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From the CENTERS FOR DISEASE CONTROL AND PREVENTION / National Center for Health Statistics

National Ambulatory Medical Care Survey: 1995–96 Summary

November 1999

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Objective

This report describes ambulatory medical care visits to nonfederally employed, office-based physicians in the United States during 1995 and 1996. Statistics are presented on selected physician, patient, and visit characteristics.

Methods

The data in this report were collected in the 1995 and 1996 National Ambulatory Medical Care Surveys (NAMCS). The NAMCS is part of the ambulatory care component of the National Health Care Survey (NHCS), which measures health care utilization across a variety of providers. The NAMCS is a national probability sample survey of visits to nonfederally employed, office-based physicians in the United States. Sample data were weighted to produce annual estimates. Estimates are presented in this report as annual averages unless otherwise noted.

Results

During 1995–96, an estimated 1.4 billion visits were made to physician offices in the United States, an annual average of 715.8 million visits. The visit rate was 2.7 visits per person per year. This rate did not differ significantly from visit rates observed in any previous survey year. Females made 59.4 percent of the visits, or 3.2 visits per person annually. This was higher than the visit rate for males. White persons had a higher visit rate than black persons. Six of every 10 visits were to primary care providers. Injury-related visits accounted for 11.8 percent of all office visits, or 84.6 million per year. The annual rate of injury-related office visits was 32.2 visits per 100 persons. The most frequent reason for visiting the physician was for a general medical examination (6.8 percent). Cough was the most frequent symptomatic reason. Acute respiratory infections and essential hypertension were the diagnoses reported most frequently.

Keywords: office visits • physician • diagnoses • injury • diagnostic services • medications

National Ambulatory Medical Care Survey: 1995–96 Summary

by Susan M. Schappert and Cheryl Nelson, Division of Health Care Statistics

Highlights

- Females had a higher annual rate of office visits (3.2 visits per person) compared with males (2.3 visits per person) and made 59.4 percent of the visits.
- The visit rate increased with each successive age group from 15–24 years to 75 years and older. Persons 75 years and older made 6.1 visits per person annually.
- More than 6 of every 10 office visits (61.5 percent) were made to primary care physicians.
- Doctors of osteopathy received 15.9 visits per 100 persons, compared with 256.1 visits per 100 persons to doctors of medicine.
- More than one-half (54.1 percent) of the visits were the result of a symptomatic complaint, with respiratory symptoms accounting for 11.3 percent of the total.
- Acute respiratory infections (excluding pharyngitis) and essential hypertension were the most frequent principal diagnoses rendered by physicians, cited at 4.1 percent and 3.5 percent of visits annually.
- There was an annual average of 32.2 injury-related office visits per 100 persons. Back problems (upper and lower) accounted for the largest proportion of injury-related visits overall (11.1 percent).
- Seven of every 10 office visits included one or more diagnostic or screening services either ordered or performed.
- One-third (34.7 percent) of the visits included some type of therapeutic or preventive service other than medication. Diet counseling was mentioned most frequently, at 13.2 percent of the visits. Ambulatory surgery was performed at 5.0 percent of the visits.
- Medications were provided or prescribed at 6 of every 10 visits (64.1 percent). Four therapeutic classes—cardiovascular-renal drugs, antimicrobial agents, pain relief drugs, and respiratory tract drugs—together accounted for one-half of all drugs mentioned at office visits.
- Nearly one-half of office visits were expected to be paid for with private insurance (46.5 percent). About one-quarter of the total (24.4 percent) were covered under an HMO or other prepaid plan.
- Eighty-six percent of office visits were made by established patients. The majority of these were return visits for the care of previously treated problems.

Introduction

This report presents national estimates of the provision and utilization of ambulatory medical care services in physician offices in the United States during 1995 and 1996. The estimates are based on data from the National Ambulatory Medical Care Survey (NAMCS). The NAMCS, a probability sample survey, is conducted by the Division of Health Care Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention.

The NAMCS began in 1973 and was conducted annually through 1981. It was next conducted in 1985 and resumed an annual schedule in 1989. Summary reports for previous data years are available (1–15). A complete list of publications using NAMCS data is available from the Ambulatory Care Statistics Branch.

Physician office visits are described in terms of patient characteristics (age, sex, and race), physician practice characteristics (specialty, professional status, geographic location, solo or group practice, prepaid plan participation), and visit characteristics (patient's principal reason for visit, physician's principal diagnosis, injury-related visits, diagnostic and therapeutic services, and other characteristics). The appendixes include a description of the survey's statistical design, guidelines for judging the precision of estimates, definition of terms used in the survey, and copies of the survey instrument. A complete description of the background and methodology of the survey has been published (16), and summaries of general findings from the 1995 and 1996 NAMCS are available (17,18).

NAMCS data are also available in micro-data format on CD-ROM, as public-use data tapes, and as downloadable files from the NCHS home page on the Internet. Questions regarding this report, future reports, or the NAMCS may be directed to the Ambulatory Care Statistics Branch by calling 301-436-7132.

Methods

The data presented in this report are from the 1995 and 1996 NAMCS. These surveys were conducted from January 2, 1995, through December 31, 1995, and from January 1, 1996, through December 29, 1996. The NAMCS is part of the National Health Care Survey, which measures health care utilization across various types of providers. This report does not include visits to hospital emergency or outpatient departments, or visits for ambulatory surgery at hospital-based or freestanding surgery units. These types of ambulatory settings are covered by the National Hospital Ambulatory Medical Care Survey and the National Survey of Ambulatory Surgery, respectively.

The target universe of NAMCS includes visits made in the United States to offices of nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who were classified by the American Medical Association (AMA) and the American Osteopathic Association (AOA) as ''office-based, patient care.'' Visits to private, nonhospital-based clinics and health maintenance organizations (HMO's) were within the scope of the survey, but those that took place in government-operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the physician's office were also excluded.

NAMCS utilizes a multistage probability sample design involving samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The PSU's are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships (for some PSU's in New England).

The samples for the 1995 and 1996 NAMCS included a total of 6,897 nonfederally employed, office-based physicians. The samples were selected from the master files of the AMA and the AOA. Physicians were also screened at the time of the survey to ensure that they were eligible for survey participation. Of those screened, 4,729 physicians were eligible (in scope) to participate in the survey. The remaining 2,168 physicians were ineligible (out of scope) due to reasons of being retired, employed primarily in research, teaching, or adminstration, or other reasons. The survey response rate, averaged across the 2 years, was 72 percent for in-scope physicians.

Sample physicians were asked to complete Patient Record forms for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period. The Patient Record (appendix III) is the survey instrument used by physicians participating in the NAMCS to record information about their patients' office visits. Responding physicians completed a total of 66,680 Patient Record forms in 1995 and 1996.

The U.S. Bureau of the Census, Housing Surveys Branch, was responsible for the survey's data collection. Processing operations and medical coding were performed by Analytic Sciences, Inc., Durham, North Carolina.

Several medical classification systems were used to code data from the NAMCS. The Patient Record form (PRF) contains an item on the patient's expressed reason for the visit. In this item, the respondent was asked to record the patient's ''complaint(s), symptom(s), or other reason(s) for this visit in the patient's (or patient surrogate's) own words.'' Up to three reasons for visit were coded for each record according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

The PRF also contains an item on the cause of injury for injury-related visits. Up to three external causes of injury were coded according to the ''Supplementary Classification of External Causes of Injury and Poisoning'' found in the *International Classification of Diseases, 9th Revision Clinical Modification* (ICD–9–CM) (20).

The physician's diagnosis was collected in item 11 on the PRF. The respondent was asked to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Up to three diagnoses per visit were coded according to the ICD–9–CM (20).

In the medication item, physicians were instructed to record all new or continued medications ordered, supplied, or administered at the visit, including prescription and nonprescription preparations, immunization and desensitizing agents, and anesthetics. Up to six medications, called drug mentions, could be coded per visit according to a classification system developed at NCHS. A report describing the method and instruments used to

collect and process drug information is available (21). Therapeutic classification of the drugs mentioned on the PRF's was determined using the *National Drug Code Directory*, 1995 edition (22).

As used in the NAMCS, the term ''drug'' is interchangeable with the term ''medication'' and the term ''prescribing'' is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed ''drug visits'' in the survey.

The 1995 and 1996 National Ambulatory Medical Care Surveys shared identical survey instruments, definitions, and procedures. The resulting 2 years of data have been combined to provide more reliable estimates. In most cases, the estimates, percent distributions, and rates presented in this report reflect average annual estimates based on the combined 1995 and 1996 data. Estimates representing 2-year totals rather than averages are noted as such in the text.

Because the estimates presented in this report are based on a sample rather than on the entire universe of office visits, they are subject to sampling variability. The Technical Notes in Appendix I include an explanation of sampling errors and guidelines for judging the precision of the estimates, as well as additional information on the statistical design of the survey, data collection and processing, estimation procedures, etc. Definitions for terms used in the survey are included in Appendix II.

Several tables in this report present data on rates of office visits. The population figures used in calculating these rates are U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States, averaged for July 1, 1995, and July 1, 1996, and have been adjusted for net underenumeration. Population estimates are provided in Appendix I.

Results

Patient Characteristics

In 1995 and 1996, an estimated annual average of 715.8 million visits were made to nonfederally employed, office-based physicians in the United States, yielding a rate of 2.7 visits per person per year. This rate is not significantly different from office visit rates observed since 1975. Persons 75 years and older had the highest visit rate, 6.1 visits per person (table 1).

Females made 59.4 percent of the visits and accounted for higher percents of visits than males in all age categories except the youngest (under 15 years). Females also had significantly higher visit rates than males in each age category with the exception of the youngest (under 15 years) and the two older groups (65–74 years and 75 years and over) (figure 1).

Among males, the visit rate was lower for those 15–24 years than for those under 15 years. It increased with each successive age group after 15–24 years. Among females, the visit rate increased with each successive age group after the age of 24 up to the age of 74. There was no difference noted between the rates for the two oldest groups (65–74 and 75 years and over). Neither was there a significant difference noted between the two youngest age groups (under 15 years and 15–24 years).

White persons made 86.2 percent of all office-based visits, with black persons and Asians/Pacific Islanders accounting for 9.9 percent and 3.5 percent, respectively. As seen in figure 2, the visit rate for the white population was significantly higher (2.8 visits per person) than the rate for the black population (2.1 visits per person). White persons had higher visit rates than black persons in the age categories under 15 years and 15–24 years.

Among white persons, the visit rate was higher for those under 15 years compared with those ages 15–24 years. The rate increased with each successive age group after 15–24 years.

Among black persons, the visit rate was not significantly different for those under 15 years (1.4 visits per person annually) and 15–24 years (1.3 visits per person annually), but increased with each age group to 65–74 years. The rate was not significantly different for this group and for those 75 years and over. Historically, visit rates to physician offices for black persons tend to be lower than for white persons, yet visit rates to hospital settings for ambulatory care in the outpatient department and emergency department tend to be higher for black persons compared with white persons (23).

Visit rates also varied according to the median household income of the ZIP

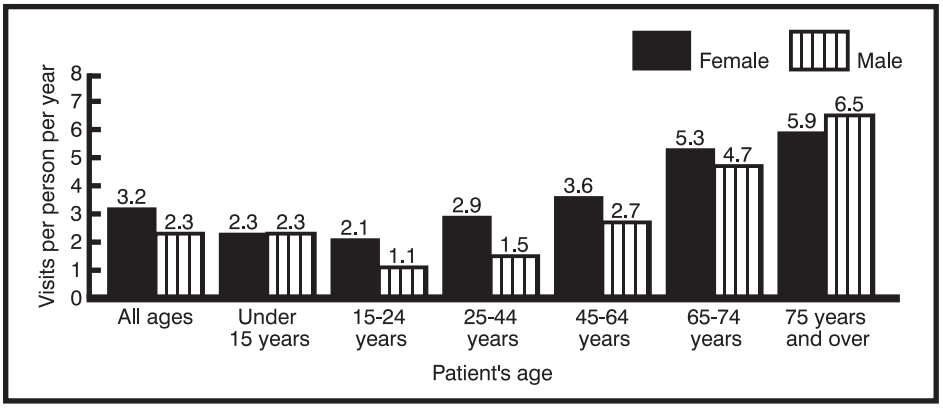

Figure 1. Annual rate of office visits by patient's age and sex: United States, 1995–96

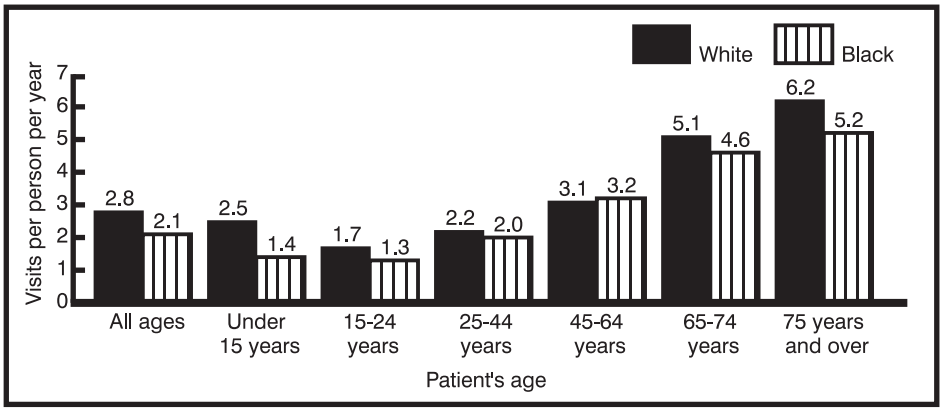

Figure 2. Annual rate of office visits by patient's age and race: United States, 1995–96

code of residence as shown in figure 3. Persons who resided in the highest-income areas ($40,000 or more) had higher rates of office visits than persons residing in lower-income areas. These results were especially striking among persons under the age of 18. For this group, those residing in the highest-income areas had an average of 3.4 visits per year, compared with only 1.7 visits for those in the lowest-income areas (less than $20,000). Among persons 18 and over, rates were significantly higher (3.2 visits per person annually) in median income areas of $40,000 or more compared with areas of $20,000–$39,000.

Physician Characteristics

Sixty-one percent of all office visits during 1995–96 were made to primary care physicians (general and family practitioners, internists, pediatricians, and obstetricians/gynecologists) (figure 4). Figure 5 shows annual visit rates to primary care specialties, nonsurgical specialties, and surgical specialties between 1980 and 1996; the rate of visits to nonsurgical specialties increased significantly over this time period, but no consistent trend was noted in the other two groups.

One-quarter (25.6 percent) of office visits were made to general and family practitioners, who received 69.6 visits per 100 persons annually (figures 6 and 7). Females had a higher rate of visits than males did to the following specialties: general and family practice, internal medicine, ophthalmology, dermatology, general surgery, and, of course, obstetrics and gynecology (figure 8). White persons had significantly higher rates of visits than did black persons to general and family practitioners, pediatricians, and ophthalmologists, among others (figure 9). However, no difference was found in the rates of visits to the specialties of internal medicine, obstetrics and gynecology, and general surgery.

Table 2 presents statistics on office visits by patient's age, sex, and race according to physician specialty. The percent of visits made to internists, ophthalmologists, and cardiologists increased for each successive age group. For example, 2.9 percent of the visits by persons under 15 years were to internists, compared with 18.9 percent of those by persons 45–64 years, and 24.0 percent of those by persons 75 years and over. From another perspective, although persons 65 years and over accounted for only 24.3 percent of office visits in general, visits by this age group represented more than one-half of all visits to ophthalmologists and cardiovascular disease specialists.

Visits by geographic region—Northeast, Midwest, South, and West—are shown in tables 1 and 3. The largest proportion of office visits occurred in the South (32.2 percent). The West's visit rate (3.3 visits per persons per year) was higher than that of any other region. No other significant regional differences were noted for visit rates in general.

The visit rate to general and family practitioners was higher in the West, with 84.3 visits per 100 persons, than in the Northeast, with 43.8 visits per 100 persons. In contrast, the rate of visits to

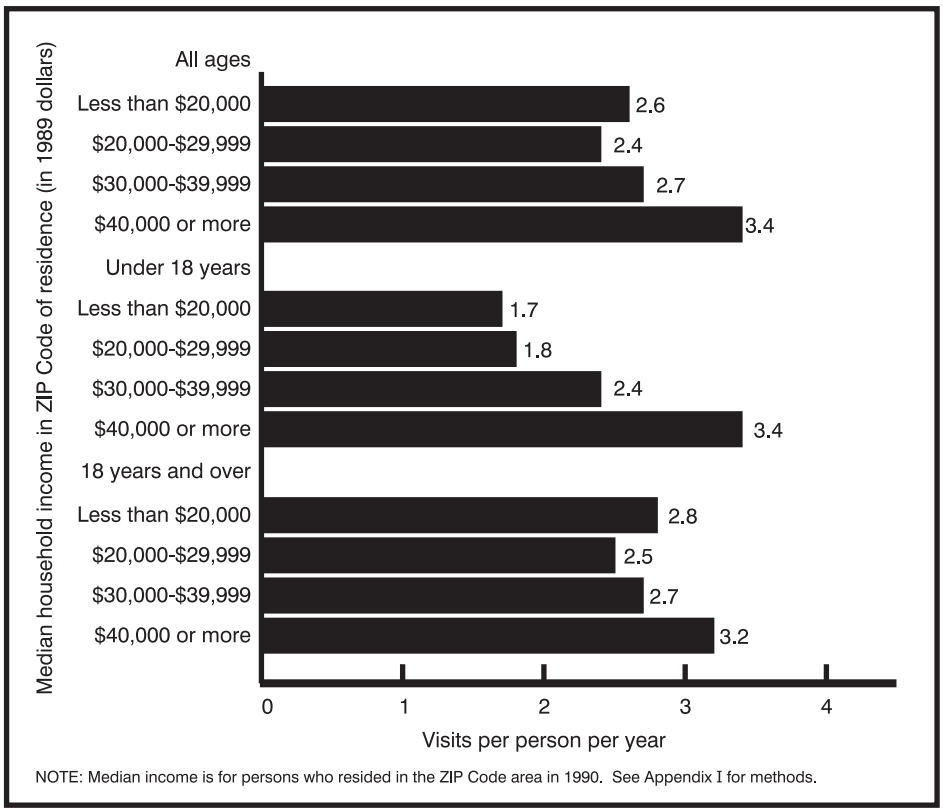

Figure 3. Annual rate of office visits by age group, according to median household income in ZIP Code of residence: United States, 1995–96

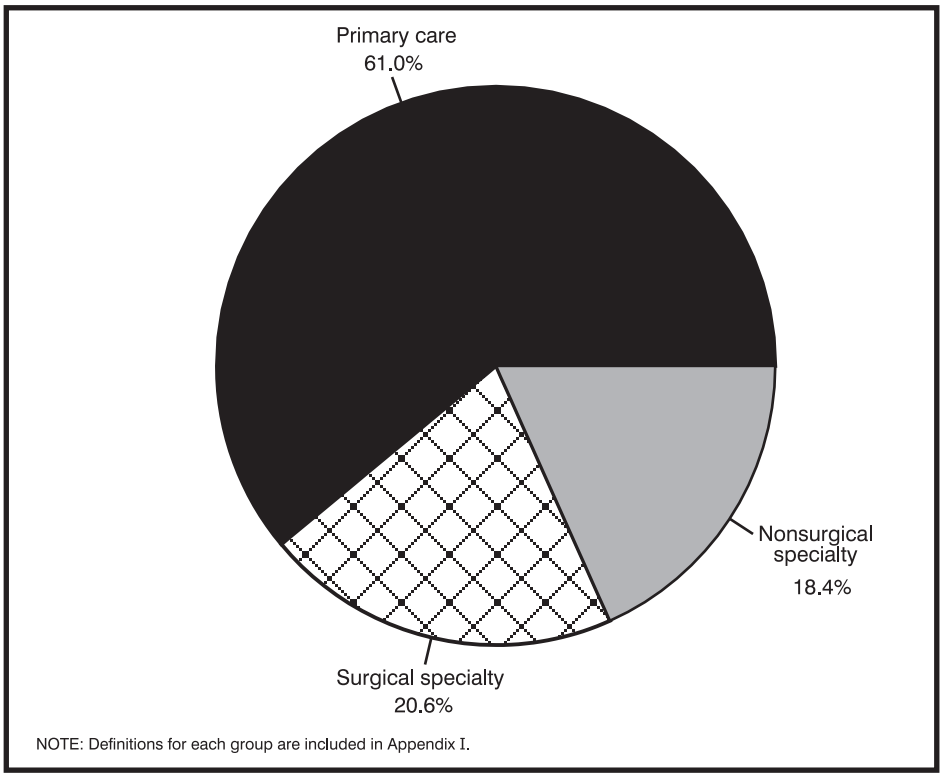

Figure 4. Percent distribution of office visits by specialty group: United States, 1995–96

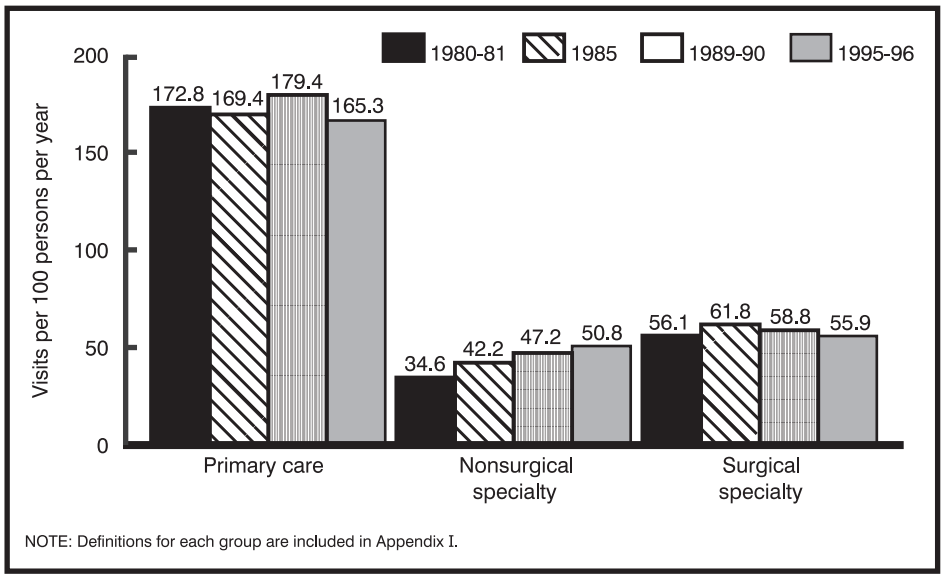

Figure 5. Annual rate of office visits by specialty group: United States, 1980–96

psychiatrists was higher in the Northeast, with 12.0 visits per 100 persons, compared with as few as 3.4 per 100 in the Midwest. Approximately 8 of every 10 office visits occurred in urban areas.

An estimated annual average of 674.0 million office visits were made to doctors of medicine (94.2 percent) and 41.8 million visits were made to doctors of osteopathy (5.8 percent) in 1995 and 1996. Doctors of osteopathy received 15.9 visits per 100 persons per year, compared with 256.1 visits per 100 persons to doctors of medicine.

Table 4 presents data on other physician characteristics. The majority of office visits (57.1 percent) were made to physicians in group practice, while 4 of every 10 visits were to physicians in solo practice. In contrast, about 7 of every 10 visits to psychiatrists were made to solo practitioners, compared with about 3 of every 10 to orthopedic surgeons.

Eight of every 10 office visits were made to physicians who were participating in prepaid plans such as health maintenance organizations (HMO's), independent practice associations (IPA's), and preferred provider organizations (PPO's). The proportion among visits to psychiatrists was less than two-thirds (65.2 percent), but was 90 percent or higher at visits to obstetrician-gynecologists, internists, pediatricians, dermatologists, otolaryngologists, and general surgeons.

Visit Characteristics

Patient's Principal Reason for Visit

The principal reason for visit is the problem or complaint listed in item 9a of the PRF. The Reason for Visit Classification (RVC) (19) is divided into eight modules or groups of reasons: symptom; disease; diagnostic/screening and preventive; treatment; injuries and adverse effects; test results; administrative; and other, which includes complaints not classified elsewhere, illegible entries, blanks, and entries of ''none.'' The symptom module accounted for more than one-half of all office visits (54.1 percent), followed by the diagnostic/screening and preventive module (17.6 percent) (figure 10).

It should be noted that the RVC is based upon the patient's expressed reason for the visit. The patient's terminology determines the coding for this item. Results may vary accordingly; for example, the symptom module may include a significant number of injury-related visits for those instances where the patient has described his or her problem to the physician in symptomatic terms rather than in terms denoting an injury.

Data on principal reason for visit and patient's age, sex, and race are shown in tables 5 and 6. More than one-fifth (22.7 percent) of the visits by persons under 15 years were made for

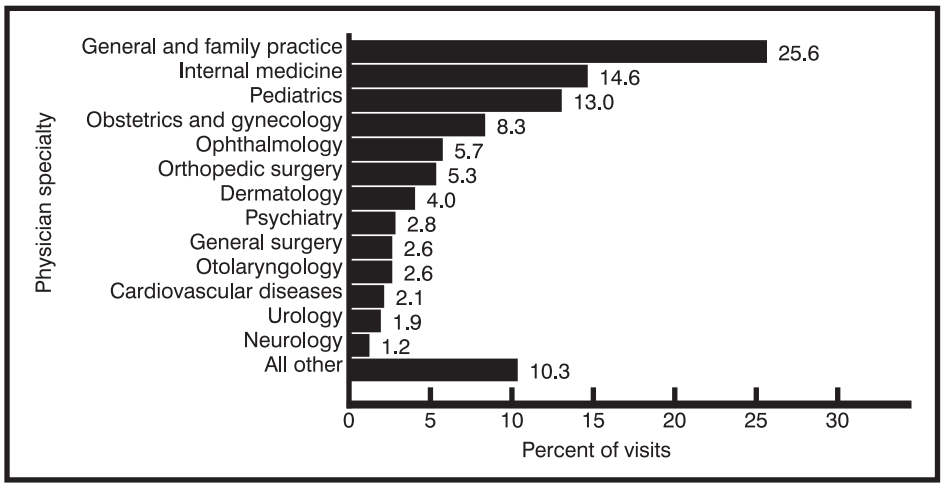

Figure 6. Percent distribution of office visits by physician specialty: United States, 1995–96

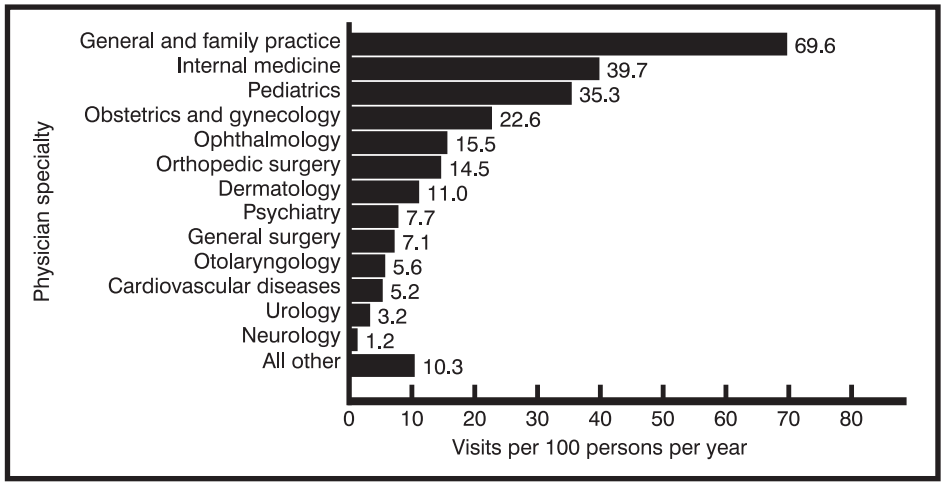

Figure 7. Annual rate of office visits by physician specialty: United States, 1995–96

respiratory symptoms, and 12.6 percent were made for eye and ear symptoms; these were relatively higher proportions than for all other age groups. In contrast, 16 percent of visits by persons 65–74 years of age and 75 years and over were classified in the disease module, higher than for any other age group, and denoting care for a previously diagnosed disease condition, most likely chronic in nature.

The 25 morbidity-related principal reasons for visit most frequently mentioned by patients are shown in table 7, by patient's age, sex, and race. Morbidity-related reasons are those related to illness and injury, and, for the purpose of this report, are drawn from the symptom, disease, and injury and adverse effects modules. Cough, throat symptoms, and back symptoms were cited most often; interestingly, about 5 of every 10 visits for cough and 4 of every 10 visits for throat symptoms were made by patients under the age of 15. In contrast, visits for back symptoms were made most often by patients 25–64 years of age.

Table 8 shows the 60 principal reasons for visit most frequently mentioned by patients, along with average visit duration. General medical examination was mentioned most frequently, at 6.8 percent of visits; these visits had an average duration of 21.1 minutes.

The top 10 principal reasons for visit most frequently mentioned by patients according to patient's age and sex are shown in table 9. Well-baby examination accounted for 10.1 percent of visits by those under 15 years of age. Routine prenatal examination was cited most frequently at visits by the 15–24 and 25–44 year age groups, while general medical exam was the top reason among visits by those in the older age groups. It should be noted that estimates that differ in ranked order may not be significantly different from each other.

Tables 10–13 present statistics on principal reason for visit and physician specialty. As might be expected, primary care specialties were, in general, more likely to receive visits in the area of diagnostic, screening, and preventive services, such as general medical examination, routine prenatal examination, and well-baby examination, compared with other medical and surgical specialties (table 10).

The distribution of visits across physician specialty for broad categories of problems as well as for specific reasons are shown in tables 11 and 12. For many specific illness-related problems, visits were made to either primary care physicians or other specialists. For example, although two-thirds of the visits for depression were made to psychiatrists, general and family practitioners and internists received one-quarter of the total. One-quarter of all visits for chest pain were to cardiovascular specialists, yet primary care physicians received an additional 60.1 percent of the total.

The top 10 reasons for visiting each of the 13 specialties detailed in this report are shown in table 13. Among nonprimary care specialties, certain specific reasons were seen to dominate the rankings for each group. For example, 28.6 percent of visits to psychiatrists were for depression; 23.6 percent of visits to ophthalmologists were for vision dysfunction; and 14.6 percent of visits to neurologists were for headache. The diversity of problems seen by various specialties is illustrated by the fact that 10 reasons accounted for only 30.2 percent of the visits to general and family practitioners, but three-quarters of all visits to psychiatrists.

Physician's Principal Diagnosis

Item 11 of the PRF asks the physician to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Displayed in figure 11 are office visits by principal diagnosis using the major disease categories specified by

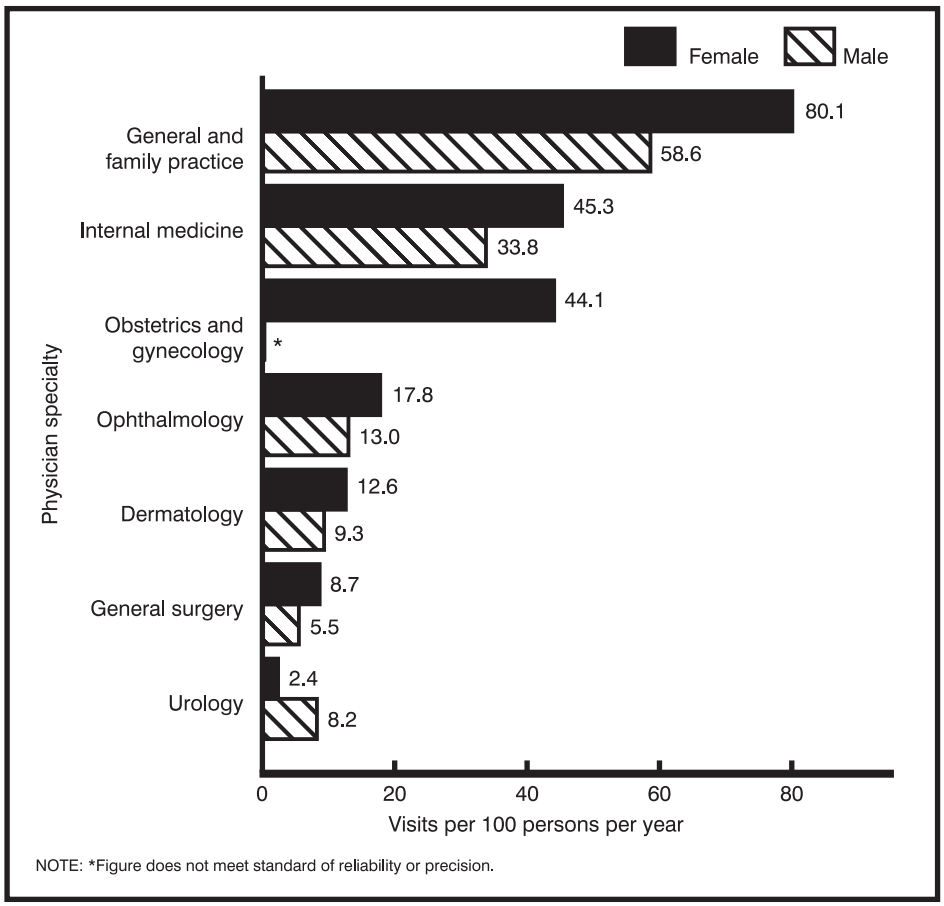

Figure 8. Annual rate of office visits to selected physician specialities by patient's sex: United States, 1995–96

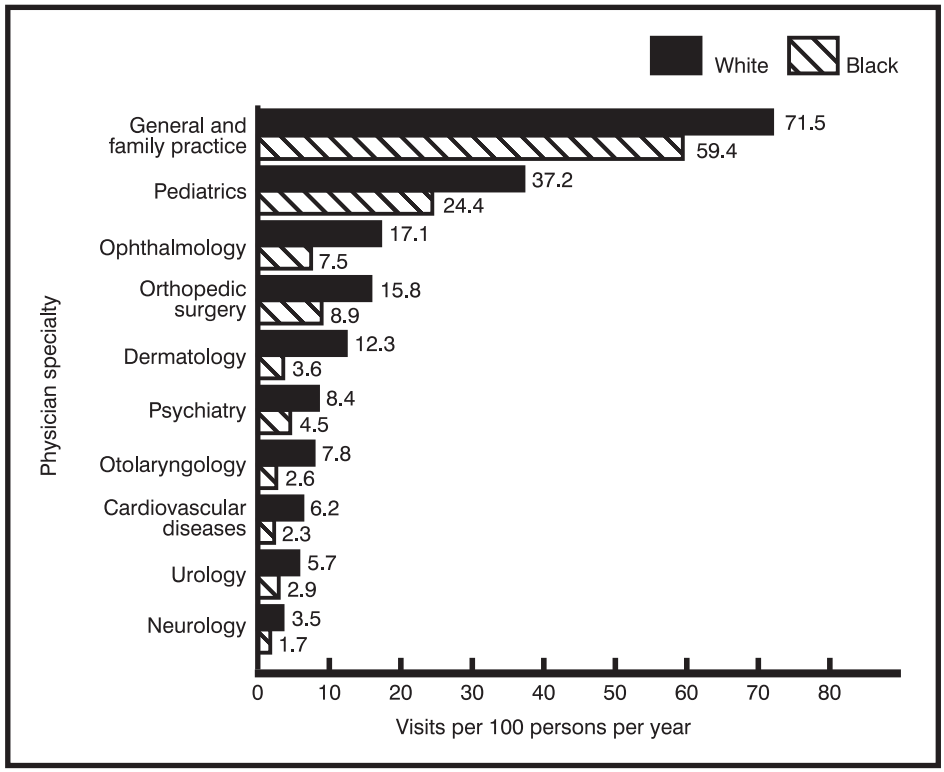

Figure 9. Annual rate of office visits to selected physician specialties by patient's race: United States, 1995–96

the ICD–9–CM (20). The supplementary classification, used for diagnoses not classifiable to injury or illness (for example, general medical examination, routine prenatal examination, and health supervision of infant or child), accounted for 16.3 percent of all visits. Diseases of the respiratory system (13.5 percent) and diseases of the nervous system (9.9 percent) were also among the top broad diagnostic categories.

Data on principal diagnosis, using major disease categories, and patient's age, sex, and race are shown in tables 14 and 15. Among visits by persons under 15 years, 7.6 percent had principal diagnoses within the category of infectious and parasitic diseases, a higher percent than for any other age group. Visits by this age group were also more likely to result in diagnoses within the respiratory disease category and the nervous system/sense organ disease category, compared with other age groups, with one exception. The percent of visits with diagnoses within the category of nervous system/sense organ diseases was not significantly different for persons under 15 years and 75 years and over.

Displayed in table 16 are office visits by principal diagnosis using the major disease categories specified by the ICD–9–CM in conjunction with more detailed diagnostic groupings within each major category. The diagnostic groupings were developed for use specifically with NAMCS data. A complete description of the ICD–9–CM codes used for each group is included in the Technical Notes (Appendix I). Average visit durations are also shown for each diagnosis group.

Table 17 shows a selection of the most frequently reported principal diagnoses for 1995 and 1996 for each age and sex group. The categories shown in this table are based on the ICD–9–CM reclassification (shown in the Technical Notes) that has been discussed previously. But in this table, several of the categories have been combined to better summarize the ambulatory care visit data. Specifically, codes for malignant neoplasms have been aggregated into one group, as have ischemic heart disease codes, and codes

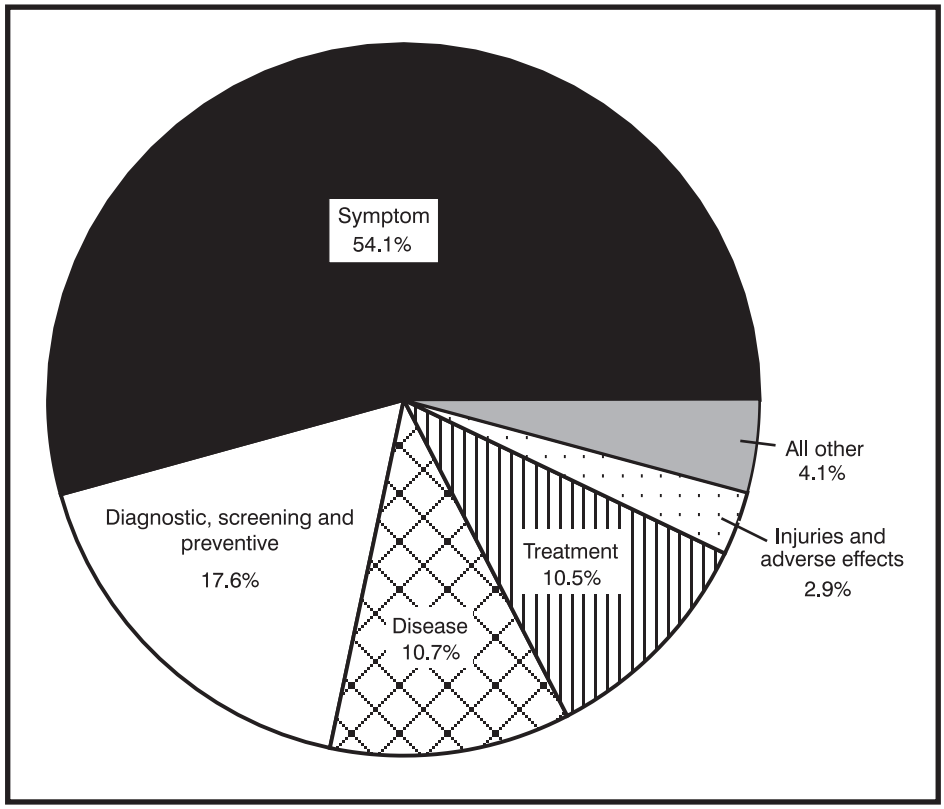

Figure 10. Percent distribution of office visits by patient's principal reason for visit: United States, 1995–96

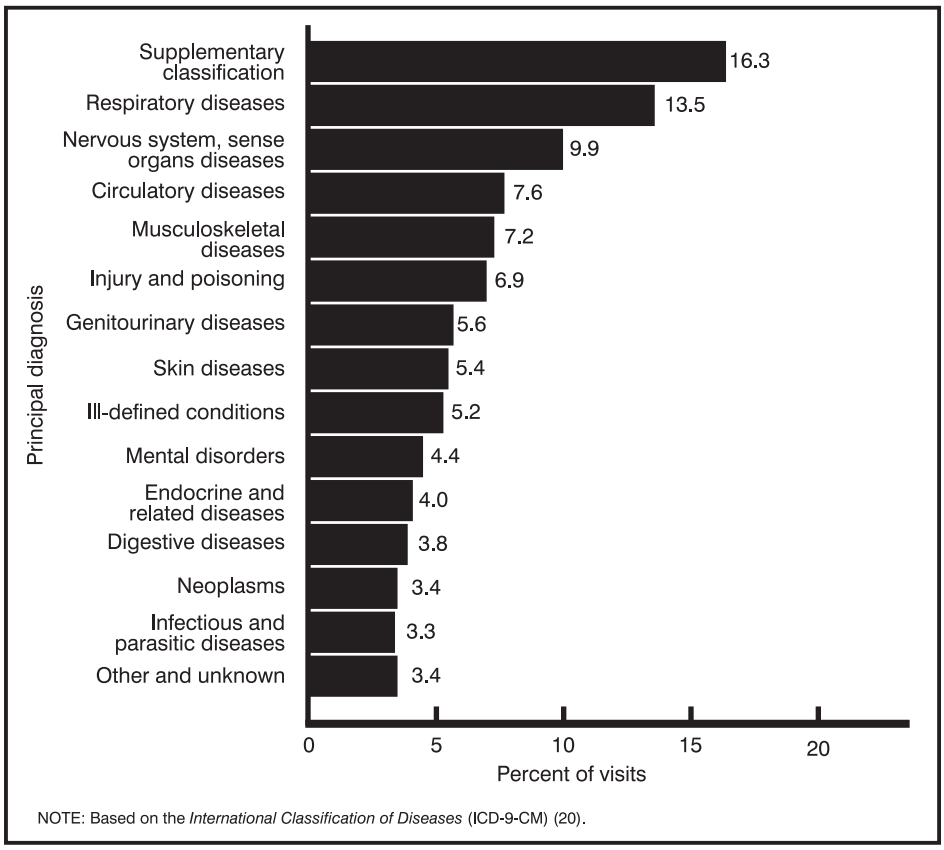

Figure 11. Percent distribution of office visits by principal diagnosis: United States, 1995–96

for heart disease other than ischemic. The three most frequent illness diagnoses were acute upper respiratory infections (excluding pharyngitis), essential hypertension, and otitis media.

Routine infant or child health check was cited most frequently for visits by persons under 15 years of age. This was followed by otitis media and acute respiratory infections. For visits by persons 15–24 and 25–44 years, normal pregnancy was the most frequent diagnosis, followed by general medical examination. Essential hypertension was cited most often for the age groups 45–64, 65–74, and 75 years and over.

Tables 18–20 present data on visits by principal diagnosis and physician specialty. The first two tables use the major disease categories of the ICD–9–CM, while table 20 shows ranked diagnosis groups for each physician specialty.

Injury-Related Visits

Data on injury-related visits are shown in tables 21–23. Visits were considered to be injury related if ''yes'' was checked in response to the question, ''Is this visit injury related?'' on the PRF, or if an injury reason for visit or injury diagnosis was recorded, or if a cause of injury was specified on the form. The results from any one of these items, each of which measures a unique aspect of injury, would underestimate the number of injury-related visits. There was an annual average of 84.6 million injury-related visits to office-based physicians in 1995 and 1996, or 11.8 percent of all office visits (table 21).

The annual rate of injury-related visits was 32.2 per 100 persons. The injury visit rate was higher for persons 75 years and over compared with persons under 15 years and 15–24 years, but no statistical differences were found with other age groups. The injury visit rates for males and females did not differ by age.

The 25 most frequently mentioned principal reasons for injury-related visits are shown in table 22. Back symptoms (upper and lower), knee symptoms, and neck symptoms were mentioned most

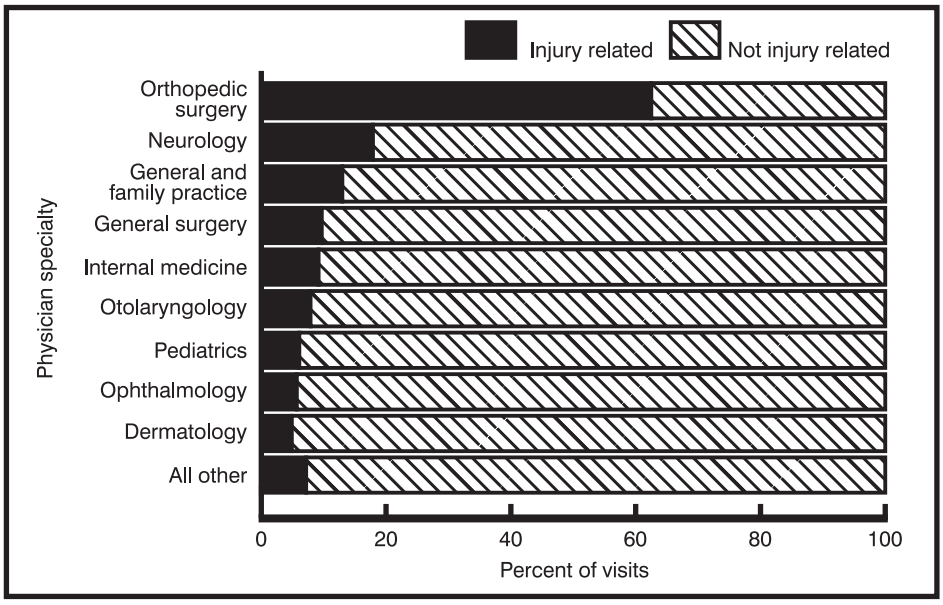

Figure 12. Percent distribution of office visits by injury status, according to physician specialty: United States, 1995–96

frequently, together accounting for one-fifth (20.7 percent) of the total.

The proportion of visits that were injury related varied by specialty (figure 12). More than 6 of every 10 visits to orthopedic surgeons were injury related, in striking contrast to other physician specialties.

Table 23 shows the most frequent principal diagnoses at injury-related visits by patient's age, sex, and race. The diagnosis groupings here reflect somewhat broader categories than the reclassification used in table 16 in order to avoid small cell sizes, and follow the general headings found in the ICD–9–CM under the chapter headings of ''Injury and Poisoning'' and ''Diseases of the Musculoskeletal System and Connective Tissue.'' The most frequent type of diagnosis at injury-related visits involved sprains and strains of joints and adjacent muscles. Dorsopathies (which include intervertebral disc disorders and lumbago), fractures of the upper limb, and fractures of the lower limb were also cited frequently.

Diagnostic and Screening Services

For the 1995 and 1996 NAMCS, item 14 on diagnostic and screening services was changed from a predominantly open-ended format back to the check box format used in the 1992 survey. Although this limits somewhat the diversity of the services reported, it is thought to increase the reliability of the reporting for those services listed on the form.

Tables 24–27 present data on diagnostic and screening services ordered or performed at office visits by patient's age and sex and by physician specialty. The most frequent service was blood pressure check, cited at more than 4 of every 10 visits. Pelvic exams were cited at 12.3 percent of visits by females, while breast exams were reported at 10.7 percent of their visits. About 7 percent of visits overall included a visual examination, but this percent rose to 14.1 for visits by persons 75 years of age and over.

Diagnostic and Therapeutic Procedures

Item 13 on the PRF collected data on ambulatory surgical procedures performed at the office visit. Such procedures could be either diagnostic or therapeutic in nature. It should be noted that the wording of this item was changed in 1995–96 so that respondents were instructed to record only ambulatory surgery performed at the current visit. Previous surveys allowed physicians to record surgery that was either ordered or performed, which may have yielded larger estimates. Also, respondents tended to report surgical and nonsurgical procedures alike in the ambulatory surgery item, as well as in the open-ended responses to the diagnostic/screening services item. These responses were not relocated during data processing. For this reason, it is recommended that any analysis of procedures take responses from both items into account.

Procedures, including surgical and nonsurgical, were reported at 27.3 percent of office visits in 1995–96. However, the majority of these were nonsurgical diagnostic and therapeutic procedures such as electrocardiograms, neurological examinations, general physical examinations, and ''other nonoperative measurements and examinations.'' Table A shows results for all procedures, aggregated from the five write-in procedure fields from item 14 as well as the two write-in procedure fields from item 13. Tables 28 and 29 present additional data on diagnostic and therapeutic procedures.

Therapeutic and Preventive Services

Data on therapeutic and preventive services, excluding medication therapy, ordered or provided at physician office visits were collected in item 15 of the PRF. Results are shown in tables 30 and 31. Such services were ordered or provided at 34.7 percent of visits overall, with counseling related to diet (13.2 percent), exercise (9.7 percent), and weight reduction (4.3 percent) mentioned most often.

Medication therapy was used more frequently at office visits compared with nonmedication therapies such as counseling and education. As shown in figure 13, reliance on medication therapy was widespread by physicians, with the majority of visits to cardiologists, internists, psychiatrists, general and family practitioners, pediatricians, dermatologists, neurologists, ophthalmologists, and otolaryngologists citing the use of one or more medications.

Table A. Annual number and percent of office visits by selected diagnostic and therapeutic procedures, averaged over a 2-year period: United States, 1995–96

Diagnostic or therapeutic procedure ordered or performed at the visit and ICD–9–CM code[1]	Number of visits in thousands	Percent of all visits	Percent of visits by females[2]	Percent of visits by males[3]
All visits	715,788	. . .	. . .	. . .
Other nonoperative measurements and examinations 8939	86,161	12.0	12.0	12.1
Pap smear 9146	16,101	2.2	3.8	. . .
Electrocardiogram 8952	12,978	1.8	1.6	2.1
Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue 8630	9,706	1.4	1.2	1.5
Eye examination, not otherwise specified 9509	8,184	1.1	1.2	1.1
Culture of specimen from ear, nose, throat, and larynx 9032	8,178	1.1	1.0	1.3
Tonometry 8911	5,491	0.8	0.8	0.7
Neurologic examination 8913	4,610	0.6	0.6	0.8
General physical examination 8970	4,034	0.6	0.5	0.6
Vital capacity determination 8937	2,960	0.4	0.4	0.4
Audiometry 9541	2,895	0.4	0.4	0.5
Fetal monitoring, not otherwise specified 7534	2,768	0.4	0.7	. . .
Biopsy of skin and subcutaneous tissue 8611	2,451	0.3	0.3	0.4
Microscopic examination of specimen from lower gastrointestinal tract and stool 9099	2,354	0.3	0.3	0.3
Removal of other therapeutic device 9789	2,259	0.3	0.3	0.4
Other cardiovascular stress test 8944	1,806	0.3	0.2	0.4
Electromyography 9308	1,754	0.2	0.3	0.2
Hearing examination, not otherwise specified 9547	1,701	0.2	0.2	0.3
Culture of specimen from female genital tract 9142	1,599	0.2	0.2	. . .
Irrigation of ear 9652	1,226	0.2	0.2	0.3

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]Based on an estimated 425,415,000 office visits by females.

