

2020 NHAMCS Reinterview Study Questionnaire

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National (Hospital) Ambulatory Medical Care Survey QUALITY CONTROL REINTERVIEW		RO Code 25	Control Number 18010112000	Original James Bond ID JBOND001	Survey Name NAMCS
Original Interview Outcome: 242: Temporarily not practicing					
Original Interviewer's Notes					
will return to limited practice.					
Section I					
Reinterviewer James Bond ID: Keyr002		Reinterviewer Name (First Last): Suzie Coe		Reinterview Call Attempts:	
Contact Persons		Address - Line 1: Cedar Valley Medical Special		Date 1: 11/28/2018	
Contact Person 1:	Erin Dalziel (999) 555-5390 <input type="checkbox"/> Noninterview Contact	Address - Line 2: 1753 W. Ridgeway Ave., Ste 1		Time 1: 4:33 PM	
Contact Person 2:	James Crouse (999) 555-5922 <input type="checkbox"/> Physician	City: Waterloo		Date 2:	
Contact Person 3:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	State: IA		Time 2:	
Contact Person 4:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Zip Code: 50701		Date 3:	
Phone Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Time 3:	
Contact Person 5:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Date 4:	
Phone Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Time 4:	
				Date 5:	
				Time 5:	
				Date 6:	
				Time 6:	

Section II

1. Hello, I am from the United States Census Bureau. 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 may last about 5 minutes, to make sure our interviewers are following correct procedures.

Did an interviewer contact you about/between 11/1/2018 - 11/30/2018 regarding patient visits to physician offices or emergency departments?

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

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

- Personal visit only
- Telephone call only - Skip question 4
- Both
- Don't Know
- Refused

4. Did the interviewer use a laptop computer?

- Yes
- No
- Don't Know
- Refused

5. Was the interviewer polite and professional?

- Yes
- No - Please provide comments below:

- Don't Know
- Refused

Section III End of the Interview

A. REINTERVIEW OUTCOME

- 1. Original Interview or Noninterview verified as correct
- 2. Original Interview or Noninterview verified as incorrect
- 3. Unable to determine if original Interview or Noninterview is correct or incorrect

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 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