERER | During the past THREE months, did your office have the ability to test patients for coronavirus disease (COVID-19) infection? ♦ Check only one box. <ol style="list-style-type: none"> 1. Yes [goto COVID_SHORT] During the past THREE months, how often did your office experience shortages of coronavirus disease (COVID-19) tests for any patients who needed testing? Never <ol style="list-style-type: none"> 1. Some of the time 2. Most of the time 3. All of the time 4. Don't know 2. No [goto COVID_REFERER] 3. Not applicable – did not need to do any COVID-19 testing [goto COVID_AWAY] 4. Don't know [goto COVID_REFERER] During the past THREE months, how often did your office have a location where patients could be referred to for coronavirus disease (COVID-19) testing? Never <ol style="list-style-type: none"> 1. Some of the time 2. Most of the time 3. All of the time 4. Don't know |

| Variable Name | Question Text and Answer Categories |
|-------------------------------|---|
| COVID_AWAY | <p>During the past THREE months, how often did your office need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID-19) infection?</p> <p>◆ Check only one box.</p> <ol style="list-style-type: none"> 1. No COVID-19 patients were not turned away or referred elsewhere 2. Yes, some COVID-19 patients were turned away or referred elsewhere 3. Yes, most COVID-19 patients were turned away or referred elsewhere 4. Yes, all COVID-19 patients were turned away or referred elsewhere 5. Not applicable – the office did not have any COVID-19 patients 6. Don't know <p>During the past THREE months, did any of the following clinical care providers in your office test positive for coronavirus disease (COVID-19) infection? (Note: This heading should remain if different instrument panes are needed.)</p> <p>◆ Check only one box per provider.</p> |
| COVID_PROV1 | <p>Physicians</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not applicable-did not have such provider type onsite 4. Don't know |
| COVID_PROV2 | <p>Physician assistants</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not applicable-did not have such provider type onsite 4. Don't know |
| COVID_PROV3 | <p>Nurse practitioners</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not applicable-did not have such provider type onsite 4. Don't know |
| COVID_PROV4 | <p>Certified nurse-midwives</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not applicable-did not have such provider type onsite 4. Don't know |
| COVID_PROV5 | <p>Registered nurses/licensed practical nurses</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not applicable-did not have such provider type onsite 4. Don't know |
| COVID_PROV6 COVID_PROV_OTH | <p>Other clinical care providers</p> <ol style="list-style-type: none"> 1. Yes (please specify: _____) 2. No 3. Not applicable-did not have such provider type onsite 4. Don't know |

| Variable Name | Question Text and Answer Categories |
|--|--|
| Workforce Questions | |
| MOSTVIS_INTRO | <p>The next section refers to characteristics of the sampled physician’s practice.</p> <p>1. Enter 1 to Continue</p> |
| NUMPH (one location listed) | <p>◆ The next questions are about the <u>practice</u> that is associated with (fill office location).</p> <p>How many physicians are associated with this practice? Please include physicians at (fill office location), and physicians at any other locations of this practice. Do not include interns, residents, or fellows.</p> <p>◆ Include all in-scope and out-of-scope physicians other than interns, residents, and fellows in the count. DO NOT include advance practice provider on this screen.</p> <ol style="list-style-type: none"> 1. 1 Physician 2. 2-3 physicians 3. 4-10 physicians 4. 11-50 physicians 5. 51-100 physicians 6. More than 100 physicians |
| NUMPH (two or more locations listed) | <p>◆ The next questions are about the <u>practice</u> that is associated with (fill office location), which is the location where the physician had the most office visits.</p> <p>How many physicians are associated with that practice? Please include physicians at (fill office location), and physicians at any other locations of that practice. Do not include interns, residents, or fellows.</p> <p>◆ Include all in-scope and out-of-scope physicians other than interns, residents, and fellows in the count. DO NOT include advance practice provider on this screen.</p> <ol style="list-style-type: none"> 1. 1 Physician 2. 2-3 physicians 3. 4-10 physicians 4. 11-50 physicians 5. 51-100 physicians 6. More than 100 physicians |
| PCMH | <p>Is this practice <u>certified</u> as a patient-centered medical home?</p> <ol style="list-style-type: none"> 1. Yes [goto CERT_WHO] <p>By whom is this practice certified as a patients-centered medical home? (CERT_WHO)</p> <p>◆ Enter all that apply, separate with commas</p> <ol style="list-style-type: none"> 1. Accreditation Association for Ambulatory Health Care (AAAHC) [goto QUAL] 2. Joint Commission [goto QUAL] 3. National Committee for Quality Assurance (NCQA) [goto NCQAlevel] <p>What is the level of certification for the National Committee for Quality Assurance (NCQA)? (NCQAlevel)</p> <ol style="list-style-type: none"> 1. Level 1 [goto QUAL] 2. Level 2 [goto QUAL] 3. Level 3 [goto QUAL] 4. Utilization Review Accreditation Commission (URAC) [goto QUAL] 5. Other [goto PCMH_OTH] <p>Please specify the name of the other organization that certifies this practice as a patient-centered medical home. (PCMH_OTH)</p> 6. Unknown [goto QUAL] 2. No [goto QUAL] 3. Unknown [goto QUAL] |