[3]Based on an estimated 290,373,000 office visits by males.

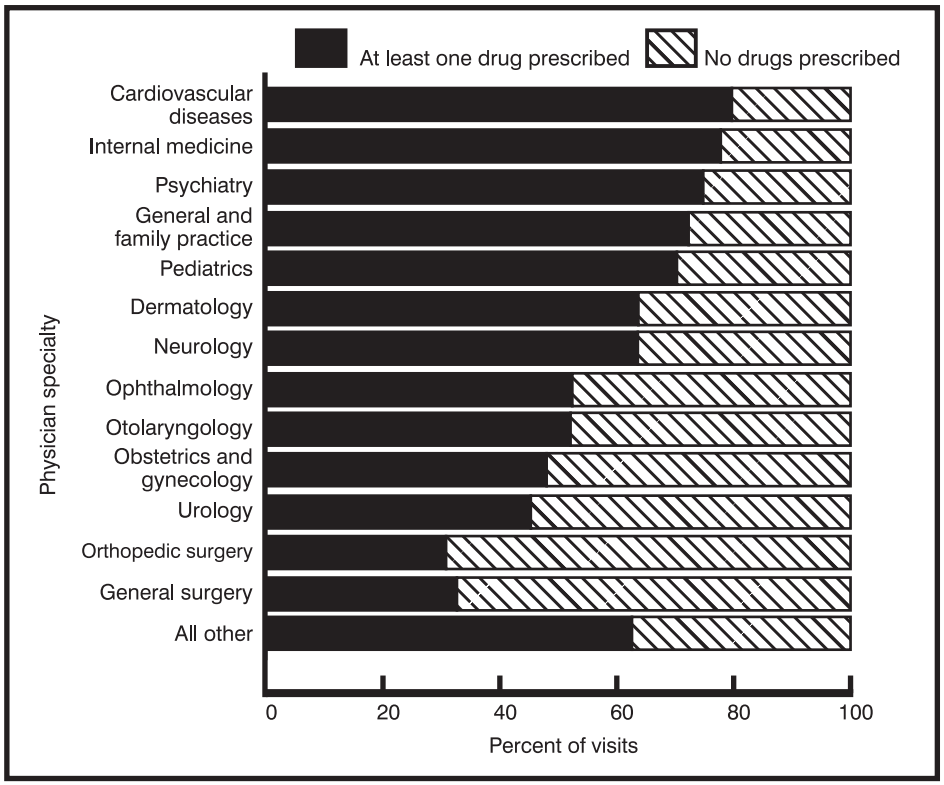

Figure 13. Percent distribution of office visits by medication therapy, according to physician specialty: United States, 1995–96

As shown in table B, there were an estimated 954.9 million drug mentions per year during 1995 and 1996, resulting from an estimated 458.7 million drug visits (visits with at least one drug mention on the PRF). This yields a rate of 2.1 drug mentions for every drug visit, or 1.3 drug mentions per visit in general.

Table C and figure 13 describe medication therapy by physician specialty. Overall, more than 6 of every 10 visits involved one or more medications. For cardiovascular specialists, about 8 of every 10 visits did so. Only 3 of every 10 visits to orthopedic surgeons involved a reported medication.

Figure 14 shows drug mentions by therapeutic classification. Four therapeutic classes—cardiovascular-renal drugs, antimicrobial agents, pain relief agents, and respiratory tract drugs—accounted for one-half (50.1 percent) of all drugs provided or prescribed at physician office visits during 1995 and 1996.

Table B. Annual number and percent distribution of drug visits and drug mentions at office visits by patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Patient characteristic	Number of drug visits in thousands	Percent distribution	Percent of total visits in each category that were drug visits	Number of drug mentions in thousands	Percent distribution	Number of drug mentions per drug visit
All visits	458,696	100.0	64.1	954,925	100.0	2.1
Age						
Under 15 years	88,483	19.3	65.0	148,396	15.5	1.7
15–24 years	33,462	7.3	58.0	56,112	5.9	1.7
25–44 years	110,786	24.2	60.5	205,302	21.5	1.9
45–64 years	106,972	23.3	64.9	237,797	24.9	2.2
65–74 years	62,090	13.5	67.3	156,479	16.4	2.5
75 years and over	56,903	12.4	69.6	150,839	15.8	2.7
Sex						
Female	273,570	59.6	64.3	580,304	60.8	2.1
Male	185,126	40.4	63.8	374,621	39.2	2.0
Race						
White	393,160	85.7	63.7	818,916	85.8	2.1
Black	47,740	10.4	67.5	100,806	10.6	2.1
Other	17,796	3.9	63.3	35,204	3.7	2.0

NOTE: Numbers may not add to totals because of rounding.

Tables 32–37 display additional data on the use of medication therapy at office visits by patient's age, sex, and race; by physician specialty; and by therapeutic classification of drug. The percent of visits with medication therapy was lower for patients 15 to 24 years of age compared with those under 15 years, but was not significantly different for 15–24 year olds compared with 25–44 year olds. The percent increased for each successive age group to 65–74, but was not different for the age groups 65–74 and 75 years and over.

Tables 38 and 39 present data on commonly used generic substances at physician office visits. The most frequently occurring generic substance in the drugs mentioned at physician office visits was acetaminophen, used in 3.9 percent of the preparations cited. This was followed by amoxicillin (3.7 percent of mentions), ibuprofen (1.8 percent), and hydrochlorothiazide (1.7 percent).

Amoxicillin and acetaminophen were the most frequent substances found in the drugs mentioned at office visits for those under 15 years, 15–24, and 25–44 years. For persons 45–64, the most frequent substances were acetaminophen and estrogens; for persons 65–74 they were aspirin and hydrochlorothiazide; and for 75 years and over, they were furosemide and digoxin. Albuterol, an antiasthmatic drug, was cited at 1.7 percent of the drug mentions overall, but 4.0 percent of the drug mentions for those under 15.

Table D presents a summary of services—diagnostic and screening, ambulatory surgical procedures, medication, and other therapeutic and preventive—by patient's age, sex, race, and physician specialty. The mean number of services in each category is shown. There were about 32 services reported at every 10 office visits,

Table C. Annual number and percent distribution of drug visits and drug mentions at office visits by physician specialty, averaged over a 2-year period: United States, 1995–96

Physician specialty	Number of drug visits in thousands	Percent distribution	Percent of total visits in each category that were drug visits	Number of drug mentions in thousands	Percent distribution	Number of drug mentions per drug visit
All specialties	458,696	100.0	64.1	954,925	100.0	2.1
General and family practice	132,483	28.9	72.3	279,861	29.3	2.1
Internal medicine	81,230	17.7	77.8	196,956	20.6	2.4
Pediatrics	65,281	14.2	70.3	111,281	11.7	1.7
Obstetrics and gynecology	28,542	6.2	48.0	41,959	4.4	1.5
Ophthalmology	21,340	4.7	52.4	42,261	4.4	2.0
Dermatology	18,464	4.0	63.7	34,273	3.6	1.9
Psychiatry	15,184	3.3	74.8	27,718	2.9	1.8
Orthopedic surgery	11,768	2.6	30.8	17,126	1.8	1.5
Cardiovascular diseases	11,723	2.6	79.7	40,389	4.2	3.4
Otolaryngology	9,549	2.1	52.1	15,808	1.7	1.7
Urology	6,238	1.4	45.3	8,979	0.9	1.4
General surgery	5,510	1.2	29.4	10,347	1.1	1.9
Neurology	5,398	1.2	63.6	12,009	1.3	2.2
All other	45,986	10.0	62.6	115,959	12.1	2.5

NOTE: Numbers may not add to totals because of rounding.

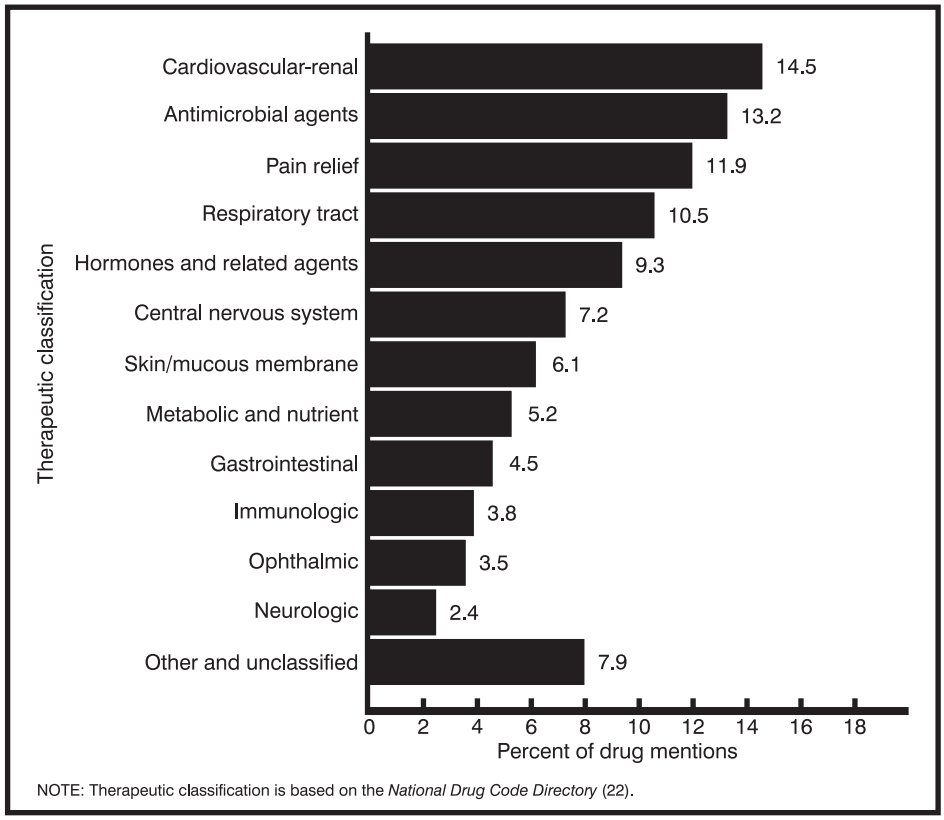

Figure 14. Percent distribution of drug mentions at office visits by therapeutic classification of drug: United states, 1995–96

overall. Visits by children under 15 years had an average of about 22 services per 10 visits, compared with 38 services for every 10 visits by those 75 years and over. Most of this difference was accounted for by the increased utilization of diagnostic and screening services and medication therapy at visits by older age groups compared with those under 15 years. There was an average of 56 services recorded at every 10 cardiology visits, and 46 at every 10 visits to obstetricians and gynecologists. In contrast, about 15 services were mentioned at every 10 visits to otolaryngologists, and 17 at every 10 orthopedic surgery visits (figure 15).

Other Visit Characteristics

Referral Status and Prior-Visit Status

Tables 40 and 41 present data on patient's referral status and prior-visit status according to age, sex, race, and physician specialty. While more than one-half (53.4 percent) of the visits by persons under 15 years of age were by established patients seeking treatment for continuing problems, 79.0 percent of visits by persons 75 years and over fell into this category.

Expected Source of Payment

Data on expected sources of payment are shown in figure 16 and tables 42 and 43. This item underwent substantial revision for the 1995–96 NAMCS. The first part of the new item concerns type of payment (for example, was the visit part of an insured fee-for-service arrangement, preferred provider option, or HMO/other prepaid plan). Other options that could be checked were self-pay, no charge, and ''other'' type of payment. Respondents were asked to check only one type of payment. If any of the first three options were checked, the respondent was then asked to complete part b of the item, expected sources of insurance for the visit. Respondents were asked to check all expected sources of insurance that were applicable.

Office visits were more likely to be covered under insured, fee-for-service arrangements (36.6 percent) compared with HMO/other prepaid plan visits (24.4 percent) and preferred provider option visits (12.5 percent). Self-payment was reported at 9.6 percent of visits. Expected sources of payment, regardless of type of payment, were most often private insurance (46.5 percent), Medicare (21.7 percent), and Medicaid (11.4 percent).

Selected Medical Conditions

Additional diagnostic data on the patient's current health status were collected in item 12 of the PRF. Physicians were given a list of 10 chronic health conditions and asked to record whether the patient currently has any of them, regardless of what was recorded as the current diagnosis in item 11 of the survey form. The original intent of this item was to provide data on chronic conditions, which could be compared with the diagnoses in item 11, in order to assess possible underreporting of chronic health conditions in the NAMCS. Data from item 12 are shown in tables 44 and 45.

More than one-third (34.5 percent) of office visits were made by patients reported to have one or more of the 10 conditions listed on the survey form. Hypertension and arthritis were checked most frequently, at 15.6 percent and 10.9 percent of visits, respectively. Arthritis, obesity, and depression were more likely to be reported at visits by females than males. More than one-third of the visits by persons 65 years and over mentioned hypertension as a current condition.

Hypertension, diabetes, and obesity were reported at higher percents of visits by black persons than white persons, either as single conditions or in various combinations. The combination of hypertension with diabetes was reported at 3.9 percent of visits by black persons compared with 1.9 percent of visits by white persons (data not shown). Hypertension was reported in conjunction with obesity at 2.7 percent of visits by black persons compared with 1.8 percent of visits by white persons. Overall, 3 of every 10 visits by black persons included a mention of at least one of these three conditions, compared with 2 of every 10 visits by

Table D. Mean number of diagnostic and therapeutic services ordered or provided at office visits by patient's age, sex, and race, and physician specialty: United States, 1995–96

Characteristic	Diagnostic and screening services[1]	Ambulatory surgical procedures[2]	Drug mentions[3]	Therapeutic and preventive services[4]	Total services
			Number of services per 10 visits		
All visits	14.1	0.5	11.9	5.8	32.3
Age					
Under 15 years	6.8	0.2	9.9	5.4	22.2
15–24 years	15.1	0.5	8.9	5.1	29.6
25–44 years	16.0	0.5	10.1	6.1	32.6
45–64 years	15.8	0.7	12.8	6.5	35.8
65–74 years	16.3	0.7	15.0	5.9	37.9
75 years and over	15.9	0.7	16.3	4.6	37.5
Sex					
Female	15.7	0.5	12.2	5.8	34.1
Male	11.9	0.6	11.6	5.8	29.8
Race					
White	13.9	0.6	11.9	5.7	32.1
Black	16.1	0.3	12.7	5.8	35.0
Other	14.1	0.5	11.2	6.4	32.1
Physician specialty					
General and family practice	14.2	0.4	13.6	5.8	34.0
Internal medicine	18.9	0.2	16.7	6.8	42.6
Pediatrics	6.9	0.1	10.7	6.6	24.3
Obstetrics and gynecology	32.9	0.5	6.6	6.4	46.4
Ophthalmology	13.2	0.9	9.2	2.6	25.8
Orthopedic surgery	7.2	0.5	4.2	5.5	17.4
Dermatology	4.0	2.8	10.5	2.9	20.2
Psychiatry	4.1	0.1	12.2	12.5	28.8
General surgery	10.6	1.2	5.0	3.3	20.1
Otolaryngology	4.4	1.1	7.9	1.5	14.9
Cardiovascular diseases	20.3	0.1	24.1	11.4	55.9
Urology	15.5	1.5	0.6	2.2	19.8
Neurology	12.4	0.0	12.4	3.4	28.3
All other	14.2	0.7	14.1	5.4	34.5

0.0 Quantity more than zero but less than 0.05.

[1]Diagnostic and screening services include the following examinations: breast, pelvic, rectal, visual acuity, mental status; the following tests: blood pressure, urinalysis, tuberculin skin test, blood lead level, cholesterol measure, prostate specific antigen (PSA), HIV serology, other blood test; and the following imaging: x ray, CAT scan (computerized axial tomography), MRI (magnetic resonance imaging), ultrasound. Up to five additional services could be written in by the respondent; these were coded to the specific ICD–9–CM procedure code. A total of 22 services could be reported per visit.

[2]Up to two ambulatory surgical procedures could be reported per visit in an item that was separate from diagnostic and screening services. However, it was found that in some cases respondents reported ambulatory surgery under "diagnostic and screening services," while some respondents reported nonsurgical procedures under ambulatory surgery. For this reason any analysis should take results from both items into account.

[3]As many as six drug mentions could be reported per visit, including all medications provided, prescribed, injected, or administered at the visit, or drugs that the patient was instructed or expected to continue taking from a prior visit. Medications were defined as prescription and nonprescription preparations, vaccinations, allergy shots, immunizations, and anesthetics.

[4]Therapeutic and preventive services include the following types of counseling and education: diet, exercise, weight reduction, cholesterol reduction, HIV transmission, injury prevention, tobacco use/exposure, growth/development, mental health, and "other." Also included are psychotherapy, corrective lenses, physiotherapy, and "other therapy." A maximum of 14 services could be coded per visit.

white persons. The presence of all three conditions was reported at 1.4 percent of visits by black persons compared with less than 0.6 percent by white persons.

Visits are described in terms of the patient's cigarette-smoking status in tables 46 and 47. Overall, 9.1 percent of visits were made by cigarette smokers, while 60.5 percent were made by nonsmokers. At 30.4 percent of visits, the patient's cigarette-smoking status was either unknown or left blank on the PRF. More than one-quarter of the visits to cardiologists did not report the patient's smoking status. Among psychiatrists, one-fifth of the visits were made by cigarette smokers.

Providers Seen

Data on providers seen at the office visit are shown in tables 48 and 49. Physicians were in attendance at 96.1 percent of office visits. Medical assistants (24.8 percent of visits) and registered nurses (13.5 percent) were reported less frequently. Visits by white persons were more likely to include a physician (96.4 percent) compared with visits by black persons (93.9 percent). Conversely, visits by black persons more often included services from medical assistants (30.1 percent) compared with visits by white persons (23.9 percent). More than one-third of the visits to ophthalmologists (38.0 percent) were attended by a medical assistant.

Visit Disposition and Duration

Data on disposition and duration of the visit are shown in tables 50 and 51. At 6 out of every 10 office visits, the patient was instructed to return at a

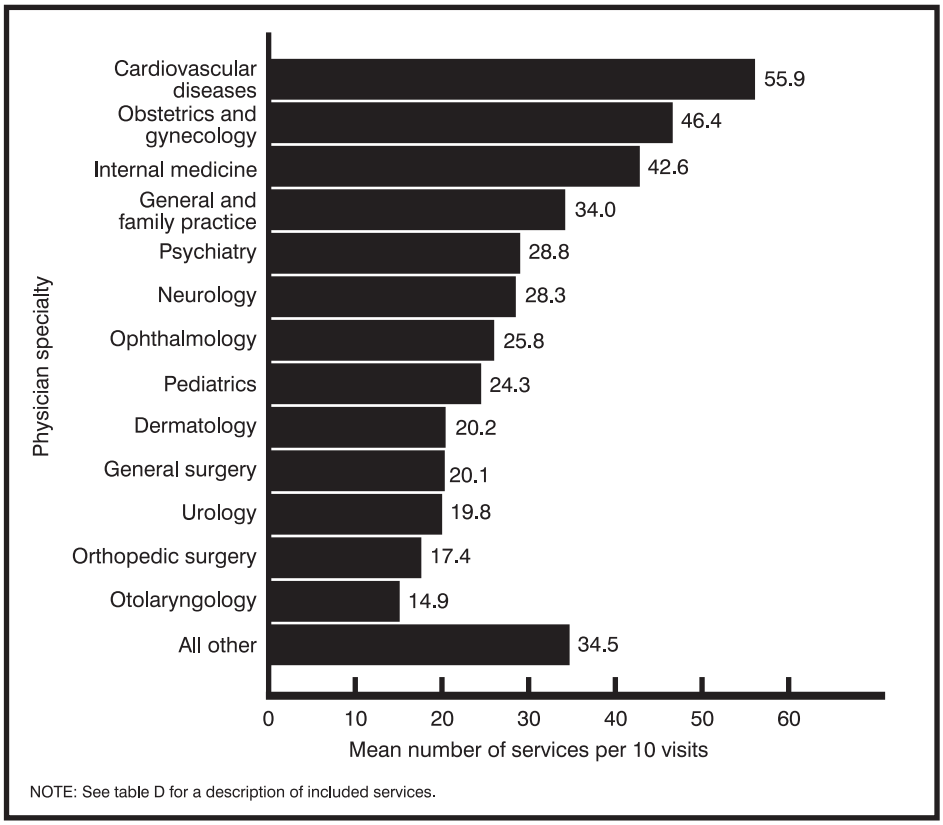

Figure 15. Mean number of diagnostic and therapeutic services ordered or provided at office visits by physician specialty: United States, 1995–96

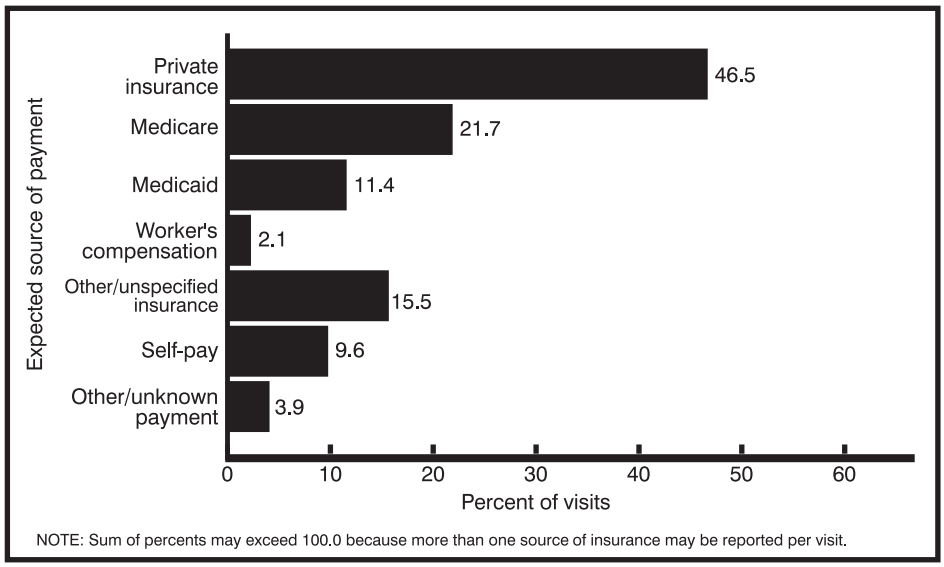

Figure 16. Percent of office visits by expected sources of payment: United States, 1995–96

specified time. More than one-quarter of the visits included instructions to return if needed. Less than 1 percent of the visits resulted in hospital admission (0.8 percent). More than one disposition could be checked per PRF.

Average duration of the visit is based on the time spent in direct, face-to-face contact between the physician and the patient. It does not include visits of ''zero'' minutes duration, that is, visits in which the patient did not meet with the physician directly. It should be noted, however, that in the 1995–96 NAMCS data, the number of visits with ''zero'' minutes duration may be overestimated. This could have occurred because there were a number of records that indicated that a physician was seen, but that did not report a visit duration; the missing responses for duration were included in the ''zero'' minutes category. For the 1997 NAMCS, modifications in the data editing process should eliminate this problem.

Based on the available duration data, more than one-third (37.6 percent) of the visits lasted for 10 minutes or less. More than one-half (55.1 percent) lasted between 11 and 30 minutes. Tables E and F present data on average duration of office visits by age, sex, race, and physician specialty.

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Table E. Annual number and percent distribution of office visits by patient's age, sex, and race, averaged over a 2-year period, with mean duration of physician-patient contact and standard error of mean contact duration: United States, 1995–96

Patient characteristic	Number of visits in thousands	Percent distribution	Mean contact duration in minutes[1]	Standard error of mean contact duration[2]
All visits	715,788	100.0	19.2	0.2
Age				
Under 15 years	136,200	19.0	15.7	0.3
15–24 years	57,682	8.1	18.1	0.3
25–44 years	183,019	25.6	20.1	0.3
45–64 years	164,880	23.0	20.7	0.3
65–74 years	92,212	12.9	20.0	0.4
75 years and over	81,795	11.4	20.3	0.4
Sex				
Female	425,415	59.4	19.3	0.3
Male	290,373	40.6	19.1	0.3
Race				
White	616,928	86.2	19.4	0.2
Black	70,746	9.9	18.1	0.5
Other	28,114	3.9	18.8	0.8

[1]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

[2]See Appendix I for discussion of standard errors and precision of NAMCS estimates.

NOTE: Numbers may not add to totals because of rounding.

Table F. Annual number and percent distribution of office visits by physician specialty, averaged over a 2-year period, with mean duration of physician-patient contact and standard error of mean contact duration: United States, 1995–96

Physician specialty	Number of visits in thousands	Percent distribution	Mean contact duration in minutes[1]	Standard error of mean contact duration[2]
All visits	715,788	100.0	19.2	0.2
General and family practice	183,225	25.6	16.9	0.5
Internal medicine	104,431	14.6	18.9	0.5
Pediatrics	92,888	13.0	15.9	0.5
Obstetrics and gynecology	59,515	8.3	17.9	0.6
Ophthalmology	40,714	5.7	24.8	0.7
Orthopedic surgery	38,267	5.3	18.8	1.4
Dermatology	28,969	4.0	15.4	0.7
Psychiatry	20,287	2.8	38.9	0.7
General surgery	18,762	2.6	17.4	1.5
Otolaryngology	18,346	2.6	17.3	1.3
Cardiovascular diseases	14,705	2.1	24.3	1.4
Urology	13,780	1.9	18.2	0.7
Neurology	8,481	1.2	29.2	0.9
All other	73,417	10.3	23.1	0.5

[1]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

[2]See Appendix I for discussion of standard errors and precision of NAMCS estimates.

NOTE: Numbers may not add to totals because of rounding.

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Table 1. Annual number, percent distribution, and rate of office visits by patient's age, sex, race, and geographic region of visit, averaged over a 2-year period: United States, 1995–96

Characteristic	Number of visits in thousands	Percent distribution	Number of visits per person per year[1]
All visits	715,788	100.0	2.7
Age			
Under 15 years	136,200	19.0	2.3
15–24 years	57,682	8.1	1.6
25–44 years	183,019	25.6	2.2
45–64 years	164,880	23.0	3.1
65–74 years	92,212	12.9	5.0
75 years and over	81,795	11.4	6.1
Sex and age			
Female	425,415	59.4	3.2
Under 15 years	66,117	9.2	2.3
15–24 years	37,979	5.3	2.1
25–44 years	121,232	16.9	2.9
45–64 years	97,663	13.6	3.6
65–74 years	53,753	7.5	5.3
75 years and over	48,671	6.8	5.9
Male	290,373	40.6	2.3
Under 15 years	70,082	9.8	2.3
15–24 years	19,703	2.8	1.1
25–44 years	61,787	8.6	1.5
45–64 years	67,217	9.4	2.7
65–74 years	38,459	5.4	4.7
75 years and over	33,124	4.6	6.5
Race and age			
White	616,928	86.2	2.8
Under 15 years	117,341	16.4	2.5
15–24 years	47,918	6.7	1.7
25–44 years	153,844	21.5	2.2
45–64 years	141,356	19.7	3.1
65–74 years	81,834	11.4	5.1
75 years and over	74,635	10.4	6.2
Black	70,746	9.9	2.1
Under 15 years	13,155	1.8	1.4
15–24 years	6,891	1.0	1.3
25–44 years	20,882	2.9	2.0
45–64 years	17,197	2.4	3.2
65–74 years	7,269	1.0	4.6
75 years and over	5,353	0.7	5.2
All other races:			
Asian/Pacific Islander	25,376	3.5	2.6
American Indian/Eskimo/Aleut	2,738	0.4	1.2
Geographic region			
Northeast	142,412	19.9	2.7
Midwest	154,807	21.6	2.5
South	230,373	32.2	2.5
West	188,195	26.3	3.3

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995, and July 1, 1996.

NOTE: Numbers may not add to totals because of rounding.

Table 2. Annual number, percent distribution, and rate of office visits by patient's age, sex, and race, acccording to physician specialty, averaged over a 2-year period: United States, 1995–96

Patient characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Dermatology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Age															
Under 15 years	136,200	28,961	3,900	83,193	*	2,602	3,545	2,396	1,017	733	4,135	*	767	706	3,856
15–24 years	57,682	18,276	4,653	5,727	11,220	1,407	3,679	3,880	1,488	1,089	1,197	*	399	584	3,943
25–44 years	183,019	50,785	24,979	2,339	34,804	5,735	11,528	7,310	9,288	5,157	4,812	1,139	2,053	2,745	20,345
45–64 years	164,880	43,487	31,082	1,056	9,897	8,881	11,772	7,075	6,550	6,034	4,128	4,573	3,793	2,469	24,085
65–74 years	92,212	22,842	20,225	*	2,066	10,154	4,490	4,565	1,247	3,357	2,173	4,464	3,685	1,163	11,485
75 years and over	81,795	18,874	19,591	*	1,221	11,935	3,252	3,744	698	2,393	1,901	4,308	3,084	814	9,702
Sex															
Female	425,415	108,000	61,080	45,954	59,461	24,022	19,804	17,006	11,414	11,668	9,530	6,739	3,204	4,960	42,573
Male	290,373	75,224	43,351	46,934	*	16,692	18,463	11,963	8,874	7,095	8,816	7,966	10,576	3,521	30,844
Race															
White	616,928	155,616	85,486	80,858	49,688	37,262	34,277	26,788	18,329	16,318	16,987	13,587	12,361	7,552	61,820
Black	70,746	19,994	13,821	8,210	7,629	2,509	3,004	1,198	1,525	1,709	873	771	985	586	7,932
Other	28,114	7,615	5,124	3,821	2,198	943	985	984	433	735	485	348	434	343	3,665
							Percent distribution by age, sex, and race								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age															
Under 15 years	19.0	15.8	3.7	89.6	*	6.4	9.3	8.3	5.0	3.9	22.5	*	5.6	8.3	5.3
15–24 years	8.1	10.0	4.5	6.2	18.9	3.5	9.6	13.4	7.3	5.8	6.5	*	2.9	6.9	5.4
25–44 years	25.6	27.7	23.9	2.5	58.5	14.1	30.1	25.2	45.8	27.5	26.2	7.7	14.9	32.4	27.7
45–64 years	23.0	23.7	29.8	1.1	16.6	21.8	30.8	24.4	32.3	32.2	22.5	31.1	27.5	29.1	32.8
65–74 years	12.9	12.5	19.4	*	3.5	24.9	11.7	15.8	6.1	17.9	11.8	30.4	26.7	13.7	15.6
75 years and over	11.4	10.3	18.8	*	2.1	29.3	8.5	12.9	3.4	12.8	10.4	29.3	22.4	9.6	13.2
Sex															
Female	59.4	58.9	58.5	49.5	99.9	59.0	51.8	58.7	56.3	62.2	51.9	45.8	23.3	58.5	58.0
Male	40.6	41.1	41.5	50.5	*	41.0	48.2	41.3	43.7	37.8	48.1	54.2	76.7	41.5	42.0
Race															
White	86.2	84.9	81.9	87.0	83.5	91.5	89.6	92.5	90.3	87.0	92.6	92.4	89.7	89.0	84.2
Black	9.9	10.9	13.2	8.8	12.8	6.2	7.9	4.1	7.5	9.1	4.8	5.2	7.2	6.9	10.8
Other	3.9	4.2	4.9	4.1	3.7	2.3	2.6	3.4	2.1	3.9	2.6	2.4	3.2	4.0	5.0

See footnotes at end of table.

Table 2. Annual number, percent distribution, and rate of office visits by patient's age, sex, and race, acccording to physician specialty, averaged over a 2-year period: United States, 1995–96—Con.

Patient characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Dermatology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Percent distribution by physician specialty								
All visits	100.0	25.6	14.6	13.0	8.3	5.7	5.3	4.0	2.8	2.6	2.6	2.1	1.9	1.2	10.3
Age															
Under 15 years	100.0	21.3	2.9	61.1	*	1.9	2.6	1.8	0.7	0.5	3.0	*	0.6	0.5	2.8
15–24 years	100.0	31.7	8.1	9.9	19.5	2.4	6.4	6.7	2.6	1.9	2.1	*	0.7	1.0	6.8
25–44 years	100.0	27.7	13.6	1.3	19.0	3.1	6.3	4.0	5.1	2.8	2.6	0.6	1.1	1.5	11.1
45–64 years	100.0	26.4	18.9	0.6	6.0	5.4	7.1	4.3	4.0	3.7	2.5	2.8	2.3	1.5	14.6
65–74 years	100.0	24.8	21.9	*	2.2	11.0	4.9	5.0	1.4	3.6	2.4	4.8	4.0	1.3	12.5
75 years and over	100.0	23.1	24.0	*	1.5	14.6	4.0	4.6	0.9	2.9	2.3	5.3	3.8	1.0	11.9
Sex															
Female	100.0	25.4	14.4	10.8	14.0	5.6	4.7	4.0	2.7	2.7	2.2	1.6	0.8	1.2	10.0
Male	100.0	25.9	14.9	16.2	*	5.7	6.4	4.1	3.1	2.4	3.0	2.7	3.6	1.2	10.6
Race															
White	100.0	25.2	13.9	13.1	8.1	6.0	5.6	4.3	3.0	2.6	2.8	2.2	2.0	1.2	10.0
Black	100.0	28.3	19.5	11.6	10.8	3.5	4.2	1.7	2.2	2.4	1.2	1.1	1.4	0.8	11.2
Other	100.0	27.1	18.2	13.6	7.8	3.4	3.5	3.5	1.5	2.6	1.7	1.2	1.5	1.2	13.0
							Number of visits per 100 persons per year[1]								
All visits	272.0	69.6	39.7	35.3	22.6	15.5	14.5	11.0	7.7	7.1	7.0	5.6	5.2	3.2	27.9
Age															
Under 15 years	229.0	48.7	6.6	139.9	*	4.4	6.0	4.0	1.7	1.2	7.0	*	1.3	1.2	6.5
15–24 years	159.0	50.4	12.8	15.8	30.9	3.9	10.1	10.7	4.1	3.0	3.3	*	1.1	1.6	10.9
25–44 years	219.8	61.0	30.0	2.8	41.8	6.9	13.8	8.8	11.2	6.2	5.8	1.4	2.5	3.3	24.4
45–64 years	314.3	82.9	59.2	2.0	18.9	16.9	22.4	13.5	12.5	11.5	7.9	8.7	7.2	4.7	45.9
65–74 years	504.7	125.0	110.7	*	11.3	55.6	24.6	25.0	6.8	18.4	11.9	24.4	20.2	6.4	62.9
75 years and over	610.5	140.9	146.2	*	9.1	89.1	24.3	27.9	5.2	17.9	14.2	32.2	23.0	6.1	72.4
Sex															
Female	315.4	80.1	45.3	34.1	44.1	17.8	14.7	12.6	8.5	8.7	7.1	5.0	2.4	3.7	31.6
Male	226.3	58.6	33.8	36.6	*	13.0	14.4	9.3	6.9	5.5	6.9	6.2	8.2	2.7	24.0
Race															
White	283.5	71.5	39.3	37.2	22.8	17.1	15.8	12.3	8.4	7.5	7.8	6.2	5.7	3.5	28.4
Black	210.3	59.4	41.1	24.4	22.7	7.5	8.9	3.6	4.5	5.1	2.6	2.3	2.9	1.7	23.6
Other	235.3	63.7	42.9	32.0	18.4	7.9	8.2	8.2	3.6	6.2	4.1	2.9	3.6	2.9	30.7

* Figure does not meet standard of reliability or precision.

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995, and July 1, 1996.

NOTE: Numbers may not add to totals because of rounding.

Table 3. Annual number, percent distribution, and rate of office visits by selected practice characteristics, acccording to physician specialty, averaged over a 2-year period: United States, 1995–96

Practice characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Dermatology	Psychiatry	General surgery	Otolaryn-gology	Cardiovascular diseases	Urology	Neurology	All other
							Number of visits in thousands								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Geographic region															
Northeast	142,412	23,174	27,051	18,684	11,331	8,555	7,277	5,810	6,375	3,532	3,725	4,058	2,911	1,869	18,060
Midwest	154,807	48,747	22,594	15,109	15,040	8,451	9,552	4,644	2,088	4,681	3,775	3,345	3,581	1,443	11,755
South	230,373	63,594	26,534	31,007	20,792	12,833	11,488	9,804	7,672	6,126	6,874	3,784	4,823	3,279	21,764
West	188,195	47,709	28,252	28,089	12,352	10,875	9,950	8,711	4,152	4,424	3,973	3,518	2,465	1,890	21,837
Urbanicity															
MSA[1]	588,437	121,227	89,220	85,437	55,358	33,815	32,641	26,231	19,621	14,081	15,899	12,750	11,554	7,475	63,128
Non-MSA[1]	127,351	61,998	15,210	7,451	4,157	6,899	5,626	2,739	666	4,681	2,447	1,955	2,227	1,006	10,289
Professional identity															
Doctor of osteopathy	41,759	28,956	2,011	1,631	1,845	805	1,060	1,507	246	440	306	*	482	192	2,218
Doctor of medicine	674,028	154,268	102,420	91,257	57,670	39,909	37,207	27,462	20,041	18,322	18,040	14,646	13,299	8,289	71,198
							Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Geographic region															
Northeast	19.9	12.6	25.9	20.1	19.0	21.0	19.0	20.1	31.4	18.8	20.3	27.6	21.1	22.0	24.6
Midwest	21.6	26.6	21.6	16.3	25.3	20.8	25.0	16.0	10.3	25.0	20.6	22.7	26.0	17.0	16.0
South	32.2	34.7	25.4	33.4	34.9	31.5	30.0	33.8	37.8	32.6	37.5	25.7	35.0	38.7	29.6
West	26.3	26.0	27.1	30.2	20.8	26.7	26.0	30.1	20.5	23.6	21.7	23.9	17.9	22.3	29.7
Urbanicity															
MSA[1]	82.2	66.2	85.4	92.0	93.0	83.1	85.3	90.5	96.7	75.1	86.7	86.7	83.8	88.1	86.0
Non-MSA[1]	17.8	33.8	14.6	8.0	7.0	16.9	14.7	9.5	3.3	24.9	13.3	13.3	16.2	11.9	14.0
Professional identity															
Doctor of osteopathy	5.8	15.8	1.9	1.8	3.1	2.0	2.8	5.2	1.2	2.3	1.7	*	3.5	2.3	3.0
Doctor of medicine	94.2	84.2	98.1	98.2	96.9	98.0	97.2	94.8	98.8	97.7	98.3	99.6	96.5	97.7	97.0
							Number of visits per 100 persons per year[2]								
All visits	272.0	69.6	39.7	35.3	22.6	15.5	14.5	11.0	7.7	7.1	7.0	5.6	5.2	3.2	27.9
Geographic region															
Northeast	269.0	43.8	51.1	35.3	21.4	16.2	13.7	11.0	12.0	6.7	7.0	7.7	5.5	3.5	34.1
Midwest	251.4	79.2	36.7	24.5	24.4	13.7	15.5	7.5	3.4	7.6	6.1	5.4	5.8	2.3	19.1
South	251.0	69.3	28.9	33.8	22.7	14.0	12.5	10.7	8.4	6.7	7.5	4.1	5.3	3.6	23.7
West	332.5	84.3	49.9	49.6	21.8	19.2	17.6	15.4	7.3	7.8	7.0	6.2	4.4	3.3	38.6
Urbanicity															
MSA[1]	279.3	57.5	42.4	40.6	26.3	16.1	15.5	12.5	9.3	6.7	7.5	6.1	5.5	3.5	30.0
Non-MSA[1]	243.8	118.7	29.1	14.3	8.0	13.2	10.8	5.2	1.3	9.0	4.7	3.7	4.3	1.9	19.7
Professional identity															
Doctor of osteopathy	15.9	11.0	0.8	0.6	0.7	0.3	0.4	0.6	0.1	0.2	0.1	*	0.2	0.1	0.8
Doctor of medicine	256.1	58.6	38.9	34.7	21.9	15.2	14.1	10.4	7.6	7.0	6.9	5.6	5.1	3.1	27.1

*Figure does not meet standard of reliability or precision.

[1]MSA is metropolitan statistical area.

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995, and July 1, 1996, averaged over the 2-year period.

NOTE: Figures may not add to totals because of rounding.

Table 4. Annual number and percent distribution of office visits by type of practice (solo or group) and prepaid plan participation, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Characteristic	Total	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Dermatology	Psychiatry	General surgery	Otolaryn-gology	Cardiovascular diseases	Urology	Neurology	All other
							Number of visits in thousands								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Type of practice															
Solo practice	297,214	84,362	43,387	33,466	25,000	12,681	10,697	17,213	14,718	8,471	6,843	5,376	5,101	2,989	26,909
Group practice	408,569	97,296	57,039	58,245	33,913	27,893	26,589	11,591	5,310	10,042	11,402	9,185	8,357	5,299	46,409
Blank	10,004	1,567	4,004	1,177	602	140	981	165	259	249	100	145	323	193	*
Prepaid plan participation															
Physician participates in prepaid plan[1]	605,622	149,027	95,925	87,017	56,863	35,824	33,576	26,215	13,223	17,314	17,782	13,105	12,295	7,626	63,291
Nonparticipant	110,165	34,198	8,506	5,872	2,652	4,889	4,690	2,755	7,064	1,449	564	1,601	1,485	855	10,126
							Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice															
Solo practice	41.5	46.0	41.5	36.0	42.0	31.1	28.0	59.4	72.5	45.1	37.3	36.6	37.0	35.2	36.7
Group practice	57.1	53.1	54.6	62.7	57.0	68.5	69.5	40.0	26.2	53.5	62.2	62.5	60.6	62.5	63.2
Blank	1.4	0.9	3.8	1.3	1.0	0.3	2.6	0.6	1.3	1.3	0.5	1.0	2.3	2.3	*
Prepaid plan participation															
Physician participates in prepaid plan[1]	84.6	81.3	91.9	93.7	95.5	88.0	87.7	90.5	65.2	92.3	96.9	89.1	89.2	89.9	86.2
Nonparticipant	15.4	18.7	8.1	6.3	4.5	12.0	12.3	9.5	34.8	7.7	3.1	10.9	10.8	10.1	13.8

*Figure does not meet standard of reliability or precision.

[1]Includes participation in health maintenance organization (HMO), independent practice association (IPA), preferred provider organization (PPO), or other prepaid plan.

NOTE: Figures may not add to totals because of rounding.

Table 5. Annual number and percent distribution of office visits by patient's principal reason for visit, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Principal reason for visit and RVC code[1]		Total	Age						Sex		Race		
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
		Number of visits in thousands											
All visits		715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
Symptom module	S001–S999	387,578	85,490	30,145	97,862	87,800	45,606	40,674	225,765	161,813	333,793	37,041	16,743
General symptoms	S001–S099	46,837	13,088	2,075	9,751	10,880	5,448	5,595	26,466	20,371	40,677	4,049	2,112
Symptoms referable to psychological/mental disorders	S100–S199	20,799	1,527	1,328	7,883	6,573	2,001	1,488	11,680	9,120	18,810	1,460	529
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	19,789	1,669	1,531	5,417	5,810	2,758	2,604	12,624	7,165	16,317	2,331	1,141
Symptoms referable to the cardiovascular/lymphatic system	S260–S299	3,633	*	*	759	1,027	631	607	2,289	1,344	3,421	*	*
Symptoms referable to the eyes and ears	S300–S399	44,245	17,121	1,799	6,604	6,892	5,531	6,300	24,002	20,243	39,984	2,755	1,507
Symptoms referable to the respiratory system	S400–S499	81,045	30,880	7,166	17,265	12,765	6,976	5,992	45,659	35,386	69,337	7,683	4,025
Symptoms referable to the digestive system	S500–S639	31,839	6,316	2,551	7,767	7,097	4,326	3,781	18,949	12,890	26,488	3,154	2,197
Symptoms referable to the genitourinary system	S640–S829	27,808	1,460	3,260	9,961	6,663	3,530	2,933	20,478	7,330	23,352	3,727	729
Symptoms referable to the skin, hair, and nails	S830–S899	38,560	8,148	5,194	9,427	7,553	4,562	3,674	22,238	16,322	33,795	2,955	1,809
Symptoms referable to the musculoskeletal system	S900–S999	73,022	4,811	5,103	23,026	22,541	9,842	7,700	41,380	31,642	61,613	8,784	2,625
Disease module	D001–D999	76,944	7,953	3,332	16,131	20,917	15,009	13,601	42,388	34,556	66,463	7,884	2,597
Diagnostic/screening and preventive module	X100–X599	125,632	27,251	13,345	37,052	22,579	13,429	11,976	87,324	38,308	107,465	13,275	4,892
Treatment module	T100–T899	75,339	7,195	4,630	17,903	22,330	12,425	10,856	43,651	31,689	66,264	6,726	2,350
Injuries and adverse effects module	J001–J999	20,850	4,317	2,892	6,051	4,242	1,676	1,672	9,933	10,917	18,315	2,094	441
Test results module	R100–R700	10,646	*	713	3,153	2,979	2,252	1,380	6,721	3,925	9,123	1,058	466
Administrative module	A100–A140	7,121	2,348	1,826	2,007	792	*	*	2,847	4,275	5,756	1,131	*
Other[2]	U990–U999	11,677	1,476	799	2,861	3,240	1,733	1,569	6,787	4,890	9,750	1,537	390
		Percent distribution											
All visits		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module	S001–S999	54.1	62.8	52.3	53.5	53.3	49.5	49.7	53.1	55.7	54.1	52.4	59.6
General symptoms	S001–S099	6.5	9.6	3.6	5.3	6.6	5.9	6.8	6.2	7.0	6.6	5.7	7.5
Symptoms referable to psychological/mental disorders	S100–S199	2.9	1.1	2.3	4.3	4.0	2.2	1.8	2.7	3.1	3.0	2.1	1.9
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	2.8	1.2	2.7	3.0	3.5	3.0	3.2	3.0	2.5	2.6	3.3	4.1
Symptoms referable to the cardiovascular/lymphatic system	S260–S299	0.5	*	*	0.4	0.6	0.7	0.7	0.5	0.5	0.6	*	*
Symptoms referable to the eyes and ears	S300–S399	6.2	12.6	3.1	3.6	4.2	6.0	7.7	5.6	7.0	6.5	3.9	5.4
Symptoms referable to the respiratory system	S400–S499	11.3	22.7	12.4	9.4	7.7	7.6	7.3	10.7	12.2	11.2	10.9	14.3
Symptoms referable to the digestive system	S500–S639	4.4	4.6	4.4	4.2	4.3	4.7	4.6	4.5	4.4	4.3	4.5	7.8
Symptoms referable to the genitourinary system	S640–S829	3.9	1.1	5.7	5.4	4.0	3.8	3.6	4.8	2.5	3.8	5.3	2.6
Symptoms referable to the skin, hair, and nails	S830–S899	5.4	6.0	9.0	5.2	4.6	4.9	4.5	5.2	5.6	5.5	4.2	6.4
Symptoms referable to the musculoskeletal system	S900–S999	10.2	3.5	8.8	12.6	13.7	10.7	9.4	9.7	10.9	10.0	12.4	9.3
Disease module	D001–D999	10.7	5.8	5.8	8.8	12.7	16.3	16.6	10.0	11.9	10.8	11.1	9.2
Diagnostic/screening and preventive module	X100–X599	17.6	20.0	23.1	20.2	13.7	14.6	14.6	20.5	13.2	17.4	18.8	17.4
Treatment module	T100–T899	10.5	5.3	8.0	9.8	13.5	13.5	13.3	10.3	10.9	10.7	9.5	8.4
Injuries and adverse effects module	J001–J999	2.9	3.2	5.0	3.3	2.6	1.8	2.0	2.3	3.8	3.0	3.0	1.6
Test results module	R100–R700	1.5	*	1.2	1.7	1.8	2.4	1.7	1.6	1.4	1.5	1.5	1.7
Administrative module	A100–A140	1.0	1.7	3.2	1.1	0.5	*	*	0.7	1.5	0.9	1.6	*
Other[2]	U990–U999	1.6	1.1	1.4	1.6	2.0	1.9	1.9	1.6	1.7	1.6	2.2	1.4

*Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 6. Annual number and percent distribution of office visits by patient's age, sex, and race, according to patient's principal reason for visit, averaged over a 2-year period: United States, 1995–96

Principal reason for visit and RVC code[1]	Number of visits in thousands	Total	Age						Sex		Race		
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
		Percent distribution											
All visits	715,788	100.0	19.0	8.1	25.6	23.0	12.9	11.4	59.4	40.6	86.2	9.9	3.9
Symptom module S001–S999	387,578	100.0	22.1	7.8	25.2	22.7	11.8	10.5	58.3	41.7	86.1	9.6	4.3
General symptoms S001–S099	46,837	100.0	27.9	4.4	20.8	23.2	11.6	11.9	56.5	43.5	86.8	8.6	4.5
Symptoms referable to psychological/mental disorders S100–S199	20,799	100.0	7.3	6.4	37.9	31.6	9.6	7.2	56.2	43.8	90.4	7.0	2.5
Symptoms referable to the nervous system (excluding sense organs) S200–S259	19,789	100.0	8.4	7.7	27.4	29.4	13.9	13.2	63.8	36.2	82.5	11.8	5.8
Symptoms referable to the cardiovascular/lymphatic system S260–S299	3,633	100.0	*	*	20.9	28.3	17.4	16.7	63.0	37.0	94.2	3.9	*
Symptoms referable to the eyes and ears S300–S399	44,245	100.0	38.7	4.1	14.9	15.6	12.5	14.2	54.2	45.8	90.4	6.2	3.4
Symptoms referable to the respiratory system S400–S499	81,045	100.0	38.1	8.8	21.3	15.8	8.6	7.4	56.3	43.7	85.6	9.5	5.0
Symptoms referable to the digestive system S500–S639	31,839	100.0	19.8	8.0	24.4	22.3	13.6	11.9	59.5	40.5	83.2	9.9	6.9
Symptoms referable to the genitourinary system S640–S829	27,808	100.0	5.3	11.7	35.8	24.0	12.7	10.5	73.6	26.4	84.0	13.4	2.6
Symptoms referable to the skin, hair, and nails S830–S899	38,560	100.0	21.1	13.5	24.4	19.6	11.8	9.5	57.7	42.3	87.6	7.7	4.7
Symptoms referable to the musculoskeletal system S900–S999	73,022	100.0	6.6	7.0	31.5	30.9	13.5	10.5	56.7	43.3	84.4	12.0	3.6
Disease module D001–D999	76,944	100.0	10.3	4.3	21.0	27.2	19.5	17.7	55.1	44.9	86.4	10.2	3.4
Diagnostic/screening and preventive module X100–X599	125,632	100.0	21.7	10.6	29.5	18.0	10.7	9.5	69.5	30.5	85.5	10.6	3.9
Treatment module T100–T899	75,339	100.0	9.6	6.1	23.8	29.6	16.5	14.4	57.9	42.1	88.0	8.9	3.1
Injuries and adverse effects module J001–J999	20,850	100.0	20.7	13.9	29.0	20.3	8.0	8.0	47.6	52.4	87.8	10.0	2.1
Test results module R100–R700	10,646	100.0	*	6.7	29.6	28.0	21.2	13.0	63.1	36.9	85.7	9.9	*
Administrative module A100–A140	7,121	100.0	33.0	25.6	28.2	11.1	*	*	40.0	60.0	80.8	15.9	3.3
Other[2] U990–U999	11,677	100.0	12.6	6.8	24.5	27.7	14.8	13.4	58.1	41.9	83.5	13.2	3.3

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 7. Annual number and percent distribution of office visits for the 25 morbidity-related principal reasons for visit most frequently mentioned by patients, by patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Principal reason for visit and RVC code[2]	Number of visits in thousands	Total	Age						Sex		Race[1]	
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
		Percent distribution										
All visits	715,788	100.0	19.0	8.1	25.6	23.0	12.9	11.4	59.4	40.6	86.2	9.9
Cough S440	24,215	100.0	47.7	7.6	15.2	13.6	9.0	6.8	55.7	44.3	85.7	9.7
Symptoms referable to throat S455	17,234	100.0	41.0	16.0	24.9	10.3	5.4	2.5	58.6	41.4	86.1	7.1
Back symptoms S905	12,206	100.0	*	7.5	37.4	30.6	11.6	11.3	55.6	44.4	80.6	14.9
Earache or ear infection S355	12,176	100.0	67.4	5.2	14.2	7.9	3.0	*	55.1	44.9	90.8	5.7
Stomach and abdominal pain, cramps, and spasms S545	12,031	100.0	11.6	10.2	31.2	27.3	13.0	6.7	65.8	34.2	80.2	10.8
Fever S010	11,690	100.0	83.0	*	8.7	4.0	*	*	48.6	51.4	86.6	7.7
Skin rash S860	11,119	100.0	36.7	9.0	23.8	16.1	8.6	5.7	57.1	42.9	82.2	11.5
Vision dysfunctions S305	10,477	100.0	5.5	2.9	13.3	23.4	24.5	30.4	59.6	40.4	91.2	6.3
Nasal congestion S400	10,282	100.0	49.1	7.3	22.1	12.8	5.2	3.5	54.3	45.7	85.4	7.2
Knee symptoms S925	9,639	100.0	5.6	8.6	29.2	30.3	15.9	10.4	56.1	43.9	86.6	10.8
Hypertension D510	9,494	100.0	*	*	13.9	37.9	26.7	21.0	57.7	42.3	77.0	18.3
Headache, pain in head S210	8,876	100.0	13.3	12.6	36.3	26.4	6.6	4.7	68.9	31.1	79.3	15.1
Depression S110	8,590	100.0	*2.8	6.6	41.4	32.7	10.7	5.8	66.1	33.9	92.3	5.5
Head cold, upper respiratory infection (coryza) S445	8,505	100.0	43.7	6.7	21.0	15.9	6.6	6.2	59.1	40.9	79.7	17.2
Chest pain and related symptoms (not referable to a specific body system) S050	8,212	100.0	*	*	24.5	35.3	19.4	14.8	56.0	44.0	86.9	8.8
Neck symptoms S900	6,973	100.0	7.9	5.8	40.7	32.9	6.9	5.8	59.9	40.1	82.9	11.4
Shoulder symptoms S940	6,864	100.0	*	9.0	31.5	32.0	15.3	9.5	50.8	49.2	85.0	10.8
Diabetes mellitus D205	6,258	100.0	*	*	13.9	38.2	28.3	15.3	57.0	43.0	78.4	17.2
Leg symptoms S920	6,243	100.0	6.2	*4.2	20.3	29.3	15.2	24.9	60.1	39.9	86.0	11.4
Low back symptoms S910	6,009	100.0	*	*4.7	44.1	32.4	12.8	*4.5	54.6	45.4	82.1	14.0
Skin lesion S865	5,697	100.0	12.9	*	17.0	20.8	22.0	24.0	53.1	46.9	89.7	7.6
Other and unspecified symptoms referable to the ears S365	5,471	100.0	76.3	*	7.3	6.8	*4.7	*	40.8	59.2	92.1	*
Vertigo-dizziness S225	5,390	100.0	*	*	14.3	35.0	24.6	23.1	62.1	37.9	82.3	10.6
Sinus problems S410	5,269	100.0	10.0	9.4	45.7	28.2	5.0	*	61.4	38.6	91.0	*
Foot and toe symptoms S935	5,186	100.0	13.0	*	22.7	29.6	18.7	11.1	58.7	41.3	84.9	12.2
All other reasons	437,107	100.0	16.4	9.0	26.9	23.0	12.9	11.9	60.8	39.2	86.6	9.8

*Figure does not meet standard of reliability or precision.

