2020 NHAMCS Reinterview Study Questionnaire

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| National (Hospital) Ambulatory Medical Care Survey QUALITY CONTROL REINTERVIEW | | | RO Code 25 | Control Number 18010112000 | | James Bond ID SOND001 | Survey Nam NAMCS | | |
|---|---|-----|---------------|---|---|--------------------------|---------------------|----------|--|
| Original Interview Outcome: 242: Temporarily not practicing | | | | | | | | | |
| | | | Original Inte | erviewer's | Notes | | | | |
| will return to limit | ted practice. | | | | | | | | |
| Section I | | | | | | | | | |
| Reinterviewer James Bond ID: Reinterviewer Name (Fin | | | | me (First Last | st Last): Reinterview Call Attempts: | | | | |
| Keyr002 | | | Suzie Coe | | | | Date 1: 11/ | /28/2018 | |
| Contact Persons | | | | | | Time 1: 4:3 | 3 PM | | |
| Contact Person 1: | Frin Dalziel Title (999) 555-5390 	☐ Noninterview Conta | | 0 | ddress - Line 1: edar Valley Medica | Date 2: Time 2: Date 3: | | | | |
| Contact Person 2: | James Crouse (999) 555-5922 | | | | Address - Line 2: 1753 W. Ridgeway Ave., Ste 1 | | | | |
| Contact Person 3: | | | | | ity: Vaterloo | Date 4: Time 4: | | | |
| Contact Person 4: Phone Number: | | Tit | le | | State: IA | | Date 5: Time 5: | | |
| Contact Person 5: Phone Number: | | Tit | le | | i p Code: 0701 | | Date 6: Time 6: | | |

| 1. Hello, I am James Bond from the United States Census Bureau. May I speak to C Yes | ? | | | | | | |
|---|-------|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| C No - Person not available now. Call back later - Include notes and move on to next case. | | | | | | | |
| No - Person unknown - Skip to section III | | | | | | | |
| C No - Refuse reinterview - Skip to setion III | | | | | | | |
| 2. Thank you for helping us recently with the National (Hospital) Ambulatory Medical Care Survey. We're doing a short quality con | ntrol | | | | | | |
| 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? | | | | | | | |
| le Yes | | | | | | | |
| No - Skip to section III | | | | | | | |
| Con'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 | | | | | | | |
| le Both | | | | | | | |
| Con't Know | | | | | | | |
| Refused | | | | | | | |
| 4. Did the interviewer use a laptop computer? | | | | | | | |
| | | | | | | | |
| No | | | | | | | |
| © Don't Know | | | | | | | |
| Refused | | | | | | | |
| 5. Was the interviewer polite and professional? | | | | | | | |
| le 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 Image: No suspected falsification Image: 2. Suspected falsification Image: 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 | | | | | | | |