| Variable Name | Question Text and Answer Categories | | |
|--|--|--|--|
| QUAL | <p>Does this practice report any quality measures or quality indicators to either payers or to organizations that monitor health care quality?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown | | |
| Type of Staff (38 different staff variables) | <p>The next set of questions refers to the types of providers who work at (fill office location).</p> <p>How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at (fill office location)?</p> <p>◆ Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.</p> <p>Please provide the total number of full-time and part-time providers.</p> <p>Please include the sampled provider in the total count of staff below.</p> | | |
| | Type of Provider | Number Full-time (≥30 hours) | Number Part-time (<30 hours) |
| | <u>Physicians</u> | | |
| | Physicians (MD and DO) | MD_DO_FT Do not include interns, residents, or fellows. ◆ Include all out-of-scope physicians other than interns, residents, and fellows in the count. | MD_DO_PT Do not include interns, residents, or fellows. ◆ Include all out-of-scope physicians other than interns, residents, and fellows in the count. |
| | <u>Non-Physician Clinicians</u> | | |
| | Physician Assistants (PA) | PA_FT | PA_PT |
| | Nurse Practitioners (NP) | NP_FT | NP_PT |
| | Certified Nurse Midwives (CNM) | CNM_FT | CNM_PT |
| | Clinical Nurse Specialists (CNS) | CNS_FT | CNS_PT |
| | Certified Nurse Anesthetists (CRNA) | NA_FT | NA_PT |
| | <u>Other Nursing Care</u> | | |
| | Registered Nurses (RN) (not an NP or CNM) | RN_FT | RN_PT |
| | Licensed Practical Nurses (LPN) | LPN_FT | LPN_PT |
| | Certified Nursing Assistants/Aides (CNA) | CNA_FT | CNA_PT |
| | <u>Allied Health</u> | | |
| | Medical Assistants (MA) | MA_FT | MA_PT |
| | Radiology Technicians (RT) | RT_FT | RT_PT |

| Variable Name | Question Text and Answer Categories | | | | |
|---|---|----------------|-------------------|-------|---------------------------|
| | | | | | |
| | Laboratory Technicians (LT) | LT_FT | LT_PT | | |
| | Physical Therapists (PT) | PT_FT | PT_PT | | |
| | Pharmacists (PH) | PH_FT | PH_PT | | |
| | Dieticians or Nutritionists (DN) | DN_FT | DN_PT | | |
| | <u>Other</u> | | | | |
| | Mental Health Providers (MH) | MH_FT | MH_PT | | |
| | Health Educators or Counselors (HEC) | HEC_FT | HEC_PT | | |
| | Case Managers (not RNs) or Certified Social Workers (CSW) | CSW_FT | CSW_PT | | |
| | Community Health Workers (CHW) | CHW_FT | CHW_PT | | |
| Autonomy of PAs, NPs, CNMs, CNSs, CRNAs (10 variables) | The following questions concern the PAs, NPs, CNMs, CNSs and CRNAs practicing at (fill office location). | | | | |
| | <u>Physician Assistant</u> | 1. Yes, always | 2. Yes, sometimes | 3. No | 4. Unknown/Not Applicable |
| | [PA_LOG] Are the PA's patients logged separately from (your/physician's name) patients? | | | | |
| | [PA_BILL] Do/does the PA(s) bill for services using their own NPI number? | | | | |
| | <u>Nurse Practitioner</u> | 1. Yes, always | 2. Yes, sometimes | 3. No | 4. Unknown/Not Applicable |
| | [NP_LOG] Are the NP's patients logged separately from (your/physician's name) patients? | | | | |
| | [NP_BILL] Do/does the NP(s) bill for services using their own NPI number? | | | | |
| | <u>Certified Nurse Midwife</u> | 1. Yes, always | 2. Yes, sometimes | 3. No | 4. Unknown/Not Applicable |
| | [CNM_LOG] Are the CNM's patients logged separately from (your/physician's name) patients? | | | | |
| | [CNM_BILL] Do/does the CNM(s) bill for services using their own NPI number? | | | | |
| | <u>Clinical Nurse Specialist</u> | 1. Yes, always | 2. Yes, sometimes | 3. No | 4. Unknown/Not Applicable |
| | [CNS_LOG] | | | | |