[1]Estimates for races other than white and black have been omitted because of small sample sizes.

[2]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

NOTE: Figures may not add to totals because of rounding.

Table 8. Annual number and percent of office visits by the 60 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period, with mean duration of physician-patient contact and standard error of mean contact duration: United States, 1995–96

Principal reason for visit and RVC code[1]	Number of visits in thousands	Percent	Mean contact duration in minutes[2]	Standard error of mean contact duration in minutes[3]
All visits	715,788	. . .	19.2	0.2
General medical examination X100	48,992	6.8	21.1	0.5
Progress visit, not otherwise specified T800	25,019	3.5	17.6	0.6
Cough S440	24,215	3.4	15.5	0.4
Routine prenatal examination X205	20,839	2.9	15.2	0.5
Postoperative visit T205	19,556	2.7	15.8	0.4
Symptoms referable to throat S455	17,234	2.4	14.0	0.4
Well baby examination X105	13,715	1.9	16.9	0.7
Back symptoms S905	12,206	1.7	20.6	0.6
Earache or ear infection S355	12,176	1.7	13.7	0.5
Stomach and abdominal pain, cramps, and spasms S545	12,031	1.7	19.8	0.8
Fever S010	11,690	1.6	14.5	0.6
Skin rash S860	11,119	1.6	14.5	0.4
Vision dysfunctions S305	10,477	1.5	32.0	2.6
Nasal congestion S400	10,282	1.4	14.4	0.5
Knee symptoms S925	9,639	1.3	18.4	0.7
Hypertension D510	9,494	1.3	17.9	0.6
Headache, pain in head S210	8,876	1.2	20.8	0.8
Depression S110	8,590	1.2	34.6	1.3
Head cold, upper respiratory infection (coryza) S445	8,505	1.2	14.2	0.5
Chest pain and related symptoms (not referable to a specific body system) S050	8,212	1.1	21.9	0.6
Blood pressure test X320	7,415	1.0	15.1	0.5
Neck symptoms S900	6,973	1.0	22.6	1.1
Shoulder symptoms S940	6,864	1.0	19.9	0.7
Medication, other and unspecified kinds T115	6,641	0.9	18.8	0.9
Diabetes mellitus D205	6,258	0.9	18.7	0.9
Leg symptoms S920	6,243	0.9	20.6	0.8
Low back symptoms S910	6,009	0.8	22.8	1.1
Skin lesion S865	5,697	0.8	16.4	0.8
Physical examination required for school or employment A100	5,598	0.8	17.6	1.0
Other symptoms referable to the ears, not elsewhere classified S365	5,471	0.8	12.8	0.5
Vertigo-dizziness S225	5,390	0.8	19.4	0.6
Sinus problems S410	5,269	0.7	15.8	0.9
Foot and toe symptoms S935	5,186	0.7	17.9	0.8
Acne or pimples S830	4,880	0.7	12.8	0.5
For other and unspecified test results R700	4,680	0.7	17.3	0.6
Anxiety and nervousness S100	4,668	0.7	30.6	1.3
Shortness of breath S415	4,664	0.7	21.5	0.7
Prophylactic inoculations X400	4,586	0.6	11.9	0.8
Tiredness, exhaustion S015	4,471	0.6	22.2	1.0
Hand and finger symptoms S960	4,294	0.6	18.7	0.9
Other and unspecified diagnostic tests X370	3,865	0.5	22.8	2.1
Gynecological examination X225	3,575	0.5	18.3	1.1
Counseling, not otherwise specified T605	3,552	0.5	26.5	1.3
Eye examination X230	3,533	0.5	26.1	2.1
Allergy, not otherwise specified S090	3,491	0.5	17.5	1.4
Pap smear X365	3,279	0.5	20.9	1.1
Preoperative visit for specified and unspecified types of surgery T200	3,252	0.5	22.6	0.9
Cataract D410	3,206	0.4	21.2	2.5
Pain and related symptoms, generalized, site unspecified S060	3,179	0.4	20.7	1.7
Diarrhea S595	3,103	0.4	18.0	0.7
Abnormal sensations of the eye S320	3,080	0.4	21.0	1.8
Arm symptoms S945	2,924	0.4	20.4	1.0
Other blood test X315	2,875	0.4	17.2	1.5
Pain, site not referable to a specific body system S055	2,842	0.4	18.9	0.8
Allergy medication T100	2,821	0.4	17.6	2.5
Hip symptoms S915	2,739	0.4	20.1	0.9
Wrist symptoms S955	2,662	0.4	18.9	1.0
Vomiting S530	2,648	0.4	17.3	1.2
Discoloration or abnormal pigmentation S835	2,611	0.4	15.6	0.8
Asthma D625	2,537	0.4	17.5	1.0

. . . Category not applicable.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

[2]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

[3]See Appendix I for discussion of standard errors and precision of NAMCS estimates.

Table 9. Annual number and percent distribution of office visits by patient's age, sex, and race and the 10 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period: United States, 1995–96

Principal reason for visit, RVC code, and patient characteristic[1]		Number of visits in thousands	Percent distribution
All ages			
All visits		715,788	100.0
General medical examination	X100	48,992	6.8
Progress visit, not otherwise specified	T800	25,109	3.5
Cough	S440	24,215	3.4
Routine prenatal examination	X205	20,839	2.9
Postoperative visit	T205	19,556	2.7
Symptoms referable to throat	S455	17,234	2.4
Well baby examination	X105	13,715	1.9
Back symptoms	S905	12,206	1.7
Earache or ear infection	S355	12,176	1.7
Stomach and abdominal pain, cramps, and spasms	S545	12,031	1.7
All other reasons		509,715	71.2
Under 15 years			
All visits		136,200	100.0
Well baby examination	X105	13,715	10.1
Cough	S440	11,541	8.5
General medical examination	X100	10,344	7.6
Fever	S010	9,701	7.1
Earache or ear infection	S355	8,204	6.0
Symptoms referable to throat	S455	7,059	5.2
Nasal congestion	S400	5,046	3.7
Other and unspecified symptoms referable to ears	S365	4,172	3.1
Skin rash	S860	4,084	3.0
Head cold, upper respiratory infection (coryza)	S445	3,713	2.7
All other reasons		58,622	43.0
15–24 years			
All visits		57,682	100.0
Routine prenatal examination	X205	6,704	11.6
General medical examination	X100	3,274	5.7
Symptoms referable to throat	S455	2,750	4.8
Acne or pimples	S830	2,365	4.1
Cough	S440	1,851	3.2
Physical examination required for school or employment	A100	1,618	2.8
Postoperative visit	T205	1,342	2.3
Progress visit, not otherwise specified	T800	1,300	2.3
Stomach and abdominal pain, cramps, and spasms	S545	1,231	2.1
Headache, pain in head	S210	1,115	1.9
All other reasons		34,135	59.2
25–44 years			
All visits		183,019	100.0
Routine prenatal examination	X205	13,950	7.6
General medical examination	X100	10,730	5.9
Postoperative visit	T205	5,475	3.0
Back symptoms	S905	4,566	2.5
Progress visit, not otherwise specified	T800	4,549	2.5
Symptoms referable to throat	S455	4,293	2.3
Stomach and abdominal pain, cramps, and spasms	S545	3,754	2.1
Cough	S440	3,690	2.0
Depression	S110	3,556	1.9
Headache, pain in head	S210	3,226	1.8
All other reasons		125,230	68.4
45–64 years			
All visits		164,880	100.0
General medical examination	X100	11,855	7.2
Progress visit, not otherwise specified	T800	7,147	4.3
Postoperative visit	T205	5,235	3.2
Back symptoms	S905	3,733	2.3
Hypertension	D510	3,602	2.2

See footnotes at end of table.

Table 9. Annual number and percent distribution of office visits by patient's age, sex, and race and the 10 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period: United States, 1995–96—Con.

Principal reason for visit, RVC code, and patient characteristic[1]		Number of visits in thousands	Percent distribution
45–64 years—Con.			
Cough	S440	3,305	2.0
Stomach and abdominal pain, cramps, and spasms	S545	3,289	2.0
Knee symptoms	S925	2,923	1.8
Chest pain and related symptoms (not referable to a specific body system)	S050	2,899	1.8
Depression	S110	2,806	1.7
All other reasons		118,085	71.6
65–74 years			
All visits		92,212	100.0
General medical examination	X100	6,809	7.4
Progress visit, not otherwise specified	T800	4,878	5.3
Postoperative visit	T205	3,490	3.8
Vision dysfunctions	S305	2,569	2.8
Hypertension	D510	2,534	2.7
Cough	S440	2,173	2.4
Diabetes mellitus	D205	1,769	1.9
Blood pressure test	X320	1,656	1.8
Chest pain and related symptoms (not referable to a specific body system)	S050	1,591	1.7
Stomach and abdominal pain, cramps, and spasms	S545	1,563	1.7
All other reasons		63,180	68.5
75 years and over			
All visits		81,795	100.0
General medical examination	X100	5,980	7.3
Progress visit, not otherwise specified	T800	4,824	5.9
Vision dysfunctions	S305	3,189	3.9
Postoperative visit	T205	2,969	3.6
Hypertension	D510	1,997	2.4
Cough	S440	1,656	2.0
Shortness of breath	S415	1,637	2.0
Cataract	D410	1,594	1.9
Leg symptoms	S920	1,553	1.9
Blood pressure test	X320	1,471	1.8
All other reasons		54,924	67.1
Female			
All visits		425,415	100.0
General medical examination	X100	30,661	7.2
Routine prenatal examination	X205	20,839	4.9
Progress visit, not otherwise specified	T800	13,704	3.2
Cough	S440	13,496	3.2
Postoperative visit	T205	11,787	2.8
Symptoms referable to throat	S455	10,092	2.4
Stomach and abdominal pain, cramps, and spasms	S545	7,912	1.9
Well baby examination	X105	7,271	1.7
Back symptoms	S905	6,781	1.6
Earache or ear infection	S355	6,703	1.6
All other reasons		296,169	69.6
Male			
All visits		290,373	100.0
General medical examination	X100	18,331	6.3
Progress visit, not otherwise specified	T800	11,315	3.9
Cough	S440	10,719	3.7
Postoperative visit	T205	7,769	2.7
Symptoms referable to throat	S455	7,143	2.5
Well baby examination	X105	6,444	2.2
Fever	S010	6,003	2.1
Earache or ear infection	S355	5,472	1.9
Back symptoms	S905	5,425	1.9
Skin rash	S860	4,773	1.6
All other reasons		206,979	71.3

See footnotes at end of table.

Table 9. Annual number and percent distribution of office visits by patient's age, sex, and race and the 10 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period: United States, 1995–96—Con.

Principal reason for visit, RVC code, and patient characteristic[1]		Number of visits in thousands	Percent distribution
White			
All visits		616,928	100.0
General medical examination	X100	42,425	6.9
Progress visit, not otherwise specified	T800	21,643	3.5
Cough	S440	20,744	3.4
Postoperative visit	T205	17,851	2.9
Routine prenatal examination	X205	17,307	2.8
Symptoms referable to throat	S455	14,841	2.4
Well baby examination	X105	12,333	2.0
Earache or ear infection	S355	11,051	1.8
Fever	S010	10,125	1.6
Back symptoms	S905	9,843	1.6
All other reasons		438,765	71.1
Black			
All visits		70,746	100.0
General medical examination	X100	5,149	7.3
Progress visit, not otherwise specified	T800	2,771	3.9
Cough	S440	2,338	3.3
Routine prenatal examination	X205	2,205	3.1
Back symptoms	S905	1,822	2.6
Hypertension	D510	1,739	2.5
Head cold, upper respiratory infection (coryza)	S445	1,465	2.1
Blood pressure test	X320	1,438	2.0
Headache, pain in head	S210	1,341	1.9
Stomach and abdominal pain, cramps, and spasms	S545	1,303	1.8
All other reasons		49,175	69.5

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

NOTE: Numbers may not add to totals because of rounding.

Table 10. Annual number and percent distribution of office visits by patient's principal reason for visit, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Principal reason for visit[1]		All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
		Number of visits in thousands														
All visits		715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Symptom module	S001–S999	387,578	105,616	56,525	57,876	12,053	16,575	25,085	20,085	12,919	8,226	13,546	6,415	6,960	6,441	39,256
General symptoms	S001–S099	46,837	12,763	9,019	10,104	1,424	360	966	471	384	838	860	2,926	406	529	5,786
Symptoms referable to psychological/ mental disorders	S100–S199	20,799	3,995	2,340	763	*	*	*	*	11,617	*	*	*	590	336	652
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	19,789	6,430	4,378	1,036	*	244	537	*	278	145	967	445	*	3,349	1,823
Symptoms referable to the cardiovascular/lymphatic system	S260–S299	3,633	996	767	*	*	*	–	249	*	*	*	770	*	*	*
Symptoms referable to the eyes and ears	S300–S399	44,245	7,360	2,661	10,572	–	15,688	–	*	*	216	5,895	*	–	200	1,440
Symptoms referable to the respiratory system	S400–S499	81,045	29,409	13,994	23,061	*	*	*	232	*	562	4,806	1,122	*	*	7,475
Symptoms referable to the digestive system	S500–S639	31,839	9,960	6,312	4,619	967	–	*	*	*	1,844	382	210	194	*	6,921
Symptoms referable to the genitourinary system	S640–S829	27,808	5,910	2,884	986	8,648	–	*	*	*	1,648	–	*	5,520	*	1,847
Symptoms referable to the skin, hair, and nails	S830–S899	38,560	8,131	3,286	4,333	*	*	316	18,079	*	1,375	247	*	*	*	2,029
Symptoms referable to the musculoskeletal system	S900–S999	73,022	20,662	10,884	2,028	*	*	23,183	565	253	1,408	277	588	*	1,765	11,020
Disease module	D001–D999	76,944	18,635	16,375	4,860	2,230	7,245	941	4,202	2,433	3,996	1,400	2,224	2,575	1,031	8,797
Diagnostic/screening and preventive module	X100–X599	125,632	30,090	15,167	22,424	37,380	7,446	266	1,124	*	1,305	273	1,792	1,398	196	6,580
Treatment module	T100–T899	75,339	11,895	9,329	4,011	4,970	6,935	6,165	2,596	3,852	4,041	2,527	3,119	1,885	479	13,534
Injuries and adverse effects module	J001–J999	20,850	6,617	2,140	2,021	*	820	5,324	474	*	477	383	*	*	131	2,154
Test results module	R100–R700	10,646	2,767	1,899	*	2,193	*	*	*	*	451	*	519	559	*	1,428
Administrative module	A100–A140	7,121	4,360	1,041	883	*	*	*	–	*	*	*	*	*	*	*
Other[2]	U990–U999	11,677	3,244	1,954	661	597	1,384	287	405	656	176	92	532	349	120	1,219
		Percent distribution														
All visits		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module	S001–S999	54.1	57.6	54.1	62.3	20.3	40.7	65.6	69.3	63.7	43.8	73.8	43.6	50.5	75.9	53.5
General symptoms	S001–S099	6.5	7.0	8.6	10.9	2.4	0.9	2.5	1.6	1.9	4.5	4.7	19.9	2.9	6.2	7.9
Symptoms referable to psychological/ mental disorders	S100–S199	2.9	2.2	2.2	0.8	*	*	*	*	57.3	*	*	*	4.3	4.0	0.9
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	2.8	3.5	4.2	1.1	*	0.6	1.4	*	1.4	0.8	5.3	3.0	*	39.5	2.5
Symptoms referable to the cardiovascular/lymphatic system	S260–S299	0.5	0.5	0.7	*	*	*	–	0.9	*	*	*	5.2	*	*	*
Symptoms referable to the eyes and ears	S300–S399	6.2	4.0	2.5	11.4	–	38.5	–	*	*	1.1	32.1	*	–	2.4	2.0
Symptoms referable to the respiratory system	S400–S499	11.3	16.1	13.4	24.8	*	*	*	0.8	*	3.0	26.2	7.6	*	*	10.2
Symptoms referable to the digestive system	S500–S639	4.4	5.4	6.0	5.0	1.6	–	*	*	*	9.8	2.1	1.4	1.4	*	9.4

Table 10. Annual number and percent distribution of office visits by patient's principal reason for visit, according to physician specialty, averaged over a 2-year period: United States, 1995–96—Con.

Principal reason for visit[1]		All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
Symptoms referable to the genitourinary system	S640–S829	3.9	3.2	2.8	1.1	14.5	–	*	*	*	8.8	–	*	40.1	*	2.5
Symptoms referable to the skin, hair, and nails	S830–S899	5.4	4.4	3.1	4.7	*	*	0.8	62.4	*	7.3	1.3	*	*	*	2.8
Symptoms referable to the musculoskeletal system	S900–S999	10.2	11.3	10.4	2.2	*	*	60.6	2.0	1.2	7.5	1.5	4.0	*	20.8	15.0
Disease module	D001–D999	10.7	10.2	15.7	5.2	3.7	17.8	2.5	14.5	12.0	21.3	7.6	15.1	18.7	12.2	12.0
Diagnostic/screening and preventive module	X100–X599	17.6	16.4	14.5	24.1	62.8	18.3	0.7	3.9	*	7.0	1.5	12.2	10.1	2.3	9.0
Treatment module	T100–T899	10.5	6.5	8.9	4.3	8.4	17.0	16.1	9.0	19.0	21.5	13.8	21.2	13.7	5.6	18.4
Injuries and adverse effects module	J001–J999	2.9	3.6	2.0	2.2	*	2.0	13.9	1.6	*	2.5	2.1	*	*	1.5	2.9
Test results module	R100–R700	1.5	1.5	1.8	*	3.7	*	*	*	*	2.4	*	3.5	4.1	*	1.9
Administrative module	A100–A140	1.0	2.4	1.0	1.0	*	*	*	–	*	*	*	*	*	*	*
Other[2]	U990–U999	1.6	1.8	1.9	0.7	1.0	3.4	0.8	1.4	3.2	0.9	0.5	3.6	2.5	1.4	1.7

– Quantity zero.

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 11. Annual number and percent distribution of office visits by physician specialty, according to patient's principal reason for visit, averaged over a 2-year period: United States, 1995–96

Principal reason for visit and RVC code[1]	Number of visits in thousands	Total	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
		Percent distribution														
All visits	715,788	100.0	25.6	14.6	13.0	8.3	5.7	5.3	4.0	2.8	2.6	2.6	2.1	1.9	1.2	10.3
Symptom module S001–S999	387,578	100.0	27.3	14.6	14.9	3.1	4.3	6.5	5.2	3.3	2.1	3.5	1.7	1.8	1.7	10.1
General symptoms S001–S099	46,837	100.0	27.3	19.3	21.6	3.0	0.8	2.1	1.0	0.8	1.8	1.8	6.2	0.9	1.1	12.4
Symptoms referable to psychological/mental disorders S100–S199	20,799	100.0	19.2	11.3	3.7	*	*	*	*	55.9	*	*	*	2.8	1.6	3.1
Symptoms referable to the nervous system (excluding sense organs) S200–S259	19,789	100.0	32.5	22.1	5.2	*	1.2	2.7	*	1.4	0.7	4.9	2.2	*	16.9	9.2
Symptoms referable to the cardiovascular/lymphatic system S260–S299	3,633	100.0	27.4	21.1	*	*	*	–	6.9	*	2.0	*	21.2	*	*	*
Symptoms referable to the eyes and ears S300–S399	44,245	100.0	16.6	6.0	23.9	–	35.5	–	*	*	0.5	13.3	*	–	0.5	3.3
Symptoms referable to the respiratory system S400–S499	81,045	100.0	36.3	17.3	28.5	*	*	*	0.3	*	0.7	5.9	1.4	*	*	9.2
Symptoms referable to the digestive system S500–S639	31,839	100.0	31.3	19.8	14.5	3.0	–	*	*	*	5.8	1.2	0.7	0.6	*	21.7
Symptoms referable to the genitourinary system S640–S829	27,808	100.0	21.3	10.4	3.5	31.1	–	*	*	*	5.9	–	*	19.8	*	6.6
Symptoms referable to the skin, hair, and nails S830–S899	38,560	100.0	21.1	8.5	11.2	*	*	0.8	46.9	*	3.6	0.6	*	*	*	5.3
Symptoms referable to the musculoskeletal system S900–S999	73,022	100.0	28.3	14.9	2.8	*	*	31.7	0.8	0.3	1.9	0.4	0.8	*	2.4	15.1
Disease module D001–D999	76,944	100.0	24.2	21.3	6.3	2.9	9.4	1.2	5.5	3.2	5.2	1.8	2.9	3.3	1.3	11.4
Diagnostic/screening and preventive module X100–X599	125,632	100.0	24.0	12.1	17.8	29.8	5.9	0.2	0.9	*	1.0	0.2	1.4	1.1	0.2	5.2
Treatment module T100–T899	75,339	100.0	15.8	12.4	5.3	6.6	9.2	8.2	3.4	5.1	5.4	3.4	4.1	2.5	0.6	18.0
Injuries and adverse effects module J001–J999	20,850	100.0	31.7	10.3	9.7	*	3.9	25.5	2.3	*	2.3	1.8	*	*	0.6	10.3
Test results module R100–R700	10,646	100.0	26.0	17.8	*	20.6	*	*	*	*	4.2	*	4.9	5.3	*	13.4
Administrative module A100–A140	7,121	100.0	61.2	14.6	12.4	*	*	*	–	*	*	*	*	*	*	*
Other[2] U990–U999	11,677	100.0	27.8	16.7	5.7	5.1	11.9	2.5	3.5	5.6	1.5	0.8	4.6	3.0	1.0	10.4

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 12. Annual number and percent distribution of office visits for the 25 morbidity-related principal reasons for visit most frequently mentioned by patients, by physician specialty, averaged over a 2-year period: United States, 1995–96

Principal reason for visit and RVC code[1]		Number of visits in thousands	Total	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
			Percent distribution														
All visits		715,788	100.0	25.6	14.6	13.0	8.3	5.7	5.3	4.0	2.8	2.6	2.6	2.1	1.9	1.2	10.3
Cough	S440	24,215	100.0	38.3	18.8	34.1	*	–	–	–	*	*	1.0	*	–	*	6.2
Symptoms referable to throat	S455	17,234	100.0	45.7	13.1	30.7	*	–	–	–	–	0.9	5.4	*	–	*	3.9
Back symptoms	S905	12,206	100.0	40.9	18.8	*	*	–	16.9	*	*	1.8	–	*	*	2.0	15.5
Earache or ear infection	S355	12,176	100.0	31.0	5.3	41.6	–	*	–	–	–	*	16.4	*	–	*	*
Stomach and abdominal pain, cramps, and spasms	S545	12,031	100.0	31.7	23.1	7.7	5.8	–	*	–	*	7.7	–	*	*	*	21.5
Fever	S010	11,690	100.0	24.8	8.5	63.2	*	–	–	–	–	*	*	*	*	–	*
Skin rash	S860	11,119	100.0	28.3	11.6	26.0	*	*	–	27.7	–	*	*	*	*	*	4.6
Vision dysfunctions	S305	10,477	100.0	*	*	*	–	91.6	–	–	–	–	*	*	–	1.4	0.9
Nasal congestion	S400	10,282	100.0	22.8	9.4	38.3	–	–	–	*	*	*	12.9	*	–	–	15.9
Knee symptoms	S925	9,639	100.0	20.7	9.9	*	–	–	59.1	*	*	*	–	*	–	*	6.7
Hypertension	D510	9,494	100.0	37.8	44.3	*	*	–	–	–	*	1.3	–	5.2	*	*	10.6
Headache, pain in head	S210	8,876	100.0	38.6	21.1	9.3	0.5	2.5	*	*	*	*	3.7	*	–	*	7.6
Depression	S110	8,590	100.0	15.2	10.6	*	*	–	–	–	67.6	*	*	*	–	*	2.2
Head cold, upper respiratory infection (coryza)	S445	8,505	100.0	38.1	21.5	32.2	*	–	–	–	*	*	*	*	–	*	6.0
Chest pain and related symptoms (not referable to a specific body system)	S050	8,212	100.0	28.4	31.7	*	–	–	*	–	*	*	*	25.8	–	*	8.8
Neck symptoms	S900	6,973	100.0	31.3	15.3	*	*	–	14.0	*	*	*	3.8	*	–	7.9	19.8
Shoulder symptoms	S940	6,864	100.0	28.3	13.4	*	*	–	43.9	*	*	*	–	*	*	*	9.5
Diabetes mellitus	D205	6,258	100.0	42.2	41.6	*	–	6.4	–	–	–	*	–	*	*	–	*
Leg symptoms	S920	6,243	100.0	27.7	19.7	*	–	*	14.4	*	*	5.6	*	2.9	–	4.3	19.7
Low back symptoms	S910	6,009	100.0	30.6	13.1	–	*	–	18.0	–	*	*	–	*	*	3.2	32.0
Skin lesion	S865	5,697	100.0	26.2	12.0	*	*	*	*	29.9	–	10.2	*	*	*	*	8.0
Other and unspecified symptoms referable to the ears	S365	5,471	100.0	15.3	*	58.2	–	–	–	*	–	*	14.3	–	–	*	*
Vertigo-dizziness	S225	5,390	100.0	35.3	29.7	*	*	*	*	–	*	*	10.1	5.8	–	6.3	8.0
Sinus problems	S410	5,269	100.0	48.8	15.3	*	*	–	–	*	–	*	15.4	*	–	*	8.0
Foot and toe symptoms	S935	5,186	100.0	31.5	17.0	*	*	–	30.5	*	–	2.7	–	*	–	*	9.3
All other reasons		437,107	100.0	24.3	13.6	11.0	12.7	5.7	4.1	5.1	3.0	2.7	2.1	1.9	2.8	1.1	10.0

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

NOTE: Numbers may not add to totals because of rounding.

Table 13. Annual number and percent distribution of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period: United States, 1995–96

Principal reason for visit and RVC code[1]	Number of visits in thousands	Percent distribution
All specialties		
All visits	715,788	100.0
General medical examination X100	48,992	6.8
Progress visit, not elsewhere classified T800	25,019	3.5
Cough S440	24,215	3.4
Routine prenatal examination X205	20,839	2.9
Postoperative visit T205	19,556	2.7
Symptoms referable to throat S455	17,234	2.4
Well baby examination X105	13,715	1.9
Back symptoms S905	12,206	1.7
Earache or ear infection S355	12,176	1.7
Stomach and abdominal pain, cramps, and spasms S545	12,031	1.7
All other reasons	509,805	71.2
General and family practice		
All visits	183,225	100.0
General medical examination X100	11,087	6.1
Cough S440	9,274	5.1
Symptoms referable to throat S455	7,879	4.3
Back symptoms S905	4,990	2.7
Blood pressure test X320	4,110	2.2
Stomach and abdominal pain, cramps, and spasms S545	3,816	2.1
Earache or ear infection S355	3,778	2.1
Hypertension D510	3,588	2.0
Physical examination required for employment A100	3,472	1.9
Headache, pain in head S210	3,427	1.9
All other reasons	127,803	69.8
Internal medicine		
All visits	104,431	100.0
General medical examination X100	9,574	9.2
Progress visit, not elsewhere classified T800	5,477	5.2
Cough S440	4,545	4.4
Hypertension D510	4,209	4.0
Stomach and abdominal pain, cramps, and spasms S545	2,777	2.7
Diabetes mellitus D205	2,603	2.5
Chest pain and related symptoms (not referable to body system) S050	2,600	2.5
Blood pressure test X320	2,390	2.3
Back symptoms S905	2,298	2.2
Symptoms referable to throat S455	2,262	2.2
All other reasons	65,695	62.9
Pediatrics		
All visits	92,888	100.0
Well baby examination X105	11,175	12.0
General medical examination X100	9,408	10.1
Cough S440	8,254	8.9
Fever S010	7,386	8.0
Symptoms referable to throat S455	5,286	5.7
Earache or ear infection S355	5,060	5.4
Nasal congestion S400	3,938	4.2
Other symptoms referable to ears, not elsewhere classified S365	3,185	3.4
Skin rash S860	2,888	3.1
Head cold, upper respiratory infection (coryza) S445	2,738	2.9
All other reasons	33,570	36.1

See footnotes at end of table.

Table 13. Annual number and percent distribution of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period: United States, 1995–96—Con.

Principal reason for visit and RVC code[1]		Number of visits in thousands	Percent distribution
Obstetrics and gynecology			
All visits		59,515	100.0
Routine prenatal examination	X205	18,412	30.9
General medical examination	X100	10,405	17.5
Gynecological examination	X225	3,034	5.1
Postoperative visit	T205	2,077	3.5
For cytology findings	R300	1,862	3.1
Pap smear	X365	1,516	2.5
Postpartum examination	X215	1,464	2.5
Pelvic symptoms	S775	1,069	1.8
Family planning, not otherwise specified	X500	936	1.6
Uterine and vaginal bleeding	S755	831	1.4
All other reasons		17,908	30.1
Ophthalmology			
All visits		40,714	100.0
Vision dysfunctions	S305	9,600	23.6
Eye examination	X230	3,414	8.4
Postoperative visit	T205	3,115	7.7
Cataract	D410	2,881	7.1
Progress visit, not otherwise specified	T800	2,227	5.5
Glaucoma	D415	2,227	5.5
General medical examination	X100	2,197	5.4
Abnormal sensations of the eye	S320	2,167	5.3
Other and unspecified diagnostic tests (including glaucoma test)	X370	1,721	4.2
Abnormal appearance of eyes	S330	1,073	2.6
All other reasons		10,092	24.8
Orthopedic surgery			
All visits		38,267	100.0
Knee symptoms	S925	5,701	14.9
Postoperative visit	T205	3,403	8.9
Shoulder symptoms	S940	3,011	7.9
Back symptoms	S905	2,060	5.4
Hand and finger symptoms	S960	2,039	5.3
Foot and toe symptoms	S935	1,580	4.1
Wrist symptoms	S955	1,566	4.1
Progress visit, not otherwise specified	T800	1,472	3.8
Hip symptoms	S915	1,248	3.3
Ankle symptoms	S930	1,195	3.1
All other reasons		14,992	39.2
Dermatology			
All visits		28,969	100.0
Acne or pimples	S830	4,040	13.9
Skin rash	S860	3,076	10.6
Discoloration or pigmentation	S835	1,889	6.5
Skin lesion	S865	1,703	5.9
Other symptoms referable to skin	S880	1,406	4.9
Cancer, skin and subcutaneous tissues	D110	1,264	4.4
Warts, not otherwise specified	S850	1,239	4.3
Symptoms of skin moles	S845	1,213	4.2
Other growths of skin	S855	1,084	3.7
Progress visit, not otherwise specified	T800	967	3.3
All other reasons		11,086	38.3

See footnotes at end of table.

Table 13. Annual number and percent distribution of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period: United States, 1995–96—Con.

Principal reason for visit and RVC code[1]		Number of visits in thousands	Percent distribution
Psychiatry			
All visits		20,287	100.0
Depression	S110	5,805	28.6
Anxiety and nervousness	S100	2,160	10.6
Drug dependence	D321	1,683	8.3
Other symptoms relating to psychological and mental disorders, not elsewhere classified	S165	1,377 1,077	6.8 5.3
Medication, other and unspecified kinds	T115	815	4.0
Progress visit, not otherwise specified	T800	558	2.8
Behavioral disturbances	S130	509	2.5
Marital problems	T705	370	1.8
Functional psychoses	D305	329	1.6
Delusions or hallucinations	S155	315	1.6
All other reasons		5,288	26.1
General surgery			
All visits		18,762	100.0
Postoperative visit	T205	2,713	14.5
Hernia of abdominal cavity	D660	973	5.2
Stomach and abdominal pain, cramps, and spasms	S545	931	5.0
Lump or mass of breast	S805	925	4.9
Skin lesion	S865	580	3.1
General medical examination	X100	459	2.4
Cancer, breast	D115	430	2.3
Progress visit, not otherwise specified	T800	425	2.3
Leg symptoms	S920	348	1.9
Symptoms referable to anus-rectum	S605	346	1.8
All other reasons		10,633	56.7
Otolaryngology			
All visits		18,346	100.0
Earache or ear infection	S355	1,997	10.9
Hearing dysfunctions	S345	1,418	7.7
Postoperative visit	T205	1,373	7.5
Nasal congestion	S400	1,327	7.2
Plugged feeling in ear	S360	1,194	6.5
Symptoms referable to throat	S455	938	5.1
Sinus problems	S410	813	4.4
Other symptoms referable to ears, not elsewhere classified	S365	783	4.3
Vertigo-dizziness	S225	544	3.0
Allergy, not otherwise specified	S090	473	2.6
All other reasons		7,486	40.8
Cardiovascular diseases			
All visits		14,705	100.0
Chest pain and related symptoms (not referable to specific body system)	S050	2,121	14.4
Progress visit, not otherwise specified	T800	2,109	14.3
Ischemic heart disease	D515	769	5.2
Abnormal pulsations and palpitations	S260	727	4.9
General medical examination	X100	723	4.9
Shortness of breath	S415	680	4.6
Postoperative visit	T205	543	3.7
Other heart disease	D520	500	3.4
Hypertension	D510	489	3.3
For other and unspecified test results	R700	329	2.2
All other reasons		5,716	38.9

See footnotes at end of table.

Table 13. Annual number and percent distribution of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients, averaged over a 2-year period: United States, 1995–96—Con.

Principal reason for visit and RVC code[1]		Number of visits in thousands	Percent distribution
Urology			
All visits		13,780	100.0
Other urinary dysfunctions	S660	1,037	7.5
Cancer, urinary and male genital tract	D125	872	6.3
Frequency and urgency of urination	S645	822	6.0
Incontinence of urine (enuresis)	S655	730	5.3
Postoperative visit	T205	692	5.0
Urinary tract disease, except cystitis	D705	630	4.6
General medical examination	X100	615	4.5
Abnormalities of urine	S640	600	4.4
Psychosexual disorders	S160	585	4.2
Diseases of the male genital organs	D710	551	4.0
All other reasons		6,646	48.2
Neurology			
All visits		8,481	100.0
Headache, pain in head	S210	1,239	14.6
Convulsions	S205	687	8.1
Neck symptoms	S900	552	6.5
Disturbances of sensation	S220	476	5.6
Progress visit, not elsewhere classified	T800	375	4.4
Vertigo-dizziness	S225	342	4.0
Abnormal involuntary movements	S200	316	3.7
Leg symptoms	S920	268	3.2
Migraine headache	D365	265	3.1
Back symptoms	S905	245	2.9
All other reasons		3,715	43.8
All other specialties			
All visits		73,417	100.0
Progress visit, not elsewhere classified	T800	4,865	6.6
Diabetes mellitus	D205	3,839	5.2
General medical examination	X100	3,114	4.2
Stomach and abdominal pain, cramps, and spasms	S545	2,592	3.5
Low back symptoms	S910	1,920	2.6
Back symptoms	S905	1,887	2.6
Nasal congestion	S400	1,637	2.2
Cough	S440	1,491	2.0
Neck symptoms	S900	1,382	1.9
Leg symptoms	S920	1,232	1.7
All other reasons		49,457	67.4

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

NOTE: Numbers may not add to totals because of rounding.

Table 14. Annual number and percent distribution of office visits by principal diagnosis, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Major disease category and ICD–9–CM code range[1]	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
		Number of visits in thousands										
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
Infectious and parasitic diseases 001–139	23,320	10,364	2,331	5,773	2,738	1,394	721	13,330	9,990	19,313	3,062	945
Neoplasms 140–239	24,434	845	851	3,313	7,900	5,939	5,586	12,986	11,448	22,042	1,624	767
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	28,503	670	864	5,454	10,819	6,547	4,149	17,224	11,280	23,211	4,128	1,164
Mental disorders 290–319	31,732	2,634	2,339	12,965	9,669	2,457	1,669	17,531	14,202	28,573	2,375	784
Diseases of the nervous system and sense organs 320–389	71,171	22,261	2,766	11,448	12,339	10,572	11,784	40,130	31,041	63,907	5,070	2,193
Diseases of the circulatory system 390–459	54,683	427	394	6,072	17,455	14,531	15,805	29,080	25,603	45,909	6,838	1,936
Diseases of the respiratory system 460–519	96,946	36,312	8,607	21,830	15,998	8,246	5,951	53,854	43,092	83,574	8,790	4,582
Diseases of the digestive system 520–579	27,471	3,446	1,386	7,267	7,589	4,383	3,399	15,715	11,756	23,067	2,585	1,819
Diseases of the genitourinary system 580–629	39,793	1,576	3,798	13,240	11,941	5,077	4,160	29,361	10,432	33,764	4,788	1,240
Diseases of the skin and subcutaneous tissue 680–709	38,604	5,183	5,001	10,049	9,316	5,127	3,928	22,164	16,439	34,255	2,678	1,670
Diseases of the musculoskeletal system and connective tissue 710–739	51,500	1,993	2,429	14,545	17,632	8,226	6,675	31,319	20,181	44,865	5,318	1,317
Symptoms, signs, and ill-defined conditions 780–799	37,094	4,626	2,555	9,353	10,084	5,669	4,808	22,460	14,634	31,249	3,990	1,856
Injury and poisoning 800–999	49,576	8,290	6,350	16,245	11,525	3,688	3,477	24,324	25,252	42,102	5,489	1,985
Supplementary classification V01–V82	116,490	32,816	15,437	38,120	15,346	7,752	7,020	80,411	36,079	100,774	11,311	4,405
All other diagnoses[2]	8,202	1,943	930	2,513	1,051	548	1,217	5,582	2,620	7,026	948	*
Unknown[3]	16,269	2,814	1,646	4,832	3,476	2,057	1,445	9,945	6,324	13,296	1,751	1,222
		Percent distribution										
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001–139	3.3	7.6	4.0	3.2	1.7	1.5	0.9	3.1	3.4	3.1	4.3	3.4
Neoplasms 140–239	3.4	0.6	1.5	1.8	4.8	6.4	6.8	3.1	3.9	3.6	2.3	2.7
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	4.0	0.5	1.5	3.0	6.6	7.1	5.1	4.0	3.9	3.8	5.8	4.1
Mental disorders 290–319	4.4	1.9	4.1	7.1	5.9	2.7	2.0	4.1	4.9	4.6	3.4	2.8
Diseases of the nervous system and sense organs 320–389	9.9	16.3	4.8	6.3	7.5	11.5	14.4	9.4	10.7	10.4	7.2	7.8
Diseases of the circulatory system 390–459	7.6	0.3	0.7	3.3	10.6	15.8	19.3	6.8	8.8	7.4	9.7	6.9
Diseases of the respiratory system 460–519	13.5	26.7	14.9	11.9	9.7	8.9	7.3	12.7	14.8	13.5	12.4	16.3
Diseases of the digestive system 520–579	3.8	2.5	2.4	4.0	4.6	4.8	4.2	3.7	4.0	3.7	3.7	6.5
Diseases of the genitourinary system 580–629	5.6	1.2	6.6	7.2	7.2	5.5	5.1	6.9	3.6	5.5	6.8	4.4
Diseases of the skin and subcutaneous tissue 680–709	5.4	3.8	8.7	5.5	5.7	5.6	4.8	5.2	5.7	5.6	3.8	5.9
Diseases of the musculoskeletal system and connective tissue 710–739	7.2	1.5	4.2	7.9	10.7	8.9	8.2	7.4	7.0	7.3	7.5	4.7
Symptoms, signs, and ill-defined conditions 780–799	5.2	3.4	4.4	5.1	6.1	6.1	5.9	5.3	5.0	5.1	5.6	6.6
Injury and poisoning 800–999	6.9	6.1	11.0	8.9	7.0	4.0	4.3	5.7	8.7	6.8	7.8	7.1
Supplementary classification V01–V82	16.3	24.1	26.8	20.8	9.3	8.4	8.6	18.9	12.4	16.3	16.0	15.7
All other diagnoses[2]	1.1	1.4	1.6	1.4	0.6	0.6	1.5	1.3	0.9	1.1	1.3	*
Unknown[3]	2.3	2.1	2.9	2.6	2.1	2.2	1.8	2.3	2.2	2.2	2.5	4.3

* Figure does not meet standard of reliability or precison.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 15. Annual number and percent distribution of office visits by patient's age, sex, and race, according to principal diagnosis, averaged over a 2-year period: United States, 1995–96

Major disease category and ICD–9–CM code range[1]	Number of visits in thousands	Total	Age						Sex		Race		
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
		Percent distribution											
All visits	715,788	100.0	19.0	8.1	25.6	23.0	12.9	11.4	59.4	40.6	86.2	9.9	3.9
Infectious and parasitic diseases 001–139	23,320	100.0	44.4	10.0	24.8	11.7	6.0	3.1	57.2	42.8	82.8	13.1	4.1
Neoplasms 140–239	24,434	100.0	3.5	3.5	13.6	32.3	24.3	22.9	53.1	46.9	90.2	6.6	3.1
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	28,503	100.0	2.4	3.0	19.1	38.0	23.0	14.6	60.4	39.6	81.4	14.5	4.1
Mental disorders 290–319	31,732	100.0	8.3	7.4	40.9	30.5	7.7	5.3	55.2	44.8	90.0	7.5	2.5
Diseases of the nervous system and sense organs 320–389	71,171	100.0	31.3	3.9	16.1	17.3	14.9	16.6	56.4	43.6	89.8	7.1	3.1
Diseases of the circulatory system 390–459	54,683	100.0	0.8	0.7	11.1	31.9	26.6	28.9	53.2	46.8	84.0	12.5	3.5
Diseases of the respiratory system 460–519	96,946	100.0	37.5	8.9	22.5	16.5	8.5	6.1	55.6	44.4	86.2	9.1	4.7
Diseases of the digestive system 520–579	27,471	100.0	12.5	5.0	26.5	27.6	16.0	12.4	57.2	42.8	84.0	9.4	6.6
Diseases of the genitourinary system 580–629	39,793	100.0	4.0	9.5	33.3	30.0	12.8	10.5	73.8	26.2	84.9	12.0	3.1
Diseases of the skin and subcutaneous tissue 680–709	38,604	100.0	13.4	13.0	26.0	24.1	13.3	10.2	57.4	42.6	88.7	6.9	4.3
Diseases of the musculoskeletal system and connective tissue 710–739	51,500	100.0	3.9	4.7	28.2	34.2	16.0	13.0	60.8	39.2	87.1	10.3	2.6
Symptoms, signs, and ill-defined conditions 780–799	37,094	100.0	12.5	6.9	25.2	27.2	15.3	13.0	60.6	39.4	84.2	10.8	5.0
Injury and poisoning 800–999	49,576	100.0	16.7	12.8	32.8	23.2	7.4	7.0	49.1	50.9	84.9	11.1	4.0
Supplementary classification V01–V82	116,490	100.0	28.2	13.3	32.7	13.2	6.7	6.0	69.0	31.0	86.5	9.7	3.8
All other diagnoses[2]	8,202	100.0	23.7	11.3	30.6	12.8	6.7	14.8	68.1	31.9	85.7	11.6	*
Unknown[3]	16,269	100.0	17.3	10.1	29.7	21.4	12.6	8.9	61.1	38.9	81.7	10.8	7.5

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 16. Annual number and percent distribution of office visits by principal diagnosis group, according to patient's sex, averaged over a 2-year period, with mean duration of physician-patient contact and standard error of mean contact duration: United States, 1995–96

Principal diagnosis group[1]	Number of visits in thousands	Percent distribution			Mean contact duration in minutes[2]	Standard error of mean contact duration in minutes[2]
		Total	Female	Male		
All visits	715,788	100.0	100.0	100.0	19.2	0.2
Infectious and parasitic diseases	23,320	3.3	3.1	3.4	15.5	0.4
Streptococcal sore throat	2,553	0.4	0.3	0.4	15.2	0.8
HIV infection	626	0.1	*	0.2	24.3	2.5
Viral warts	3,426	0.5	0.5	0.5	14.8	0.6
Unspecified viral and chlamydial infections	3,357	0.5	0.5	0.4	13.6	0.5
Dermatophytosis	2,101	0.3	0.3	0.3	13.4	0.9
Candidiasis	1,770	0.2	0.3	0.1	15.5	1.0
Other infectious and parasitic diseases	9,486	1.3	1.3	1.4	16.4	0.6
Neoplasms	24,434	3.4	3.1	3.9	22.5	1.0
Malignant neoplasm of colon and rectum	1,796	0.3	0.2	0.3	29.8	6.5
Malignant neoplasm of skin	3,301	0.5	0.4	0.6	23.0	1.8
Malignant neoplasm of breast	3,252	0.5	0.8	*	21.7	1.6
Malignant neoplasm of prostate	2,309	0.3	. . .	0.8	17.6	0.8
Malignant neoplasm of lymphatic and hematopoietic tissue	2,782	0.4	0.3	0.6	24.8	1.9
Other malignant neoplasms	4,409	0.6	0.5	0.8	24.2	2.3
Benign neoplasm of skin	2,327	0.3	0.4	0.3	19.7	1.2
Other benign neoplasm	2,777	0.4	0.5	0.3	21.6	1.1
Neoplasm of uncertain behavior and unspecified nature	1,480	0.2	0.1	0.3	20.4	1.3
Endocrine, nutritional and metabolic diseases, and immunity disorders	28,503	4.0	4.0	3.9	20.2	0.9
Acquired hypothyroidism	2,247	0.3	0.4	0.2	18.8	1.3
Other disorders of the thyroid gland	1,518	0.2	0.3	0.1	19.1	0.9
Diabetes mellitus	14,593	2.0	1.9	2.2	20.2	1.4
Disorders of lipoid metabolism	4,067	0.6	0.5	0.7	21.2	1.6
Obesity	2,696	0.4	0.5	0.2	20.1	1.0
Other endocrine, nutritional and metabolic diseases, and immunity disorders	3,383	0.5	0.5	0.5	20.8	1.2
Diseases of the blood and blood-forming organs	3,392	0.5	0.5	0.4	20.3	2.6
Anemias	2,289	0.3	0.4	0.3	21.3	3.8
Other diseases of the blood and blood-forming organs	1,102	0.2	0.2	0.1	18.2	1.7
Mental disorders	31,514	4.4	4.1	4.9	32.5	0.9
Schizophrenic disorders	1,627	0.2	0.2	0.3	28.7	2.2
Major depressive disorder	4,931	0.7	0.8	0.5	36.1	2.2
Other psychoses	2,696	0.4	0.4	0.4	32.2	1.5
Anxiety states	3,945	0.6	0.6	0.5	28.6	1.7
Neurotic depression	2,610	0.4	0.4	0.3	41.1	1.7
Alcohol dependence syndrome	*	*	*	*	*	*
Drug dependence and nondependent use of drugs	2,875	0.4	0.2	0.7	27.8	3.1
Acute reaction to stress and adjustment reaction	1,714	0.2	0.3	0.2	39.0	2.1
Depressive disorder, not elsewhere classified	4,780	0.7	0.7	0.6	29.3	1.3
Attention deficit disorder	2,549	0.4	0.1	0.7	27.1	1.5
Other mental disorders	3,787	0.5	0.4	0.7	33.0	1.9
Diseases of the nervous system and sense organs	71,171	9.9	9.4	10.7	20.5	0.6
Migraine	2,885	0.4	0.5	0.2	22.8	1.5
Other disorders of the central nervous system	3,094	0.4	0.4	0.5	22.0	0.9
Carpal tunnel syndrome	2,088	0.3	0.4	0.2	21.1	1.1
Other disorders of the nervous system	2,055	0.3	0.3	0.3	23.4	1.2
Retinal detachment and other retinal disorders	2,744	0.4	0.4	0.3	34.9	4.4
Glaucoma	6,253	0.9	0.8	0.9	22.0	1.8
Cataract	7,034	1.0	1.1	0.8	26.5	2.4
Disorders of refraction and accommodation	4,499	0.6	0.6	0.7	28.1	2.4
Conjunctivitis	3,774	0.5	0.5	0.5	14.5	0.5
Disorders of eyelids	2,072	0.3	0.3	0.3	22.9	1.7
Other disorders of the eye and adnexa	6,995	1.0	0.9	1.0	23.3	1.4
Disorders of external ear	3,794	0.5	0.5	0.6	15.0	0.6
Otitis media and Eustachian tube disorders	19,626	2.7	2.2	3.5	13.9	0.4
Other diseases of the ear and mastoid process	4,258	0.6	0.5	0.7	19.9	0.8

See footnotes at end of table.

Table 16. Annual number and percent distribution of office visits by principal diagnosis group, according to patient's sex, averaged over a 2-year period, with mean duration of physician-patient contact and standard error of mean contact duration: United States, 1995–96—Con.

Principal diagnosis group[1]	Number of visits in thousands	Percent distribution			Mean contact duration in minutes[2]	Standard error of mean contact duration in minutes[2]
		Total	Female	Male		
Diseases of the circulatory system	54,683	7.6	6.8	8.8	19.8	0.4
Angina pectoris	1,917	0.3	0.2	0.4	20.4	1.0
Coronary atherosclerosis	4,440	0.6	0.5	0.8	21.8	1.1
Other ischemic heart disease	3,722	0.5	0.3	0.8	22.1	1.5
Cardiac dysrhythmias	3,335	0.5	0.4	0.5	22.2	0.8
Congestive heart failure	2,958	0.4	0.4	0.5	19.1	0.9
Other heart disease	3,536	0.5	0.5	0.5	23.4	1.0
Essential hypertension	25,129	3.5	3.3	3.8	17.8	0.4
Cerebrovascular disease	2,350	0.3	0.3	0.4	22.6	1.2
Diseases of the arteries, arterioles, and capillaries	2,381	0.3	0.3	0.4	21.7	1.1
Hemorrhoids	1,422	0.2	0.1	0.3	20.2	1.2
Other diseases of the circulatory system	3,493	0.5	0.5	0.5	20.5	1.3
Diseases of the respiratory system	96,946	12.2	12.2	14.4	15.4	0.3
Acute sinusitis	1,640	0.2	0.3	0.2	15.3	1.3
Acute pharyngitis	9,838	1.4	1.3	1.5	14.6	0.6
Acute tonsillitis	2,422	0.3	0.3	0.4	15.0	1.0
Acute bronchitis and bronchiolitis	3,059	0.4	0.4	0.4	16.3	1.0
Other acute respiratory infections	22,330	3.1	2.9	3.5	13.4	0.4
Chronic sinusitis	13,097	1.8	1.9	1.7	15.6	0.4
Allergic rhinitis	8,209	1.1	1.1	1.3	16.6	1.1
Pneumonia	3,039	0.4	0.4	0.5	18.1	1.1
Chronic and unspecified bronchitis	10,873	1.5	1.3	1.8	15.2	0.4
Asthma	9,039	1.3	1.4	1.1	18.1	0.6
Other chronic obstructive pulmonary disease and allied conditions	4,123	0.6	0.4	0.8	18.1	0.7
Other diseases of the respiratory system	9,278	1.3	1.1	1.6	16.1	0.6
Diseases of the digestive system	27,471	3.8	3.7	4.0	19.1	0.5
Diseases of the teeth and supporting structures	1,110	0.2	0.2	0.1	16.2	1.5
Gastritis and duodenitis	2,278	0.3	0.3	0.3	19.2	1.5
Esophagitis	1,006	0.1	0.1	0.1	19.8	1.8
Ulcer of stomach and small intestine	1,540	0.2	0.2	0.2	21.2	1.5
Hernia of abdominal cavity	2,718	0.4	0.2	0.6	15.7	0.6
Noninfectious enteritis and colitis	4,755	0.7	0.7	0.7	19.1	1.5
Diverticula of intestine	1,290	0.2	0.2	0.2	19.3	1.6
Constipation	1,223	0.2	0.2	0.2	18.7	1.5
Irritable colon	1,416	0.2	0.3	*	20.4	1.4
Anal and rectal diseases	1,737	0.2	0.2	0.3	20.6	1.2
Disorders of the gallbladder and biliary tract	1,836	0.3	0.3	0.2	18.5	1.2
Gastrointestinal hemorrhage	433	0.1	*	*	24.5	2.8
Other diseases of the digestive system	6,128	0.9	0.8	0.9	19.5	0.7
Diseases of the genitourinary system	39,793	5.6	6.9	3.6	19.6	0.5
Calculus of kidney and ureter	911	0.1	0.1	0.2	19.0	1.2
Cystitis and other disorders of the bladder	1,880	0.3	0.3	0.2	17.3	1.1
Urinary tract infection, site not specified	4,922	0.7	0.9	0.4	16.2	0.7
Other diseases of the urinary system	3,691	0.5	0.4	0.7	18.8	0.6
Hyperplasia of prostate	3,040	0.4	. . .	1.0	17.2	0.8
Other disorders of male genital organs	3,256	0.5	. . .	1.1	18.0	1.1
Disorders of breast	4,595	0.6	1.0	*	20.6	0.8
Inflammatory disorders of female pelvic organs	3,200	0.4	0.8	. . .	20.3	1.0
Noninflammatory disorders of female genital organs	2,172	0.3	0.5	. . .	20.4	1.1
Disorders of menstruation and abnormal bleeding	3,514	0.5	0.8	. . .	22.9	2.1
Menopausal and postmenopausal disorders	4,336	0.6	1.0	. . .	21.5	1.7
Other disorders of the female genital tract	4,276	0.6	1.0	. . .	21.4	0.9
Complications of pregnancy, childbirth, and the puerperium	1,888	0.3	0.4	. . .	19.9	1.4

See footnotes at end of table.

Table 16. Annual number and percent distribution of office visits by principal diagnosis group, according to patient's sex, averaged over a 2-year period, with mean duration of physician-patient contact and standard error of mean contact duration: United States, 1995–96—Con.

Principal diagnosis group[1]	Number of visits in thousands	Percent distribution			Mean contact duration in minutes[2]	Standard error of mean contact duration in minutes[2]
		Total	Female	Male		
Diseases of the skin and subcutaneous tissue	38,604	5.4	5.2	5.7	15.4	0.5
Cellulitis and abscess	2,913	0.4	0.4	0.4	18.0	2.1
Other infection of the skin and subcutaneous tissue	1,902	0.3	0.2	0.3	15.0	0.9
Contact dermatitis and other eczema	6,895	1.0	0.9	1.1	13.3	0.4
Psoriasis and similar disorders	1,812	0.3	0.2	0.3	14.3	0.9
Other inflammatory conditions of skin and subcutaneous tissue	4,334	0.6	0.7	0.5	15.8	1.2
Corns, callosities and other hypertrophic and atrophic skin conditions	2,041	0.3	0.3	0.2	20.8	2.6
Actinic and seborrheic keratosis	4,288	0.6	0.5	0.8	14.3	0.7
Acne	5,085	0.7	0.8	0.6	13.3	0.7
Sebaceous cyst	2,901	0.4	0.3	0.5	16.9	0.7
Urticaria	789	0.1	0.1	*	23.6	3.4
Other disorders of the skin and subcutaneous tissue	5,644	0.8	0.8	0.8	15.8	0.5
Diseases of the musculoskeletal system and connective tissue	51,500	7.2	7.4	7.0	20.3	0.5
Rheumatoid arthritis	1,578	0.2	0.3	0.2	22.8	3.3
Osteoarthrosis and allied disorders	6,212	0.9	0.9	0.8	19.1	0.5
Other arthropathies and related disorders	4,401	0.6	0.7	0.5	19.7	1.1
Derangements and other and unspecified joint disorders	5,341	0.7	0.7	0.8	18.9	0.7
Intervertebral disc disorders	4,291	0.6	0.4	0.9	21.3	1.1
Lumbago	2,526	0.4	0.3	0.4	24.6	2.3
Other dorsopathies	8,033	1.1	1.1	1.2	21.4	0.8
Peripheral enthesopathies and allied disorders	5,373	0.8	0.7	0.8	18.7	0.7
Synovitis and tenosynovitis	1,795	0.3	0.3	0.2	17.4	0.8
Myalgia and myositis, unspecified	1,980	0.3	0.4	0.1	21.5	1.7
Other rheumatism, excluding back	5,592	0.8	0.9	0.6	19.4	0.8
Disorders of bone and cartilage	2,389	0.3	0.4	0.3	20.9	1.3
Other diseases of the musculoskeletal system and connective tissue	1,988	0.3	0.3	0.2	21.7	1.7
Congenital anomalies	2,521	0.4	0.3	0.4	24.9	2.7
Certain conditions originating in the perinatal period	402	0.1	*	*	15.1	1.5
Symptoms, signs, and ill-defined conditions	37,094	5.2	5.3	5.0	20.3	0.4
Syncope and collapse	452	0.1	*	*	24.8	2.8
Convulsions	1,547	0.2	0.2	0.3	19.6	1.4
Dizziness and giddiness	1,784	0.2	0.3	0.2	18.9	1.0
Pyrexia of unknown origin	542	0.1	*	*	15.6	1.4
Symptoms involving skin and other integumentary tissue	2,869	0.4	0.5	0.3	16.3	0.8
Headache	2,899	0.4	0.4	0.4	21.7	1.1
Epistaxis	584	0.1	*	*	19.5	1.7
Abnormal heart sounds	733	0.1	0.1	0.1	24.0	1.9
Dyspnea and respiratory abnormalities	809	0.1	0.1	0.1	25.1	2.6
Cough	930	0.1	0.1	0.2	19.4	2.6
Chest pain	3,025	0.4	0.4	0.4	21.6	1.1
Symptoms involving urinary system	1,938	0.3	0.2	0.3	18.8	0.9
Abdominal pain	3,748	0.5	0.6	0.4	21.4	1.2
Other symptoms, signs, and ill-defined conditions	15,231	2.1	2.3	1.9	20.4	0.6
Injury and poisoning	49,576	6.9	5.7	8.7	19.2	0.6
Fracture of radius and ulna	1,868	0.3	0.2	0.3	20.2	1.5
Fracture of hand and fingers	2,061	0.3	0.2	0.4	19.4	1.5
Fracture of lower limb	4,204	0.6	0.5	0.7	18.7	1.6
Other fractures	2,566	0.4	0.3	0.5	20.8	1.7
Sprains and strains of wrist and hand	1,109	0.2	0.1	0.2	16.8	2.0
Sprains and strains of knee and leg	1,801	0.3	0.2	0.3	20.4	2.0
Sprains and strains of ankle	1,261	0.2	0.1	0.2	14.9	1.4
Sprains and strains of neck	3,622	0.5	0.5	0.5	24.7	1.8
Other sprains and strains of back	5,131	0.7	0.6	0.9	20.4	1.1
Other sprains and strains	3,923	0.5	0.4	0.7	17.4	0.8
Intracranial injury, excluding those with skull fracture	520	0.1	*	*	24.6	3.1
Open wound of head	776	0.1	*	0.2	21.6	2.1
Open wound of hand and fingers	1,200	0.2	0.1	0.3	19.2	2.0

See footnotes at end of table.

Table 16. Annual number and percent distribution of office visits by principal diagnosis group, according to patient's sex, averaged over a 2-year period, with mean duration of physician-patient contact and standard error of mean contact duration: United States, 1995–96—Con.

Principal diagnosis group[1]	Number of visits in thousands	Percent distribution			Mean contact duration in minutes[2]	Standard error of mean contact duration in minutes[2]
		Total	Female	Male		
Injury and poisoning—Con.						
Other open wound	2,794	0.4	0.3	0.5	17.0	1.0
Superficial injury of cornea	529	0.1	*	0.1	15.0	1.5
Other superficial injury	1,358	0.2	0.1	0.3	16.1	1.1
Contusions with intact skin surfaces	3,736	0.5	0.4	0.7	18.6	0.9
Other injuries	5,772	0.8	0.6	1.2	19.0	0.8
Poisonings	452	0.1	*	*	20.8	3.7
Other and unspecified effects of external causes	3,764	0.5	0.6	0.5	17.3	1.0
Complications of surgical and medical care, not elsewhere classified	1,130	0.2	0.2	0.2	19.4	1.2
Supplementary classification of factors influencing health status and contact with health services	116,490	16.3	18.9	12.4	17.7	0.4
Potential health hazards related to communicable diseases	4,202	0.6	0.6	0.5	14.9	1.3
Potential health hazards related to personal and family history	8,435	1.2	1.1	1.3	17.0	0.8
Routine infant or child health check	22,451	3.1	2.6	3.9	18.1	0.6
Normal pregnancy	21,625	3.0	5.1	. . .	15.5	0.5
Postpartum care and examination	1,584	0.2	0.4	. . .	17.6	1.3
Encounter for contraceptive management	2,230	0.3	0.4	0.2	22.3	1.4
Other encounter related to reproduction	353	0.0	0.1	. . .	19.5	2.5
Lens replaced by pseudophakos	1,926	0.3	0.3	0.2	15.9	1.2
Artificial opening status and other postsurgical states	5,151	0.7	0.7	0.7	16.4	0.6
Attention to surgical dressing and sutures	884	0.1	0.1	0.2	–	–
Followup examination	6,993	1.0	1.0	0.9	15.5	0.5
General medical examination	20,355	2.8	3.0	2.6	19.8	0.7
Observation and evaluation for suspected conditions not found	3,720	0.5	0.6	0.4	17.2	1.1
Gynecological examination	4,199	0.6	1.0	. . .	19.5	1.4
Other factors influencing health status and contact with health services	12,382	1.7	1.9	1.5	19.8	1.0
Blank and illegible	16,269	2.3	2.3	2.2	17.2	0.6

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

– Quantity zero.

0.0 Quantity more than zero but less than 0.05.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification,* (ICD–9–CM) (20).

[2]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

NOTE: Numbers may not add to totals because of rounding.

Table 17. Annual number and percent distribution of office visits by patient's age, sex, and race and the 15 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96

Diagnosis group[1]	Number of visits in thousands	Percent distribution
All visits	715,788	100.0
Acute respiratory infections, excluding pharyngitis	29,451	4.1
Essential hypertension	25,129	3.5
Routine infant or child health check	22,451	3.1
Normal pregnancy	21,625	3.0
General medical examination	20,355	2.8
Otitis media and Eustachian tube disorders	19,626	2.7
Malignant neoplasms	17,848	2.5
Diabetes mellitus	14,593	2.0
Chronic sinusitis	13,097	1.8
Chronic and unspecified bronchitis	10,873	1.5
Ischemic heart disease	10,078	1.4
Acute pharyngitis	9,838	1.4
Heart disease, excluding ischemic	9,829	1.4
Asthma	9,039	1.3
Allergic rhinitis	8,209	1.1
All other diagnoses	473,747	66.2
Under 15 years		
All visits	136,200	100.0
Routine infant or child health check	21,849	16.0
Otitis media and Eustachian tube disorders	16,096	11.8
Acute respiratory infections, excluding pharyngitis	15,566	11.4
Acute pharyngitis	5,222	3.8
General medical examination	4,038	3.0
Chronic sinusitis	3,598	2.6
Chronic and unspecified bronchitis	3,169	2.3
Asthma	2,906	2.1
Unspecified viral and chlamydial infections	2,274	1.7
Streptococcal sore throat	2,041	1.5
Noninfectious enteritis and colitis	1,896	1.4
Attention deficit disorder	1,853	1.4
Conjunctivitis	1,771	1.3
Contact dermatitis and other eczema	1,521	1.1
Allergic rhinitis	1,317	1.0
All other diagnoses	51,083	37.5
15–24 years		
All visits	57,682	100.0
Normal pregnancy	7,108	12.3
General medical examination	3,578	6.2
Acne	2,529	4.4
Acute respiratory infections, excluding pharyngitis	2,323	4.0
Acute pharyngitis	1,303	2.3
Chronic sinusitis	1,260	2.2
Allergic rhinitis	1,004	1.7
Chronic and unspecified bronchitis	981	1.7
Asthma	906	1.6
Inflammatory disorders of female pelvic organs	852	1.5
Disorders of menstruation and abnormal bleeding	742	1.3
Encounter for contraceptive management	639	1.1
Otitis media and Eustachian tube disorders	631	1.1
Viral warts	620	1.1
Complications of pregnancy, childbirth, and the puerperium	588	1.0
All other diagnoses	32,620	56.6

See footnotes at end of table.

Table 17. Annual number and percent distribution of office visits by patient's age, sex, and race and the 15 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96—Con.

Diagnosis group[1]	Number of visits in thousands	Percent distribution
25–44 years		
All visits	183,019	100.0
Normal pregnancy	14,351	7.8
General medical examination	7,167	3.9
Acute respiratory infections, excluding pharyngitis	5,547	3.0
Chronic sinusitis	4,380	2.4
Essential hypertension	3,377	1.8
Allergic rhinitis	2,839	1.6
Dorsopathies, excluding intervertebral disc disorders and lumbago	2,609	1.4
Gynecological examination	2,437	1.3
Sprains and strains of back, excluding neck	2,411	1.3
Chronic and unspecified bronchitis	2,339	1.3
Disorders of menstruation and abnormal bleeding	2,154	1.2
Acute pharyngitis	2,055	1.1
Major depressive disorder	2,030	1.1
Peripheral enthesopathies and allied disorders	2,028	1.1
Asthma	2,027	1.1
All other diagnoses	125,270	68.4
45–64 years		
All visits	164,880	100.0
Essential hypertension	9,970	6.0
Malignant neoplasms	5,873	3.6
Diabetes mellitus	5,754	3.5
General medical examination	3,536	2.1
Acute respiratory infections, excluding pharyngitis	3,239	2.0
Menopausal and postmenopausal disorders	3,128	1.9
Ischemic heart disease	2,966	1.8
Dorsopathies, excluding intervertebral disc disorders and lumbago	2,957	1.8
Chronic sinusitis	2,543	1.5
Chronic and unspecified bronchitis	2,205	1.3
Benign and other and unspecified neoplasms	2,027	1.2
Osteoarthrosis and allied disorders	1,990	1.2
Allergic rhinitis	1,955	1.2
Heart disease, excluding ischemic	1,913	1.2
Peripheral enthesopathies and allied disorders	1,907	1.2
All other diagnoses	112,915	68.5
65–74 years		
All visits	92,212	100.0
Essential hypertension	6,335	6.9
Malignant neoplasms	5,157	5.6
Diabetes mellitus	4,042	4.4
Ischemic heart disease	3,427	3.7
Cataract	2,855	3.1
Heart disease, excluding ischemic	2,415	2.6
Glaucoma	1,977	2.1
Osteoarthrosis and allied disorders	1,762	1.9
COPD and allied disorders, other than bronchitis and asthma[2]	1,607	1.7
Acute respiratory infections, excluding pharyngitis	1,591	1.7
General medical examination	1,288	1.4
Actinic and seborrheic keratosis	1,273	1.4
Hyperplasia of prostate	1,226	1.3
Chronic and unspecified bronchitis	1,205	1.3
Followup examination	1,178	1.3
All other diagnoses	54,873	59.5

See footnotes at end of table.

Table 17. Annual number and percent distribution of office visits by patient's age, sex, and race and the 15 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96—Con.

Diagnosis group[1]	Number of visits in thousands	Percent distribution
75 years and over		
All visits	81,795	100.0
Essential hypertension	5,283	6.5
Malignant neoplasms	4,836	5.9
Heart disease, excluding ischemic	4,554	5.6
Ischemic heart disease	3,319	4.1
Cataract	3,310	4.0
Diabetes mellitus	2,789	3.4
Glaucoma	2,494	3.0
Osteoarthrosis and allied disorders	1,940	2.4
Other disorders of the eye and adnexa	1,382	1.7
Retinal detachment and other retinal disorders	1,280	1.6
COPD and allied disorders, other than bronchitis and asthma[2]	1,272	1.6
Acute respiratory infections, excluding pharyngitis	1,185	1.4
Actinic and seborrheic keratosis	1,175	1.4
Dorsopathies, excluding intervertebral disc disorders and lumbago	1,005	1.2
Lens replaced by pseudophakos	1,004	1.2
All other diagnoses	44,966	55.0
Female		
All visits	425,415	100.0
Normal pregnancy	21,625	5.1
Acute respiratory infections, excluding pharyngitis	16,495	3.9
Essential hypertension	14,123	3.3
General medical examination	12,925	3.0
Routine infant or child health check	11,164	2.6
Otitis media and Eustachian tube disorders	9,420	2.2
Malignant neoplasms	8,943	2.1
Chronic sinusitis	8,144	1.9
Diabetes mellitus	8,090	1.9
Asthma	5,787	1.4
Chronic and unspecified bronchitis	5,514	1.3
Heart disease, excluding ischemic	5,494	1.3
Acute pharyngitis	5,341	1.3
Cataract	4,627	1.1
Allergic rhinitis	4,579	1.1
All other diagnoses	274,347	64.5
Male		
All visits	290,373	100.0
Acute respiratory infections, excluding pharyngitis	12,956	4.5
Routine infant or child health check	11,287	3.9
Essential hypertension	11,006	3.8
Otitis media and Eustachian tube disorders	10,206	3.5
Malignant neoplasms	8,906	3.1
General medical examination	7,430	2.6
Diabetes mellitus	6,503	2.2
Ischemic heart disease	5,847	2.0
Chronic and unspecified bronchitis	5,358	1.8
Chronic sinusitis	4,953	1.7
Acute pharyngitis	4,496	1.5
Heart disease, excluding ischemic	4,335	1.5
Allergic rhinitis	3,630	1.3
Dorsopathies, excluding intervertebral disc disorders and lumbago	3,476	1.2
Asthma	3,252	1.1
All other diagnoses	188,115	64.8

See footnotes at end of table.

Table 17. Annual number and percent distribution of office visits by patient's age, sex, and race and the 15 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96—Con.

Diagnosis group[1]	Number of visits in thousands	Percent distribution
White		
All visits	616,928	100.0
Acute respiratory infections, excluding pharyngitis	24,234	3.9
Routine infant or child health check	19,656	3.2
Essential hypertension	19,111	3.1
Normal pregnancy	18,059	2.9
General medical examination	17,362	2.8
Otitis media and Eustachian tube disorders	17,275	2.8
Malignant neoplasms	16,314	2.6
Chronic sinusitis	11,648	1.9
Diabetes mellitus	11,177	1.8
Chronic and unspecified bronchitis	9,594	1.6
Ischemic heart disease	9,446	1.5
Acute pharyngitis	8,779	1.4
Heart disease, excluding ischemic	8,759	1.4
Asthma	7,506	1.2
Allergic rhinitis	7,056	1.1
All other diagnoses	410,954	66.6
Black		
All visits	70,746	100.0
Essential hypertension	4,802	6.8
Acute respiratory infections, excluding pharyngitis	3,313	4.7
Diabetes mellitus	2,907	4.1
Normal pregnancy	2,557	3.6
General medical examination	2,426	3.4
Routine infant or child health check	1,953	2.8
Otitis media and Eustachian tube disorders	1,525	2.2
Asthma	1,097	1.6
Malignant neoplasms	1,079	1.5
Chronic and unspecified bronchitis	994	1.4
Chronic sinusitis	965	1.4
Inflammatory disorders of female pelvic organs	963	1.4
Heart disease, excluding ischemic	873	1.2
Sprains and strains of neck	848	1.2
Sprains and strains of back, excluding neck	829	1.2
All other diagnoses	43,616	61.7

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]COPD is chronic obstructive pulmonary disease.

NOTE: Numbers may not add to totals because of rounding.

Table 18. Annual number and percent distribution of office visits by principal diagnosis, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Major disease category and ICD–9–CM code range[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Infectious and parasitic diseases 001–139	23,320	6,218	2,882	7,388	1,417	510	*	2,869	*	240	*	*	*	*	1,488
Neoplasms 140–239	24,434	1,464	2,327	*	1,082	*	182	4,700	–	2,315	531	*	2,219	*	9,047
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	28,503	11,150	9,062	545	736	1,545	*	*	*	431	*	441	*	*	4,072
Mental disorders 290–319	31,732	6,497	2,848	1,214	*	*	*	–	18,965	*	*	*	474	668	574
Diseases of the nervous system and sense organs 320–389	71,171	10,136	4,289	13,949	*	28,424	1,606	*	*	314	6,426	*	*	3,043	2,648
Diseases of the circulatory system 390–459	54,683	16,972	18,689	*	*	*	*	565	269	1,661	*	9,125	*	484	5,961
Diseases of the respiratory system 460–519	96,946	35,506	17,895	26,758	*	*	*	*	*	702	6,391	371	*	*	8,873
Diseases of the digestive system 520–579	27,471	7,087	5,918	2,608	*	*	*	*	–	3,660	507	*	*	*	7,046
Diseases of the genitourinary system 580–629	39,793	8,798	4,310	921	13,308	–	*	*	*	2,218	–	*	7,250	*	2,786
Diseases of the skin and subcutaneous tissue 680–709	38,604	7,639	3,566	2,965	365	365	400	18,383	*	1,677	333	*	*	*	2,800
Diseases of the musculoskeletal system and connective tissue 710–739	51,500	14,115	8,377	978	*	*	15,463	*	*	596	*	278	*	1,249	9,894
Symptoms, signs, and ill-defined conditions 780–799	37,094	11,742	8,448	2,970	1,494	*	*	*	*	1,075	1,465	1,659	1,359	1,857	4,391
Injury and poisoning 800–999	49,576	15,147	5,238	3,621	*	1,293	15,784	408	*	1,134	667	*	*	454	5,366
Supplementary classification V01–V82	116,490	23,589	6,872	25,720	36,360	6,587	3,415	892	331	2,276	1,251	1,769	1,409	231	5,788
All other diagnoses[2]	8,202	1,769	1,224	1,060	1,304	*	466	*	*	*	207	*	209	*	1,409
Unknown[3]	16,269	5,395	2,486	1,678	2,230	1,158	520	381	*	228	198	290	217	116	1,273
							Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001–139	3.3	3.4	2.8	8.0	2.4	1.3	*	9.9	*	1.3	*	*	*	*	2.0
Neoplasms 140–239	3.4	0.8	2.2	*	1.8	*	0.5	16.2	–	12.3	2.9	*	16.1	*	12.3
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	4.0	6.1	8.7	0.6	1.2	3.8	*	*	*	2.3	*	3.0	*	*	5.5
Mental disorders 290–319	4.4	3.5	2.7	1.3	*	*	*	–	93.5	*	*	*	3.4	7.9	0.8
Diseases of the nervous system and sense organs 320–389	9.9	5.5	4.1	15.0	*	69.8	4.2	*	*	1.7	35.0	*	*	35.9	3.6
Diseases of the circulatory system 390–459	7.6	9.3	17.9	*	*	*	*	2.0	1.3	8.9	*	62.1	*	5.7	8.1
Diseases of the respiratory system 460–519	13.5	19.4	17.1	28.8	*	*	*	*	*	3.7	34.8	2.5	*	*	12.1
Diseases of the digestive system 520–579	3.8	3.9	5.7	2.8	*	*	*	*	*	19.5	2.8	*	*	*	9.6
Diseases of the genitourinary system 580–629	5.6	4.8	4.1	1.0	22.4	–	*	*	*	11.8	–	*	52.6	*	3.8

Table 18. Annual number and percent distribution of office visits by principal diagnosis, according to physician specialty, averaged over a 2-year period: United States, 1995–96—Con.

Major disease category and ICD–9–CM code range[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
Diseases of the skin and subcutaneous tissue . . . 680–709	5.4	4.2	3.4	3.2	0.6	0.9	1.0	63.5	*	8.9	1.8	*	*	*	3.8
Diseases of the musculoskeletal system and connective tissue 710–739	7.2	7.7	8.0	1.1	*	*	40.4	*	*	3.2	*	1.9	*	14.7	13.5
Symptoms, signs, and ill-defined conditions . . . 780–799	5.2	6.4	8.1	3.2	2.5	*	*	*	*	5.7	8.0	11.3	9.9	21.9	6.0
Injury and poisoning . . . 800–999	6.9	8.3	5.0	3.9	*	3.2	41.2	1.4	*	6.0	3.6	*	*	5.3	7.3
Supplementary classification V01–V82	16.3	12.9	6.6	27.7	61.1	16.2	8.9	3.1	1.6	12.1	6.8	12.0	10.2	2.7	7.9
All other diagnoses[2]	1.1	1.0	1.2	1.1	2.2	*	1.2	*	*	*	1.1	*	1.5	*	1.9
Unknown[3]	2.3	2.9	2.4	1.8	3.7	2.8	1.4	1.3	*	1.2	1.1	2.0	1.6	1.4	1.7

– Quantity zero.

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 19. Annual number and percent distribution of office visits by physician specialty, according to principal diagnosis, averaged over a 2-year period: United States, 1995–96

Major disease category and ICD–9–CM code[1]	All specialties	Total	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
		Percent distribution														
All visits	715,788	100.0	25.6	14.6	13.0	8.3	5.7	5.3	4.0	2.8	2.6	2.6	2.1	1.9	1.2	10.3
Infectious and parasitic diseases 001–139	23,320	100.0	26.7	12.4	31.7	6.1	2.2	*	12.3	*	1.0	*	*	*	*	6.4
Neoplasms 140–239	24,434	100.0	6.0	9.5	*	4.4	*	0.7	19.2	–	9.5	2.2	*	9.1	*	37.0
Endocrine, nutritional and metabolic diseases and immunity disorders 240–279	28,503	100.0	39.1	31.8	1.9	2.6	5.4	*	*	*	1.5	*	1.5	*	*	14.3
Mental disorders 290–319	31,732	100.0	20.5	9.0	3.8	*	*	*	–	59.8	*	*	*	1.5	2.1	1.8
Diseases of the nervous system and sense organs 320–389	71,171	100.0	14.2	6.0	19.6	*	39.9	2.3	*	*	0.4	9.0	*	*	4.3	3.7
Diseases of the circulatory system 390–459	54,683	100.0	31.0	34.2	*	*	*	*	1.0	0.5	3.0	*	16.7	*	0.9	10.9
Diseases of the respiratory system 460–519	96,946	100.0	36.6	18.5	27.6	*	*	*	*	*	0.7	6.6	0.4	*	*	9.2
Diseases of the digestive system 520–579	27,471	100.0	25.8	21.5	9.5	*	*	*	*	–	13.3	1.8	*	*	*	25.6
Diseases of the genitourinary system 580–629	39,793	100.0	22.1	10.8	2.3	33.4	–	*	*	*	5.6	–	*	18.2	*	7.0
Diseases of the skin and subcutaneous tissue 680–709	38,604	100.0	19.8	9.2	7.7	0.9	0.9	1.0	47.6	*	4.3	0.9	*	*	*	7.3
Diseases of the musculoskeletal system and connective tissue 710–739	51,500	100.0	27.4	16.3	1.9	*	*	30.0	*	*	*	*	0.5	*	2.4	19.2
Symptoms, signs, and ill-defined conditions 780–799	37,094	100.0	31.7	22.8	8.0	4.0	*	*	*	*	2.9	4.0	4.5	3.7	5.0	11.8
Injury and poisoning 800–999	49,576	100.0	30.6	10.6	7.3	*	2.6	31.8	0.8	*	2.3	1.3	*	*	0.9	10.8
Supplementary classification V01–V82	116,490	100.0	20.3	5.9	22.1	31.2	5.7	2.9	0.8	0.3	2.0	1.1	1.5	1.2	0.2	5.0
All other diagnoses[2]	8,202	100.0	21.6	14.9	12.9	15.9	*	5.7	*	*	1.2	2.5	*	2.5	*	17.2
Unknown[3]	16,269	100.0	33.2	15.3	10.3	13.7	7.1	3.2	2.3	*	1.4	1.2	1.8	1.3	0.7	7.8

– Quantity zero.

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 20. Annual number and percent distribution of office visits by physician specialty and the 10 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96

Principal diagnosis group and physician specialty[1]	Number of visits in thousands	Percent distribution
General and family practice		
All visits	183,225	100.0
Acute respiratory infections, excluding pharyngitis	12,639	6.9
Essential hypertension	10,586	5.8
General medical examination	8,170	4.5
Diabetes mellitus	6,008	3.3
Chronic sinusitis	5,002	2.7
Chronic and unspecified bronchitis	4,875	2.7
Otitis media and Eustachian tube disorders	4,331	2.4
Acute pharyngitis	3,571	1.9
Routine infant or child health check	3,239	1.8
Normal pregnancy	2,337	1.3
All other diagnoses	122,465	66.8
Internal medicine		
All visits	104,431	100.0
Essential hypertension	10,695	10.2
Diabetes mellitus	4,745	4.5
Acute respiratory infections, excluding pharyngitis	4,388	4.2
Heart disease, excluding ischemic	3,481	3.3
Chronic and unspecified bronchitis	2,709	2.6
Ischemic heart disease	2,633	2.5
General medical examination	2,356	2.3
Chronic sinusitis	2,196	2.1
Asthma	2,095	2.0
COPD and allied disorders, excluding bronchitis and asthma[2]	1,954	1.9
All other diagnoses	67,179	64.3
Pediatrics		
All visits	92,888	100.0
Routine infant or child health check	18,945	20.4
Otitis media and Eustachian tube disorders	11,223	12.1
Acute respiratory infections, excluding pharyngitis	10,462	11.3
Acute pharyngitis	4,268	4.6
Chronic sinusitis	3,265	3.5
General medical examination	2,680	2.9
Asthma	2,430	2.6
Chronic and unspecified bronchitis	2,089	2.2
Unspecified viral and chlamydial infections	1,871	2.0
Noninfectious enteritis and colitis	1,538	1.7
All other diagnoses	34,117	36.7
Obstetrics and gynecology		
All visits	59,515	100.0
Normal pregnancy	19,021	32.0
General medical examination	5,155	8.7
Gynecological examination	3,344	5.6
Menopausal and postmenopausal disorders	3,181	5.3
Disorders of menstruation and abnormal bleeding	2,333	3.9
Noninflammatory disorders of female genital organs	1,708	2.9
Inflammatory disorders of female pelvic organs	1,696	2.9
Postpartum care and examination	1,435	2.4
Observation and evaluation for suspected conditions not found	1,236	2.1
Complications of pregnancy, childbirth, and the puerperium	1,134	1.9
All other diagnoses	19,274	32.4

See footnotes at end of table.

Table 20. Annual number and percent distribution of office visits by physician specialty and the 10 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96—Con.

Principal diagnosis group and physician specialty[1]	Number of visits in thousands	Percent distribution
Ophthalmology		
All visits	40,714	100.0
Cataract	6,658	16.4
Glaucoma	6,151	15.1
Disorders of refraction and accommodation	4,460	11.0
Retinal detachment and other retinal disorders	2,669	6.6
Lens replaced by pseudophakos	1,926	4.7
Diabetes mellitus	1,461	3.6
Disorders of eyelids	1,395	3.4
Conjunctivitis	1,065	2.6
Follow-up examination	903	2.2
Artificial opening status and other postsurgical states	612	1.5
All other diagnoses	13,413	32.9
Orthopedic surgery		
All visits	38,267	100.0
Fracture of lower limb	3,277	8.6
Peripheral enthesopathies and allied disorders	2,736	7.2
Derangements and other and unspecified joint disorders	2,509	6.6
Osteoarthrosis and allied disorders	2,430	6.4
Dislocation of knee	1,626	4.2
Fracture of radius and ulna	1,546	4.0
Fracture of hand and fingers	1,544	4.0
Intervertebral disc disorders	1,378	3.6
Carpal tunnel syndrome	1,149	3.0
Synovitis and tenosynovitis	1,018	2.7
All other diagnoses	19,053	49.8
Dermatology		
All visits	28,969	100.0
Acne	4,185	14.4
Actinic and seborrheic keratosis	3,721	12.8
Inflammatory conditions of skin and subcutaneous tissue, other than contact dermatitis and psoriasis	2,470	8.5
Malignant neoplasms	2,629	9.1
Contact dermatitis and other eczema	2,405	8.3
Benign and unspecified neoplasms	2,071	7.2
Viral warts	1,576	5.4
Psoriasis and similar disorders	1,348	4.7
Sebaceous cyst	727	2.5
Corns, callosities, and other hypertrophic and atrophic skin conditions	699	2.4
All other diagnoses	7,138	24.6
Psychiatry		
All visits	20,287	100.0
Major depressive disorder	4,375	21.6
Schizophrenic disorders and other psychoses	3,404	16.8
Drug dependence and nondependent use of drugs	2,168	10.7
Other mental disorders	2,148	10.6
Neurotic depression	2,010	9.9
Anxiety states	1,514	7.5
Depressive reaction, not elsewhere classified	1,287	6.3
Acute reaction to stress and adjustment reaction	1,133	5.6
Attention deficit disorder	806	4.0
All other diagnoses	1,442	7.1

See footnotes at end of table.

Table 20. Annual number and percent distribution of office visits by physician specialty and the 10 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96—Con.

Principal diagnosis group and physician specialty[1]	Number of visits in thousands	Percent distribution
General surgery		
All visits	18,762	100.0
Disorders of breast	1,742	9.3
Malignant neoplasms	1,630	8.7
Hernia of abdominal cavity	1,477	7.9
Disorders of the gallbladder and biliary tract	964	5.1
Benign and unspecified neoplasms	685	3.7
Artificial opening status and other postsurgical states	516	2.7
Sebaceous cyst	484	2.6
Follow-up examination	475	2.5
Other diseases of the circulatory system	442	2.4
Hemorrhoids	351	1.9
All other diagnoses	9,996	53.3
Otolaryngology		
All visits	18,346	100.0
Otitis media and Eustachian tube disorders	2,674	14.6
Other diseases of the ear and mastoid process	2,038	11.1
Disorders of external ear	1,548	8.4
Chronic sinusitis	1,529	8.3
Allergic rhinitis	1,481	8.1
Acute respiratory infections, excluding pharyngitis	763	4.2
Follow-up examination	421	2.3
Epistaxis	287	1.6
Artificial opening status and other postsurgical states	285	1.6
Other fractures	280	1.5
All other diagnoses	7,040	38.4
Cardiovascular diseases		
All visits	14,705	100.0
Ischemic heart disease	4,516	30.7
Heart disease, other than ischemic	3,033	20.6
Essential hypertension	1,171	8.0
Chest pain	712	4.8
Artificial opening status and other postsurgical states	438	3.0
Follow-up examination	339	2.3
Observation and evaluation for suspected conditions not found	323	2.2
Abnormal heart sounds	256	1.7
All other diagnoses	3,916	26.6
Urology		
All visits	13,780	100.0
Hyperplasia of prostate	2,107	15.3
Malignant neoplasms	2,077	15.1
Other disorders of male genital organs	1,408	10.2
Symptoms involving urinary system	1,011	7.3
Cystitis and other disorders of the bladder	913	6.6
Urinary tract infection, site not specified	569	4.1
Calculus of kidney and ureter	559	4.1
Encounter for contraceptive management	327	2.4
Other disorders of the female genital tract	312	2.3
All other diagnoses	4,498	32.6
Neurology		
All visits	8,481	100.0
Migraine	789	9.3
Convulsions	657	7.7
Headache	489	5.8
Cerebrovascular disease	399	4.7
Carpal tunnel syndrome	241	2.8
Attention deficit disorder	225	2.6
Other rheumatism, excluding back	199	2.4
Sprains and strains of neck	160	1.9
All other diagnoses	5,322	62.8

See footnotes at end of table.

Table 20. Annual number and percent distribution of office visits by physician specialty and the 10 principal diagnoses most frequently rendered by physicians, averaged over a 2-year period: United States, 1995–96—Con.

Principal diagnosis group and physician specialty[1]	Number of visits in thousands	Percent distribution
All other specialties		
All visits	73,417	100.0
Malignant neoplasms	7,811	10.6
Essential hypertension	2,084	2.8
Asthma	2,013	2.7
Dorsopathies, excluding intervertebral disc disorders and lumbago	1,974	2.7
Intervertebral disc disorders	1,925	2.6
Allergic rhinitis	1,888	2.6
Diabetes mellitus	1,817	2.5
Benign and unspecified neoplasms	1,236	1.7
Noninfectious enteritis and colitis	1,068	1.5
Chronic sinusitis	918	1.3
All other diagnoses	50,651	69.0

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]COPD is chronic obstructive pulmonary disease.

NOTES: Numbers may not add to totals because of rounding. Some categories may have fewer than 10 diagnoses because only reliable estimates have been included.

Table 21. Annual number, percent distribution, and rate of injury-related office visits by patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Patient characteristic	Number of visits in thousands	Percent distribution	Number of visits per 100 persons per year[1]
All visits	84,616	100.0	32.2
Age			
Under 15 years	11,489	13.6	19.3
15–24 years	9,629	11.4	26.5
25–44 years	29,598	35.0	35.5
45–64 years	20,895	24.7	39.8
65–74 years	6,975	8.2	38.2
75 years and over	6,030	7.1	45.0
Sex and age			
Female	42,394	50.1	31.4
Under 15 years	4,899	5.8	16.9
15–24 years	4,098	4.8	22.7
25–44 years	14,120	16.7	33.4
45–64 years	11,172	13.2	41.2
65–74 years	4,307	5.1	42.6
75 years and over	3,798	4.5	45.7
Male	42,221	49.9	32.9
Under 15 years	6,590	7.8	21.7
15–24 years	5,531	6.5	30.3
25–44 years	15,478	18.3	37.8
45–64 years	9,723	11.5	38.4
65–74 years	2,667	3.2	32.7
75 years and over	2,232	2.6	43.8
Race and age			
White	72,089	85.2	33.1
Under 15 years	9,754	11.5	20.9
15–24 years	7,985	9.4	27.6
25–44 years	24,525	29.0	35.7
45–64 years	17,872	21.1	39.7
65–74 years	6,334	7.5	39.1
75 years and over	5,620	6.6	46.4
Black	9,209	10.9	27.4
Under 15 years	1,299	1.5	13.5
15–24 years	1,184	1.4	21.6
25–44 years	3,668	4.3	34.8
45–64 years	2,300	2.7	42.4
65–74 years	492	0.6	31.2
75 years and over	265	0.3	26.0
Other	3,318	3.9	27.8

[1]Based on U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1995, and July 1, 1996.

NOTE: Numbers may not add to totals because of rounding.

Table 22. Annual number and percent distribution of injury-related office visits by the 25 most frequently mentioned principal reasons for visit, averaged over a 2-year period: United States, 1995–96

Principal reason for visit and RVC code[1]		Number of visits in thousands	Percent distribution
All injury-related visits		84,616	100.0
Back symptoms	S905	6,100	7.2
Knee symptoms	S925	4,507	5.3
Neck symptoms	S900	3,654	4.3
Low back symptoms	S910	3,340	3.9
Shoulder symptoms	S940	3,254	3.8
Progress visit, not otherwise specified	T800	2,943	3.5
Postoperative visit	T205	2,817	3.3
Hand and finger symptoms	S960	2,118	2.5
Leg symptoms	S920	1,796	2.1
Ankle symptoms	S930	1,596	1.9
Wrist symptoms	S955	1,533	1.8
Foot and toe symptoms	S935	1,531	1.8
Allergy, not otherwise specified	S090	1,331	1.6
Arm symptoms	S945	1,195	1.4
General medical examination	X100	1,165	1.4
Accident, not otherwise specified	J810	1,045	1.2
Skin rash	S860	1,045	1.2
Lacerations and cuts of upper extremity	J225	1,033	1.2
Head, neck, and face injury of other or unspecified type	J505	1,007	1.2
Fractures and dislocations of arm	J035	979	1.2
Hip symptoms	S915	906	1.1
Injury, multiple or unspecified type	J570	896	1.1
Elbow symptoms	S950	864	1.0
Headache, pain in head	S210	852	1.0
Pain and related symptoms, generalized, site not specified	S060	822	1.0
All other		36,283	42.9

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (19).

NOTE: Numbers may not add to totals because of rounding.

Table 23. Annual number and percent distribution of injury-related office visits by patient's age, sex, race, and selected injury diagnoses, averaged over a 2-year period: United States, 1995–96

Patient characteristic, injury diagnosis, and ICD–9–CM code range[1]		Number of visits in thousands	Percent distribution
All injury-related visits		84,616	100.0
Sprains and strains of joints and adjacent muscles	840–848	16,847	19.9
Dorsopathies	720–724	5,516	6.5
Fracture of upper limb	810–819	5,188	6.1
Fracture of lower limb	820–829	4,204	5.0
Contusion with intact skin surface	920–924	3,736	4.4
Rheumatism, excluding back	725–729	3,635	4.3
Open wound of upper or lower limb	880–897	2,458	2.9
Dislocations	830–839	2,414	2.9
Open wound of head, neck, and trunk	870–879	2,312	2.7
Superficial injury	910–914	1,886	2.2
All other		36,420	43.0
Under 15 years			
All injury-related visits		11,489	100.0
Fracture of upper limb	810–819	1,814	15.8
Sprains and strains of joints and adjacent muscles	840–848	1,367	11.9
Contusion with intact skin surface	920–924	798	6.9
Fracture of lower limb	820–829	708	6.2
Superficial injury	910–914	630	5.5
Open wound of head, neck, and trunk	870–879	562	4.9
All other		5,610	48.8
15–24 years			
All injury-related visits		9,629	100.0
Sprains and strains of joints and adjacent muscles	840–848	2,114	22.0
Fracture of upper limb	810–819	772	8.0
Fracture of lower limb	820–829	537	5.6
Contusion with intact skin surface	920–924	491	5.1
Dorsopathies	720–724	397	4.1
Dislocations	830–839	396	4.1
Open wound of upper or lower limb	880–897	387	4.0
All other		4,535	47.1
25–44 years			
All injury-related visits		29,598	100.0
Sprains and strains of joints and adjacent muscles	840–848	7,238	24.5
Dorsopathies	720–724	2,845	9.6
Rheumatism, excluding back	725–729	1,799	6.1
Contusion with intact skin surface	920–924	1,171	4.0
Fracture of upper limb	810–819	1,081	3.7
Fracture of lower limb	820–829	1,056	3.6
Dislocations	830–839	924	3.1
Derangements and other and unspecified joint disorders	717–719	801	2.7
Open wound of upper or lower limb	880–897	756	2.6
Open wound of head, neck, and trunk	870–879	535	1.8
All other		11,393	38.5
45–64 years			
All injury-related visits		20,895	100.0
Sprains and strains of joints and adjacent muscles	840–848	4,619	22.1
Dorsopathies	720–724	1,911	9.1
Rheumatism, excluding back	725–729	1,090	5.2
Fracture of lower limb	820–829	960	4.6
Contusion with intact skin surface	920–924	808	3.9
Fracture of upper limb	810–819	796	3.8
Dislocations	830–839	661	3.2
Derangements and other and unspecified joint disorders	717–719	548	2.6
Arthropathies	710–716	490	2.3
Open wound of head, neck, and trunk	870–879	477	2.3
All other		8,536	40.6

See footnotes at end of table.

Table 23. Annual number and percent distribution of injury-related office visits by patient's age, sex, race, and selected injury diagnoses, averaged over a 2-year period: United States, 1995–96—Con.