| Variable Name | Question Text and Answer Categories | | | | |
|---|---|----------------|-------------------|-------|---------------------------|
| | Are the CNS's patients logged separately from (your/physician's name) patients? | | | | |
| | [CNS_BILL] Do/Does the CNS(s) bill for services using their own NPI number? | | | | |
| | <u>Certified Registered Nurse Anesthetists</u> | 1. Yes, always | 2. Yes, sometimes | 3. No | 4. Unknown/Not Applicable |
| | [NA_LOG] Are the CRNA's patients logged separately from (your/physician's name) patients? | | | | |
| | [NA_BILL] Do/Does the CRNA(s) bill for services using their own NPI number? | | | | |
| Electronic Health Record (EHR) Questions | | | | | |
| EMR_INTRO | Answer the next few questions for the eligible location with the most visits which is (fill office location with most visits) 1. Enter 1 to Continue | | | | |
| EMEDREC | Does the reporting location <u>use</u> an electronic health record (EHR) system? Do not include billing systems. ◆ Read answer choices 1. Yes, all electronic [goto EHRINSYR] 2. Yes, part paper and part electronic [goto EHRINSYR] 3. No [goto EMRINS] 4. Unknown [goto EMRINS] | | | | |
| EHRINSYR | In which year did you install your current EHR system? | | | | |
| HHSMU | Does your EHR system meet meaningful use criteria, also called promoting interoperability (certified EHR), as defined by the Department of Health and Human Services? 1. Yes 2. No 3. Unknown | | | | |
| EHRNAM | What is the name of your current EHR system? ◆ Check only one box. If 13. Other is checked, please specify the name. 1. Allscripts 2. Amazing Charts 3. athenahealth 4. Cerner 5. eClinicalWorks 6. e-MDs 7. Epic 8. GE/Centricity 9. Modernizing Medicine 10. NextGen 11. Practice Fusion 12. Sage/Vitera /Greenway 13. Other-Specify <u>EHRNAMOTH</u> ◆ Specify the name of the EHR system 14. Unknown | | | | |
| EMRINS | At the reporting location, are there plans for installing a new EHR system within the next 18 | | | | |

| Variable Name | Question Text and Answer Categories |
|---|---|
| | <p>months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Maybe 4. Don't know |
| Revenue & Contracts, Compensation, New Patients | |
| <p>PRMCARE PRMAID</p> <p>PRPRVT PRPATPAY PROTH</p> | <p>◆ Please remind physician that the remaining questions refer to the following in-scope offices: (fill all in-scope office locations)</p> <p>I would like to ask a few questions about (your/physician's name) practice revenue and contracts with managed care plans. [language above only shown on PRMCARE screen]</p> <p>Roughly, what percent of (your/physician's name) patient care revenue comes from –</p> <p>Medicare? Medicaid/CHIP?</p> <p>Include Medicare managed care and Medicaid managed care by not traditional Medicare and Medicaid. Be sure the response is about percentage of contracts, not percentage of patients. Three different plans under one insurer counts as three contracts. [wording also under values below]</p> <p>Private insurance? Patient payments Other (including charity, research, Tricare, VA, etc.)?</p> |
| PCTRVMAN | <p>Roughly, what percentage of the patient care revenue received by this practice comes from managed care contracts?</p> <p>Include Medicare managed care and Medicaid managed care but not traditional Medicare and Medicaid. Be sure the response is about percentage of contracts, not percentage of patients. Three different plans under one insurer counts as three contracts.</p> <p>% Managed Care</p> |
| <p>REVFFS REVCAP REVCASE REVOTHER</p> | <p>Roughly, what percent of (your/physician's name) patient care revenue comes from each of the following methods of payment?</p> <p>Fee-for-service? Capitation? Case rates (for example, package pricing/episode of care)? Other?</p> |
| ACCEPTNEW | <p>(Are/Is) (you/physician's name) currently accepting new patients into your practice(s) at read locations below? (list in-scope office locations)</p> <p>◆ Enter 1. Yes if yes to any of the locations listed</p> <ol style="list-style-type: none"> 1. Yes [goto CAPITATE] 2. No [goto PHYSCOMP] 3. Don't know [goto PHYSCOMP] |