Patient characteristic, injury diagnosis, and ICD–9–CM code range[1]		Number of visits in thousands	Percent distribution
65 years and over			
All injury-related visits		13,005	100.0
Sprains and strains of joints and adjacent muscles	840–848	1,509	11.6
Fracture of lower limb	820–829	943	7.3
Fracture of upper limb	810–819	726	5.6
Open wound of upper or lower limb	880–897	526	4.0
Contusion with intact skin surface	920–924	468	3.6
Open wound of head, neck, and trunk	870–879	445	3.4
Fracture of neck and trunk	805–809	444	3.4
Arthropathies	710–716	411	3.2
Dorsopathies	720–724	363	2.8
Rheumatism, excluding back	725–729	349	2.7
All other		6,822	52.5
Female			
All injury-related visits		42,394	100.0
Sprains and strains of joints and adjacent muscles	840–848	8,644	20.4
Dorsopathies	720–724	2,589	6.1
Fracture of lower limb	820–829	2,254	5.3
Fracture of upper limb	810–819	2,223	5.2
Rheumatism, excluding back	725–729	2,110	5.0
Contusion with intact skin surface	920–924	1,841	4.3
Open wound of head, neck, and trunk	870–879	1,014	2.4
Open wound of upper or lower limb	880–897	973	2.3
Dislocations	830–839	928	2.2
Derangements and other and unspecified joint disorders	717–719	917	2.2
All other		18,577	43.8
Male			
All injury-related visits		42,221	100.0
Sprains and strains of joints and adjacent muscles	840–848	8,203	19.4
Fracture of upper limb	810–819	2,965	7.0
Dorsopathies	720–724	2,926	6.9
Fracture of lower limb	820–829	1,950	4.6
Contusion with intact skin surface	920–924	1,895	4.5
Rheumatism, excluding back	725–729	1,525	3.6
Dislocations	830–839	1,486	3.5
Open wound of upper or lower limb	880–897	1,485	3.5
Open wound of head, neck, and trunk	870–879	1,298	3.1
Superficial injury	910–914	1,159	2.7
All other		17,042	40.4
White			
All injury-related visits		72,089	100.0
Sprains and strains of joints and adjacent muscles	840–848	13,308	18.5
Fracture of upper limb	810–819	4,658	6.5
Dorsopathies	720–724	4,620	6.4
Fracture of lower limb	820–829	3,735	5.2
Rheumatism, excluding back	725–729	3,137	4.4
Contusion with intact skin surface	920–924	3,103	4.3
Dislocations	830–839	2,175	3.0
Open wound of upper or lower limb	880–897	2,172	3.0
Open wound of head, neck, and trunk	870–879	2,079	2.9
Derangements and other and unspecified joint disorders	717–719	1,729	2.4
All other		31,373	43.5

See footnotes at end of table.

Table 23. Annual number and percent distribution of injury-related office visits by patient's age, sex, race, and selected injury diagnoses, averaged over a 2-year period: United States, 1995–96—Con.

Patient characteristic, injury diagnosis, and ICD–9–CM code range[1]		Number of visits in thousands	Percent distribution
Black[2]			
All injury-related visits		9,209	100.0
Sprains and strains of joints and adjacent muscles	840–848	2,550	27.7
Dorsopathies	720–724	744	8.1
Contusion with intact skin surface	920–924	524	5.7
Fracture of upper limb	810–819	405	4.4
Fracture of lower limb	820–829	322	3.5
All other		4,663	50.6

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]Estimates for races other than white and black are not shown because of small sample sizes.

NOTE: Numbers may not add to totals because of rounding.

Table 24. Annual number and percent of office visits by diagnostic and screening services ordered or provided, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Diagnostic and screening services ordered or provided	All visits	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands[1]											
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
No services	208,052	76,369	16,066	45,868	38,256	17,644	13,848	112,027	96,025	182,224	17,399	8,428
Examinations												
Breast	46,792	1,018	5,066	17,883	13,739	5,282	3,804	45,501	1,291	40,329	4,824	1,639
Pelvic	53,305	729	8,369	26,411	12,056	3,646	2,094	52,149	1,156	44,534	6,887	1,884
Rectal	32,727	742	1,449	9,514	11,110	5,796	4,116	20,763	11,964	28,706	2,595	1,426
Visual	49,099	7,701	2,649	7,747	9,623	9,865	11,515	28,108	20,992	43,830	4,077	1,193
Mental	19,242	2,227	1,212	6,221	5,219	2,033	2,330	11,514	7,728	16,978	1,770	494
Other examination	113,074	22,312	8,879	28,061	23,998	15,148	14,676	66,720	46,353	101,658	8,405	3,011
Tests												
Blood pressure	310,547	17,281	26,457	91,151	83,403	48,648	43,608	198,519	112,028	258,990	37,459	14,098
Urinalysis	90,704	9,306	12,008	30,949	19,080	10,785	8,576	61,821	28,883	72,604	12,942	5,158
TB skin test[2]	5,645	3,529	714	838	387	*	*	2,726	2,919	4,501	852	*
Blood lead level	2,672	1,758	*	*	*	*	*	1,273	1,398	1,969	652	*
Cholesterol	25,254	432	672	5,134	9,097	6,078	3,841	14,203	11,051	21,164	2,644	1,446
PSA[2]	7,298	*	*	380	2,760	2,413	1,668	*	7,095	6,295	710	*
HIV serology[2]	1,802	*	*	1,152	*	*	*	1,019	783	1,331	*	*
Other blood test	99,072	9,077	6,415	22,572	27,378	18,491	15,139	61,695	37,377	82,426	12,920	3,726
Other test	71,231	9,648	6,023	21,653	15,795	9,519	8,594	48,333	22,898	61,813	7,060	2,358
Imaging												
X ray	54,695	5,857	3,892	13,156	17,366	8,334	6,090	32,856	21,839	47,517	5,681	1,497
CAT scan[2]	4,281	*	*247	1,020	1,447	714	635	2,300	1,981	3,751	398	*
MRI[2]	4,393	*	326	1,628	1,506	493	320	2,336	2,057	3,800	527	*
Ultrasound	13,957	*307	1,669	5,259	3,086	1,945	1,690	10,448	3,509	11,771	1,618	568
Other imaging	4,320	*	*	858	1,335	774	1,033	2,592	1,728	3,728	473	*
	Percent of visits											
All visits	...	...	...	...	...	...	...	...	...	...	...	...
No services	29.1	56.1	27.9	25.1	23.2	19.1	16.9	26.3	33.1	29.5	24.6	30.0
Examinations												
Breast	6.5	0.7	8.8	9.8	8.3	5.7	4.7	10.7	0.4	6.5	6.8	5.8
Pelvic	7.4	0.5	14.5	14.4	7.3	4.0	2.6	12.3	0.4	7.2	9.7	6.7
Rectal	4.6	0.5	2.5	5.2	6.7	6.3	5.0	4.9	4.1	4.7	3.7	5.1
Visual	6.9	5.7	4.6	4.2	5.8	10.7	14.1	6.6	7.2	7.1	5.8	4.2
Mental	2.7	1.6	2.1	3.4	3.2	2.2	2.8	2.7	2.7	2.8	2.5	1.8
Other examination	15.8	16.4	15.4	15.3	14.6	16.4	17.9	15.7	16.0	16.5	11.9	10.7
Tests												
Blood pressure	43.4	12.7	45.9	49.8	50.6	52.8	53.3	46.7	38.6	42.0	52.9	50.1
Urinalysis	12.7	6.8	20.8	16.9	11.6	11.7	10.5	14.5	9.9	11.8	18.3	18.3
TB skin test[2]	0.8	2.6	1.2	0.5	0.2	*	*	0.6	1.0	0.7	1.2	*
Blood lead level	0.4	1.3	*	*	*	*	*	0.3	0.5	0.3	0.9	*
Cholesterol	3.5	0.3	1.2	2.8	5.5	6.6	4.7	3.3	3.8	3.4	3.7	5.1
PSA[2]	1.0	*	*	0.2	1.7	2.6	2.0	*	2.4	1.0	1.0	*
HIV serology[2]	0.3	*	*	0.6	*	*	*	0.2	0.3	0.2	*	*
Other blood test	13.8	6.7	11.1	12.3	16.6	20.1	18.5	14.5	12.9	13.4	18.3	13.3
Other test	10.0	7.1	10.4	11.8	9.6	10.3	10.5	11.4	7.9	10.0	10.0	8.4
Imaging												
X ray	7.6	4.3	6.7	7.2	10.5	9.0	7.4	7.7	7.5	7.7	8.0	5.3
CAT scan[2]	0.6	*	*0.4	0.6	0.9	0.8	0.8	0.5	0.7	0.6	0.6	*
MRI[2]	0.6	*	0.6	0.9	0.9	0.5	0.4	0.5	0.7	0.6	0.7	*
Ultrasound	1.9	*0.2	2.9	2.9	1.9	2.1	2.1	2.5	1.2	1.9	2.3	2.0
Other imaging	0.6	*	*	0.5	0.8	0.8	1.3	0.6	0.6	0.6	0.7	*

. . . Category not applicable.

* Figure does not meet standard of precision or reliability.

[1]Numbers may not add to totals because more than one category may be reported per visit.

[2]TB is tuberculin; PSA is prostate-specific antigen; HIV is human immunodeficiency virus; CAT is computerized axial tomography; MRI is magnetic resonance imaging.

Table 25. Annual number and percent of office visits by diagnostic and screening services ordered or provided, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Diagnostic and screening services ordered or provided	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands[1]								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
No services	208,052	43,448	11,839	54,369	2,827	4,132	16,279	18,840	12,787	6,064	11,606	953	2,487	2,582	19,839
Examinations															
Breast	46,792	7,485	6,610	962	23,963	*	*	*	*	3,547	*	371	*	*	3,611
Pelvic	53,305	8,429	3,485	526	38,192	–	*	*	–	403	*	*	733	*	1,296
Rectal	32,727	6,117	5,982	538	10,973	*	*	–	–	1,293	*	170	3,104	*	4,520
Visual	49,099	5,023	2,177	4,610	497	34,424	*	398	–	324	*	*	*	512	867
Mental	19,242	4,772	3,228	1,429	855	*	*	*	6,600	*	*	312	*	767	1,095
Other examination	113,074	23,907	15,546	13,938	7,297	9,238	8,346	6,812	243	3,679	3,108	2,756	802	1,992	15,409
Tests															
Blood pressure	310,547	111,069	81,630	11,903	44,815	722	1,251	931	376	4,893	586	12,068	2,126	3,110	35,067
Urinalysis	90,704	24,015	14,167	7,231	27,161	*	219	173	*	750	*	610	9,068	*	6,791
TB skin test[2]	5,645	1,477	504	3,321	*	–	–	*	*	*	*	–	*	*	*
Blood lead level	2,672	601	*	1,403	*	*	*	*	–	*	–	*	*	*	*
Cholesterol	25,254	7,471	10,680	*	1,221	*	*	*	*	261	*	1,940	*	*	3,137
PSA[2]	7,298	2,073	2,140	*	*	*	–	–	–	*	–	227	2,131	*	569
HIV serology[2]	1,802	468	*	–	667	*	*	*	*	*	*	*	*	*	*
Other blood test	99,072	28,695	28,971	6,872	10,040	*	360	865	656	1,478	370	2,773	694	1,068	15,898
Other test	71,231	11,701	9,211	7,303	18,575	6,222	357	2,602	*	729	2,374	5,276	664	1,102	4,985
Imaging															
X ray	54,695	13,052	9,324	2,624	4,796	*	14,773	*	*	1,503	714	831	820	149	5,855
CAT scan[2]	4,281	660	807	*	*	*	185	*	*	219	459	*	*	164	1,312
MRI[2]	4,393	474	328	*	*	–	1,508	*	*	*	*	*	*	624	1,156
Ultrasound	13,957	2,016	2,113	*	4,810	439	*	*	*	464	*	1,336	766	161	1,546
Other imaging	4,320	588	444	*	*	1,314	249	*	*	179	*	355	*	*	628
							Percent of visits								
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
No services	29.1	23.7	11.3	58.5	4.8	10.1	42.5	65.0	63.0	32.3	63.3	6.5	18.0	30.4	27.0
Examinations															
Breast	6.5	4.1	6.3	1.0	40.3	*	*	*	*	18.9	*	2.5	*	*	4.9
Pelvic	7.4	4.6	3.3	0.6	64.2	–	*	*	–	2.1	*	*	5.3	*	1.8
Rectal	4.6	3.3	5.7	0.6	18.4	*	*	–	–	6.9	*	1.2	22.5	*	6.2
Visual	6.9	2.7	2.1	5.0	0.8	84.6	*	1.4	–	1.7	*	*	*	6.0	1.2
Mental	2.7	2.6	3.1	1.5	1.4	*	*	*	32.5	*	*	2.1	*	9.0	1.5
Other examination	15.8	13.0	14.9	15.0	12.3	22.7	21.8	23.5	1.2	19.6	16.9	18.7	5.8	23.5	21.0

See footnotes at end of table.

Table 25. Annual number and percent of office visits by diagnostic and screening services ordered or provided, according to physician specialty, averaged over a 2-year period: United States, 1995–96—Con.

Diagnostic and screening services ordered or provided	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
Tests															
Blood pressure	43.4	60.6	78.2	12.8	75.3	1.8	3.3	3.2	1.9	26.1	3.2	82.1	15.4	36.7	47.8
Urinalysis	12.7	13.1	13.6	7.8	45.6	*	0.6	0.6	*	4.0	*	4.1	65.8	*	9.2
TB skin test[2]	0.8	0.8	0.5	3.6	*	–	–	*	*	*	*	–	*	*	*
Blood lead level	0.4	0.3	*	1.5	*	*	*	*	–	*	–	*	*	*	*
Cholesterol	3.5	4.1	10.2	*	2.1	*	*	*	*	1.4	*	13.2	*	*	4.3
PSA[2]	1.0	1.1	2.0	*	*	*	–	–	–	*	–	1.5	15.5	*	0.8
HIV serology[2]	0.3	0.3	*	–	1.1	*	*	*	*	*	*	*	*	*	*
Other blood test	13.8	15.7	27.7	7.4	16.9	*	0.9	3.0	3.2	7.9	2.0	18.9	5.0	12.6	21.7
Other test	10.0	6.4	8.8	7.9	31.2	15.3	0.9	9.0	*	3.9	12.9	35.9	4.8	13.0	6.8
Imaging															
X ray	7.6	7.1	8.9	2.8	8.1	*	38.6	*	*	8.0	3.9	5.7	6.0	1.8	8.0
CAT scan[2]	0.6	0.4	0.8	*	*	*	0.5	*	*	1.2	2.5	*	*	1.9	1.8
MRI[2]	0.6	0.3	0.3	*	*	–	3.9	*	*	*	*	*	*	7.4	1.6
Ultrasound	1.9	1.1	2.0	*	8.1	1.1	*	*	*	2.5	*	9.1	5.6	1.9	2.1
Other imaging	0.6	0.3	0.4	*	*	3.2	0.7	*	*	1.0	*	2.4	*	*	0.9

* Figure does not meet standard of reliability or precision.

– Quantity zero.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one category may be reported per visit.

[2]TB is tuberculin; PSA is prostate-specific antigen; HIV is human immunodeficiency virus; CAT is computerized axial tomography; MRI is magnetic resonance imaging.

Table 26. Annual number and percent distribution of office visits by number of diagnostic and screening services ordered or provided, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Number of diagnostic and screening services ordered or provided	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
None	210,214	76,791	16,301	46,396	38,627	17,900	14,199	113,288	96,927	184,180	17,525	8,510
1	255,033	40,037	18,792	64,177	63,079	35,415	33,533	146,649	108,384	221,500	24,369	9,163
2	126,207	11,276	10,953	32,644	31,621	20,468	19,244	78,172	48,035	107,315	13,661	5,231
3	59,762	4,659	5,289	18,042	14,284	9,144	8,344	38,953	20,809	50,326	6,754	2,682
4	30,786	2,029	3,517	10,136	7,154	4,680	3,270	21,687	9,099	24,925	4,417	1,443
5	15,017	842	1,419	5,328	4,172	1,934	1,323	11,459	3,559	12,595	1,877	545
6	9,690	376	859	3,325	2,797	1,388	946	7,927	1,763	8,409	938	*
7	5,511	*	349	2,180	1,659	732	524	4,506	1,005	4,650	771	*
8 or more	3,568	*	*	791	1,487	552	412	2,775	793	3,028	*	*
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	29.4	56.4	28.3	25.4	23.4	19.4	17.4	26.6	33.4	29.9	24.8	30.3
1	35.6	29.4	32.6	35.1	38.3	38.4	41.0	34.5	37.3	35.9	34.4	32.6
2	17.6	8.3	19.0	17.8	19.2	22.2	23.5	18.4	16.5	17.4	19.3	18.6
3	8.3	3.4	9.2	9.9	8.7	9.9	10.2	9.2	7.2	8.2	9.5	9.5
4	4.3	1.5	6.1	5.5	4.3	5.1	4.0	5.1	3.1	4.0	6.2	5.1
5	2.1	0.6	2.5	2.9	2.5	2.1	1.6	2.7	1.2	2.0	2.7	1.9
6	1.4	0.3	1.5	1.8	1.7	1.5	1.2	1.9	0.6	1.4	1.3	*
7	0.8	*	0.6	1.2	1.0	0.8	0.6	1.1	0.3	0.8	1.1	*
8 or more	0.5	*	*	0.4	0.9	0.6	0.5	0.7	0.3	0.5	*	*

* Figure does not meet standard of reliability or precision.

NOTE: Numbers may not add to totals because of rounding.

Table 27. Annual number and percent distribution of office visits by number of diagnostic and screening services ordered or provided, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Number of diagnostic and screening services ordered or provided	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
None	210,214	43,811	12,070	54,386	2,958	4,149	16,635	19,407	12,793	6,140	11,735	1,028	2,487	2,582	20,034
1	255,033	74,624	40,607	24,332	7,920	24,186	16,796	7,841	6,797	8,498	5,406	5,148	4,973	3,065	24,838
2	126,207	36,845	26,997	7,654	11,362	9,062	4,240	1,412	628	2,517	942	4,275	3,566	1,715	14,992
3	59,762	14,454	11,489	3,755	12,894	2,271	395	247	*	838	208	2,476	1,932	696	8,060
4	30,786	6,730	5,932	1,607	9,742	740	*	*	*	351	*	1,005	690	275	3,471
5	15,017	2,888	3,042	686	6,097	*	*	*	*	261	*	390	*	82	1,183
6	9,690	1,811	2,185	*	4,608	*	*	*	–	*	–	159	*	*	467
7	5,511	1,234	1,103	*	2,668	*	*	–	–	*	*	*	*	*	*
8 or more	3,568	826	1,007	*	1,266	–	–	–	–	*	–	*	–	*	*
							Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	29.4	23.9	11.6	58.5	5.0	10.2	43.5	67.0	63.1	32.7	64.0	7.0	18.0	30.4	27.3
1	35.6	40.7	38.9	26.2	13.3	59.4	43.9	27.1	33.5	45.3	29.5	35.0	36.1	36.1	33.8
2	17.6	20.1	25.9	8.2	19.1	22.3	11.1	4.9	3.1	13.4	5.1	29.1	25.9	20.2	20.4
3	8.3	7.9	11.0	4.0	21.7	5.6	1.0	0.9	*	4.5	1.1	16.8	14.0	8.2	11.0
4	4.3	3.7	5.7	1.7	16.4	1.8	*	*	*	1.9	*	6.8	5.0	3.2	4.7
5	2.1	1.6	2.9	0.7	10.2	*	*	*	*	1.4	*	2.7	*	1.0	1.6
6	1.4	1.0	2.1	*	7.7	*	*	*	–	*	–	1.1	*	*	0.6
7	0.8	0.7	1.1	*	4.5	*	*	–	–	*	*	*	*	*	*
8 or more	0.5	0.5	1.0	*	2.1	–	–	–	–	*	–	*	–	*	*

– Quantity zero.

* Figure does not meet standard of reliability or precision.

NOTE: Numbers may not add to totals because of rounding.

Table 28. Annual number and percent of office visits by diagnostic and therapeutic procedures ordered or performed, according to patient's age and sex, averaged over a 2-year period, with corresponding standard errors: United States, 1995–96

Diagnostic or therapeutic procedure and ICD–9–CM code[1]	Age								Sex			
	All ages	Standard error[2]	Under 25 years	Standard error[2]	25–64 years	Standard error[2]	65 years and over	Standard error[2]	Female	Standard error[2]	Male	Standard error[2]
	Number of visits in thousands and corresponding standard error[3]											
All visits	715,788	22,822	193,877	8,914	347,899	11,981	174,006	5,728	425,415	13,625	290,373	9,801
Visits with procedures	195,605	9,119	47,103	3,570	96,843	4,942	51,659	2,514	119,934	5,418	75,671	3,620
Operations on the nervous system 01–05	476	120	*	. . .	320	93	*	. . .	253	59	223	80
Operations on the eye 08–16	3,686	703	*	. . .	1,549	388	2,019	366	2,229	451	1,457	326
Operations on the ear 18–20	564	95	*	. . .	288	69	*	. . .	298	68	266	53
Operations on the nose, mouth, and pharynx 21–29	1,174	144	*	. . .	655	104	416	80	491	72	683	107
Operations on the cardiovascular system 35–39	768	143	*	. . .	481	99	*	. . .	455	101	313	90
Operations on the digestive system 42–54	5,035	665	*	. . .	3,356	476	1,455	230	3,024	423	2,011	299
Operations on the urinary system 55–59	1,688	245	*	. . .	667	122	865	139	819	141	869	150
Operations on the male genital organs 60–64	938	178	*	. . .	535	121	320	93	. . .	. . .	938	178
Operations on the female genital organs 65–71	2,999	353	*	. . .	2,293	285	*	. . .	2,999	353	. . .	. . .
Obstetrical procedures 72–75	3,323	736	692	198	2,631	640	–	. . .	3,323	736	. . .	. . .
Operations on the musculoskeletal system 76–84	1,935	221	292	69	977	123	665	126	933	147	1,001	151
Operations on the integumentary system 85–86	17,031	1,134	2,670	315	8,588	621	5,773	475	9,351	725	7,680	555
Miscellanous diagnostic and therapeutic procedures 87–99	189,267	9,870	47,904	3,939	91,875	5,285	49,488	2,674	116,668	6373	72,599	3,839
Other procedures[4]	694	122	*	. . .	303	62	341	69	370	86	324	71
Visits without procedures	520,182	17,154	146,778	7,114	251,056	8,801	122,348	4,403	305,480	10,052	214,702	7,609
	Percent of visits and corresponding standard error[2]											
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Visits with procedures	27.3	0.9	24.3	1.4	27.8	1.0	29.7	1.1	28.2	0.9	26.1	0.9
Operations on the nervous system 01–05	0.1	0.0	*	. . .	0.1	0.0	*	. . .	0.1	0.0	0.1	0.0
Operations on the eye 08–16	0.5	0.1	*	. . .	0.4	0.1	1.2	0.0	0.5	0.1	0.5	0.1
Operations on the ear 18–20	0.1	0.0	*	. . .	0.1	0.0	*	. . .	0.1	0.0	0.1	0.0
Operations on the nose, mouth, and pharynx 21–29	0.2	0.0	*	. . .	0.2	0.0	0.2	0.0	0.1	0.0	0.2	0.0
Operations on the cardiovascular system 35–39	0.1	0.0	*	. . .	0.1	0.0	*	. . .	0.1	0.0	0.1	0.0
Operations on the digestive system 42–54	0.7	0.1	*	. . .	1.0	0.1	0.8	0.1	0.7	0.1	0.7	0.1
Operations on the urinary system 55–59	0.2	0.0	*	. . .	0.2	0.0	0.5	0.1	0.2	0.0	0.3	0.1
Operations on the male genital organs 60–64	0.1	0.0	*	. . .	0.2	0.0	0.2	0.1	. . .	. . .	0.3	0.1
Operations on the female genital organs 65–71	0.4	0.1	*	. . .	0.7	0.1	*	. . .	0.7	0.1	. . .	. . .
Obstetrical procedures 72–75	0.5	0.1	0.4	0.1	0.8	0.2	–	. . .	0.8	0.2	. . .	. . .
Operations on the musculoskeletal system 76–84	0.3	0.0	0.2	0.0	0.3	0.0	0.4	0.1	0.2	0.0	0.3	0.1
Operations on the integumentary system 85–86	2.4	2.0	1.4	0.2	2.5	0.2	3.3	0.3	2.2	0.2	2.6	0.2
Miscellanous diagnostic and therapeutic procedures 87–99	26.4	1.0	24.7	1.6	26.4	1.1	28.4	1.2	27.4	1.1	25.0	1.0
Other procedures[4]	0.1	0.0	*	. . .	0.1	0.0	0.2	0.0	0.1	0.0	0.1	0.0
Visits without procedures	72.7	0.9	75.7	1.4	72.2	1.0	70.3	1.1	71.8	0.9	73.9	0.9

* Figure does not meet standard of reliability or precision.

– Quantity zero.

0.0 Quantity is greater than zero but less than 0.05.

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]Estimates relating to ambulatory procedures are presented with specific standard errors calculated using SUDAAN software (25).

[3]Numbers may not add to totals because up to seven procedures could be coded per visit. There were an estimated 229.6 million write-in procedures mentioned overall. Included here are responses to both the ambulatory surgery item on the Patient Record form (up to two procedures could be reported) and the diagnostic/screening services item (up to five procedures could be reported in the ''other-specify'' categories).

[4]Includes operations on the endocrine system (ICD–9–CM codes 06–07), operations on the respiratory system (ICD–9–CM codes 30–34), operations on the hemic and lymphatic system (ICD–9–CM codes 40–41), and obstetrical procedures (ICD–9–CM codes 72–75).

NOTE: Estimates by race are not shown because of small sample sizes.

Table 29. Annual number and percent of office visits by diagnostic and therapeutic procedures ordered or performed, according to physician specialty group, averaged over a 2-year period, with corresponding standard errors: United States, 1995–96

Diagnostic or therapeutic procedure and ICD–9–CM code[1]	All specialties[2]	Standard error[3]	Primary care specialty	Standard error[3]	Surgical specialty	Standard error[3]	Nonsurgical specialty	Standard error[3]
	Number of visits in thousands and corresponding standard error[4]							
All visits	715,788	22,822	436,703	17,845	147,257	6,509	131,828	6,484
Visits with procedures	195,605	9,119	107,901	6,720	46,775	2,708	40,929	2,960
Operations on the nervous system 01–05	476	120	*	. . .	*334	115	*	. . .
Operations on the eye 08–16	3,686	703	*	. . .	3,592	701	*	. . .
Operations on the ear 18–20	564	95	*	. . .	366	65	*	. . .
Operations on the nose, mouth, and pharynx 21–29	1,174	144	*	. . .	937	125	*	. . .
Operations on the cardiovascular system 35–39	768	143	*	. . .	*	. . .	420	107
Operations on the digestive system 42–54	5,035	665	1,742	301	1,092	269	2,202	481
Operations on the urinary system 55–59	1,688	245	*	. . .	1,438	215	*	107
Operations on the male genital organs 60–64	938	178	*	. . .	625	129	*	. . .
Operations on the female genital organs 65–71	2,999	353	2,817	339	*	. . .	*	. . .
Obstetrical procedures 72–75	3,323	736	3,309	736	–	. . .	*	. . .
Operations on the musculoskeletal system 76–84	1,935	221	456	87	1,215	156	*	. . .
Operations on the integumentary system 85–86	17,031	1,134	4,859	481	2,487	276	9,685	973
Miscellanous diagnostic and therapeutic procedures 87–99	189,267	9,870	107,735	7,059	44,318	3,062	37,214	3,540
Other procedures[5]	694	122	*	. . .	431	73	*	. . .
Visits without procedures	520,182	17,154	328,801	14,319	100,482	4,924	90,899	5,419
	Percent of visits and corresponding standard error[4]							
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Visits with procedures	27.3	0.9	24.7	1.2	31.8	1.3	31.0	1.9
Operations on the nervous system 01–05	0.1	0.0	*	. . .	*0.2	0.1	*	. . .
Operations on the eye 08–16	0.5	0.1	*	. . .	2.4	0.4	*	. . .
Operations on the ear 18–20	0.1	0.0	*	. . .	0.2	0.0	*	. . .
Operations on the nose, mouth, and pharynx 21–29	0.2	0.0	*	. . .	0.6	0.1	*	. . .
Operations on the cardiovascular system 35–39	0.1	0.0	*	. . .	*	0.0	0.3	0.1
Operations on the digestive system 42–54	0.7	0.1	0.4	0.1	0.7	0.2	1.7	0.4
Operations on the urinary system 55–59	0.2	0.0	*	. . .	1.0	0.1	*	. . .
Operations on the male genital organs 60–64	0.1	0.0	*	. . .	0.4	0.1	*	. . .
Operations on the female genital organs 65–71	0.4	0.1	0.7	0.1	*	0.0	*	. . .
Obstetrical procedures 72–75	0.5	0.1	0.8	0.2	–	. . .	*	. . .
Operations on the musculoskeletal system 76–84	0.3	0.0	0.1	0.0	0.8	0.1	*	. . .
Operations on the integumentary system 85–86	2.4	0.2	1.1	0.1	1.7	0.2	7.3	0.7
Miscellanous diagnostic and therapeutic procedures 87–99	26.4	0.1	24.7	1.3	30.1	1.3	28.2	2.4
Other procedures[5]	0.1	0.0	0.0	0.0	0.3	0.1	*	. . .
Visits without procedures	72.7	0.9	75.3	1.2	68.2	1.3	69.0	1.9

* Figure does not meet standard of reliability or precision.

– Quantity zero.

0.0 Quantity is greater than zero but less than 0.05.

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

[2]A list of the specialties used to define each group is included in Appendix I.

[3]Estimates relating to ambulatory procedures are presented with specific standard errors calculated using SUDAAN software (25).

[4]Numbers may not add to totals because up to seven procedures could be coded per visit. There were an estimated 229.6 million write-in procedures mentioned overall. Included here are responses to both the ambulatory surgery item on the Patient Record form (up to two procedures could be reported) and the diagnostic/screening services item (up to five procedures could be reported in the ''other-specify'' categories).

[5]Includes operations on the endocrine system (ICD–9–CM codes 06–07), operations on the respiratory system (ICD–9–CM codes 30–34), operations on the hemic and lymphatic system (ICD–9–CM codes 40–41), and obstetrical procedures (ICD–9–CM codes 72–75).

Table 30. Annual number and percent of office visits by therapeutic and preventive services ordered or provided, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Therapeutic and preventive services ordered or provided	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands[1]											
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
No services	467,724	95,314	39,140	114,371	101,600	60,305	56,995	277,541	190,184	404,220	46,357	17,147
Counseling/education												
Diet	94,687	17,336	5,631	21,762	25,095	14,711	10,152	57,893	36,793	79,598	9,650	5,439
Exercise	69,395	4,472	5,001	20,074	21,823	10,941	7,085	41,839	27,556	59,948	6,515	2,933
Weight reduction	30,534	722	1,342	8,375	12,019	5,292	2,783	19,389	11,145	25,730	3,824	980
Growth/development	27,200	22,051	2,099	2,619	*	*	*	14,727	12,473	23,076	2,892	1,232
Mental health	21,388	2,782	1,632	7,954	5,689	1,911	1,420	12,823	8,565	19,113	1,636	639
Tobacco use/exposure	20,518	3,463	1,760	6,408	5,874	2,283	732	11,285	9,233	17,218	2,689	611
Cholesterol reduction	18,519	366	*	3,372	6,469	5,174	2,800	9,787	8,732	15,859	1,585	1,075
Injury prevention	17,860	8,755	1,173	3,159	2,081	1,105	1,586	9,109	8,751	15,708	1,326	825
HIV transmission[2]	2,708	*	895	1,342	*	*	*	1,648	1,060	1,877	730	*
Other counseling	54,781	8,593	5,476	16,622	12,059	6,331	5,701	34,617	20,165	47,435	5,446	1,900
Other therapy												
Physiotherapy	18,974	1,346	1,881	6,579	5,825	1,863	1,481	10,374	8,601	15,321	2,531	1,123
Psychotherapy	17,571	788	1,247	7,389	6,068	1,330	750	10,389	7,182	16,177	1,152	242
Corrective lenses	6,029	743	252	1,144	1,439	1,184	1,267	3,556	2,473	5,504	332	*
Other therapy	13,450	1,852	929	3,970	3,038	1,688	1,975	7,388	6,062	11,687	1,061	702
	Percent of visits											
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
No services	65.3	70.0	67.9	62.5	61.6	65.4	69.7	65.2	65.5	65.5	65.5	61.0
Counseling/education												
Diet	13.2	12.7	9.8	11.9	15.2	16.0	12.4	13.6	12.7	12.9	13.6	19.3
Exercise	9.7	3.3	8.7	11.0	13.2	11.9	8.7	9.8	9.5	9.7	9.2	10.4
Weight reduction	4.3	0.5	2.3	4.6	7.3	5.7	3.4	4.6	3.8	4.2	5.4	3.5
Growth/development	3.8	16.2	3.6	1.4	*	*	*	3.5	4.3	3.7	4.1	4.4
Mental health	3.0	2.0	2.8	4.3	3.5	2.1	1.7	3.0	2.9	3.1	2.3	2.3
Tobacco use/exposure	2.9	2.5	3.1	3.5	3.6	2.5	0.9	2.7	3.2	2.8	3.8	2.2
Cholesterol reduction	2.6	0.3	*	1.8	3.9	5.6	3.4	2.3	3.0	2.6	2.2	3.8
Injury prevention	2.5	6.4	2.0	1.7	1.3	1.2	1.9	2.1	3.0	2.5	1.9	2.9
HIV transmission[2]	0.4	*	1.6	0.7	*	*	*	0.4	0.4	0.3	1.0	*
Other counseling	7.7	6.3	9.5	9.1	7.3	6.9	7.0	8.1	6.9	7.7	7.7	6.8
Other therapy												
Physiotherapy	2.7	1.0	3.3	3.6	3.5	2.0	1.8	2.4	3.0	2.5	3.6	4.0
Psychotherapy	2.5	0.6	2.2	4.0	3.7	1.4	0.9	2.4	2.5	2.6	1.6	0.9
Corrective lenses	0.8	0.5	0.4	0.6	0.9	1.3	1.5	0.8	0.9	0.9	0.5	*
Other therapy	1.9	1.4	1.6	2.2	1.8	1.8	2.4	1.7	2.1	1.9	1.5	2.5

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may exceed totals because more than one category may be reported per visit.

[2]HIV is human immunodeficiency virus.

Table 31. Annual number and percent of office visits by therapeutic and preventive services ordered or provided, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Therapeutic and preventive services ordered or provided	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands[1]								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
No services	467,724	123,734	64,674	61,392	36,428	30,929	21,859	21,373	4,132	14,265	15,949	7,304	11,301	6,442	47,942
Counseling/education															
Diet	94,687	28,109	21,330	15,029	9,808	*	539	753	740	1,733	307	4,950	833	384	9,908
Exercise	69,395	20,637	15,151	3,994	7,544	*	6,904	329	901	928	*	4,017	322	583	7,843
Weight reduction	30,534	11,479	7,893	568	2,452	*	646	*	461	389	*	2,374	168	147	3,770
Growth/development	27,200	3,546	474	19,253	2,910	*	*	*	256	*	*	*	–	*	302
Mental health	21,388	5,254	2,787	2,138	845	*	*	*	8,584	*	*	226	*	159	1,167
Tobacco use/exposure	20,518	6,507	4,485	3,353	1,771	*	*	*	396	329	353	834	*	180	1,838
Cholesterol reduction	18,519	6,318	6,539	322	676	*	*	*	*	184	*	2,817	*	*	1,464
Injury prevention	17,860	4,380	1,643	7,846	447	*	1,858	*	*	194	*	231	*	143	812
HIV transmission[2]	2,708	810	360	376	649	–	*	*	*	*	*	*	*	–	*
Other	54,781	9,444	6,094	6,396	9,857	3,085	2,056	6,178	702	1,682	1,361	869	1,217	501	5,339
Other therapy															
Physiotherapy	18,974	5,297	1,559	*	*	*	7,097	*	*	214	*	*	*	440	3,486
Psychotherapy	17,571	2,471	1,097	*	*	*	*	*	12,360	*	–	*	*	*	703
Corrective lenses	6,029	*	–	*	–	5,670	–	–	*	–	–	*	–	–	*
Other	13,450	2,414	1,099	1,439	735	882	1,450	568	525	345	354	235	305	192	2,907
							Percent of visits								
All visits	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No services	65.3	67.5	61.9	66.1	61.2	76.0	57.1	73.8	20.4	76.0	86.9	49.7	82.0	76.0	65.3
Counseling/education															
Diet	13.2	15.3	20.4	16.2	16.5	*	1.4	2.6	3.6	9.2	1.7	33.7	6.0	4.5	13.5
Exercise	9.7	11.3	14.5	4.3	12.7	*	18.0	1.1	4.4	4.9	*	27.3	2.3	6.9	10.7
Weight reduction	4.3	6.3	7.6	0.6	4.1	*	1.7	*	2.3	2.1	*	16.1	1.2	1.7	5.1
Growth/development	3.8	1.9	*	20.7	4.9	*	*	*	1.3	*	*	*	–	*	0.4
Mental health	3.0	2.9	2.7	2.3	1.4	*	*	*	42.3	*	*	1.5	*	1.9	1.6
Tobacco use/exposure	2.9	3.6	4.3	3.6	3.0	*	*	*	1.9	1.8	1.9	5.7	*	2.1	2.5
Cholesterol reduction	2.6	3.4	6.3	*	1.1	*	*	*	*	1.0	*	19.2	*	*	2.0
Injury prevention	2.5	2.4	1.6	8.4	0.8	*	4.9	*	*	1.0	*	1.6	*	1.7	1.1
HIV transmission[2]	0.4	0.4	*	*	1.1	–	*	*	*	*	*	*	*	–	*
Other	7.7	5.2	5.8	6.9	16.6	7.6	5.4	21.3	3.5	9.0	7.4	5.9	8.8	5.9	7.3
Other therapy															
Physiotherapy	2.7	2.9	1.5	*	*	*	18.5	*	*	1.1	*	*	*	5.2	4.7
Psychotherapy	2.5	1.3	1.1	*	*	*	*	*	60.9	*	–	*	*	*	1.0
Corrective lenses	0.8	*	–	*	–	13.9	–	–	*	–	–	*	–	–	*
Other	1.9	1.3	1.1	1.5	1.2	2.2	3.8	2.0	2.6	1.8	1.9	1.6	2.2	2.3	4.0

– Quantity zero.

* Figure does not meet standard of precision or reliability.

. . . Category not applicable.

[1]Numbers may exceed totals because more than one category may be reported per visit.

[2]HIV is human immununodeficiency virus.

Table 32. Annual number and percent distribution of office visits by medication therapy and number of medications provided or prescribed, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Visit characteristic	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
						Number of visits in thousands						
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
Medication therapy provided or prescribed												
Yes	458,696	88,483	33,462	110,786	106,972	62,090	56,903	273,570	185,126	393,160	47,740	17,796
No	257,091	47,717	24,220	72,233	57,908	30,121	24,892	151,844	105,247	223,768	23,006	10,318
Number of medications												
None	257,091	47,717	24,220	72,233	57,908	30,121	24,892	151,844	105,247	223,768	23,006	10,318
1	207,748	48,260	18,535	55,418	44,235	21,988	19,312	121,201	86,548	178,925	20,599	8,225
2	127,371	25,658	9,748	32,548	29,683	16,318	13,417	75,547	51,824	108,148	14,001	5,222
3	58,668	10,736	3,329	12,747	14,608	8,842	8,406	35,811	22,857	50,235	6,214	2,220
4	29,204	2,878	1,331	5,837	8,100	5,422	5,637	18,062	11,142	24,699	3,205	1,300
5	14,616	605	347	2,218	4,105	3,482	3,858	9,368	5,248	12,731	1,584	*
6	21,089	*	*	2,018	6,241	6,039	6,273	13,581	7,508	18,424	2,137	529
						Percent distribution						
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Medication therapy provided or prescribed												
Yes	64.1	65.0	58.0	60.5	64.9	67.3	69.6	64.3	63.8	63.7	67.5	63.3
No	35.9	35.0	42.0	39.5	35.1	32.7	30.4	35.7	36.2	36.3	32.5	36.7
Number of medications												
None	35.9	35.0	42.0	39.5	35.1	32.7	30.4	35.7	36.2	36.3	32.5	36.7
1	29.0	35.4	32.1	30.3	26.8	23.8	23.6	28.5	29.8	29.0	29.1	29.3
2	17.8	18.8	16.9	17.8	18.0	17.7	16.4	17.8	17.8	17.5	19.8	18.6
3	8.2	7.9	5.8	7.0	8.9	9.6	10.3	8.4	7.9	8.1	8.8	7.9
4	4.1	2.1	2.3	3.2	4.9	5.9	6.9	4.2	3.8	4.0	4.5	4.6
5	2.0	0.4	0.6	1.2	2.5	3.8	4.7	2.2	1.8	2.1	2.2	*
6	2.9	*	*	1.1	3.8	6.5	7.7	3.2	2.6	3.0	3.0	1.9

* Figure does not meet standard of reliability or precision.

NOTE: Numbers may not add to totals because of rounding.

Table 33. Annual number and percent distribution of office visits by medication therapy and number of medications provided or prescribed, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Visit characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Medication therapy provided or prescribed															
Yes	458,696	132,483	81,230	65,281	28,542	21,340	11,768	18,464	15,184	5,510	9,549	11,723	6,238	5,398	45,986
No	257,091	50,741	23,201	27,607	30,973	19,374	26,499	10,506	5,103	13,252	8,796	2,983	7,542	3,083	27,430
Number of medications provided or prescribed															
None	257,091	50,741	23,201	27,607	30,973	19,374	26,499	10,506	5,103	13,252	8,796	2,983	7,542	3,083	27,430
1	207,748	56,099	29,184	35,276	19,358	9,701	8,201	8,648	7,936	3,026	5,429	1,730	4,664	2,428	16,068
2	127,371	39,747	22,841	18,104	6,531	6,158	2,439	5,887	3,993	1,297	2,730	2,774	964	1,200	12,706
3	58,668	17,595	11,916	8,798	1,536	3,374	708	2,525	2,021	568	890	1,718	315	755	5,951
4	29,204	9,415	6,688	2,343	763	992	267	906	700	283	317	1,829	*	459	4,128
5	14,616	3,943	4,020	*	*	539	*	335	272	*	*	1,386	*	259	2,684
6	21,089	5,685	6,583	*	*	577	*	*	262	214	*	2,285	*	298	4,449
							Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Medication therapy provided or prescribed															
Yes	64.1	72.3	77.8	70.3	48.0	52.4	30.8	63.7	74.8	29.4	52.1	79.7	45.3	63.6	62.6
No	35.9	27.7	22.2	29.7	52.0	47.6	69.2	36.3	25.2	70.6	47.9	20.3	54.7	36.4	37.4
Number of medications provided or prescribed															
None	35.9	27.7	22.2	29.7	52.0	47.6	69.2	36.3	25.2	70.6	47.9	20.3	54.7	36.4	37.4
1	29.0	30.6	27.9	38.0	32.5	23.8	21.4	29.9	39.1	16.1	29.6	11.8	33.8	28.6	21.9
2	17.8	21.7	21.9	19.5	11.0	15.1	6.4	20.3	19.7	6.9	14.9	18.9	7.0	14.1	17.3
3	8.2	9.6	11.4	9.5	2.6	8.3	1.8	8.7	10.0	3.0	4.9	11.7	2.3	8.9	8.1
4	4.1	5.1	6.4	2.5	1.3	2.4	0.7	3.1	3.4	1.5	1.7	12.4	*	5.4	5.6
5	2.0	2.2	3.8	*	*	1.3	*	1.2	1.3	*	*	9.4	*	3.1	3.7
6	2.9	3.1	6.3	*	*	1.4	*	*	1.3	1.1	*	15.5	*	3.5	6.1

* Figure does not meet standard of reliability or precision.

NOTE: Numbers may not add to totals because of rounding.

Table 34. Annual number and percent distribution of drug mentions at office visits by therapeutic classification, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Therapeutic classification[1]	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of mentions in thousands											
All mentions	954,925	148,396	56,112	205,302	237,797	156,479	150,839	580,304	374,621	818,916	100,806	35,204
Cardiovascular-renal drugs	138,401	1,156	789	11,190	39,145	40,013	46,108	79,157	59,244	117,606	17,258	3,537
Antimicrobial agents	126,018	45,689	12,944	31,651	19,296	8,960	7,479	70,697	55,322	107,265	13,577	5,176
Drugs used for pain relief	113,259	11,610	5,792	31,158	31,831	17,003	15,865	65,456	47,803	96,016	13,201	4,042
Respiratory tract drugs	100,600	28,799	8,195	23,440	20,968	11,104	8,095	59,120	41,481	85,224	10,387	4,989
Hormones and agents affecting hormonal mechanisms	88,797	2,901	4,424	17,934	32,824	17,381	13,332	66,726	22,071	77,373	9,200	2,224
Central nervous system	69,175	3,607	3,286	24,296	22,406	8,403	7,176	45,609	23,567	61,461	5,992	1,722
Skin/mucous membrane	57,883	10,287	7,280	15,816	12,329	7,238	4,934	35,380	22,503	49,000	6,142	2,741
Metabolic/nutrient agents	49,198	3,395	3,805	10,338	11,229	10,695	9,734	34,098	15,099	42,585	4,883	1,729
Gastrointestinal agents	43,381	1,971	1,689	9,573	12,888	8,653	8,608	26,708	16,673	36,820	4,421	2,140
Immunologics	36,139	26,147	1,217	1,926	2,502	2,307	2,039	18,807	17,332	31,642	3,142	1,355
Ophthalmics	33,758	3,566	1,026	3,953	6,201	8,320	10,693	19,989	13,768	30,393	2,713	652
Neurologic drugs	22,769	*510	1,258	8,760	7,228	2,681	2,333	13,251	9,518	19,664	2,475	631
Hematologic agents	16,350	*	914	2,378	3,439	3,705	5,342	10,309	6,040	14,157	1,783	*
Oncolytics	8,391	*	*	911	2,986	2,125	2,095	4,642	3,749	7,269	891	*
Contrast media/radiopharmaceuticals	7,953	2,148	*686	2,037	2,117	*612	*353	4,604	3,349	6,903	*384	666
Other[2]	15,977	1,975	880	3,582	4,068	2,823	2,648	9,582	6,396	13,745	1,496	736
Unclassified, miscellaneous	26,876	3,907	1,809	6,357	6,339	4,456	4,006	16,169	10,707	21,792	2,861	2,223
	Percent distribution											
All mentions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cardiovascular-renal drugs	14.5	0.8	1.4	5.5	16.5	25.6	30.6	13.6	15.8	14.4	17.1	10.0
Antimicrobial agents	13.2	30.8	23.1	15.4	8.1	5.7	5.0	12.2	14.8	13.1	13.5	14.7
Drugs used for pain relief	11.9	7.8	10.3	15.2	13.4	10.9	10.5	11.3	12.8	11.7	13.1	11.5
Respiratory tract drugs	10.5	19.4	14.6	11.4	8.8	7.1	5.4	10.2	11.1	10.4	10.3	14.2
Hormones and agents affecting hormonal mechanisms	9.3	2.0	7.9	8.7	13.8	11.1	8.8	11.5	5.9	9.4	9.1	6.3
Central nervous system	7.2	2.4	5.9	11.8	9.4	5.4	4.8	7.9	6.3	7.5	5.9	4.9
Skin/mucous membrane	6.1	6.9	13.0	7.7	5.2	4.6	3.3	6.1	6.0	6.0	6.1	7.8
Metabolic/nutrient agents	5.2	2.3	6.8	5.0	4.7	6.8	6.5	5.9	4.0	5.2	4.8	4.9
Gastrointestinal agents	4.5	1.3	3.0	4.7	5.4	5.5	5.7	4.6	4.5	4.5	4.4	6.1
Immunologics	3.8	17.6	2.2	0.9	1.1	1.5	1.4	3.2	4.6	3.9	3.1	3.9
Ophthalmics	3.5	2.4	1.8	1.9	2.6	5.3	7.1	3.4	3.7	3.7	2.7	1.9
Neurologic drugs	2.4	*0.3	2.2	4.3	3.0	1.7	1.5	2.3	2.5	2.4	2.5	1.8
Hematologic agents	1.7	*	1.6	1.2	1.4	2.4	3.5	1.8	1.6	1.7	1.8	*
Oncolytics	0.9	*	*	0.4	1.3	1.4	1.4	0.8	1.0	0.9	0.9	*
Contrast media/radiopharmaceuticals	0.8	1.4	*1.2	1.0	0.9	*0.4	*0.2	0.8	0.9	0.8	*0.4	1.9
Other[2]	1.7	1.3	1.6	1.7	1.7	1.8	1.8	1.7	1.7	1.7	1.5	2.1
Unclassified, miscellaneous	2.8	2.6	3.2	3.1	2.7	2.8	2.7	2.8	2.9	2.7	2.8	6.3

* Figure does not meet standard of reliability or precision.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory,* 1995 edition (22).

[2]Includes anesthetic drugs, otologics, antiparasitics, antidotes, and homeopathic products.

NOTE: Figures may not add to totals because of rounding.

Table 35. Annual number and percent distribution of drug mentions at office visits by patient's age, sex, and race, according to therapeutic classification, averaged over a 2-year period: United States, 1995–96

Therapeutic classification[1]	Number of drug mentions in thousands	Total	Age						Sex		Race		
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
		Percent distribution											
All mentions	954,925	100.0	15.5	5.9	21.5	24.9	16.4	15.8	60.8	39.2	85.8	10.6	3.7
Cardiovascular-renal drugs	138,401	100.0	0.8	0.6	8.1	28.3	28.9	33.3	57.2	42.8	85.0	12.5	2.6
Antimicrobial agents	126,018	100.0	36.3	10.3	25.1	15.3	7.1	5.9	56.1	43.9	85.1	10.8	4.1
Drugs used for pain relief	113,259	100.0	10.3	5.1	27.5	28.1	15.0	14.0	57.8	42.2	84.8	11.7	3.6
Respiratory tract drugs	100,600	100.0	28.6	8.1	23.3	20.8	11.0	8.0	58.8	41.2	84.7	10.3	5.0
Hormones and agents affecting hormonal mechanisms	88,797	100.0	3.3	5.0	20.2	37.0	19.6	15.0	75.1	24.9	87.1	10.4	2.5
Central nervous system	69,175	100.0	5.2	4.8	35.1	32.4	12.1	10.4	65.9	34.1	88.8	8.7	2.5
Skin/mucous membrane	57,883	100.0	17.8	12.6	27.3	21.3	12.5	8.5	61.1	38.9	84.7	10.6	4.7
Metabolic/nutrient agents	49,198	100.0	6.9	7.7	21.0	22.8	21.7	19.8	69.3	30.7	86.6	9.9	3.5
Gastrointestinal agents	43,381	100.0	4.5	3.9	22.1	29.7	19.9	19.8	61.6	38.4	84.9	10.2	4.9
Immunologics	36,139	100.0	72.4	3.4	5.3	6.9	6.4	5.6	52.0	48.0	87.6	8.7	3.8
Ophthalmics	33,758	100.0	10.6	3.0	11.7	18.4	24.6	31.7	59.2	40.8	90.0	8.0	1.9
Neurologic drugs	22,769	100.0	*2.2	5.5	38.5	31.7	11.8	10.2	58.2	41.8	86.4	10.9	2.8
Hematologic agents	16,350	100.0	*	5.6	14.5	21.0	22.7	32.7	63.1	36.9	86.6	10.9	*
Oncolytics	8,391	100.0	*	*	10.9	35.6	25.3	25.0	55.3	44.7	86.6	10.6	*
Contrast media/radiopharmaceuticals	7,953	100.0	27.0	*8.6	25.6	26.6	*7.7	*4.4	57.9	42.1	86.8	*4.8	8.4
Other[2]	15,977	100.0	12.4	5.5	22.4	25.5	17.7	16.6	60.0	40.0	86.0	9.4	4.6
Unclassified, miscellaneous	26,876	100.0	14.5	6.7	23.7	23.6	16.6	14.9	60.2	39.8	81.1	10.6	8.3

* Figure does not meet standard of reliability or precision.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory,* 1995 edition (22).

[2]Includes anesthetic drugs, otologics, antiparasitics, antidotes, and homeopathic products.

NOTE: Figures may not add to totals because of rounding.

Table 36. Annual number and percent distribution of drug mentions at office visits by therapeutic classification, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Therapeutic classification[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of drug mentions in thousands								
All mentions	954,925	279,861	196,956	111,281	41,959	42,261	17,126	34,273	27,718	10,347	15,808	40,389	8,979	12,009	115,959
Cardiovascular-renal drugs	138,401	42,941	47,395	677	1,314	2,507	576	219	807	1,628	333	19,895	1,883	1,436	16,791
Antimicrobial agents	126,018	44,470	19,201	33,651	3,522	1,109	580	5,773	*	1,724	3,963	457	2,636	246	8,523
Drugs used for pain relief	113,259	38,710	24,243	8,401	2,016	1,499	9,331	238	2,462	1,510	652	5,214	753	2,812	15,417
Respiratory tract drugs	100,600	34,363	21,063	21,456	751	1,581	198	659	491	700	4,972	829	*	243	13,175
Hormones and related agents	88,797	25,212	21,633	2,800	15,625	1,841	1,755	1,425	438	1,042	869	2,872	843	662	11,781
Central nervous system	69,175	20,875	12,246	2,179	1,137	349	459	645	19,225	612	192	1,297	334	2,161	7,465
Skin/mucous membrane	57,883	11,322	6,553	6,229	2,531	686	1,843	20,868	211	629	1,897	195	224	*	4,626
Metabolic and nutrient agents	49,198	12,442	10,302	2,674	9,722	834	181	227	213	401	295	4,567	153	349	6,837
Gastrointestinal agents	43,381	13,387	12,824	1,607	486	504	251	*	177	839	159	1,525	453	405	10,701
Immunologics	36,139	7,709	2,972	22,656	*	*	*	*	*	*	254	*	*	*	1,941
Ophthalmics	33,758	1,597	1,161	1,906	*	27,313	*	*	*	*	313	*	*	*	998
Neurologic drugs	22,769	7,803	4,243	*	*	*	649	*	3,073	205	*	352	*	2,766	2,791
Hematologic agents	16,350	3,677	4,512	*	2,092	*	*	*	*	204	*	1,936	*	351	2,738
Oncolytics	8,391	*523	1,069	*	*	*	*	313	*	146	*	*	549	*	5,258
Contrast media/radiopharmaceuticals	7,953	1,573	*559	2,192	10	842	–	*	*	*	594	*	–	*	2,000
Other[2]	15,977	4,418	2,439	1,277	583	930	697	1,689	183	319	615	*176	153	203	2,296
Unclassified/miscellaneous	26,876	8,839	4,542	2,732	1,617	1,772	443	1,822	223	232	564	759	505	205	2,621
							Percent distribution								
All mentions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cardiovascular-renal drugs	14.5	15.3	24.1	0.6	3.1	5.9	3.4	0.6	2.9	15.7	2.1	49.3	21.0	12.0	14.5
Antimicrobial agents	13.2	15.9	9.7	30.2	8.4	2.6	3.4	16.8	0.0	16.7	25.1	1.1	29.4	2.0	7.4
Drugs used for pain relief	11.9	13.8	12.3	7.5	4.8	3.5	54.5	0.7	8.9	14.6	4.1	12.9	8.4	23.4	13.3
Respiratory tract drugs	10.5	12.3	10.7	19.3	1.8	3.7	1.2	1.9	1.8	6.8	31.5	2.1	*	2.0	11.4
Hormones and related agents	9.3	9.0	11.0	2.5	37.2	4.4	10.2	4.2	1.6	10.1	5.5	7.1	9.4	5.5	10.2
Central nervous system	7.2	7.5	6.2	2.0	2.7	0.8	2.7	1.9	69.4	5.9	1.2	3.2	3.7	18.0	6.4
Skin/mucous membrane	6.1	4.0	3.3	5.6	6.0	1.6	10.8	60.9	0.8	6.1	12.0	0.5	2.5	*	4.0
Metabolic and nutrient agents	5.2	4.4	5.2	2.4	23.2	2.0	1.1	0.7	0.8	3.9	1.9	11.3	1.7	2.9	5.9
Gastrointestinal agents	4.5	4.8	6.5	1.4	1.2	1.2	1.5	*	0.6	8.1	1.0	3.8	5.0	3.4	9.2
Immunologics	3.8	2.8	1.5	20.4	*	*	:*	*	*	*	1.6	*	*	*	1.7
Ophthalmics	3.5	0.6	0.6	1.7	*	64.6	*	*	*	*	2.0	*	*	*	0.9
Neurologic drugs	2.4	2.8	2.2	*	*	*	3.8	*	11.1	2.0	*	0.9	*	23.0	2.4
Hematologic agents	1.7	1.3	2.3	*	5.0	*	*	*	*	2.0	*	4.8	*	2.9	2.4
Oncolytics	0.9	*0.2	0.5	*	*	*	*	0.9	*	1.4	*	*	6.1	*	4.5
Contrast media/radiopharmaceuticals	0.8	0.6	*0.3	2.0	*	2.0	–	*	*	*	3.8	*	–	*	1.7
Other[2]	1.7	1.6	1.2	1.1	1.4	2.2	4.1	4.9	0.7	3.1	3.9	*0.4	1.7	1.7	2.0
Unclassified/miscellaneous	2.8	3.2	2.3	2.5	3.9	4.2	2.6	5.3	0.8	2.2	3.6	1.9	5.6	1.7	2.3

* Figure does not meet standard of reliability or precision.

– Quantity zero.

0.0 Quantity more than zero but less 0.05.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory,* 1995 edition (22).

[2]Includes anesthetic drugs, otologics, antiparasitics, antidotes, and homeopathic products.

NOTE: Figures may not add to totals because of rounding.

Table 37. Annual number and percent distribution of drug mentions at office visits by physician specialty, according to therapeutic classification, averaged over a 2-year period: United States, 1995–96

Therapeutic classification[1]	Number of drug mentions in thousands	Total	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
		Percent distribution														
All mentions	954,925	100.0	29.3	20.6	11.7	4.4	4.4	1.8	3.6	2.9	1.1	1.7	4.2	0.9	1.3	12.1
Cardiovascular-renal drugs	138,401	100.0	31.0	34.2	0.5	0.9	1.8	0.4	0.2	0.6	1.2	0.2	14.4	1.4	1.0	12.1
Antimicrobial agents	126,018	100.0	35.3	15.2	26.7	2.8	0.9	0.5	4.6	*	1.4	3.1	0.4	2.1	0.2	6.8
Drugs used for pain relief	113,259	100.0	34.2	21.4	7.4	1.8	1.3	8.2	0.2	2.2	1.3	0.6	4.6	0.7	2.5	13.6
Respiratory tract drugs	100,600	100.0	34.2	20.9	21.3	0.7	1.6	0.2	0.7	0.5	0.7	4.9	0.8	*	0.2	13.1
Hormones and related agents	88,797	100.0	28.4	24.4	3.2	17.6	2.1	2.0	1.6	0.5	1.2	1.0	3.2	0.9	0.7	13.3
Central nervous system	69,175	100.0	30.2	17.7	3.2	1.6	0.5	0.7	0.9	27.8	0.9	0.3	1.9	0.5	3.1	10.8
Skin/mucous membrane	57,883	100.0	19.6	11.3	10.8	4.4	1.2	3.2	36.1	0.4	1.1	3.3	0.3	0.4	*	8.0
Metabolic and nutrient agents	49,198	100.0	25.3	20.9	5.4	19.8	1.7	0.4	0.5	0.4	0.8	0.6	9.3	0.3	0.7	13.9
Gastrointestinal agents	43,381	100.0	30.9	29.6	3.7	1.1	1.2	0.6	*	0.4	1.9	0.4	3.5	1.0	0.9	24.7
Immunologics	36,139	100.0	21.3	8.2	62.7	*	*	*	*	*	*	0.7	*	*	*	5.4
Ophthalmics	33,758	100.0	4.7	3.4	5.6	*	80.9	*	*	*	*	0.9	*	*	*	3.0
Neurologic drugs	22,769	100.0	34.3	18.6	*	*	*	2.9	*	13.5	0.9	*	1.5	*	12.1	12.3
Hematologic agents	16,350	100.0	22.5	27.6	*	12.8	*	*	*	*	1.2	*	11.8	*	2.1	16.7
Oncolytics	8,391	100.0	*6.2	12.7	*	*	*	*	3.7	*	1.7	*	*	6.5	*	62.7
Contrast media/radiopharmaceuticals	7,953	100.0	19.8	*7.0	27.6	*	10.6	–	*	*	*	7.5	*	–	*	25.1
Other[2]	15,977	100.0	27.7	15.3	8.0	3.6	5.8	4.4	10.6	1.1	2.0	3.8	*1.1	1.0	1.3	14.4
Unclassified/miscellaneous	26,876	100.0	32.9	16.9	10.2	6.0	6.6	1.6	6.8	0.8	0.9	2.1	2.8	1.9	0.8	9.8

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory,* 1995 edition (22).

[2]Includes anesthetic drugs, otologics, antiparasitics, antidotes, and homeopathic products.

NOTE: Figures may not add to totals because of rounding.

Table 38. Annual number of occurrences and percent of drug mentions for the 10 generic substances most frequently used at office visits, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Generic substance and patient characteristic	Number of occurrences in thousands[1]	Percent of drug mentions[2]
All ages		
All occurrences	1,148,725	. . .
Acetaminophen	37,144	3.9
Amoxicillin	35,405	3.7
Ibuprofen	17,167	1.8
Hydrochlorothiazide	16,374	1.7
Aspirin	16,299	1.7
Albuterol	16,087	1.7
Estrogens	13,973	1.5
Furosemide	12,981	1.4
Guaifenesin	12,601	1.3
Phenylephrine	11,496	1.2
Under 15 years		
All occurrences	201,309	. . .
Amoxicillin	21,674	14.6
Acetaminophen	7,659	5.2
Polio vaccine	5,970	4.0
Albuterol	5,888	4.0
Hepatitis B vaccine	4,728	3.2
Diphtheria Pertussis Tetanus vaccine	4,178	2.8
Erythromycin	4,057	2.7
Phenylephrine	3,943	2.7
Ibuprofen	3,491	2.4
Trimethoprim	3,427	2.3
15–24 years		
All occurrences	76,081	. . .
Amoxicillin	2,882	5.1
Acetaminophen	2,399	4.3
Ergocalciferol	1,978	3.5
Vitamin A	1,950	3.5
Pyridoxine	1,934	3.4
Riboflavin	1,917	3.4
Thiamine	1,907	3.4
Estradiol	1,704	3.0
Erythromycin	1,662	3.0
Cephalexin	1,452	2.6
25–44 years		
All occurrences	262,524	. . .
Acetaminophen	11,257	5.5
Amoxicillin	5,865	2.9
Ibuprofen	5,313	2.6
Pyridoxine	4,492	2.2
Hydrocodone	4,477	2.2
Riboflavin	4,435	2.2
Thiamine	4,410	2.1
Vitamin A	4,402	2.1
Ergocalciferol	4,379	2.1
Guaifenesin	4,089	2.0

See footnotes at end of table.

Table 38. Annual number of occurrences and percent of drug mentions for the 10 generic substances most frequently used at office visits, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96—Con.

Generic substance and patient characteristic	Number of occurrences in thousands[1]	Percent of drug mentions[2]
45–64 years		
All occurrences	268,911	. . .
Acetaminophen	8,787	3.7
Estrogens	7,931	3.3
Hydrochlorothiazide	4,921	2.1
Aspirin	4,629	1.9
Ibuprofen	4,318	1.8
Medroxyprogesterone	4,065	1.7
Levothyroxine	3,289	1.4
Naproxen	2,997	1.3
Amoxicillin	2,960	1.2
Atenolol	2,894	1.2
65–74 years		
All occurrences	172,949	. . .
Aspirin	4,908	3.1
Hydrochlorothiazide	4,490	2.9
Furosemide	3,574	2.3
Estrogens	3,365	2.2
Acetaminophen	3,362	2.1
Digoxin	2,942	1.9
Levothyroxine	2,750	1.8
Potassium replacement solutions	2,510	1.6
Diltiazem	2,445	1.6
Glyburide	2,229	1.4
75 years and over		
All occurrences	166,944	. . .
Furosemide	5,754	3.8
Digoxin	5,561	3.7
Hydrochlorothiazide	5,156	3.4
Aspirin	5,086	3.4
Acetaminophen	3,682	2.4
Potassium replacement solutions	3,297	2.2
Levothyroxine	2,871	1.9
Warfarin	2,700	1.8
Diltiazem	2,656	1.8
Nifedipine	2,546	1.7
Female		
All occurrences	708,723	. . .
Acetaminophen	21,989	3.8
Amoxicillin	19,347	3.3
Estrogens	13,741	2.4
Hydrochlorothiazide	11,556	2.0
Ibuprofen	9,575	1.7
Levothyroxine	8,898	1.5
Albuterol	8,789	1.5
Estradiol	8,395	1.4
Aspirin	7,972	1.4
Furosemide	7,751	1.3

See footnotes at end of table.

Table 38. Annual number of occurrences and percent of drug mentions for the 10 generic substances most frequently used at office visits, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96—Con.

Generic substance and patient characteristic	Number of occurrences in thousands[1]	Percent of drug mentions[2]
Male		
All occurrences	440,002	. . .
Amoxicillin	16,058	4.3
Acetaminophen	15,155	4.0
Aspirin	8,327	2.2
Ibuprofen	7,592	2.0
Albuterol	7,298	1.9
Furosemide	5,230	1.4
Guaifenesin	5,104	1.4
Hydrocodone	4,919	1.3
Erythromycin	4,830	1.3
Hydrochlorothiazide	4,818	1.3
White		
All occurrences	984,825	100.0
Acetaminophen	31,234	3.8
Amoxicillin	30,291	3.7
Aspirin	14,830	1.8
Ibuprofen	13,891	1.7
Albuterol	13,720	1.7
Hydrochlorothiazide	13,328	1.6
Estrogens	12,737	1.6
Furosemide	11,091	1.4
Guaifenesin	10,750	1.3
Phenylephrine	10,108	1.2
Black[3]		
All occurrences	120,527	100.0
Acetaminophen	4,333	4.3
Amoxicillin	3,629	3.6
Hydrochlorothiazide	2,548	2.5
Ibuprofen	2,445	2.4
Nifedipine	1,903	1.9
Furosemide	1,728	1.7
Albuterol	1,661	1.6
Insulin	1,508	1.5
Pseudoephedrine	1,376	1.4
Potassium replacement solutions	1,371	1.4

. . . Category not applicable.

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

[2]Denominators on which percents in each category are based can be found in table B.

[3]Estimates for races other than white and black are not shown because of small sample sizes.

Table 39. Annual number of occurrences and percent of drug mentions for the 10 generic substances used most frequently at office visits, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Generic substance and physician specialty	Number of occurences in thousands[1]	Percent of all drug mentions[2]
All specialties		
All occurrences	1,148,725	. . .
Acetaminophen	37,144	3.9
Amoxicillin	35,405	3.7
Ibuprofen	17,167	1.8
Hydrochlorothiazide	16,374	1.7
Aspirin	16,299	1.7
Albuterol	16,087	1.7
Estrogens	13,973	1.5
Furosemide	12,981	1.4
Guaifenesin	12,601	1.3
Phenylephrine	11,496	1.2
General and family practice		
All occurrences	334,469	. . .
Acetaminophen	13,009	4.6
Amoxicillin	12,655	4.5
Ibuprofen	6,593	2.4
Hydrochlorothiazide	6,446	2.3
Guaifenesin	5,550	2.0
Codeine	4,463	1.6
Pseudoephedrine	4,408	1.6
Cephalexin	4,209	1.5
Aspirin	4,121	1.5
Albuterol	4,114	1.5
Internal medicine		
All occurrences	223,063	. . .
Acetaminophen	6,455	3.3
Hydrochlorothiazide	5,820	3.0
Aspirin	4,873	2.5
Furosemide	4,436	2.3
Amoxicillin	4,132	2.1
Digoxin	3,515	1.8
Levothyroxine	3,512	1.8
Albuterol	3,507	1.8
Estrogens	3,365	1.7
Lisinopril	3,198	1.6
Pediatrics		
All occurrences	152,056	. . .
Amoxicillin	15,188	13.6
Acetaminophen	5,189	4.7
Polio vaccine	5,117	4.6
Albuterol	5,065	4.6
Hepatitis B vaccine	4,427	4.0
Diphtheria Pertussis Tetanus vaccine	3,196	2.9
Erythromycin	3,006	2.7
Ibuprofen	2,694	2.4
Ttrimethoprim	2,648	2.4
Haemophilus B vaccine	2,569	2.3
Obstetrics and gynecology		
All occurrences	72,652	. . .
Vitamin A	5,508	13.1
Ergocalciferol	5,497	13.1
Pyridoxine	5,471	13.0
Riboflavin	5,467	13.0
Thiamine	5,457	13.0
Estradiol	5,031	12.0
Estrogens	4,306	10.3
Medroxyprogesterone	3,618	8.6
Multivitamins general	2,789	6.6
Iron preparations	1,765	4.2

See footnotes at end of table.

Table 39. Annual number of occurrences and percent of drug mentions for the 10 generic substances used most frequently at office visits, according to physician specialty, averaged over a 2-year period: United States, 1995–96—Con.

Generic substance and physician specialty	Number of occurences in thousands[1]	Percent of all drug mentions[2]
Ophthalmology		
All occurrences	49,399	. . .
Proparacaine	3,481	8.2
Fluorescein	2,883	6.8
Prednisolone	2,778	6.6
Timolol	2,644	6.3
Dexamethasone	2,605	6.2
Tropicamide	2,209	5.2
Phenylephrine	2,195	5.2
Tobramycin	2,195	5.2
Pilocarpine	1,247	3.0
Betaxolol HCL[3]	1,009	2.4
Cardiovascular diseases		
All occurrences	42,441	. . .
Aspirin	3,870	9.6
Digoxin	2,293	5.7
Furosemide	2,107	5.2
Nitroglycerin	1,860	4.6
Diltiazem	1,498	3.7
Metoprolol	1,417	3.5
Warfarin	1,417	3.5
Potassium replacement solution	1,341	3.3
Atenolol	1,139	2.8
Enalapril	1,079	2.7
Dermatology		
All occurrences	38,137	. . .
Tretinoin	2,104	6.1
Lidocaine	1,767	5.2
Triamcinolone	1,682	4.9
Erythromycin	1,501	4.4
Benzoyl peroxide	1,374	4.0
Clindamycin	1,184	3.5
Hydrocortisone	1,010	2.9
Bacitracin	972	2.8
Tetracycline	836	2.4
Ketoconazole	827	2.4
Psychiatry		
All occurrences	28,298	. . .
Fluoxetine hydrochloride	2,758	9.9
Methadone	2,067	7.5
Sertraline	1,748	6.3
Paroxetine	1,342	4.8
Alprazolam	1,279	4.6
Lithium	1,097	4.0
Conazepam	1,063	3.8
Trazodone	883	3.2
Lorazepam	866	3.1
Methylphenidate	719	2.6
Otolaryngology		
All occurrences	20,750	. . .
Beclomethasone	1,064	6.7
Amoxicillin	1,060	6.7
Guaifenesin	1,040	6.6
Polymyxin B	752	4.8
Neomycin	749	4.7
Hydrocortisone	749	4.7
Loratadine	702	4.4
Phenylpropanolamine	564	3.6
Phenylephrine	519	3.3
Pseudoephedrine	515	3.3

See footnotes at end of table.

Table 39. Annual number of occurrences and percent of drug mentions for the 10 generic substances used most frequently at office visits, according to physician specialty, averaged over a 2-year period: United States, 1995–96—Con.

Generic substance and physician specialty	Number of occurences in thousands[1]	Percent of all drug mentions[2]
Orthopedic surgery		
All occurrences	20,267	. . .
Acetaminophen	3,012	17.6
Ibuprofen	1,443	8.4
Hydrocodone	1,198	7.0
Naproxen	1,159	6.8
Lidocaine	822	4.8
Propoxyphene	765	4.5
Nabumetone	633	3.7
Cortisone	594	3.5
Codeine	545	3.2
Methylprednisolone	531	3.1
Neurology		
All occurrences	14,292	. . .
Acetaminophen	751	6.3
Aspirin	461	3.8
Carbamazepine	419	3.5
Phenytoin	392	3.3
Amitriptyline	331	2.8
Sumatriptan	325	2.7
Carbidopa	322	2.7
Levodopa	319	2.7
Caffeine	307	2.6
Ibuprofen	296	2.5
General surgery		
All occurrences	11,904	. . .
Acetaminophen	606	5.9
Lidocaine	315	3.0
Cephalexin	282	2.7
Levothyroxine	227	2.2
Ibuprofen	225	2.2
Hydrochlorothiazide	216	2.1
Hydrocodone	211	2.0
Amoxicillin	200	1.9
Aspirin	197	1.9
Ciprofloxacin HCL[3]	194	1.9
Urology		
All occurrences	10,170	. . .
Ciprofloxacin HCL[3]	536	6.0
Trimethoprim	506	5.6
Nitrofurantoin	492	5.5
Ofloxacin	474	5.3
Sulfamethoxazole	457	5.1
Terazosin HCL[3]	378	4.2
Oxybutynin	344	3.8
Hyoscyamine	316	3.5
Leuprolide	296	3.3
Acetaminophen	277	3.1
All other		
All occurrences	130,828	. . .
Acetaminophen	5,545	4.8
Prednisone	3,205	2.8
Albuterol	2,874	2.5
Hydrochlorothiazide	2,115	1.8
Furosemide	2,095	1.8
Aspirin	1,911	1.6
Ibuprofen	1,817	1.6
Amoxicillin	1,751	1.5
Hydrocodone	1,740	1.5
Triamcinolone	1,689	1.5

. . . Category not applicable.

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

[2]Denominators on which percents in each category are based can be found in table C.

[3]HCL is hydrochloric acid.

Table 40. Annual number and percent distribution of office visits by patient's referral status and prior-visit status, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Referral status and prior-visit status	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
New patient	100,029	17,194	11,101	32,012	23,186	9,395	7,141	55,990	44,038	84,521	10,967	4,540
Old patient	615,759	119,006	46,581	151,007	141,694	82,817	74,654	369,424	246,335	532,407	59,778	23,573
New problem	143,633	46,241	12,764	34,981	27,374	12,254	10,019	84,590	59,042	124,406	14,400	4,827
Old problem	472,126	72,765	33,817	116,026	114,320	70,562	64,636	284,834	187,292	408,001	45,378	18,747
Referred for this visit	110,758	11,460	7,955	30,544	31,734	16,288	12,778	63,946	46,812	97,236	9,443	4,080
New patient	38,963	4,571	3,136	10,995	11,273	5,104	3,885	22,730	16,233	34,393	3,366	1,204
Old patient	71,795	6,889	4,819	19,549	20,461	11,183	8,893	41,216	30,579	62,843	6,077	2,876
New problem	8,755	1,098	516	2,632	2,236	1,252	1,022	5,182	3,573	7,636	781	338
Old problem	63,040	5,791	4,303	16,917	18,225	9,931	7,871	36,034	27,005	55,207	5,295	2,538
Not referred for this visit	605,029	124,739	49,727	152,476	133,146	75,924	69,017	361,468	243,561	519,693	61,303	24,034
New patient	61,065	12,623	7,966	21,017	11,913	4,291	3,256	33,260	27,805	50,128	7,601	3,336
Old patient	543,964	112,117	41,761	131,459	121,233	71,633	65,761	328,208	215,756	469,564	53,702	20,698
New problem	134,877	45,143	12,248	32,349	25,138	11,002	8,997	79,408	55,469	116,770	13,619	4,489
Old problem	409,087	66,974	29,513	99,109	96,095	60,631	56,764	248,800	160,287	352,795	40,083	16,209
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
New patient	14.0	12.6	19.2	17.5	14.1	10.2	8.7	13.2	15.2	13.7	15.5	16.1
Old patient	86.0	87.4	80.8	82.5	85.9	89.8	91.3	86.8	84.8	86.3	84.5	83.9
New problem	20.1	34.0	22.1	19.1	16.6	13.3	12.2	19.9	20.3	20.2	20.4	17.2
Old problem	66.0	53.4	58.6	63.4	69.3	76.5	79.0	67.0	64.5	66.1	64.1	66.7
Referred for this visit	15.5	8.4	13.8	16.7	19.2	17.7	15.6	15.0	16.1	15.8	13.3	14.5
New patient	5.4	3.4	5.4	6.0	6.8	5.5	4.7	5.3	5.6	5.6	4.8	4.3
Old patient	10.0	5.1	8.4	10.7	12.4	12.1	10.9	9.7	10.5	10.2	8.6	10.2
New problem	1.2	0.8	0.9	1.4	1.4	1.4	1.2	1.2	1.2	1.2	1.1	1.2
Old problem	8.8	4.3	7.5	9.2	11.1	10.8	9.6	8.5	9.3	8.9	7.5	9.0
Not referred for this visit	84.5	91.6	86.2	83.3	80.8	82.3	84.4	85.0	83.9	84.2	86.7	85.5
New patient	8.5	9.3	13.8	11.5	7.2	4.7	4.0	7.8	9.6	8.1	10.7	11.9
Old patient	76.0	82.3	72.4	71.8	73.5	77.7	80.4	77.2	74.3	76.1	75.9	73.6
New problem	18.8	33.1	21.2	17.7	15.2	11.9	11.0	18.7	19.1	18.9	19.2	16.0
Old problem	57.2	49.2	51.2	54.2	58.3	65.8	69.4	58.5	55.2	57.2	56.7	57.7

NOTE: Numbers may not add to totals because of rounding.

Table 41. Annual number and percent distribution of office visits by patient's referral status and prior-visit status, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Referral status and prior-visit status	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
New patient	100,029	21,324	9,196	8,060	6,921	6,831	10,115	6,548	1,936	4,513	4,911	2,217	2,637	2,364	12,456
Old patient	615,759	161,901	95,235	84,829	52,594	33,883	28,152	22,421	18,351	14,250	13,434	12,488	11,143	6,117	60,960
New problem	143,633	52,363	25,463	34,358	8,658	2,782	2,944	3,062	367	2,551	1,459	839	554	341	7,892
Old problem	472,126	109,538	69,772	50,470	43,936	31,101	25,208	19,359	17,984	11,699	11,976	11,649	10,589	5,777	53,069
Referred for this visit	110,758	6,172	5,732	4,040	7,310	8,096	14,805	6,895	5,121	7,828	6,857	4,827	5,744	4,753	22,579
New patient	38,963	1,553	1,728	1,061	2,257	3,011	5,848	3,010	878	3,458	3,084	1,760	1,826	1,952	7,536
Old patient	71,795	4,619	4,004	2,979	5,052	5,084	8,957	3,886	4,243	4,370	3,773	3,067	3,918	2,800	15,043
New problem	8,755	1,592	948	723	917	545	843	393	*	644	342	192	222	158	1,179
Old problem	63,040	3,027	3,056	2,255	4,135	4,540	8,114	3,492	4,188	3,726	3,431	2,875	3,696	2,642	13,864
Not referred for this visit	605,029	177,052	98,699	88,848	52,206	32,618	23,462	22,074	15,166	10,935	11,489	9,879	8,036	3,728	50,837
New patient	61,065	19,771	7,468	6,998	4,664	3,819	4,267	3,539	1,058	1,055	1,827	457	811	411	4,920
Old patient	543,964	157,282	91,231	81,850	47,542	28,799	19,196	18,535	14,108	9,880	9,662	9,421	7,225	3,317	45,917
New problem	134,877	50,771	24,515	33,635	7,741	2,237	2,101	2,669	*	1,907	1,117	647	332	182	6,712
Old problem	409,087	106,511	66,716	48,215	39,800	26,562	17,094	15,867	13,797	7,973	8,545	8,775	6,893	3,135	39,205
							Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
New patient	14.0	11.6	8.8	8.7	11.6	16.8	26.4	22.6	9.5	24.1	26.8	15.1	19.1	27.9	17.0
Old patient	86.0	88.4	91.2	91.3	88.4	83.2	73.6	77.4	90.5	75.9	73.2	84.9	80.9	72.1	83.0
New problem	20.1	28.6	24.4	37.0	14.5	6.8	7.7	10.6	1.8	13.6	8.0	5.7	4.0	4.0	10.7
Old problem	66.0	59.8	66.8	54.3	73.8	76.4	65.9	66.8	88.6	62.4	65.3	79.2	76.8	68.1	72.3
Referred for this visit	15.5	3.4	5.5	4.3	12.3	19.9	38.7	23.8	25.2	41.7	37.4	32.8	41.7	56.0	30.8
New patient	5.4	0.8	1.7	1.1	3.8	7.4	15.3	10.4	4.3	18.4	16.8	12.0	13.3	23.0	10.3
Old patient	10.0	2.5	3.8	3.2	8.5	12.5	23.4	13.4	20.9	23.3	20.6	20.9	28.4	33.0	20.5
New problem	1.2	0.9	0.9	0.8	1.5	1.3	2.2	1.4	*	3.4	1.9	1.3	1.6	1.9	1.6
Old problem	8.8	1.7	2.9	2.4	6.9	11.2	21.2	12.1	20.6	19.9	18.7	19.5	26.8	31.2	18.9
Not referred for this visit	84.5	96.6	94.5	95.7	87.7	80.1	61.3	76.2	74.8	58.3	62.6	67.2	58.3	44.0	69.2
New patient	8.5	10.8	7.2	7.5	7.8	9.4	11.1	12.2	5.2	5.6	10.0	3.1	5.9	4.8	6.7
Old patient	76.0	85.8	87.4	88.1	79.9	70.7	50.2	64.0	69.5	52.7	52.7	64.1	52.4	39.1	62.5
New problem	18.8	27.7	23.5	36.2	13.0	5.5	5.5	9.2	*	10.2	6.1	4.4	2.4	2.1	9.1
Old problem	57.2	58.1	63.9	51.9	66.9	65.2	44.7	54.8	68.0	42.5	46.6	59.7	50.0	37.0	53.4

* Figure does not meet standard of reliabilty or precision.

NOTE: Numbers may not add to totals because of rounding.

Table 42. Annual number and percent of office visits by type of payment and expected sources of insurance, according to patient's age, sex, and race, averaged over over a 2-year period: United States, 1995–96

Type of payment and expected sources of insurance[1]	All ages	Age						Sex		Race[2]	
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
	Number of visits in thousands										
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746
Insurance[3]	618,277	118,187	46,303	149,935	138,525	87,391	77,933	369,047	249,229	532,891	61,788
Insured, fee-for-service	261,930	36,971	18,410	53,953	59,489	48,421	44,685	153,945	107,984	231,502	21,067
Private insurance	150,841	22,575	10,557	35,521	42,461	21,277	18,450	89,152	61,689	136,013	9,647
Medicare	94,191	393	*	2,518	6,384	42,342	42,320	54,272	39,919	86,367	6,067
Medicaid	35,523	10,930	4,995	7,678	5,240	3,597	3,084	23,379	12,144	27,304	5,983
Worker's compensation	8,581	*	751	4,568	2,951	*239	*	3,243	5,338	7,443	919
Other	15,329	1,805	1,314	3,674	4,370	2,350	1,817	8,802	6,528	13,276	1,294
Unknown	6,677	1,709	805	1,931	1,771	335	*	3,618	3,058	6,101	*290
HMO/other prepaid[4]	174,510	42,340	14,853	50,465	39,554	15,456	11,842	105,533	68,977	142,741	23,029
Private insurance	87,905	21,777	7,533	28,182	20,790	5,414	4,209	53,538	34,367	73,802	10,156
Medicare	16,375	*	*	715	1,544	7,223	6,526	10,032	6,343	13,466	2,231
Medicaid	16,742	6,833	2,255	3,687	2,268	1,052	647	10,996	5,746	9,981	5,997
Worker's compensation	757	–	*	368	*307	–	*	387	370	610	*
Other	34,759	8,195	3,196	11,602	7,661	2,635	1,471	20,784	13,976	29,593	3,502
Unknown	26,372	5,681	1,755	6,635	8,006	2,428	1,866	15,145	11,227	22,017	2,315
Preferred provider option	89,118	21,818	6,664	26,722	22,580	6,471	4,864	54,974	34,144	79,387	6,965
Private insurance	63,310	16,397	4,789	19,709	17,089	3,129	2,198	39,086	24,225	56,709	4,427
Medicare	10,101	*	*	381	789	4,816	3,993	5,880	4,221	8,852	1,194
Medicaid	3,274	1,097	*	565	613	344	383	2,150	1,125	2,180	981
Worker's compensation	512	–	*	*314	*	*	–	*	336	442	*
Other	11,972	3,169	953	4,112	2,899	584	*255	7,499	4,473	11,071	572
Unknown	5,535	1,189	619	1,912	1,621	*	*	3,772	1,762	5,073	*
Type of payment unspecified, but source of insurance listed	92,719	17,058	6,375	18,796	16,902	17,042	16,543	54,595	38,124	79,262	10,726
Private insurance	30,991	3,941	2,119	8,150	7,715	4,678	4,390	18,114	12,877	28,520	1,943
Medicare	34,733	*	*	1,205	2,820	14,982	15,279	21,201	13,532	31,254	2,664
Medicaid	25,728	11,104	2,774	4,402	3,276	1,961	2,212	16,025	9,703	18,826	5,678
Worker's compensation	5,376	*	402	2,941	1,849	*	*	2,169	3,207	4,338	843
Other	6,822	581	678	1,946	1,866	1,033	718	3,775	3,047	5,989	603
Unknown	3,861	1,257	*	925	916	*	*	2,304	1,558	3,569	*
Self-pay	69,045	13,727	8,465	23,740	18,918	2,316	1,879	40,121	28,924	60,501	5,816
No charge	7,944	799.469	732	2,393	2,217	959	843	4,658	3,286	6,867	544
Other	10,221	1,849	1,279	3,744	2,668	441	242	5,068	5,153	7,646	1,721
No answer[5]	10,301	1,637	902	3,208	2,551	1,105	897	6,520	3,781	9,022	877

See footnotes at end of table.

Table 42. Annual number and percent of office visits by type of payment and expected sources of insurance, according to patient's age, sex, and race, averaged over over a 2-year period: United States, 1995–96—Con.

Type of payment and expected sources of insurance[1]	All ages	Age						Sex		Race[2]	
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
						Percent of visits					
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Insurance[3]	86.4	86.8	80.3	81.9	84.0	94.8	95.3	86.7	85.8	86.4	87.3
Insured, fee-for-service	36.6	27.1	31.9	29.5	36.1	52.5	54.6	36.2	37.2	37.5	29.8
Private insurance	21.1	16.6	18.3	19.4	25.8	23.1	22.6	21.0	21.2	22.0	13.6
Medicare	13.2	0.3	*	1.4	3.9	45.9	51.7	12.8	13.7	14.0	8.6
Medicaid	5.0	8.0	8.7	4.2	3.2	3.9	3.8	5.5	4.2	4.4	8.5
Worker's Compensation	1.2	*	1.3	2.5	1.8	*0.3	*	0.8	1.8	1.2	1.3
Other	2.1	1.3	2.3	2.0	2.7	2.5	2.2	2.1	2.2	2.2	1.8
Unknown	0.9	1.3	1.4	1.1	1.1	0.4	*	0.9	1.1	1.0	*0.4
HMO/other prepaid[4]	24.4	31.1	25.8	27.6	24.0	16.8	14.5	24.8	23.8	23.1	32.6
Private insurance	12.3	16.0	13.1	15.4	12.6	5.9	5.1	12.6	11.8	12.0	14.4
Medicare	2.3	*	*	0.4	0.9	7.8	8.0	2.4	2.2	2.2	3.2
Medicaid	2.3	5.0	3.9	2.0	1.4	1.1	0.8	2.6	2.0	1.6	8.5
Worker's Compensation	0.1	–	*	0.2	*0.2	–	*	0.1	0.1	0.1	*
Other	4.9	6.0	5.5	6.3	4.6	2.9	1.8	4.9	4.8	4.8	5.0
Unknown	3.7	4.2	3.0	3.6	4.9	2.6	2.3	3.6	3.9	3.6	3.3
Preferred provider option	12.5	16.0	11.6	14.6	13.7	7.0	5.9	12.9	11.8	12.9	9.8
Private insurance	8.8	12.0	8.3	10.8	10.4	3.4	2.7	9.2	8.3	9.2	6.3
Medicare	1.4	*	*	0.2	0.5	5.2	4.9	1.4	1.5	1.4	1.7
Medicaid	0.5	0.8	*	0.3	0.4	0.4	0.5	0.5	0.4	0.4	1.4
Worker's Compensation	0.1	–	*	*0.2	*	*	–	*	0.1	0.1	*
Other	1.7	2.3	1.7	2.2	1.8	0.6	*0.3	1.8	1.5	1.8	0.8
Unknown	0.8	0.9	1.1	1.0	1.0	*	*	0.9	0.6	0.8	*
Type of payment unspecified, but source of insurance listed	13.0	12.5	11.1	10.3	10.3	18.5	20.2	12.8	13.1	12.8	15.2
Private insurance	4.3	2.9	3.7	4.5	4.7	5.1	5.4	4.3	4.4	4.6	2.7
Medicare	4.9	*	*	0.7	1.7	16.2	18.7	5.0	4.7	5.1	3.8
Medicaid	3.6	8.2	4.8	2.4	2.0	2.1	2.7	3.8	3.3	3.1	8.0
Worker's Compensation	0.8	*	0.7	1.6	1.1	*	*	0.5	1.1	0.7	1.2
Other	1.0	0.4	1.2	1.1	1.1	1.1	0.9	0.9	1.0	1.0	0.9
Unknown	0.5	0.9	*	0.5	0.6	*	*	0.5	0.5	0.6	*
Self-pay	9.6	10.1	14.7	13.0	11.5	2.5	2.3	9.4	10.0	9.8	8.2
No charge	1.1	0.6	1.3	1.3	1.3	1.0	1.0	1.1	1.1	1.1	0.8
Other	1.4	1.4	2.2	2.0	1.6	0.5	0.3	1.2	1.8	1.2	2.4
No answer[5]	1.4	1.2	1.6	1.8	1.5	1.2	1.1	1.5	1.3	1.5	1.2

* Figure does not meet standard of reliability or precision.

[1]Estimates for races other than white and black are not shown because of small sample sizes.

[2]Only one type of payment (preferred provider option, insured fee-for-service, HMO/other prepaid, self-pay, no charge, or other) was coded for each visit. These figures may not always add to totals because of rounding. For payment types of preferred provider option, insured fee-for-service, and HMO/other prepaid, respondents were also asked to check all of the applicable expected sources of insurance (private, Medicare, Medicaid, Worker's Compensation, or other sources). As a result, expected sources of insurance will not add to totals because more than one source could be reported per visit.

[3]Includes insured, fee-for-service; HMO/other prepaid; preferred provider option; and unspecified type of payment but source of insurance listed.

[4]HMO is health maintenance organization.

[5]Neither type of payment nor source of insurance was reported.

Table 43. Annual number and percent of office visits by type of payment and expected sources of insurance, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Type of payment and expected sources of insurance[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
	Number of visits in thousands														
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Insurance[2]															
Insured, fee-for-service	261,930	66,187	38,022	22,094	19,510	18,373	17,822	8,724	6,533	8,399	6,372	9,011	6,792	3,730	30,360
Private insurance	150,841	33,580	19,632	15,285	13,811	10,079	9,760	5,685	4,016	5,273	4,065	5,443	4,330	2,066	17,815
Medicare	94,191	21,358	19,994	*	1,766	12,129	5,042	3,295	1,382	3,192	2,061	5,872	4,248	1,263	12,414
Medicaid	35,523	14,892	3,159	4,511	2,933	1,525	967	445	1,122	875	698	586	477	421	2,911
Worker's compensation	8,581	1,150	*	*	–	*	3,452	*	218	187	*	*	*	317	2,604
Other	15,329	3,608	2,694	938	1,009	1,065	1,182	700	292	492	454	546	438	339	1,571
Unknown	6,677	1,917	957	1,268	835	*	290	*	253	131	*	*	*	*	343
HMO/other prepaid[3]	174,510	40,738	34,160	31,614	17,828	7,107	7,455	6,538	2,454	3,543	3,520	2,231	2,701	1,945	12,676
Private insurance	87,905	20,821	14,898	16,074	10,243	3,516	3,821	3,515	1,191	1,921	1,596	1,129	1,021	867	7,292
Medicare	16,375	3,291	4,843	*	434	2,046	468	814	487	535	198	687	493	186	1,607
Medicaid	16,742	5,436	1,875	4,872	2,371	326	*	*	597	152	171	*	*	178	494
Worker's compensation	757	*	*	–	–	*	319	*	*	*	*	*	–	*	*
Other	34,759	7,232	6,480	6,716	3,998	1,406	2,223	1,808	117	450	1,015	378	637	517	1,781
Unknown	26,372	5,686	7,958	3,813	1,045	1,127	1,016	795	279	730	615	326	669	311	2,002
Preferred provider option	89,118	17,183	9,594	16,440	10,371	3,214	4,802	6,265	2,003	2,215	3,138	1,112	1,492	831	10,457
Private insurance	63,310	12,277	6,313	12,595	7,703	2,239	3,428	4,252	1,708	1,582	1,940	669	928	522	7,154
Medicare	10,101	2,221	1,666	*	*	762	510	1,230	*	436	458	305	269	98	1,776
Medicaid	3,274	685	*	737	*	*	*	*	*	*	*	*	*	*	692
Worker's compensation	512	*	*	–	–	*	272	–	–	*	*	–	–	*	*
Other	11,972	1,960	1,487	2,250	1,614	353	602	910	94	270	573	198	297	151	1,211
Unknown	5,535	1,198	581	852	802	235	234	302	103	124	223	58	155	67	601
Type of payment unspecified, but source of insurance listed	92,719	28,872	14,094	11,549	4,867	5,999	4,696	2,091	2,800	2,182	2,373	1,479	1,895	1,141	8,678
Private insurance	30,991	8,755	5,325	2,130	2,243	2,826	1,540	968	885	756	1,145	518	606	286	3,007
Medicare	34,733	11,512	8,293	*	588	3,589	1,028	1,019	745	977	970	1,078	1,151	387	3,274
Medicaid	25,728	8,094	2,298	7,845	1,735	1,082	377	211	1,204	361	426	262	268	281	1,284
Worker's compensation	5,376	1,204	*	*	–	*	1,709	*	*	125	*	*	*	141	1,573
Other	6,822	2,508	542	*	*	513	354	251	*	305	132	*	200	184	1,004
Unknown	3,861	891	556	1,142	*	313	*	*	*	*	*	*	*	*	*
Self-pay	69,045	23,638	5,638	8,849	4,112	3,795	1,676	4,573	5,754	1,120	1,533	558	615	376	6,811
No charge	7,944	1,044	*	*	808	1,442	227	378	328	974	536	*	*	*	1,465
Other	10,221	3,387	1,529	1,133	*	370	758	223	173	204	170	*	*	267	1,400
No answer[4]	10,301	2,177	1,134	926	1,586	414	829	177	242	127	703	210	*	151	1,570

See footnotes at end of table.

Table 43. Annual number and percent of office visits by type of payment and expected sources of insurance, according to physician specialty, averaged over a 2-year period: United States, 1995–96—Con.

Type of payment and expected sources of insurance[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
	Percent of visits														
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Insurance[2]															
Insured, fee-for-service	36.6	36.1	36.4	23.8	32.8	45.1	46.6	30.1	32.2	44.8	34.7	61.3	49.3	44.0	41.4
Private insurance	21.1	18.3	18.8	16.5	23.2	24.8	25.5	19.6	19.8	28.1	22.2	37.0	31.4	24.4	24.3
Medicare	13.2	11.7	19.1	*	3.0	29.8	13.2	11.4	6.8	17.0	11.2	39.9	30.8	14.9	16.9
Medicaid	5.0	8.1	3.0	4.9	4.9	3.7	2.5	1.5	5.5	4.7	3.8	4.0	3.5	5.0	4.0
Worker's compensation	1.2	0.6	*	*	–	*	9.0	*	1.1	1.0	*	*	*	3.7	3.5
Other	2.1	2.0	2.6	1.0	1.7	2.6	3.1	2.4	1.4	2.6	2.5	3.7	3.2	4.0	2.1
Unknown	0.9	1.0	0.9	1.4	1.4	*	0.8	*	1.2	0.7	*	*	*	*	0.5
HMO/other prepaid[3]	24.4	22.2	32.7	34.0	30.0	17.5	19.5	22.6	12.1	18.9	19.2	15.2	19.6	22.9	17.3
Private insurance	12.3	11.4	14.3	17.3	17.2	8.6	10.0	12.1	5.9	10.2	8.7	7.7	7.4	10.2	9.9
Medicare	2.3	1.8	4.6	*	0.7	5.0	1.2	2.8	2.4	2.9	1.1	4.7	3.6	2.2	2.2
Medicaid	2.3	3.0	1.8	5.2	4.0	0.8	0.0	0.0	2.9	0.8	0.9	*	*	2.1	0.7
Worker's compensation	0.1	*	*	–	–	*	0.8	–	–	*	*	*	–	*	*
Other	4.9	3.9	6.2	7.2	6.7	3.5	5.8	6.2	0.6	2.4	5.5	2.6	4.6	6.1	2.4
Unknown	3.7	3.1	7.6	4.1	1.8	2.8	2.7	2.7	1.4	3.9	3.4	2.2	4.9	3.7	2.7
Preferred provider option	12.5	9.4	9.2	17.7	17.4	7.9	12.5	21.6	9.9	11.8	17.1	7.6	10.8	9.8	14.2
Private insurance	8.8	6.7	6.0	13.6	12.9	5.5	9.0	14.7	8.4	8.4	10.6	4.6	6.7	6.2	9.7
Medicare	1.4	1.2	1.6	*	*	1.9	1.3	4.2	*	2.3	2.5	2.1	2.0	1.2	2.4
Medicaid	0.5	0.4	*	0.8	*	*	*	*	*	*	*	*	*	*	0.9
Worker's compensation	0.1	*	*	–	–	*	0.7	–	–	*	*	–	–	*	*
Other	1.7	1.1	1.4	2.4	2.7	0.9	1.6	3.1	0.5	1.4	3.1	1.3	2.2	1.8	1.6
Unknown	0.8	0.7	0.6	0.9	1.3	0.6	0.6	1.0	0.5	0.7	1.2	0.4	1.1	0.8	0.8
Type of payment unspecified, but source of insurance listed	13.0	15.8	13.5	12.4	8.2	14.7	12.3	7.2	13.8	11.6	12.9	10.1	13.8	13.5	11.8
Private insurance															
Medicare	4.3	4.8	5.1	2.3	3.8	6.9	4.0	3.3	4.4	4.0	6.2	3.5	4.4	3.4	4.1
Medicaid	4.9	6.3	7.9	*	1.0	8.8	2.7	3.5	3.7	5.2	5.3	7.3	8.4	4.6	4.5
Worker's compensation	3.6	4.4	2.2	8.4	2.9	2.7	1.0	0.7	5.9	1.9	2.3	1.8	1.9	3.3	1.7
Other	0.8	0.7	*	*	–	*	4.5	*	*	0.7	*	*	*	1.7	2.1
Unknown	1.0	1.4	0.5	*	*	1.3	0.9	0.9	*	1.6	0.7	*	1.5	2.2	1.4
Self-pay	9.6	12.9	5.4	9.5	6.9	9.3	4.4	15.8	28.4	6.0	8.4	3.8	4.5	4.4	9.3
No charge	1.1	0.6	*	*	1.4	3.5	0.6	1.3	1.6	5.2	2.9	*	*	*	2.0
Other	1.4	1.8	1.5	1.2	*	0.9	2.0	0.8	0.9	1.1	0.9	*	*	3.1	1.9
No answer[4]	1.4	1.2	1.1	1.0	2.7	1.0	2.2	0.6	1.2	0.7	3.8	1.4	*	1.8	2.1

* Figure does not meet standard of reliability or precision.

– Quantity zero.

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

[1]Only one type of payment (preferred provider option, insured, fee-for-service, HMO/other prepaid, self-pay, no charge, or other) was coded for each visit. These figures may not always add to totals because of rounding. For payment types of preferred provider option, insured, fee-for-service, and HMO/other prepaid, respondents were also asked to check all of the applicable expected sources of insurance (private, Medicare, Medicaid, Worker's Compensation, or other sources). As a result, expected sources of insurance will not add to totals because more than one source could be reported per visit.

[2]Includes insured, fee-for-service; HMO/other prepaid; preferred provider option; and unspecified type of payment but source of insurance listed.

[3]HMO is health maintenance organization.

[4]Neither type of payment nor source of insurance was reported.