| Variable Name | Question Text and Answer Categories |
|--|---|
| <p>CAPITATE NOCAP NMEDICARE NMEDICAID NWORKCMP NSELFPAY NNOCHARGE</p> | <p>From those new patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below?</p> <p style="padding-left: 40px;"> Capitated private insurance? Non-capitated private insurance? Medicare? Medicaid/CHIP? Workers' compensation? Self-pay? No charge? </p> <p>(list in-scope office locations)</p> <p>The following answer choices are used for each of the above seven payment types:</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know |
| <p>PHYSCOMP</p> | <p>Which of the following methods best describes (your/physician's name) basic compensation?</p> <p>◆ Read answer categories</p> <ol style="list-style-type: none"> 1. Fixed salary 2. Share of practice billings or workload 3. Mix of salary and share of billings or other measures of performance (for example, the physician's own billings, practice's financial performance, quality measures, practice profiling) 4. Shift, hourly or other time-based payment 5. Other |
| <p>COMP</p> | <p>Clinical practices may take various factors into account in determining the compensation (salary, bonus, pay rate, etc.) paid to the physicians in the practice. Please indicate whether the practice explicitly considers each of the following factors in determining physician's compensation.</p> <p>◆ Enter all that apply, separate with commas</p> <p>◆ Read answer categories</p> <ol style="list-style-type: none"> 1. Factors that reflect the physician's own productivity 2. Results of satisfaction surveys from you're the physician's own patients 3. Specific measures of quality, such as rates of preventive services for the physician's patients 4. Results of practice profiling, that is, comparing the physician's pattern of using medical resources with that of other physicians 5. The overall financial performance of the practice |
| <p>SASDAPPT</p> | <p>Does (your/physician's name) practice set time aside for same day appointments?</p> <ol style="list-style-type: none"> 1. Yes [goto SDAPPT] 2. No [goto APPTTIME] 3. Don't know [goto APPTTIME] |
| <p>SDAPPT</p> | <p>Roughly, what percent of (your/physician's name) daily visits are same day appointments?</p> |
| <p>APPTTIME</p> | <p>On average, about how long does it take to get an appointment for a routine medical exam?</p> <ol style="list-style-type: none"> 1. Within 1 week 2. 1 - 2 weeks 3. 3 - 4 weeks 4. 1 - 2 months 5. 3 or more months 6. Do not provide routine medical exams 7. Don't know |

| Variable Name | Question Text and Answer Categories |
|---|---|
| PRVETHN | <p>(Are/Is) (your/physician's 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/physician's 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 14. Other Pacific Islander |
| DONE | ◆ Press 1 to Exit. |
| NEW_RINFO | <p>Can you confirm that (respondent's name/physician's name) is the correct individual to contact for the re-interview?</p> <p>Current contact information: (fill respondent's name/physician's name)</p> <p>◆ Enter 1 to update the contact and phone</p> <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 Physician Ending Question | |

| Variable Name | Question Text and Answer Categories |
|---|--|
| <p>PHY_UNAVAIL (if physician is not seeing patients during reporting week (SEEPAT=2) but completes induction questions above)</p> | <p>Thank you for your time and cooperation (respondent's name/fill physician's 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/fill physician's name). The information you provided will improve the accuracy of the NAMCS in describing office-based patient care in the United States.</p> <p>I will call you on (reporting period begin date) to see if your plans have changed.</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> |