Table 44. Annual number and percent of office visits by selected medical conditions, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Selected medical conditions	All visits	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands[1]											
Total	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
Hypertension	112,014	498	688	11,427	37,823	31,479	30,099	66,357	45,657	92,571	15,281	4,162
Arthritis	78,053	610	378	6,106	20,599	22,704	27,656	51,274	26,780	68,981	7,338	1,734
Obesity	48,866	1,462	2,651	14,775	18,442	7,362	4,174	34,797	14,069	40,856	6,608	1,403
Diabetes	43,092	494	598	5,096	15,029	12,608	9,267	24,098	18,993	34,735	6,743	1,613
Depression	38,822	644	1,712	13,327	13,917	4,949	4,273	26,355	12,467	35,102	2,801	919
Atherosclerosis	29,674	*	*	658	5,882	9,750	13,094	14,300	15,373	27,421	1,460	793
COPD[2]	22,090	*	*	1,334	5,816	7,226	7,408	10,877	11,213	19,975	1,364	752
Hyperactivity/ADD[3]	5,094	2,811	432	811	520	*	*	1,645	3,449	4,584	428	*
Chronic renal failure	3,789	*	*	489	1,052	1,066	1,074	1,912	1,877	3,069	612	*
HIV/AIDS[4]	1,769	*	*	1,152	509	*	*	339	1,430	1,422	*	*
None of the above	468,792	130,271	51,703	140,345	86,540	34,059	25,875	276,682	192,110	405,242	43,630	19,920
	Percent of visits											
Total	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Hypertension	15.6	0.4	1.2	6.2	22.9	34.1	36.8	15.6	15.7	15.0	21.6	14.8
Arthritis	10.9	0.4	0.7	3.3	12.5	24.6	33.8	12.1	9.2	11.2	10.4	6.2
Obesity	6.8	1.1	4.6	8.1	11.2	8.0	5.1	8.2	4.8	6.6	9.3	5.0
Diabetes	6.0	0.4	1.0	2.8	9.1	13.7	11.3	5.7	6.5	5.6	9.5	5.7
Depression	5.4	0.5	3.0	7.3	8.4	5.4	5.2	6.2	4.3	5.7	4.0	3.3
Atherosclerosis	4.1	*	*	0.4	3.6	10.6	16.0	3.4	5.3	4.4	2.1	2.8
COPD[2]	3.1	*	*	0.7	3.5	7.8	9.1	2.6	3.9	3.2	1.9	2.7
Hyperactivity/ADD[3]	0.7	2.1	0.7	0.4	0.3	*	*	0.4	1.2	0.7	0.6	*
Chronic renal failure	0.5	*	*	0.3	0.6	1.2	1.3	0.4	0.6	0.5	0.9	*
HIV/AIDS[4]	0.2	*	*	0.6	0.3	*	*	0.1	0.5	0.2	*	*
None of the above	65.5	95.6	89.6	76.7	52.5	36.9	31.6	65.0	66.2	65.7	61.7	70.9

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one category could be reported per visit.

[2]COPD is chronic obstructive pulmonary disease.

[3]ADD is attention deficit disorder.

[4]HIV/AIDS is human immunodeficiency virus/acquired immune deficiency syndrome.

Table 45. Annual number and percent of office visits by selected medical conditions, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Selected medical conditions	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands[1]								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Hypertension	112,014	34,769	31,818	697	2,751	8,657	2,743	2,623	1,191	2,886	1,418	6,083	2,272	1,136	12,970
Arthritis	78,053	23,871	17,553	*	1,335	6,105	7,881	1,813	1,195	1,900	1,038	2,295	1,710	831	10,458
Obesity	48,866	16,669	11,436	920	3,884	1,027	1,760	817	1,506	1,313	483	1,656	718	553	6,124
Diabetes	43,092	12,757	11,121	*	1,071	5,034	1,193	707	391	1,189	433	2,029	1,026	441	5,569
Depression	38,822	10,521	7,360	*	1,217	729	574	417	10,734	550	259	774	396	877	3,871
Atherosclerosis	29,674	7,166	7,929	*	*	1,633	548	660	280	822	429	4,786	938	305	3,905
COPD[2]	22,090	7,080	7,205	*	*	880	305	334	172	512	221	1,038	455	168	3,493
Hyperactivity/ADD[3]	5,094	1,513	*	1,465	*	*	*	*	1,013	*	*	*	*	262	*
Chronic renal failure	3,789	700	969	*	*	*	*	*	*	116	*	156	*	*	1,240
HIV/AIDS[4]	1,769	*	649	*	*	*	*	*	*	*	*	*	*	*	451
None of the above	468,792	111,784	45,916	89,251	50,889	24,015	26,871	23,539	7,661	12,560	15,406	3,851	8,842	5,336	42,873
							Percent of visits								
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Hypertension	15.6	19.0	30.5	0.8	4.6	21.3	7.2	9.1	5.9	15.4	7.7	41.4	16.5	13.4	17.7
Arthritis	10.9	13.0	16.8	*	2.2	15.0	20.6	6.3	5.9	10.1	5.7	15.6	12.4	9.8	14.2
Obesity	6.8	9.1	11.0	1.0	6.5	2.5	4.6	2.8	7.4	7.0	2.6	11.3	5.2	6.5	8.3
Diabetes	6.0	7.0	10.6	*	1.8	12.4	3.1	2.4	1.9	6.3	2.4	13.8	7.4	5.2	7.6
Depression	5.4	5.7	7.0	*	2.0	1.8	1.5	1.4	52.9	2.9	1.4	5.3	2.9	10.3	5.3
Atherosclerosis	4.1	3.9	7.6	*	*	4.0	1.4	2.3	1.4	4.4	2.3	32.5	6.8	3.6	5.3
COPD[2]	3.1	3.9	6.9	*	*	2.2	0.8	1.2	0.8	2.7	1.2	7.1	3.3	2.0	4.8
Hyperactivity/ADD[3]	0.7	0.8	*	1.6	*	*	*	*	5.0	*	*	*	*	3.1	*
Chronic renal failure	0.5	0.4	0.9	*	*	*	*	*	*	0.6	*	1.1	*	*	1.7
HIV/AIDS[4]	0.2	*	0.6	*	*	*	*	*	*	*	*	*	*	*	0.6
None of the above	65.5	61.0	44.0	96.1	85.5	59.0	70.2	81.3	37.8	66.9	84.0	26.2	64.2	62.9	58.4

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one category could be reported per visit.

[2]COPD is chronic obstructive pulmonary disease.

[3]ADD is attention deficit disorder.

[4]HIV/AIDS is human immunodeficiency virus/acquired immune deficiency syndrome.

Table 46. Annual number and percent distribution of office visits by patient's cigarette-smoking status, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Does patient smoke cigarettes?	All visits	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
Yes	65,250	*	5,007	26,880	22,311	7,303	3,500	36,879	28,370	56,053	7,398	1,798
No	433,132	129,189	31,649	88,978	81,522	52,251	49,543	258,691	174,442	373,010	40,421	19,702
Unknown	217,406	6,763	21,025	67,162	61,046	32,658	28,752	129,844	87,561	187,865	22,927	6,613
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes	9.1	*	8.7	14.7	13.5	7.9	4.3	8.7	9.8	9.1	10.5	6.4
No	60.5	94.9	54.9	48.6	49.4	56.7	60.6	60.8	60.1	60.5	57.1	70.1
Unknown	30.4	5.0	36.5	36.7	37.0	35.4	35.2	30.5	30.2	30.5	32.4	23.5

* Figure does not meet standard of reliability or precision.

NOTE: Numbers may not add to totals because of rounding.

Table 47. Annual number and percent distribution of office visits by patient's cigarette-smoking status, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Does patient smoke cigarettes?	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
	Number of visits in thousands														
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Yes	65,250	20,670	10,665	558	6,002	2,121	3,932	1,179	4,374	2,202	1,415	1,389	1,185	1,260	8,297
No	433,132	107,027	62,966	86,290	36,869	17,243	16,938	11,047	10,782	9,767	11,637	9,096	6,696	4,358	42,416
Unknown/blank	217,406	55,528	30,799	6,041	16,645	21,350	17,397	16,743	5,131	6,793	5,294	4,220	5,900	2,862	22,703
	Percent distribution														
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes	9.1	11.3	10.2	0.6	10.1	5.2	10.3	4.1	21.6	11.7	7.7	9.4	8.6	14.9	11.3
No	60.5	58.4	60.3	92.9	61.9	42.4	44.3	38.1	53.1	52.1	63.4	61.9	48.6	51.4	57.8
Unknown/blank	30.4	30.3	29.5	6.5	28.0	52.4	45.5	57.8	25.3	36.2	28.9	28.7	42.8	33.7	30.9

NOTE: Numbers may not add to totals because of rounding.

Table 48. Annual number and percent of office visits by providers seen, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Providers seen	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands[1]											
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
Physician	687,808	131,213	54,822	174,618	158,371	89,392	79,392	409,489	278,319	594,556	66,405	26,846
Physician assistant	16,776	3,302	1,590	3,902	3,411	2,203	2,369	10,348	6,429	14,198	2,062	516
Nurse practitioner	5,663	901	768	2,108	1,313	*	327	3,826	1,838	4,164	1,358	*
Registered nurse	96,788	18,763	7,854	23,315	22,430	12,955	11,471	58,205	38,583	84,779	7,310	4,699
Licensed practical nurse	74,282	15,993	6,533	19,725	15,895	8,018	8,118	44,045	30,237	66,931	5,367	1,984
Medical assistant	177,621	31,406	14,761	46,451	41,436	23,628	19,940	108,103	69,519	147,641	21,295	8,685
Other provider	28,810	2,268	1,907	6,877	7,366	5,323	5,069	16,505	12,305	24,788	3,244	779
	Percent of visits											
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Physician	96.1	96.3	95.0	95.4	96.1	96.9	97.1	96.3	95.8	96.4	93.9	95.5
Physician assistant	2.3	2.4	2.8	2.1	2.1	2.4	2.9	2.4	2.2	2.3	2.9	1.8
Nurse practitioner	0.8	0.7	1.3	1.2	0.8	*	0.4	0.9	0.6	0.7	1.9	*
Registered nurse	13.5	13.8	13.6	12.7	13.6	14.0	14.0	13.7	13.3	13.7	10.3	16.7
Licensed practical nurse	10.4	11.7	11.3	10.8	9.6	8.7	9.9	10.4	10.4	10.8	7.6	7.1
Medical assistant	24.8	23.1	25.6	25.4	25.1	25.6	24.4	25.4	23.9	23.9	30.1	30.9
Other provider	4.0	1.7	3.3	3.8	4.5	5.8	6.2	3.9	4.2	4.0	4.6	2.8

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one category could be reported per visit.

Table 49. Annual number and percent of office visits by providers seen, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Providers seen	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands[1]								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Physician	687,808	173,041	100,968	89,050	58,137	40,223	38,036	28,557	[2]18,033	18,586	17,552	14,413	13,507	8,318	69,388
Physician assistant	16,776	5,489	2,211	1,349	761	2,458	976	1,070	*	351	*	418	259	*	1,297
Nurse practitioner	5,663	1,885	1,207	*	1,023	*	*	*	*	*	*	*	*	*	733
Registered nurse	96,788	21,583	13,895	14,147	10,902	1,645	3,707	4,156	910	2,773	1,516	2,442	2,446	808	15,857
Licensed practical nurse	74,282	25,484	9,088	12,360	7,634	1,112	2,427	2,052	2,013	1,459	2,263	1,763	1,251	355	5,021
Medical assistant	177,621	50,199	27,077	21,911	17,242	15,472	6,430	5,907	*	3,224	2,952	4,179	2,175	933	19,802
Other	28,810	4,975	1,605	414	966	8,315	3,403	366	1,795	302	1,257	616	309	230	4,258
							Percent of visits								
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Physician	96.1	94.4	96.7	95.9	97.7	98.8	99.4	98.6	[2]88.9	99.1	95.7	98.0	98.0	98.1	94.5
Physician assistant	2.3	3.0	2.1	1.5	1.3	6.0	2.6	3.7	*	1.9	*	2.8	1.9	*	1.8
Nurse practitioner	0.8	1.0	1.2	*	1.7	*	*	*	*	*	*	*	*	*	1.0
Registered nurse	13.5	11.8	13.3	15.2	18.3	4.0	9.7	14.3	4.5	14.8	8.3	16.6	17.8	9.5	21.6
Licensed practical nurse	10.4	13.9	8.7	13.3	12.8	2.7	6.3	7.1	9.9	7.8	12.3	12.0	9.1	4.2	6.8
Medical assistant	24.8	27.4	25.9	23.6	29.0	38.0	16.8	20.4	*	17.2	16.1	28.4	15.8	11.0	27.0
Other	4.0	2.7	1.5	0.4	1.6	20.4	8.9	1.3	8.9	1.6	6.9	4.2	2.2	2.7	5.8

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one provider may be reported per visit.

[2]This figure is lower than expected because of the inclusion of a provider in the 1995 NAMCS with a substantial number of visits at which patients were seen mainly by a licensed practical nurse or ''other'' provider for drug dependence and the administration of medication. For 1996, 99.9 percent of visits to psychiatrists were attended by a physician, and it is felt that this estimate may be more representative of psychiatric practice in general.

Table 50. Annual number and percent distribution of office visits by disposition and duration, according to patient's age, sex, and race, averaged over a 2-year period: United States, 1995–96

Visit characteristic	Total	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
All visits	715,788	136,200	57,682	183,019	164,880	92,212	81,795	425,415	290,373	616,928	70,746	28,114
Disposition						Number of visits in thousands[1]						
No followup	57,545	17,931	6,165	14,656	10,546	4,413	3,834	31,325	26,219	50,578	4,755	2,213
Return if needed, P.R.N.[2]	201,383	56,059	18,482	51,803	41,589	18,125	15,325	118,704	82,679	174,829	17,950	8,603
Return at specified time	443,239	61,846	32,114	111,653	109,076	67,625	60,925	267,876	175,363	379,419	46,833	16,987
Admit to hospital	5,632	654	377	1,272	1,458	941	930	3,152	2,480	4,830	627	*
Other disposition	27,490	4,221	1,775	7,871	7,064	3,769	2,791	15,998	11,492	24,127	2,324	1,038
Duration												
'0' minutes[3]	103,981	19,261	8,340	28,001	24,699	12,929	10,751	60,451	43,530	89,810	9,652	4,518
1–5 minutes	26,758	6,460	2,992	7,333	4,887	2,557	2,530	15,168	11,590	23,383	2,853	522
6–10 minutes	139,195	37,877	12,638	32,317	27,374	15,672	13,317	81,476	57,719	118,150	15,416	5,629
11–15 minutes	205,632	41,812	16,312	50,468	45,610	26,722	24,708	123,183	82,449	176,222	20,799	8,611
16–30 minutes	188,657	26,933	14,178	49,380	46,888	27,437	23,840	114,225	74,431	163,771	17,719	7,166
31–60 minutes	46,284	3,482	2,838	14,101	14,001	6,115	5,747	27,778	18,506	40,881	3,921	1,483
More than 1 hour	5,280	375	384	1,420	1,422	779	901	3,133	2,147	4,711	386	*
						Percent distribution						
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disposition												
No followup	8.0	13.2	10.7	8.0	6.4	4.8	4.7	7.4	9.0	8.2	6.7	7.9
Return if needed, P.R.N.[2]	28.1	41.2	32.0	28.3	25.2	19.7	18.7	27.9	28.5	28.3	25.4	30.6
Return at specified time	61.9	45.4	55.7	61.0	66.2	73.3	74.5	63.0	60.4	61.5	66.2	60.4
Admit to hospital	0.8	0.5	0.7	0.7	0.9	1.0	1.1	0.7	0.9	0.8	0.9	*
Other disposition	3.8	3.1	3.1	4.3	4.3	4.1	3.4	3.8	4.0	3.9	3.3	3.7
Duration												
'0' minutes[3]	14.5	14.1	14.5	15.3	15.0	14.0	13.1	14.2	15.0	14.6	13.6	16.1
1–5 minutes	3.7	4.7	5.2	4.0	3.0	2.8	3.1	3.6	4.0	3.8	4.0	1.9
6–10 minutes	19.4	27.8	21.9	17.7	16.6	17.0	16.3	19.2	19.9	19.2	21.8	20.0
11–15 minutes	28.7	30.7	28.3	27.6	27.7	29.0	30.2	29.0	28.4	28.6	29.4	30.6
16–30 minutes	26.4	19.8	24.6	27.0	28.4	29.8	29.1	26.9	25.6	26.5	25.0	25.5
31–60 minutes	6.5	2.6	4.9	7.7	8.5	6.6	7.0	6.5	6.4	6.6	5.5	5.3
More than 1 hour	0.7	0.3	0.7	0.8	0.9	0.8	1.1	0.7	0.7	0.8	0.5	*

* Figure does not meet standard of reliability or precision.

[1]Number of visits by disposition may not add to totals because more than one category could be reported per visit. Number of visits by duration may not add to totals because of rounding.

[2]P.R.N. is pro re nata, as needed.

[3]Visits with no face-to-face contact between patient and physician.

Table 51. Annual number and percent of office visits by disposition and duration, according to physician specialty, averaged over a 2-year period: United States, 1995–96

Visit characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	Psychiatry	General surgery	Otolaryn-gology	Cardio-vascular diseases	Urology	Neurology	All other
							Number of visits in thousands[1]								
All visits	715,788	183,225	104,431	92,888	59,515	40,714	38,267	28,969	20,287	18,762	18,346	14,705	13,780	8,481	73,417
Disposition															
No followup	57,545	23,221	5,620	11,092	2,120	1,829	2,214	1,435	319	1,511	1,814	604	414	829	4,522
Return if needed, P.R.N.[2]	201,383	65,881	28,382	40,830	12,425	7,239	8,923	7,351	886	4,374	5,356	2,131	2,099	1,551	13,955
Return at specified time	443,239	89,934	69,812	41,722	44,416	30,820	25,354	20,178	18,978	11,398	10,471	11,741	10,470	6,162	51,784
Admit to hospital	5,632	890	584	*	583	*	523	*	*	626	193	272	318	*	1,021
Other	27,490	6,367	4,352	2,641	2,176	1,689	1,598	452	*	1,719	993	497	771	317	3,791
Duration															
'0' minutes[3]	103,981	30,433	14,127	12,086	7,566	6,060	5,391	4,203	2,732	1,186	2,919	2,961	1,586	1,073	11,661
1–5 minutes	26,758	7,334	3,115	3,688	2,282	1,925	1,854	2,405	*	1,133	943	*	531	*	1,360
6–10 minutes	139,195	40,145	14,560	24,965	12,393	6,722	7,866	7,687	612	4,782	4,640	910	2,853	637	10,424
11–15 minutes	205,632	52,792	37,546	30,142	18,922	8,530	9,249	8,237	1,866	5,371	4,630	4,464	4,172	1,718	17,993
16–30 minutes	188,657	46,486	29,376	19,842	15,570	10,965	11,543	5,563	4,881	5,323	4,266	4,563	3,969	2,813	23,498
More than 30 minutes	51,565	6,035	5,706	2,166	2,783	6,513	2,364	874	10,161	968	947	1,754	670	2,143	8,480
							Percent of visits								
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Disposition															
No followup	8.0	12.7	5.4	11.9	3.6	4.5	5.8	5.0	1.6	8.1	9.9	4.1	3.0	9.8	6.2
Return if needed, P.R.N.[2]	28.1	36.0	27.2	44.0	20.9	17.8	23.3	25.4	4.4	23.3	29.2	14.5	15.2	18.3	19.0
Return at specified time	61.9	49.1	66.9	44.9	74.6	75.7	66.3	69.7	93.5	60.7	57.1	79.8	76.0	72.7	70.5
Admit to hospital	0.8	0.5	0.6	*	1.0	*	1.4	*	*	3.3	1.1	1.9	2.3	*	1.4
Other	3.8	3.5	4.2	2.8	3.7	4.1	4.2	1.6	*	9.2	5.4	3.4	5.6	3.7	5.2
Duration															
'0' minutes[3]	14.5	16.6	13.5	13.0	12.7	14.9	14.1	14.5	13.5	6.3	15.9	20.1	11.5	12.7	15.9
1–5 minutes	3.7	4.0	3.0	4.0	3.8	4.7	4.8	8.3	*	6.0	5.1	*	3.9	*	1.9
6–10 minutes	19.4	21.9	13.9	26.9	20.8	16.5	20.6	26.5	3.0	25.5	25.3	6.2	20.7	7.5	14.2
11–15 minutes	28.7	28.8	36.0	32.5	31.8	21.0	24.2	28.4	9.2	28.6	25.2	30.4	30.3	20.3	24.5
16–30 minutes	26.4	25.4	28.1	21.4	26.2	26.9	30.2	19.2	24.1	28.4	23.3	31.0	28.8	33.2	32.0
More than 30 minutes	7.2	3.3	5.5	2.3	4.7	16.0	6.2	3.0	50.1	5.2	5.2	11.9	4.9	25.3	11.6

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers of visits by disposition may not add to totals because more than one category could be reported per visit. Numbers of visits by duration may not add to totals because of rounding.

[2]P.R.N. is pro re nata, as needed.

[3]Visits with no face-to-face contact between patient and physician.

Appendix I
Technical Notes

This report is based on data collected by the 1995 and 1996 National Ambulatory Medical Care Surveys (NAMCS) during January 2, 1995–December 31, 1995, and January 1, 1996–December 29, 1996. NAMCS is a national probability sample survey of office-based physicians conducted by the Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Care Statistics. The NAMCS survey design and procedures are presented in the following sections.

Statistical Design

Scope of the Survey

The target population of the 1995 and 1996 NAMCS included office visits made in the United States by ambulatory patients to nonfederally employed physicians who were principally engaged in office-based patient care, but not in the specialties of anesthesiology, pathology, or radiology. Included were visits to solo, partnership, and group-practice settings, and visits that occurred in private, nonhospital-based clinics and health maintenance organizations (HMO's). Visits made to hospital-based clinics and government-operated facilities, telephone contacts, and nonoffice visits were excluded.

The NAMCS is a component of the National Health Care Survey (NHCS) that measures health care utilization across a variety of providers. Data on ambulatory care provided by hospital outpatient departments, emergency departments, and both hospital-based and freestanding ambulatory surgery centers are collected through the National Hospital Ambulatory Medical Care Survey and the National Survey of Ambulatory Surgery. These surveys are also components of NHCS.

Sample Design

The NAMCS utilizes a three-stage survey design that involves probability samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The first stage consisted of 112 PSU's that comprise a probability subsample of PSU's used in the 1985–94 National Health Interview Survey (NHIS). A PSU is a county, a group of counties, or county equivalents (such as parishes or independent cities), towns, townships, or minor civil divisions (for some PSU's in New England), or a metropolitan statistical area (MSA). MSA's were defined by the U.S. Office of Management and Budget on the basis of the 1980 Census. From the strata thus formed, the PSU's were selected with probability proportional to the projected 1985 population. For details of the NHIS PSU sample design, see Massey et al (24).

The second stage consisted of a probability sample of practicing physicians, selected from the master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA), as of December 31, 1994 (for the 1995 NAMCS) and as of December 31, 1995 (for the 1996 NAMCS) who met the following criteria:

- Office-based, as defined by AMA and AOA.
- Principally engaged in patient care activities.
- Nonfederally employed.
- Not in the specialties and subspecialties of anesthesiology, pathology, and radiology.

The 1995–96 NAMCS physician universe included 727,172 doctors of medicine and 33,450 doctors of osteopathy. Eligible physicians were stratified into the following 15 groups:

General and family practice
Doctors of osteopathy
Internal medicine
Pediatrics
General surgery
Obstetrics and gynecology
Orthopedic surgery
Cardiovascular diseases
Dermatology
Urology
Psychiatry
Neurology
Ophthalmology
Otolaryngology
Other specialties

The number of physicians selected from each stratum was calculated to produce strata with similar levels of precision. The 1995–96 NAMCS physician samples consisted of 6,897 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria; 2,168 physicians did not meet the criteria and were ruled out of scope (ineligible) for the study. Reasons for being ruled out of scope included the following: physician is deceased; retired; employed in teaching, research, or administration; or engages mainly in hospital-based rather than office-based practice. Of the 4,729 in-scope (eligible) physicians, 3,383 (71.5 percent) participated in the study. Of the participating physicians, 527 saw no patients during their assigned reporting period because of vacations, illness, or other reasons for being temporarily not in practice. The physician universe, sample size, and response data by physician stratum are shown in table I.

The third stage was the selection of patient visits within the practices of the sample physicians. This stage involved two steps. First, the total physician sample was divided into 52 random subsamples of approximately equal size; then each subsample was randomly assigned to 1 of the 52 weeks in the survey year. Second, a systematic random sample of visits was selected by the physician during the assigned reporting week. The visit sampling rate varied for this final step from 100-percent sample for very small practices to 20 percent for very large practices. The method for determining the visit sampling rate is described later in this appendix and in the Induction Interview form in appendix III. Responding physicians completed a total of 66,680 survey forms in 1995 and 1996.

Table I. Number of physicians in the universe, total sample, total sample response categories, and response rate by physician stratum: National Ambulatory Medical Care Survey, 1995–96

Physician stratum	Universe[1]	Sample					
		Total	Out of scope	In scope	Non-respondents	Respondents	Response rate[2]
Total	760,622	6,897	2,168	4,729	1,346	3,383	71.5
General and family practice	116,259	636	226	410	115	295	72.0
Osteopathy	33,450	638	218	420	121	299	71.2
Internal medicine	109,204	736	253	483	151	332	68.7
Pediatrics	67,020	380	144	236	41	195	82.6
General surgery	39,188	660	218	442	112	330	74.7
Obstetrics and gynecology	57,146	383	107	276	82	194	70.3
Orthopedic surgery	34,012	573	123	450	145	305	67.8
Cardiovascular diseases	26,834	324	73	251	94	157	62.5
Dermatology	13,713	233	39	194	51	143	73.7
Urology	15,749	229	53	176	59	117	66.5
Psychiatry	53,228	503	207	296	82	214	72.3
Neurology	14,970	282	91	191	55	136	71.2
Ophthalmology	28,858	310	62	248	58	190	76.6
Otolaryngology	14,008	259	47	212	60	152	71.7
All other specialties	136,983	751	307	444	120	324	73.0

[1]Data are derived from the American Medical Association and the American Osteopathic Association and represent the total number of physicians who are eligible for the NAMCS.
[2]Response rate is number of respondents divided by number of in-scope physicians.

Data Collection and Processing

Field Procedures

The U.S. Bureau of the Census, Housing Surveys Branch, participated with NCHS staff in planning the survey and collecting survey data. The Census Bureau was responsible for carrying out all field operations and provided trained field representatives who worked closely with sample physicians.

Both mail and telephone contacts were used to enlist sample physicians for NAMCS. Initially, physicians were sent introductory letters from the Director of NCHS (see appendix III). When appropriate, a letter from the physician's specialty organization endorsing the survey and urging participation was enclosed with the NCHS letter. Approximately 2 weeks prior to the physician's assigned reporting period, a field representative telephoned the physician to briefly explain the study and arrange an appointment for a personal interview. Physicians who did not initially respond were usually recontacted via telephone or special explanatory letter and requested to reconsider participation in the study.

During the personal interview, the field representative determined the physician's eligibility for the study, obtained cooperation, delivered survey materials with verbal and printed instructions, and assigned a predetermined Monday–Sunday reporting week. A short induction interview concerning basic practice characteristics, such as type of practice and expected number of office visits, was conducted (see appendix III). Office staff who were to assist with data collection were invited to attend the instructional session or were offered separate instructional sessions.

The field representative telephoned the sample physician prior to and during the assigned reporting week to answer questions that might have arisen and to ensure that survey procedures were going smoothly. At the end of the reporting week, the participating physician mailed the completed survey materials to the field representative who edited the forms for completeness before transmitting them for central data processing. Problems of missing or incomplete data were resolved through telephone followup by the field representative to the sample physicians.

Data Collection

The actual data collection for NAMCS was carried out by the sample physicians, often assisted by their office staff. Two data collection forms were used by the physicians: the Patient Log and the Patient Record form (see appendix III). The Patient Log was used to sequentially list all patients seen in the physician's office during the assigned reporting week and served as the sampling frame to indicate the office visits for which data were to be recorded on the Patient Record form. A perforation between the patient's name on the Patient Log and patient visit information on the Patient Record form permitted the physician to detach and retain the listing of patients, thus assuring the anonymity of the patients.

Based on the physician's estimate of the expected number of office visits and expected number of days in practice during the assigned reporting week, each physician was assigned a visit sampling rate. The visit sampling rates were designed so that about 30 Patient Record forms would be completed by each physician during the assigned reporting week. Physicians expecting 10 or fewer visits each day recorded data for all visits, while those expecting more

than 10 visits per day recorded data for every second, third, or fifth visit based on the predetermined sampling interval. These visit sampling procedures minimized the physician's data collection workload and maintained approximately equal reporting levels among sample physicians regardless of practice size. For physicians recording data for every second, third, or fifth patient visit, a random start was provided on the first page of the Patient Log so that predesignated sample visits recorded on each succeeding page of the Patient Log provided a systematic random sample of patient visits during the reporting period.

Data Processing

Data from the 1995 and 1996 NAMCS were processed and coded by trained medical coding personnel at Analytical Sciences, Inc. in Durham, North Carolina. Information on the ''patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's (or surrogate's) own words'' (item 9) was coded according to *A Reason for Visit Classification for Ambulatory Care* (19). The physician's diagnoses (item 11) were coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20). A maximum of three entries were coded from each of these items.

Medication data collected in item 16 of the Patient Record form were coded according to a scheme developed at NCHS based on the American Society of Hospital Pharmacists' Drug Product Information File, which is maintained by the American Druggist Blue Book Data Center. A maximum of six entries was coded from the medication item. A description of the medication coding scheme used has been published (21).

In addition to followups by the field staff for missing and inconsistent data, numerous clerical edits were performed on data received for central data processing. Detailed editing instructions were provided to manually review the Patient Record forms and to recode entries of ''other'' where possible. Computer edits for code ranges and inconsistencies were also performed.

All medical coding and keying for the NAMCS, as well as straight-key items, involved a two-way 10-percent independent verification procedure. Medication coding involved a 100-percent independent verification procedure. As an additional quality check, all Patient Record forms with differences between coders or with illegible entries for the reason for visit, diagnosis, procedures, or medication items were reviewed and adjudicated at NCHS.

Unweighted item nonresponse rates across the 2-year period were 3 percent or less for all data items except the following: race (9.1 percent), ethnicity, (11.7 percent), whether the patient was seen before for the current visit's diagnosis (5.1 percent), place of injury (41.0 percent), whether the injury was work related (33.2 percent), and cause of injury (18.8 percent).

In the case of missing or incomplete data, imputations were performed for the items listed below, using a ''hot deck'' procedure by assigning a value from a randomly selected Patient Record form with similar characteristics. For the NAMCS data, imputation procedures were performed for the following variables: date of visit, year of birth, sex, race, ethnicity, referral status, prior-visit status, provider seen, disposition of visit, and duration of visit. The sort used the stratified physician specialty groups by region by the three-digit ICD–9–CM code for principal diagnosis. The specialty groups used were the following: general and family practice, osteopathy, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, and the residual group of all other specialties. Records with imputed variables were flagged as such on the public-use data file.

Estimation Procedures

Statistics from the NAMCS were derived by a multistage estimation procedure that produces essentially unbiased national estimates and has four basic components: (a) inflation by reciprocals of the probabilities of selection, (b) adjustment for nonresponse, (c) ratio adjustment to fixed totals, and (d) weight smoothing. Each component is briefly described below.

Inflation by Reciprocals of the Probabilities of Selection

Because the survey utilizes a three-stage sample design, three probabilities of selection existed: the probability of selecting the PSU, the probability of selecting the physician within the PSU, and the probability of selecting the office visit within the physician's practice. The overall probability of including a physician in the sample was the product of the probability of the PSU being selected multiplied by the probability of the physician being selected. The probability of selecting the physician within PSU's was 1.0 for physicians in some nonmetropolitan areas and was the PSU weight divided by the sampling interval for physicians in metropolitan areas. The probability of selecting the office visit was defined as the number of office visits during the physician's assigned reporting week divided by the number of Patient Record forms completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

Adjustment for Nonresponse

Estimates from NAMCS data were adjusted to account for sample physicians who were in scope (eligible) but did not participate in the study. This adjustment was calculated to minimize the impact of response on final estimates. The weights of visits for physicians similar to the nonresponding physicians were inflated to account for visits represented by the nonresponding physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practiced in the same PSU.

Ratio Adjustment

A post-ratio adjustment was made within each of the 15 physician strata.

The ratio adjustment is a multiplication factor that has as its numerator the number of physicians in the universe in each physician specialty strata and as its denominator the estimated number of physicians in that particular specialty strata. The numerator was based on data obtained from the AMA and AOA master files, and the denominator was based on data from the sample.

Weight Smoothing

Each survey year there tends to be a few NAMCS sample physicians whose final visit weights are large relative to those for the remaining physicians. The concern over the years has been that those few may adversely affect the ability of the resulting statistics to reflect the universe, especially if the sampled patient visits to some of those few should be unusual relative to the universe. Extremes in those weights also increase the resulting variances. Those extreme weights could be truncated; however, truncation of weights leads to an understatement of the total visit count. Smoothing is an additional technique used to manage the largest NAMCS visit weights. Smoothing preserves the total estimated visit count within specialty by shifting the ''excess'' from visits with the largest weights to the visits with smaller weights. First, excessively large visit weights are truncated and the smoothing technique is used. The smoothing technique is a multiplication factor that has as its numerator the total visit count in each physician specialty group before the largest weights are truncated (unsmoothed) and as its denominator the total visit count in that particular specialty group after the largest weights are truncated. The smoothing technique yields the same estimated total visit count as the unsmoothed weights and was made within each of the 15 physician specialty groups.

Reliability of Estimates

Because statistics from the NAMCS are based on a sample, they may differ somewhat from the data that would be obtained if a complete census were taken using the same forms, definitions, instructions, and procedures. However, the probability design of the NAMCS permitted the calculation of sampling errors. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. The standard error, as calculated for the NAMCS, also reflects part of the variation that arises in the measurement process, but does not include estimates of any systematic biases that may be in the data. The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate.

In repeated samples using the same forms and procedures, the chances are about 68 of 100 occurrences that an estimate from sample would differ from a complete census by less than the standard error. The chances are about 95 of 100 occurrences that the difference would be less than twice the standard error and about 99 of 100 that it would be less than 2½ times as large.

Published and Flagged Estimates

Estimates are not presented unless a reasonable assumption regarding their probability distribution is possible on the basis of the Central Limit Theorem. The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

In this report, estimates are not presented if they are based on fewer than 30 records in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more records are asterisked only if the relative standard error of the estimate exceeds 30 percent. The relative standard errors were approximated using a generalized variance curve and the computed curve coefficients as described below.

Reliability of Estimates Relating to Ambulatory Procedures

Item 13 on the Patient Record form instructed the physician to record up to two surgical procedures performed at the office visit. In addition, physicians could record up to five additional procedures in open fields in item 14, Diagnostic and Screening Services. Therefore, a maximum of seven procedures (surgical and nonsurgical) could be coded per visit. These write-in responses were coded using the *International Classification of Diseases, 9th revision, clinical modification* (ICD–9–CM), *Volume 3, Procedure Classification*. Estimates relating to these ambulatory procedures have been presented in tables in this report with specific standard errors calculated using SUDAAN software (25), rather than using the generalized variance curves that approximated relative standard errors for most NAMCS estimates. The decision to provide specific standard errors for these estimates was made following the statistical analysis of the data that resulted from this survey item. This analysis suggested that a generalized variance curve doesn't fit the estimates well, given the nature of the data in question.

Estimation of Standard Errors

Estimates of sampling variability were calculated with SUDAAN software, which computes standard errors using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (25).

The SUDAAN procedure can be used to compute directly the standard errors and relative standard errors for the NAMCS estimates. However, this is not practical or feasible for all users of the data. To derive error estimates that would be applicable to a wide variety of statistics and could be prepared at

Table II. Coefficients appropriate for determining approximate relative standard errors by type of estimate and physician specialty: National Ambulatory Medical Care Survey, 1995–96

Type of estimate and physician specialty	Coefficient for use with estimates in thousands		Lowest reliable estimate (annual average) in thousands
	A	*B*	
Visits			
Overall totals	0.001513	28.2270	319
General and family practice	0.005899	27.6000	329
Internal medicine	0.004813	20.8300	245
Pediatrics	0.007158	20.4300	247
General surgery	0.006310	5.5154	66
Obstetrics and gynecology	0.006091	15.7660	188
Orthopedic surgery	0.005225	6.6703	79
Cardiovascular diseases	0.012207	5.7641	75
Dermatology	0.008619	7.8369	97
Urology	0.010115	6.5252	82
Psychiatry	0.011074	6.0783	78
Neurology	0.014090	4.1729	55
Ophthalmology	0.008257	10.0400	123
Otolaryngology	0.008529	6.6027	82
All other specialties	0.006567	20.3810	245
Drug mentions			
Overall totals	0.001676	71.3680	809
General and family practice	0.006817	47.0910	567
Internal medicine	0.005961	47.2570	563
Pediatrics	0.010554	26.6300	336
General surgery	0.029166	6.8226	113
Obstetrics and gynecology	0.010266	27.9520	351
Orthopedic surgery	0.007408	10.1800	124
Cardiovascular diseases	0.019274	12.6040	179
Dermatology	0.012986	9.7592	127
Urology	0.017795	7.2158	100
Psychiatry	0.018001	11.4620	160
Neurology	0.042139	4.5706	96
Ophthalmology	0.014995	16.8740	225
Otolaryngology	0.014318	7.8315	104
All other specialties	0.014644	34.7750	462

NOTES: These coefficients are appropriate for use with NAMCS data where doctors of osteopathy are aggregated with doctors of medicine according to their self-designated practice specialty. Coefficients for use with NAMCS data where doctors of osteopathy are considered separately from doctors of medicine are available from the Ambulatory Care Statistics Branch.

moderate cost, a generalized procedure for approximating the sampling variability for NAMCS estimates was developed. Sampling variability computed using this procedure require several approximations and should be interpreted as approximate rather than exact for any specific estimate. Most estimates of sampling variability in this report are approximations. Exceptions are described below.

Relative standard errors were computed for estimates in the *Advance Data* reports on office-based physicians (17,18). Regression techniques were then used to produce equations from which a standard error for any estimate may be approximated. The regression equations, represented by the parameters *a* and *b*, are shown in table II. It should be noted that these coefficients apply to NAMCS data where doctors of osteopathy have been aggregated with doctors of medicine according to their self-designated practice specialty. Separate equations were produced for estimates of visits and drug mentions. Rules explaining the use of these equations are presented in the following section.

The coefficients of determination (r^2) for the NAMCS are 0.58 for the visit equation and 0.66 for the drug mention equation. Particular attention should be exercised when the estimate of interest is small or when this procedure is used for estimates based on American Indian/Eskimo/Aleut or Asian/Pacific Islander race categories.

Estimates of Standard Errors for Aggregate Estimates

Approximate relative standard errors for estimates of number of visits (or drug mentions) with a particular characteristic may be computed using the following formula, where *x* is the aggregate estimate of interest and *a* and *b* are the appropriate coefficients from table II:

$$\mathrm{RSE}(x) = \sqrt{a + \frac{b}{x}}$$

Approximate relative standard errors for aggregate estimates are shown in tables III and IV. Table III presents approximate relative standard errors for aggregate estimates of visits to office-based physicians, and table IV

Table III. Approximate relative standard errors for selected estimates of office visits by physician specialty: National Ambulatory Medical Care Survey, 1995–96

Estimated number of office visits in thousands (expressed as annual averages)	All specialties	General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics and gynecology	Orthopedic surgery	Cardio-vascular diseases	Derma-tology	Urology	Psychi-atry	Neur-ology	Ophthal-mology	Otolaryn-gology	All other
	Relative standard error in percent														
100	53.3	53.1	46.2	46.0	24.8	40.5	26.8	26.4	29.5	27.5	26.8	23.6	33.0	27.3	45.9
200	37.8	37.9	33.0	33.1	18.4	29.1	19.6	20.3	21.9	20.7	20.4	18.7	24.2	20.4	32.9
500	24.1	24.7	21.6	21.9	13.2	19.4	13.6	15.4	15.6	15.2	15.2	15.0	16.8	14.7	21.8
1,000	17.2	18.3	16.0	16.6	10.9	14.8	10.9	13.4	12.8	12.9	13.1	13.5	13.5	12.3	16.4
2,000	12.5	14.0	12.3	13.2	9.5	11.8	9.3	12.3	11.2	11.6	11.9	12.7	11.5	10.9	12.9
5,000	8.5	10.7	9.5	10.6	8.6	9.6	8.1	11.6	10.1	10.7	11.1	12.2	10.1	9.9	10.3
10,000	6.6	9.3	8.3	9.6	8.3	8.8	7.7	11.3	9.7	10.4	10.8	12.0	9.6	9.6	9.3
20,000	5.4	8.5	7.7	9.0	8.1	8.3	7.5	11.2	9.5	10.2	10.7	12.0	9.4	9.4	8.7
50,000	4.6	8.0	7.2	8.7	8.0	8.0	7.3	11.1	9.4	10.1	10.6	11.9	9.2	9.3	8.4
100,000	4.2	7.9	7.1	8.6	8.0	7.9	7.3	11.1	9.3	10.1	10.6	11.9	9.1	9.3	8.2
200,000	4.1	7.8	7.0	8.5	8.0	7.9	7.3	11.1	9.3	10.1	10.5	11.9	9.1	9.3	8.2
500,000	4.0	7.7	7.0	8.5	8.0	7.8	7.2	11.1	9.3	10.1	10.5	11.9	9.1	9.2	8.1
1,000,000	3.9	7.7	7.0	8.5	7.9	7.8	7.2	11.1	9.3	10.1	10.5	11.9	9.1	9.2	8.1

Example of use of table: An estimate of 10 million visits per year for 1995 and 1996 to orthopedic surgeons has a relative standard error of 7.7 percent or a standard error of 770,000 (7.7 percent of 10 million).

NOTE: Estimates based on fewer than 30 sample records are considered unreliable, regardless of the magnitude of the relative standard error.

Table IV. Approximate relative standard errors for selected estimates of drug mentions by physician specialty: National Ambulatory Medical Care Survey, 1995–96

Estimated number of drug mentions in thousands (expressed as annual averages)	All specialties	General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics and gynecology	Orthopedic surgery	Cardio-vascular diseases	Derma-tology	Urology	Psychi-atry	Neur-ology	Ophthal-mology	Otolaryn-gology	All other
	Relative standard error in percent														
100	84.6	69.1	69.2	52.6	31.2	53.8	33.0	38.1	33.3	30.0	36.4	29.6	42.9	30.4	60.2
200	59.9	49.2	49.2	37.9	25.2	38.7	24.1	28.7	24.9	23.2	27.4	25.5	31.5	23.1	43.4
500	38.0	31.8	31.7	25.3	20.7	25.7	16.7	21.1	18.0	18.0	20.2	22.6	22.1	17.3	29.0
1,000	27.0	23.2	23.1	19.3	19.0	19.5	13.3	17.9	15.1	15.8	17.2	21.6	17.9	14.9	22.2
2,000	19.3	17.4	17.2	15.4	18.0	15.6	11.2	16.0	13.4	14.6	15.4	21.1	15.3	13.5	17.9
5,000	12.6	12.7	12.4	12.6	17.5	12.6	9.7	14.8	12.2	13.9	14.2	20.7	13.6	12.6	14.7
10,000	9.4	10.7	10.3	11.5	17.3	11.4	9.2	14.3	11.8	13.6	13.8	20.6	12.9	12.3	13.5
20,000	7.2	9.6	9.1	10.9	17.2	10.8	8.9	14.1	11.6	13.5	13.6	20.6	12.6	12.1	12.8
50,000	5.6	8.8	8.3	10.5	17.1	10.4	8.7	14.0	11.5	13.4	13.5	20.6	12.4	12.0	12.4
100,000	4.9	8.5	8.0	10.4	17.1	10.3	8.7	13.9	11.4	13.4	13.5	20.5	12.3	12.0	12.2
200,000	4.5	8.4	7.9	10.3	17.1	10.2	8.6	13.9	11.4	13.4	13.4	20.5	12.3	12.0	12.2
500,000	4.3	8.3	7.8	10.3	17.1	10.2	8.6	13.9	11.4	13.3	13.4	20.5	12.3	12.0	12.1
1,000,000	4.2	8.3	7.8	10.3	17.1	10.1	8.6	13.9	11.4	13.3	13.4	20.5	12.3	12.0	12.1

Example of use of table: An estimate of 10 million drug mentions per year for 1995 and 1996 at office visits to orthopedic surgeons has a relative standard error of 9.2 percent or a standard error of 920,000 (9.2 percent of 10 million).

presents approximate relative standard errors for aggregate estimates of drug mentions.

Estimates of Standard Errors of Percents

Alternatively, approximate relative standard errors (in percent) for estimates of percents of visits (or drug mentions) may be computed using the following formula, where the p is the percent of interest, x is the denominator of the percent, and b is the appropriate coefficient from table II:

$$\mathrm{RSE}(p) = \sqrt{\frac{b \bullet (1-p)}{p \bullet x}} \bullet 100$$

The approximation of the absolute or relative standard error is valid if the relative standard error of the denominator is less than 0.05 (26,27) or if the relative standard errors of the numerator and denominator are both less than 0.10 (27).

Approximate relative standard errors (in percent) for estimates of percents are shown in tables V (visits) and VI (drug mentions).

Table V. Approximate standard errors of percents of estimated numbers of office visits by physician specialty: National Ambulatory Medical Care Survey, 1995–96

Physician specialty	Base of percent[1]	Estimated percent						
		1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
		Standard error in percentage points						
All specialties	715,788	0.1	0.1	0.2	0.3	0.3	0.3	0.3
General and family pr	183,225	0.1	0.3	0.4	0.5	0.6	0.6	0.6
Internal medicine	104,431	0.1	0.3	0.4	0.6	0.6	0.7	0.7
Pediatrics	92,888	0.2	0.3	0.4	0.6	0.7	0.7	0.7
General surgery	18,762	0.2	0.4	0.5	0.7	0.8	0.8	0.9
Obstetrics and gyneco	59,515	0.2	0.4	0.5	0.7	0.8	0.8	0.8
Orthopedic surgery	38,267	0.1	0.3	0.4	0.5	0.6	0.7	0.7
Cardiovascular diseas	14,705	0.2	0.4	0.6	0.8	0.9	1.0	1.0
Dermatology	28,969	0.2	0.4	0.5	0.7	0.8	0.8	0.8
Urology	13,780	0.2	0.5	0.7	0.9	1.0	1.1	1.1
Psychiatry	20,287	0.2	0.4	0.5	0.7	0.8	0.9	0.9
Neurology	8,481	0.2	0.5	0.7	0.9	1.0	1.1	1.1
Ophthalmology	40,714	0.2	0.3	0.5	0.6	0.7	0.8	0.8
Otolaryngolgy	18,346	0.2	0.4	0.6	0.8	0.9	0.9	1.0
All other	73,417	0.2	0.4	0.5	0.7	0.8	0.8	0.8

[1]Visits in thousands, expressed as annual averages.

Example of use of table: An estimate of 10 percent based on a total of 38,267,000 visits to orthopedic surgeons per year for 1995 and 1996 has a standard error of 0.4 percent or a relative standard error of 4.0 percent (0.4 percent divided by 10 percent).

Table VI. Approximate standard errors of percents of estimated numbers of drug mentions by physician specialty: National Ambulatory Medical Care Survey, 1995–96

Physician specialty	Base of percent[1]	Estimated percent						
		1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
		Standard error in percentage points						
All specialties	954,925	0.1	0.2	0.3	0.3	0.4	0.4	0.4
General and family pract	279,861	0.1	0.3	0.4	0.5	0.6	0.6	0.7
Internal medicine	196,956	0.2	0.3	0.5	0.6	0.7	0.8	0.8
Pediatrics	111,281	0.2	0.3	0.5	0.6	0.7	0.8	0.8
General surgery	10,347	0.5	1.1	1.5	2.0	2.3	2.5	2.5
Obstetrics and gynecolog	41,959	0.3	0.6	0.8	1.0	1.2	1.3	1.3
Orthopedic surgery	17,126	0.3	0.5	0.7	1.0	1.1	1.2	1.2
Cardiovascular diseases	40,389	0.2	0.4	0.5	0.7	0.8	0.9	0.9
Dermatology	34,273	0.2	0.4	0.5	0.7	0.8	0.8	0.9
Urology	8,979	0.3	0.6	0.9	1.1	1.3	1.4	1.4
Psychiatry	27,718	0.2	0.5	0.6	0.8	0.9	1.0	1.0
Neurology	12,009	0.2	0.4	0.6	0.8	0.9	1.0	1.0
Ophthalmology	42,261	0.2	0.4	0.6	0.8	0.9	1.0	1.0
Otolaryngolgy	15,808	0.2	0.5	0.7	0.9	1.0	1.1	1.1
All other	115,959	0.2	0.4	0.5	0.7	0.8	0.9	0.9

[1]Visits in thousands, expressed as annual averages.

Example of use of table: An estimate of 30 percent based on a total of 17,126,000 drug mentions at office visits to orthopedic surgeons per year for 1995 and 1996 has a standard error of 1.1 percent or a relative standard error of 3.7 percent (1.1 percent divided by 30 percent).

Estimates of Rates Where the Denominator is Assumed to Have Negligible Error

The approximate relative standard error for a rate in which the denominator is the total U.S. population or one or more of the age-sex-race groups of the total population is equivalent to the relative standard error of the numerator. This is obtained using the relative standard error formula above with the appropriate coefficients from table II. The standard error is then given by:

$$SE(r) = r \cdot RSE(r)$$

Estimates of Rates (r=x/y) Where the Numerator Is Not A Subclass of the Denominator

The standard error for a rate may be approximated by:

$$RSE(r)=RSE(x/y)=\sqrt{RSE^2(x)+RSE^2(y)}\cdot 100$$

$$SE(r) = r \cdot RSE(r)$$

This approximation is valid if the relative standard error of the denominator is less than 0.05 (26) or if the relative standard errors of the numerator and denominator are both less than 0.10 (27).

Table VII. U.S. population estimates used in computing annual visit rates for National Ambulatory Medical Care Survey data, by selected characteristics: 1995–96

Race and sex	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over
All races	263,164,954	59,476,892	36,277,705	83,277,174	52,462,324	18,272,004	13,398,856
Male	128,303,352	30,436,465	18,260,703	40,994,209	25,351,707	8,167,207	5,093,062
Female	134,861,603	29,040,427	18,017,003	42,282,966	27,110,617	10,104,798	8,305,794
White	217,575,584	46,763,886	28,893,536	68,631,785	44,982,046	16,191,841	12,112,492
Male	106,815,630	23,986,250	14,673,784	34,264,499	21,980,879	7,291,312	4,618,908
Female	110,759,954	22,777,636	14,219,753	34,367,286	23,001,167	8,900,529	7,493,584
Black	33,638,928	9,594,974	5,475,175	10,548,881	5,421,594	1,578,487	1,019,818
Male	15,658,010	4,860,774	2,610,101	4,762,130	2,405,176	658,767	361,063
Female	17,980,919	4,734,201	2,865,075	5,786,751	3,016,418	919,721	658,755
Other	11,950,443	3,118,032	1,908,994	4,096,509	2,058,684	501,677	266,547
Male	5,829,713	1,589,442	976,819	1,967,580	965,653	217,128	113,092
Female	6,120,730	1,528,590	932,176	2,128,929	1,093,032	284,549	153,456
Geographic region							
Northeast	52,938	. . .	. . .	. . .	. . .	. . .	. . .
Midwest	61,581	. . .	. . .	. . .	. . .	. . .	. . .
South	91,793	. . .	. . .	. . .	. . .	. . .	. . .
West	56,601	. . .	. . .	. . .	. . .	. . .	. . .
MSA status[1]							
MSA	210,672	. . .	. . .	. . .	. . .	. . .	. . .
Non-MSA	52,241	. . .	. . .	. . .	. . .	. . .	. . .

. . . Category not applicable.

[1]MSA is metropolitan statistical area.

SOURCE: Figures represent the average of the U.S. population for 1995 and 1996. For 1995, figures are based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995. Figures are consistent with Census reports PE-10PPL-41, Addendum 1, and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

For 1996, figures are based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–96) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

Regional estimates were provided by the Division of Health Interview Statistics, National Center for Health Statistics, and are also based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized U.S. population as of July 1, 1995, and July 1, 1996. These estimates differ slightly from the monthly postcensal estimates because of differences in the adjustment process.

Estimates of Differences Between Two Statistics

The standard error of the difference between two statistics is approximated by the following formula, where $SE(x_1)$ and $SE(x_2)$ are computed using the formulas given above:

$$SE(x_1 - x_2) = \sqrt{SE^2(x_1) + SE^2(x_2)}$$

This formula represents the standard error for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

Tests of Significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons with a particular variable (or combination of variables) of interest. Terms relating to differences such as ''greater than'' and ''less than'' indicate that the differences are statistically significant. Terms such as ''similar'' or ''no difference'' mean that no statistical significance exists between the estimates being compared. A lack of comment regarding the differences between any two estimates does not mean that the difference was tested and found to be not significant.

A linear contrast method, available through SUDAAN software and the PROC DESCRIPT procedure, was used to analyze trends in visit rates to primary care physicians, surgical specialties, and nonsurgical specialties between 1980 and 1996. Alternatively, a weighted least-squares method is available for data users who need to approximate standard errors for visit estimates using the generalized variance curve described above. A description of the weighted least-squares method has been published (28).

Population Figures

The population figures used in computing annual visit rates by age, sex, and race for this report are shown in table VII. The figures represent U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995, and July 1, 1996. Figures are based on monthly postcensal estimates and, for 1995, are consistent with census reports PE-10/PPL-41, Addendum 1. For 1996, they are consistent with an unpublished national estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–96). All estimates have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. Regional U.S. population estimates were obtained from the Division of Health Interview Statistics, NCHS.

Median Household Income in ZIP Code of Residence

Median household income in ZIP Code of residence (figure 3) based on the 1990 decennial Census was used as a measure of socioeconomic status since the source data did not include a measure of socioeconomic status at the individual level. Four categories of median household income were used: under $20,000 (13 percent of the U.S. population), $20,000–$29,999 (39 percent of the U.S. population), $30,000–$39,999 (27 percent of the U.S. population), and $40,000 and over (21 percent of the U.S. population) (29).

Office visits among all ages and among children under 18 years by median household income of ZIP Code of residence were estimated by linking records from the 1995 and 1996 National Ambulatory Medical Care Surveys with 1990 Census data on median household income of ZIP code of residence. Ratios of the number of office visits during 1995 and 1996 to Census population estimates in 1990 by median household income of ZIP Code of residence were estimated. ZIP Code level data were collected in the 1995 and 1996 NAMCS. The only year for which information on median household income by ZIP Code was readily available from the Bureau of the Census is 1990.

Rounding of Numbers

Estimates presented in this report are rounded to the nearest thousand. For this reason, detailed figures within tables do not always add to totals. Rates and percents are calculated on the basis of the original, unrounded figures and may not agree precisely with rates and percents calculated from rounded data.

Nonsampling Errors

Estimates from the 1995 and 1996 NAMCS are subject to nonsampling as well as sampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse or incomplete response. Although the magnitude of the nonsampling errors cannot be computed, these errors are kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, careful attention was given to the phrasing of questions, terms, and definitions. Also, extensive pretesting of most data items and survey procedures was also performed. Quality control procedures, consistency, and edit checks discussed in the data processing section reduced errors in data coding and processing. Because survey results are subject to sampling and nonsampling errors, the total error will be larger than the error due to sampling variability.

Systematic Bias

No formal attempt was undertaken to determine or measure systematic bias in the 1995 or 1996 NAMCS data. The steps taken to reduce bias in the data are discussed in the section on field procedures and data collection. It should be noted, however, that there are several factors affecting the data that indicate these data underrepresent the total number of office visits. Some of these factors are briefly discussed below:

- Physicians who participated in NAMCS generally did a thorough and conscientious job in keeping the Patient Log. However a postsurvey evaluation study conducted in the 1985 NAMCS among a random sample of participating physicians indicated that a small number of patient visits may be accidentally omitted from the Patient Log. Although this number is quite small, such omissions would result in an undercoverage of office visits. The same postsurvey study indicates that the inclusion of patient visits that did not actually occur was infrequent and would have an negligible effect on survey estimates.
- As previously stated, the physician universe for the 1995 and 1996 NAMCS included all non-Federal, office-based, patient care physicians on the AMA and AOA masterfiles. The NAMCS was designed to provide statistically unbiased estimates of office visits to this designated population. Not included in the universe were physicians who were classified as federally employed or hospital-based, or who were principally engaged in research, teaching, administration, or other nonpatient care activity. Consequently, ambulatory patient visits in an office setting to these physicians would not be included in the NAMCS estimates. In an attempt to measure the number of office visits to physicians not in the NAMCS universe, a NAMCS Complement Survey was conducted in 1980 (30). This study involved a sample of approximately 230,000 physicians in the AMA and AOA masterfiles who were not eligible (in scope) for the 1980 NAMCS. Results indicate that about 17 percent of the Complement Survey physicians saw some ambulatory patients in an office setting and that an estimated 69 million office visits were made to these physicians in 1980.

Diagnosis and Injury Groupings

Physicians' diagnoses, shown in tables 16, 17, and 20 of this report, are grouped according to a classification system developed for use with NAMCS data. This grouping is based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20), but also reflects the frequency of particular diagnoses occurring in the NAMCS data. It is meant to provide additional detail on the diagnostic content of ambulatory care as characterized by the surveys. Table VIII shows the groupings used to categorize these data.

Appendix II Definitions of Terms

Terms Relating to the Survey

Office—An office is the space identified by the physician as a location for his or her ambulatory practice. Offices customarily include consultation, examination, or treatment spaces that

patients associate with the particular physician. Responsibility over time for patient care and professional services rendered generally resides with the individual physician rather than with any institution.

Ambulatory patient—An ambulatory patient is an individual seeking personal health services who is not currently admitted to any health care institution on the premises.

Physician—A physician is a duly licensed doctor of medicine or doctor of osteopathy. For purposes of the NAMCS, physicians are classified as in scope (eligible) or out of scope (ineligible) as follows:

- *In scope*—Physicians currently in practice who spend time caring for ambulatory patients in office locations except as excluded below.
- *Out of scope*—Physicians who treat patients only indirectly, including specialists in anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology.

  Physicians who are federally employed, including those physicians who work for the Department of Veterans Affairs or who are in military service.

  Physicians who treat patients only in institutional settings, such as nursing homes and hospitals.

  Physicians employed full time in industry or by institutions and having no private practice, for example, physicians who work for the Ford Motor Company.

  Physicians who spend no time seeing ambulatory patients or whose patient care activity is secondary to another principal activity, such as teaching, administration, or research.

Patient—A person under a physician's care for health reasons. For purposes of the NAMCS, patients are defined as in scope (eligible) or out of scope (ineligible) as follows:

- *In scope*—A patient seen by an in scope physician or a staff member in the physician's office except as excluded below.
- *Out of scope*—Patients seen by a physician in a hospital, nursing home, or other extended care institution, or in the patient's home.

  NOTE: If the physician has a private office (which fits definition of ''office'') located in a hospital, the ambulatory patients seen there are considered in scope.

  Patients seen by the physician in an institution, including outpatient clinics of hospitals, for whom the institution has primary responsibility over time.

  Patients who contact and receive advice from the physician via telephone.

  Patients who come to the office only to leave a specimen, to pick up insurance forms, or to pay a bill.

  Patients who come to the office to pick up medications previously prescribed by the physician.

Visit—A direct, personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering personal health services.

Drug mention—The physician's entry of a pharmaceutical agent ordered or provided—by any route of administration—for prevention, diagnosis, or treatment. Generic as well as brand name medications are included, as are nonprescription as well as prescription medications. Along with all new medications, the physician also records continued medications if the patient was specifically instructed during the visit to continue the medication.

Physician specialty—Principal specialty, including general practice, as designated by the physician at the time of the survey. Those physicians for whom a specialty was not obtained were assigned the principal specialty recorded in the physician masterfiles maintained by the American Medical Association or the American Osteopathic Association.

For some analyses in this report, physician specialty was regrouped into broader categories of primary care, surgical, and nonsurgical specialties. These categories are defined as follows:

Primary care—general/family practice, internal medicine, adolescent medicine, pediatrics, pediatric sports medicine, adolescent medicine (internal medicine), gynecology, maternal and fetal medicine, obstetrics and gynecology, obstetrics, geriatric medicine (internal medicine), and sports medicine (internal medicine).

Surgical specialties—Hand surgery, adult reconstructive orthopedics, foot and ankle orthopedics, musculoskeletal oncology, pediatric orthopedics, orthopedic surgery, sports medicine (orthopedic surgery), orthopedic surgery of the spine, orthopedic trauma, gynecological oncology, urology, pediatric urology, ophthalmology, pediatric ophthalmology, otology, otolaryngology, pediatric otolaryngology, general surgery, critical care medicine (obstetrics and gynecology), abdominal surgery, cardiovascular surgery, colon and rectal surgery, cardiothoracic surgery, facial plastic surgery, head and neck surgery, hand surgery (plastic surgery), hand surgery (surgery), critical care (neurological surgery), neurological surgery, pediatric surgery (neurology), pediatric surgery, plastic surgery, surgical oncology, thoracic surgery, and transplant surgery.

Nonsurgical specialties—allergy, addiction medicine, addiction psychiatry, allergy and immunology, allergy and immunology/diagnostic lab, immunology, bronchoesophageal medicine, clinical genetics, clinical biochemical genetics, clinical cytogenetics, clinical molecular genetics, critical care medicine, dermatological immunology/diagnostic lab, immunology, diabetes, emergency medicine, endocrinology, sports medicine

(emergency medicine), medical toxicology (emergency medicine), gastroenterology, general preventive medicine, hematology, hepatology, hematology/oncology, cardiac electrophysiology, infectious diseases, immunology, legal medicine, medical management, medical genetics, nephrology, nutrition, occupational medicine, medical oncology, clinical pharmacology, pulmonary critical care medicine, pediatric emergency medicine (emergency medicine), public health and general preventive medicine, pediatric/diagnostic lab, immunology, palliative medicine, physical medicine and rehabilitation, pain medicine, medical toxicology (preventive medicine), pulmonary diseases, rheumatology, spinal cord injury, sleep medicine, and undersea medicine.

Region of practice location—The four geographic regions that correspond to those used by the Bureau of the Census:

Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.
South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
West	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Terms Relating to the Patient Record Form

Age—The age calculated from date of birth is the age at last birthday on the date of visit.

Race—Physicians were instructed to check the category they judged to be the most appropriate for each patient based on observation or prior knowledge. The following definitions were provided to the physicians:

- *White*—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- *Black*—A person having origins in any of the black racial groups of Africa.
- *Asian/Pacific Islander*—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- *American Indian/Eskimo/Aleut*—A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Ethnicity—Category judged by the physician to be the most appropriate. The following definitions were provided:

- *Hispanic origin*—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- *Not Hispanic*—A person not of Hispanic origin.

Expected source(s) of payment—The physician was instructed to check (a) the type of payment and (b) the expected source(s) of insurance if any, that were expected to pay for the visit. The following definitions were given for type of payment, and only one category was to be checked:

Type of payment—

- Preferred provider option—Charges included under the preferred provider organizations (PPO's).
- Insured, fee-for-service—Charges paid by a third-party insurer either directly to the physician or reimbursed to the patient or patient's family.
- HMO/other prepaid—Charges included under a prepayment plan. Includes health maintenance organizations (HMO's) and independent practice associations (IPA's). If the prepayment plan was a preferred provider organization (PPO), the respondent should have checked the ''preferred provider option'' box, not ''HMO/other prepaid.''

NOTE: If one of the above three types of payments (PPO; insured, fee-for-service; or HMO/other prepaid) was selected, then (b) Expected Source(s) of Insurance was also to have been completed.

- Self pay—Charges to be paid by the patient or patient's family, which will not be reimbursed by a third party.
- No charge—Visits for which no fee is charged. Respondents were to exclude visits paid for as part of a total care package, for example, prepaid plan visits, post-operative visits included in a surgical fee, and pregnancy visits included in a flat fee charge for the entire pregnancy. Instead, they were to mark the box, or boxes, that indicate how the services were originally paid.
- Other—Any other source of payment not covered in above categories.

The physician was instructed to check all that apply for part (b) of the item.

Expected source(s) of insurance

- Blue Cross/Blue Shield—Charges paid in part or in full by Blue Cross and Blue Shield either directly to the physician or reimbursed to the patient. If charges were covered under a Blue Cross/Blue Shield prepaid plan, the respondent was to mark this box.
- Other private insurance—Charges paid in part or in full by a private insurance company. Includes payments made directly to the

physician as well as payments reimbursed to the patient.
- Medicare—Charges paid in part or in full by a Medicare plan. Includes payments made directly to the physician as well as payments reimbursed to the patient. If charges were covered under a Medicare-sponsored prepaid plan, this box should have been marked.
- Medicaid—Charges paid in part or in full by a Medicaid plan. Includes payments made directly to the physician as well as payments reimbursed to the patient.
- Workers Compensation—Includes payments made under local, State, or Federal health care programs to reimburse an employer for damages paid to an employee for injury occurring in the course of his or her employment.
- Other—Any other source of insurance not covered by the above categories, such as CHAMPUS and private charitable organizations.

If the type of insurance was not known, the physician was instructed to check the ''Unknown'' box.

Patient's complaint(s), symptom(s), or other reason(s) for this visit (in patient's own words)—The patient's problem, complaint, symptom, or other reason for this visit as expressed by the patient. Physicians were instructed to record key words or phrases verbatim to the extent possible. ''Most important'' refers to that problem, which in the physician's judgement was most responsible for the patient's visit.

Is this visit injury related?—The physician was instructed to mark the ''Yes'' or ''No'' box to indicate whether the patient's visit was due to an injury. The injury does not need to be recent. It also includes those visits for followup of previously treated injuries and visits for flare-ups of problems due to old injuries.

Does patient smoke cigarettes?—The physician was instructed to check ''Yes'' if it is known that the patient currently smokes cigarettes, regardless of quantity. ''No'' is checked if it is known that the patient currently does not smoke cigarettes.

Physician's diagnoses—Up to three could be recorded. The first-listed diagnosis, recorded in item 11a, should be the physician's best assessment of diagnosis of the patient's most important problem, complaint, or symptom. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance. The term ''principal'' refers to the first-listed diagnosis. The diagnosis represents the physician's best judgement at the time of the visit and may be tentative, provisional, or definitive. Physicians were also asked to list other conditions known to exist for the patient at this time, regardless of their relationship to the present problem, in items 11b and 11c.

Does patient have—The physician was asked to check all of the following conditions that applied to the patient, regardless of any entry made in item 11, physician's diagnoses: Arthritis, atherosclerosis, COPD (chronic obstructive pulmonary disease), chronic renal failure, depression, diabetes, HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), hyperactivity/ADD (attention deficit disorder), hypertension, and obesity.

Ambulatory surgical procedures—The physician was to record the specific names of up to two surgical procedures performed at the visit, if any. Routine surgical procedures (for example, wound care) as well as more complex procedures (for example, cataract extraction, vasectomy, hernia repair, growth removal, etc.) were to be reported.

Diagnostic and screening services—The physician was asked to mark all services that were ordered or provided during this visit for the purpose of screening (that is, early detection of health problems in asymptomatic individuals) or diagnosis (that is, identification of health problems causing individuals to be symptomatic). During a visit for a complete physical exam, several of the services might have been ordered or provided; each service should have been marked. If services were ordered or provided but were not included as a check box category, the physician was asked to check the ''Other'' box and specify in the space provided.

Therapeutic and preventive services—The physician was to check all appropriate boxes for any of the following types of counseling, advice, education, instructions, or recommendations to the patient that were provided or ordered during the visit:

- *Diet*—Any topics related to the foods and/or beverages consumed by the patient. Examples include general dietary guidelines of health promotion and disease prevention, dietary restrictions to treat or control a specific medical problem or condition, and dietary instructions related to medications. Includes referrals to other health professionals, for example, dietitians and nutritionists.
- *Exercise*—Any topics related to the patient's physical conditioning or fitness. Examples include information aimed at general health promotion and disease prevention and information given to treat or control a specific medical condition. Includes referrals to other health and fitness professionals. Does not include referrals for physiotherapy. Physiotherapy ordered or provided at the visit is listed as a separate check box under ''Other Therapy.''
- *Weight reduction*—Information given to the patient to assist in the goal of weight reduction. Includes referrals to other health professionals for the purpose of weight reduction.
- *Cholesterol reduction*—information given to the patient to assist in the goal of cholesterol reduction.
- *HIV transmission*—Information intended to help the patient understand how HIV (human immunodeficiency virus) is transmitted. Includes topics such as ''safe sex,'' IV drug use, and exchange of bodily fluids.
- *Injury prevention*—Any topic aimed at minimizing the chances of injury in one's daily life. May include issues as diverse as drinking and

driving, child safety, avoidance of injury through proper techniques for various physical activities, etc.

- *Tobacco use/exposure*—Information given to the patient on issues related to tobacco use in any form, including cigarettes, cigars, snuff, and chewing tobacco, and on the exposure to tobacco in the form of ''secondhand smoke.'' Includes information on smoking cessation as well as prevention of tobacco use. Includes referrals to other health professionals for smoking cessation programs.
- *Growth/development*—Any topics related to human growth and development.
- *Mental health*—General advice or counseling about mental health issues; education about mental disorders. Includes referrals to other mental health professionals for mental health counseling.
- *Other*—Any counseling involving a current or potential health problem that is not listed in any of the other check boxes.

Other therapy—The physician was to check all appropriate boxes for therapeutic services (excluding medication) ordered or performed. The check box categories were:

- *Psychotherapy*—All treatments involving the intentional use of verbal techniques to explore or alter the patient's emotional life in order to effect symptom reduction or behavior change.
- *Corrective lenses*—Provision, ordering or prescription for glasses or contact lenses.
- *Physiotherapy*—Any form of physical therapy including treatments using heat, light, sound,or physical pressure or movement. For example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, and manipulative therapy.

Services not included in the check box categories should have been marked in the ''Other'' box and specified in the space provided.

Medication—The physician was instructed to list all medications, including biologicals, that were ordered, injected, administered, or otherwise provided at this visit. These included prescription and nonprescription medications, vaccinations, immunizations, and desensitization agents. Physicians were requested to record the same specific medication name (brand or generic) that was used on any prescription of office medical record. Also included are medications ordered or provided prior to the visit that the physician instructed or expected the patient to continue taking.

Have you or anyone in your practice seen patient before?—''Seen before'' means provided care for at any time in the past. The second part of item 18 refers to the patient's current episode of illness.

Was patient referred for this visit by another physician?—Referrals are any visits that are made at the advice or direction of a physician other than the one being visited. The interest is in referrals for the current visit and not in referrals for any prior visit.

Visit disposition—Five codes were provided to describe the physician's disposition of the case on this visit. The physician was to mark as many categories as applied:

- No followup planned—No return visit or telephone contact was scheduled for the patient's problem.
- Return at specified time—Patient was told to schedule an appointment or was instructed to return at a particular time.
- Return if needed, P.R.N.—No future appointment was made, but the patient was instructed to make an appointment with the physician if the patient considered it necessary (P.R.N., pro re nata, as necessary).
- Admit to hospital—Patient was instructed that further care or treatment would be provided in a hospital. No further office visits were expected prior to hospital admission.
- Other—Any other disposition of the case not included in the preceding categories.

Visit duration—Time the physician spent with the patient, not including time the patient spent waiting to see the physician, time the patient spent receiving care from someone other than the physician without the presence of the physician, and time the physician spent in reviewing such things as records and test results. If the patient was provided care by a member of the physician's staff, but did not see the physician during the visit, the duration of the visit was recorded as zero (0) minutes.

Table VIII. Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey data

Principal diagnosis	ICD–9–CM code[1]
Infectious and parasitic diseases	001–139
Streptococcal sore throat	034.0
HIV infection	042
Viral warts	078.1
Unspecified viral and chlamydial infections	079.9
Dermatophytosis	110
Candidiasis	112
Other infectious and parasitic diseases	001–033, 034.1–041.9, 045.0–078.0, 078.2–079.8, 080–104, 111, 114–139
Neoplasms	140–239
Malignant neoplasm of colon and rectum	153–154, 197.5
Malignant neoplasm of skin	172–173, 176.0, 198.2
Malignant neoplasm of breast	174–175, 198.81
Malignant neoplasm of prostate	185
Malignant neoplasm of lymphatic and hematopoietic tissue	176.5, 196, 200–208
Other malignant neoplasms	140–152, 155–171, 176.1–176.4, 176.6–184, 186–195, 197.0–197.4, 197.6–198.1, 198.3–198.7, 198.82–199, 230–234
Benign neoplasm of skin	216
Other benign neoplasm	210–215, 217–229
Neoplasm of uncertain behavior and unspecified nature	235–239
Endocrine, nutritional and metabolic diseases, and immunity disorders	240–279
Acquired hypothyroidism	244
Other disorders of the thyroid gland	240–243, 245–246
Diabetes mellitus	250
Disorders of lipoid metabolism	272
Obesity	278.0
Other endocrine, nutritional and metabolic diseases, and immunity disorders	251–271, 273–277, 278.1–279
Diseases of the blood and blood-forming organs	280–289
Anemias	280–285
Other diseases of the blood and blood-forming organs	286–289
Mental disorders	290–319
Schizophrenic disorders	295
Major depressive disorder	296.2–296.3
Other psychoses	290–294, 296.0–296.1, 296.4–299
Anxiety states	300.0
Neurotic depression	300.4
Alcohol dependence syndrome	303
Drug dependence and nondependent use of drugs	304–305
Acute reaction to stress and adjustment reaction	308–309
Depressive disorder, not elsewhere classified	311
Attention deficit disorder	314.0
Other mental disorders	300.1–300.3, 300.5–300.9, 301–302, 306–307, 310, 312–313, 314.1–319
Diseases of the nervous system and sense organs	320–389
Migraine	346
Other disorders of the central nervous system	320–326, 330–337, 340–345, 347–349
Carpal tunnel syndrome	354.0
Other disorders of the nervous system	350–353, 354.1–359
Retinal detachment and other retinal disorders	361–362
Glaucoma	365
Cataract	366
Disorders of refraction and accommodation	367
Conjunctivitis	372.0–372.3
Disorders of eyelids	373–374
Other disorders of the eye and adnexa	360, 363–364, 368–369, 370–371, 372.4–372.9, 375–379
Disorders of external ear	380
Otitis media and Eustachian tube disorders	381–382
Other diseases of the ear and mastoid process	383–389
Diseases of the circulatory system	390–459
Angina pectoris	413
Coronary atherosclerosis	414.0
Other ischemic heart disease	410–412, 414.1–414.9
Cardiac dysrhythmias	427
Congestive heart failure	428.0
Other heart disease	391–392.0, 393–398, 402, 404, 415–416, 420–426, 428.1–429
Essential hypertension	401
Cerebrovascular disease	430–438

See footnotes at end of table.

Table VIII. Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey data—Con.

Principal diagnosis	ICD–9–CM code[1]
Diseases of the circulatory system—Con.	
Diseases of the arteries, arterioles, and capillaries	0440–448
Hemorrhoids	455
Other diseases of the circulatory system	390, 392.9, 403, 405, 417, 451–454, 456–459
Diseases of the respiratory system	460–519
Acute sinusitis	461
Acute pharyngitis	462
Acute tonsillitis	463
Acute bronchitis and bronchiolitis	466
Other acute respiratory infections	460, 464–465
Chronic sinusitis	473
Allergic rhinitis	477
Pneumonia	480–486
Chronic and unspecified bronchitis	490–491
Asthma	493
Other chronic obstructive pulmonary disease and allied conditions	492, 494–496
Other diseases of the respiratory system	470–472, 474–476, 478, 487, 500–519
Diseases of the digestive system	520–579
Diseases of the teeth and supporting structures	520–525
Gastritis and duodenitis	535
Esophagitis	530.1
Ulcer of stomach and small intestine	531–534
Hernia of abdominal cavity	550–553
Noninfectious enteritis and colitis	555–558
Diverticula of intestine	562
Constipation	564.0
Irritable colon	564.1
Anal and rectal diseases	565–566, 569.0–569.4
Disorders of the gallbladder and biliary tract	574–576
Gastrointestinal hemorrhage	578
Other diseases of the digestive system	526.0–530.0, 530.2–530.9, 536–543, 560, 564.2–564.9, 567, 568, 569.5–573.9, 577, 579
Diseases of the genitourinary system	580–629
Calculus of kidney and ureter	592
Cystitis and other disorders of the bladder	595–596
Urinary tract infection, site not specified	599.0
Other diseases of the urinary system	580–589, 590–591, 593–594, 597–598, 599.1–599.9
Hyperplasia of prostate	600
Other disorders of male genital organs	601–608
Disorders of breast	610–611
Inflammatory disorders of female pelvic organs	614–616
Noninflammatory disorders of female genital organs	620, 622–624
Disorders of menstruation and abnormal bleeding	626
Menopausal and postmenopausal disorders	627
Other disorders of the female genital tract	617–619, 621, 625, 628, 629
Complications of pregnancy, childbirth, and the puerperium	630–677
Diseases of the skin and subcutaneous tissue	680–709
Cellulitis and abscess	681–682
Other infection of the skin and subcutaneous tissue	680, 683–686
Contact dermatitis and other eczema	692
Psoriasis and similar disorders	696
Other inflammatory conditions of skin and subcutaneous tissue	690–691, 693–695, 697–698
Corns, callosities, and other hypertrophic and atrophic skin conditions	700–701
Actinic and seborrheic keratosis	702.0–702.1
Acne	706.0–706.1
Sebaceous cyst	706.2
Urticaria	708
Other disorders of the skin and subcutaneous tissue	702.8, 703–705, 706.3–707.9, 709
Diseases of the musculoskeletal system and connective tissue	710–739
Rheumatoid arthritis	714.0
Osteoarthrosis and allied disorders	715
Other arthropathies and related disorders	710–713, 714.1–714.9, 716
Derangements and other and unspecified joint disorders	717–719
Intervertebral disc disorders	722
Lumbago	724.2
Other dorsopathies	720–721, 723.0–724.1, 724.3–724.9

See footnotes at end of table.

Table VIII. Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey data—Con.

Principal diagnosis	ICD–9–CM code[1]
Diseases of the circulatory system—Con.	
Peripheral enthesopathies and allied disorders	726
Synovitis and tenosynovitis	727.0
Myalgia and myositis, unspecified	0729.1
Other rheumatism, excluding back	725, 727.1–727.9, 728, 729.0, 729.2–729.9
Disorders of bone and cartilage	730–733
Other diseases of the musculoskeletal system and connective tissue	734–739
Congenital anomalies	740–759
Certain conditions originating in the perinatal period	760–779
Symptoms, signs, and ill-defined conditions	780–799
Syncope and collapse	780.2
Convulsions	780.3
Dizziness and giddiness	780.4
Pyrexia of unknown origin	780.6
Symptoms involving skin and other integumentary tissue	782
Headache	784.0
Epistaxis	784.7
Abnormal heart sounds	785.0–785.3
Dyspnea and respiratory abnormalities	786.0
Cough	786.2
Chest pain	786.5
Symptoms involving urinary system	788
Abdominal pain	789.0
Other symptoms, signs, and ill-defined conditions	780.0–780.1, 780.5, 780.7–780.9, 781, 783, 784.1–784.6, 784.8–784.9, 785.4–785.9, 786.1, 786.3–786.4, 786, 6–787, 789.1–799.9
Injury and poisoning	800–999
Fracture of radius and ulna	813
Fracture of hand and fingers	814–817
Fracture of lower limb	820–829
Other fractures	800–812, 818–819
Sprains and strains of wrist and hand	842
Sprains and strains of knee and leg	844
Sprains and trains of ankle	845.0
Sprains and strains of neck	847.0
Other sprains and strains of back	846, 847.1–847.9
Other sprains and strains	840–841, 843, 845.1, 848
Intracranial injury, excluding those with skull fracture	850–854
Open wound of head	870–873
Open wound of hand and fingers	882–883
Other open wound	874–881, 884–897
Superficial injury of cornea	918.1
Other superficial injury	910.0–918.0, 918.2, 919.9
Contusions with intact skin surfaces	920–924
Other injuries	830–839, 860–869, 900–909, 925–959
Poisonings	960–989
Other and unspecified effects of external causes	990–995
Complications of surgical and medical care, not elsewhere classified	996–999
Supplementary classification of factors influencing health status and contact with health services	V01–V82
Potential health hazards related to communicable diseases	V01–V09
Potential health hazards related to personal and family history	V10–V19
Routine infant or child health check	V20.2
Normal pregnancy	V22
Postpartum care and examination	V24
Encounter for contraceptive management	V25
Other encounter related to reproduction	V23, V26–V28
Lens replaced by pseudophakos	V43.1
Artificial opening status and other postsurgical states	V44–V45
Attention to surgical dressing and sutures	V58.3
Followup examination	V67
General medical examination	V70
Observation and evaluation for suspected conditions not found	V71
Gynecological examination	V72.3
Other factors influencing health status and contact with health services	V20.0–V20.1, V21, V29.0–V43.0, V43.2–V43.8, V46–V66, V68–V69, V72.0–V72.2, V72.4–V82.9

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (20).

Appendix III
Survey Instruments

OMB No. 0920-0234: Approval Expires 06/30/97

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this phase of the survey is estimated to average 25 minutes per response. If you have any comments regarding the burden estimate or any other aspect of this survey, including suggestions for reducing this burden, send them to the PHS Reports Clearance Officer; Attn: PRA: HHH Building, Rm. 721-B; 200 Independence Ave., S.W., Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0234); Washington, DC 20503.

1. Label

FORM **NAMCS -1**
(8-3 95)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL AND PREVENTION

NATIONAL AMBULATORY MEDICAL CARE SURVEY 1995 – 1996 PANELS

2. Physician's telephone numbers *(Area code and number)*	**3.** Field Representative information	
Office (1)	Telephone screener	Code
Office (2)	Induction interview	Code

Section I – TELEPHONE SCREENER

4. Record of telephone calls

Call	Date	Time	Results
1			
2			
3			
4			
5			
6			

5. Final outcome of screening

1 ☐ Appointment

Day	Date	Time
Place		

2 ☐ Noninterview
3 ☐ Physician moved out of PSU } *Complete Section III, page 10*

Edit

6. Introduction

Hello, Dr. _____, I am *(Your name)***. I'm calling for the Public Health Service Centers for Disease Control and Prevention regarding their study of ambulatory care. You should have received a letter from the National Center for Health Statistics, explaining the study.** *(Pause)* **You've probably also received a letter from the Census Bureau. We are acting as field agent for the study.**

IF DOCTOR DOES NOT REMEMBER NCHS LETTER:

The National Center for Health Statistics, one of the Centers for Disease Control and Prevention, has a continuing program to provide information on the health of the American people. As part of this program it is conducting a national study of ambulatory medical care.

The purpose of this study is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published data will help your profession plan for more effective health services, determine manpower requirements, and improve medical education.

Since practicing physicians are the only reliable source of the information, we need your assistance. As one of the physicians selected in our national sample, your participation is essential to the success of the study.

This study is authorized by Title 42, United States Code, Section 242K. Participation is voluntary, and there are no penalties for refusing to provide information. All information collected is held in strict confidence, and will be used only to prepare statistical summaries.

We include in this study most physicians whose practice INCLUDES any AMBULATORY PATIENTS. In order to know whether or not you should be included, I would like to ask you a few questions.

Section I – TELEPHONE SCREENER – Continued

7a. **Do you directly care for any ambulatory patients in your practice.**

(Mark without asking, if obvious)

1 ☐ Yes – *Skip to item 8a*
2 ☐ No, does not give direct care *[7b – PROBE]*
3 ☐ No, no longer in practice – *Determine reason. Then read item 10.*

b. *PROBE:* **We include as ambulatory patients, any persons coming to see you for personal health services who are not currently admitted to any health care institution on the premises. Does your practice include any such individuals?**

1 ☐ Yes, cares for ambulatory patients – *Go to item 8a*
2 ☐ No, does not give direct care – *Determine reason. Then read item 10.*

8a. **We have your address as** *(Read address shown on label).* **Is that the correct address for your office where you see patients?**

1 ☐ Yes – *Skip to item 9*
2 ☐ No, incorrect address – *Ask item 8b*

b. **What is the (correct) address and telephone number of your office where you see ambulatory patients?**

Number and street

City State ZIP Code

Telephone *(Area code and number)*

9. **I would like to arrange an appointment with you within the next week or so to discuss the study.**

It will take about 15 minutes. What would be a good time for you, before Friday,_____*(last Friday before the assigned reporting week)***?**

(Verify office location, if appropriate.)

Thank you, Dr._____**. I'll see you then.** *(Record day, date, time, and place of appointment in item 5 on page 1.)*

10. **Thank you, Dr.**_____**, but I believe that since you do not (see any ambulatory patients/practice any longer), our questions would not be appropriate for you. I appreciate your time and interest.** *(Terminate telephone call and complete Section III on page 10.)*

SAMPLE PHYSICIAN'S OFFICE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Office No.							

NOTES

Section II – INDUCTION INTERVIEW

Doctor, before we begin, I would like to give you a little background about this study.

Systematic information about the characteristics and problems of the people who consult physicians in their offices is essential for medical researchers, educators, and others who are concerned with medical education, manpower needs, and the changing nature of health care delivery.

In response to the demand for this information, the Centers for Disease Control and Prevention, in close consultation with representatives of the medical profession, developed the National Ambulatory Medical Care Survey.

Your part in the study is very simple, carefully designed, and should not take much of your time. It consists of your participation during a specified 7-day period. During that time, you would supply a minimal amount of information about patients you see.

Now, before we get to the actual procedures, I have some questions to ask you about your practice. The answers you give will be used only for classification and analysis. Of course, ALL information you provide for this study will be held in strict confidence.

11a. **Your specialty is _____, is that right?**
(Specialty from code on label)

1 ☐ Yes – *Skip to item 12a*
2 ☐ No

b. **What is your specialty (including general practice)?**

_____
(Name of specialty)

☐☐☐ Code

12a. **This study will be concerned with the AMBULATORY patients you will see in your office during the week of Monday,**

_____through Sunday,

_____. Are you likely to see any ambulatory patients in your office during that week?

(For allergists, family practitioners, etc. – if routine care such as allergy shots, blood pressure checks, and so forth will be provided by staff in physician's absence, mark "Yes.")

1 ☐ Yes – *Skip to item 13a*
2 ☐ No

b. **Why is that?** *Record verbatim.*

_____
_____
_____

(If appropriate, read item 12c below and leave form with physician. Otherwise, Skip to item 13a.)

c. **Since it's very important that we include any ambulatory patients that you might see in your office during that week, I'll leave forms with you – just in case your plans change. I'll check back with your office just before** *(Starting date)* **to make sure, and if necessary I can explain them in detail then.** *Give doctor the "A" patient log folio, and enter folio number in Table B on the bottom of page 5. Then continue with item 13a on page 4.*

NOTES

Section II – INDUCTION INTERVIEW – Continued

NOTE *– Enter responses to items 13a–g in the appropriate columns in chart below.*

13a. At what office locations (will you be seeing/would you normally be seeing) ambulatory patients during that 7-day period?

PROBE: **Are there any other office locations at which you (will be seeing/would normally be seeing) ambulatory patients during that 7-day period?**

b. *Mark (X) whether each location in item 13a is in-scope or out-of-scope. (See chart at right.)*

If in doubt, PROBE –

(1) Is that (clinic/facility/institution) hospital based?

(2) Is that (clinic/facility/institution) government operated?

Ask 13c once to obtain total for all in-scope locations.

c. (During the week of Monday, _____ through Sunday, _____ /during a normal week), on how many DAYS (do/would) you expect to see any ambulatory patients? *(Only include days at in-scope locations.)*

Ask 13d–g for EACH in-scope location.

d. During (that week/a normal week), approximately how many ambulatory patient visits (do/would) you expect to see in your office practice (at *(Address of in-scope location)***)?**

e. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way (at *(Address of in-scope location)***)?**

If non-solo ask:

f. How many other physicians are associated with you just like this one (at *(Address of in-scope location)***)?**

g. Do you perform any laboratory testing (in that office)?
NOTE: Lab must be administratively connected to office.

In-scope	Out-of-scope
Private offices	Hospital emergency rooms
Free-standing clinics (nonhospital based)	Hospital outpatient departments
Groups, partnerships	School infirmaries
Neighborhood health centers	Industrial outpatient facilities
Community mental health centers	Family planning clinics
Privately operated clinics (except family planning)	Government operated clinics (VD, maternal and child health, etc.)
Health maintenance organizations or other prepaid practices such as Kaiser, HIP, Mayo Clinic	

13a–g. *Enter responses in chart below.*

Office no.	a. Office locations *(Enter street address)*	b. In-scope	b. Out-of-scope	c. Number of days	d. Number of visits	e. Solo	e. Non solo	f. Number of other physicians	g. Lab testing Yes	g. Lab testing No
1		1 □	2 □			1 □	2 □		1 □	2 □
2		1 □	2 □			1 □	2 □		1 □	2 □
3		1 □	2 □			1 □	2 □		1 □	2 □
4		1 □	2 □			1 □	2 □		1 □	2 □
Edit (c.) Edit (d.)	**TOTAL FOR IN-SCOPE LOCATIONS** →									

CHECK ITEM A

1 □ All locations out-of-scope – *Read CLOSING STATEMENT below*
2 □ "Yes" in item 12a – *SKIP to Tables A and B on page 5*
3 □ "No" in item 12a – *SKIP to item 15a on page 7*

CLOSING STATEMENT

Thank you, Dr. _____, but I do not believe your practice is within the scope of this study. We appreciate your time and interest. *(Terminate interview and complete Sections III and IV on pages 10 and 11.)*

NOTES

Section II – INDUCTION INTERVIEW – Continued

Determine proper Patient Log from Table A below. Read down the "Expected TOTAL VISITS during survey week" column to the line corresponding to the total entry in item 13d. Then, read across to the "TOTAL DAYS in practice during week" column corresponding to the total entry in item 13c. CIRCLE the appropriate letter. Circled letter shows which of the four Patient Log forms (A, B, C, D) should be used by this doctor. Transcribe the circled letter to Table B below.

TABLE A (PATIENT LOG)

Log form description	Expected TOTAL VISITS during survey week	TOTAL DAYS in practice during week						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A – Patient Record is to be completed for ALL patients listed on log.	**1–12**	A	A	A	A	A	A	A
B – Patient Record is to be completed for every SECOND patient listed on log.	**13–25**	B	A	A	A	A	A	A
	26–39	B	B	A	A	A	A	A
C – Patient Record is to be completed for every THIRD patient listed on log.	**40–52**	B	B	B	B	A	A	A
	53–65	C	C	B	B	B	B	B
D – Patient Record is to be completed for every FIFTH patient listed on log.	**66–79**	D	C	C	B	B	B	B
	80–92	D	D	C	C	B	B	B
	93–105	D	D	C	C	B	B	B
	106–118	D	D	C	C	C	C	C
	119–131	D	D	C	C	C	C	C
	132–145	D	D	D	C	C	C	C
	146–158	D	D	D	D	D	C	C
	159–299	D	D	D	D	D	D	D
	300+	*In the rare instance the physician will see **300 or more patients** during the assigned reporting week, leave a "D" Patient Log Folio with instructions to complete a Patient Record form for only every **tenth** patient. Draw an X through the Patient Record on every other page starting with page 1 of the pad. The physician then completes the Patient Log on **every** page, but completes the Patient Record on every **second** page.* ***NOTE:** Notify supervisor if this situation arises.*						

*Fill Table B (Folio) below for each in-scope location **before** discussing folio instructions with physician (or assistant).* ***NOTE:** If doctor expects to see ambulatory patients at more than one in-scope location during assigned week, explain that you will deliver forms to other locations. Fill Table B (Folio) for other locations before delivering forms.*

TABLE B (FOLIO)

Office number *(Enter office number from item 13.)*	Edit	Folio		Number of lines stamped "BEGIN NEXT LINE."	**OFFICE USE ONLY**
		Letter	Number		Number of patient record forms completed

NOTES

Section II – INDUCTION INTERVIEW – Continued

INSTRUCTIONS

HAND DOCTOR APPROPRIATE FOLIO AND A COPY OF THE SAMPLE PATIENT RECORD FORM (NAMCS-73), AND EXPLAIN HOW TO COMPLETE THE FORMS.

Cover following points –

(1) Who to list/Who not to list on the Patient Log

List every ambulatory patient visit to all in-scope locations during the period.

INCLUDE patients doctor doesn't see but who receive care from an assistant, nurse, nurse practitioner, physician assistant, etc.

EXCLUDE patients who do not seek care or services, e.g., they come to pay a bill or leave a specimen.

EXCLUDE telephone contacts with patients.

(2) Explain sampling systems for "A" folio, list everyone on log **and** complete Patient Record for each patient. For "B", "C", and "D" folios, list everyone on Log but complete Patient Record only for patient listed at bottom of each page. Emphasize that **all** patients seen during tht week must be listed.

Show doctor instruction card in folio pocket.

(3) Go over Patient Record item by item, paying particular attention to –

Item 10 – "Injury related" includes visits for follow-up or previously treated injuries (regardless of when the injury occurred) and visits for flare-ups of problems due to old injuries, as well as visits for recent injuries.

Item 9 – To be recorded in patient's own words. We want the patient's own complaint here, not the doctor's diagnosis. If the patient has no complaint, the physician should enter the reason for the visit.

Item 11a – Diagnosis can be tentative or provisional or expressed as a problem. Doctor **should not** record "Rule Out" diagnosis (R.O.).

Item 11b, c – Enter any other diagnosis, including those not necessarily connected with the visit.

Item 12 – This should be answered regardless of any entry in item 11. Also, it is not necessary to add or delete any entry in item 11 based on response(s) to this item.

Item 14 – Check ALL appropriate boxes for services ORDERED OR PROVIDED. If a general examination was performed, check appropriate boxes for EACH INDIVIDUAL SERVICE included.

Item 16 – List ALL prescription and non-prescription drugs ORDERED OR PROVIDED – by any route of administration – at THIS VISIT. Include immunization agents, allergy shots, and other biologicals.

Include drugs prescribed at previous visit if patient was instructed at THIS VISIT to continue the medication.

Use SPECIFIC BRAND OR GENERIC DRUG NAMES as entered on prescription or medical records. Do NOT enter broad drug classes, such as "pain medication."

Limit entries to DRUG NAME ONLY. Additional information, such as route of administration, dosage, form, strength, or regiment is not required.

Item 21 – Doctor's best estimate of time spent in face-to-face contact with the patient. Answer may be zero (0), if the patient was attended entirely by a nurse or technician and did not see the doctor.

(4) Explain to the doctor, where appropriate, that the receptionist, nurse, or assistant can list patients on the Log as they enter office and check in or when they see the doctor. They may also fill out items 1 – 8 on Patient Record.

(5) Instruct doctor to enter number of patients seen and number of PRF's completed on front of folio – at end of each day.

(6) Before returning forms, doctor should remove log containing patient names.

Section II – INDUCTION INTERVIEW – Continued

14a. During the period Monday, _____ through Sunday, _____ will ANYONE be available to help you fill out these records at *(Read locations of in-scope office(s) in item 13a)*?

1 ☐ Yes – *Ask b*
2 ☐ No – *SKIP to item 15a*

b. Who will that be?

Name	Position	Location *(Enter office number and street name)*

15a. Are you currently participating in any prepaid plan such as –	Edit	**NOTE:** *Ask 15b for each "Yes" after asking (1)–(4) in 15a.*	**b. What percentage of your patient visits are covered by the**
(1) HMO (Health Maintenance Organization)?		1 ☐ Yes 2 ☐ No	**(1) HMO?** _____ %
(2) IPA (Independent Practice Association)?		1 ☐ Yes 2 ☐ No	**(2) IPA?** _____ %
(3) PPO (Preferred Provider Organization)?		1 ☐ Yes 2 ☐ No	**(3) PPO?** _____ %
(4) Some other type of prepaid plan? – *Specify* _____ _____		1 ☐ Yes 2 ☐ No	**(4)** *(Other plan name)* _____ %

***NOTE** – If doctor practices in large group, the following information can be obtained from someone else.*

16a. What is the total number of full-time (35 hours or more per week) and part-time (less than 35 hours per week) employees of your (partnership/group) practice? Include persons regularly employed who are now on vacation, temporarily ill, etc. Do NOT include other physicians. →	Edit	Full-time *(35 or more hours/week)* (a)	Part-time *(Less than 35 hours/week)* (b)
		_____ Total number 0 ☐ None	_____ Total number 0 ☐ None
***NOTE:** READ CATEGORIES AND RECORD NUMBER OF EACH IN COLUMNS (a) AND (b).*			
b. How many of these full-time and part-time employees are –			
(1) A registered nurse?		_____ Number 0 ☐ None	_____ Number 0 ☐ None
(2) A licensed practical nurse?		_____ Number 0 ☐ None	_____ Number 0 ☐ None
(3) A medical assistant?		_____ Number 0 ☐ None	_____ Number 0 ☐ None
(4) A nurse practitioner? *		_____ Number 0 ☐ None	_____ Number 0 ☐ None
(5) A physician assistant? * *		_____ Number 0 ☐ None	_____ Number 0 ☐ None
(6) A technician?		_____ Number 0 ☐ None	_____ Number 0 ☐ None
(7) A secretary or receptionist?		_____ Number 0 ☐ None	_____ Number 0 ☐ None
(8) Other? – *Specify* _____ _____		_____ Number 0 ☐ None	_____ Number 0 ☐ None

* Certified by American Nursing Association.

* *Physician Assistant must be a graduate of an accredited training program for physician assistants (e.g., Medex) or certified by the National Commission on Certification for Physician Assistants.

CHECK ITEM B

1 ☐ "Yes" marked for lab testing in item 13g for at least one in-scope office – *Read Statement A on page 8.*
2 ☐ "No" marked in item 13g for ALL in-scope offices – *SKIP to Closing Statement, page 9.*

Section II – INDUCTION INTERVIEW – Continued

STATEMENT A: **The next few questions are about lab testing in your office (at** *(Read in-scope location from 13a on page 41)*).
If more than one in-scope location, ask about the one with the MOST visits in item 13d.

17. Who in your office performs lab tests?

Mark (X) all that apply.

MEDICAL ASSISTANT

Any office staff with some training in the use of laboratory testing equipment, but less training than the other categories.

MEDICAL TECHNICIAN:

An individual with post high school training as a laboratory technician either through a formal course curriculum or through two years laboratory experience as a trainee in a clinical laboratory.

MEDICAL TECHNOLOGIST:

An individual who possesses a current license as a clinical laboratory technologist through the American Society of Clinical Pathologist (ASCP), American Medical Technologist (AMT), or equivalent.

PHYSICIAN ASSISTANT:

A graduate of an accredited training program for physician assistants (physician extenders, Medex, etc.) or certified by the National Commission on Certification for Physician Assistants.

1 ☐ Medical Assistant
2 ☐ Medical Technician
3 ☐ Medical Technologist
4 ☐ Nurse
5 ☐ Physician
6 ☐ Physician Assistant
7 ☐ Other – *Specify*_____
8 ☐ Don't know

Edit

NOTE: *If "non-solo" is marked in item 13e for the location selected, items 17–22 refer to tests performed by the lab for the entire group practice, not for the sample doctor only.*

The lab must be administratively connected to the doctor's group's practice. (Do not include "outside" labs.)

If you have already asked the lab questions for a doctor previously in the same survey year, and you are certain that the lab questions are for the same office lab as before, enter the name of the previous sample physician and DO NOT ask the lab questions again this time.

NAME OF PREVIOUS SAMPLE PHYSICIAN _____
(Print name)

OFFICE USE ONLY

Edit

STATEMENT B:

Doctor, I have questions about specific tests, whether they are performed in your office and if there are quality control procedures for each. Would you prefer I get this information from you or from someone else?

1 ☐ Doctor
2 ☐ Someone else – *Specify*_____
If someone else, READ Closing Statement on page 9. Then complete questions 18a–22 with the person specified by the doctor.

Name

Title

NOTES

Section II – INDUCTION INTERVIEW – Continued

SHOW FLASHCARD

18a. Which, if any, of these tests are performed in your office?

Ask 18b for each Yes in 18a.

b. Is quality control performed in office each day that patient samples are tested? *

Ask 18c for each Yes in 18b.

c. Are there written instructions if quality control suggests an error? *

	18a. Yes	18a. No	18a. DK	18b. Yes	18b. No	18b. DK	18c. Yes	18c. No	18c. DK
(1) Dipstick urinalysis/specific gravity/microscopic	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(2) Pregnancy tests	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(3) Hemoglobin	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(4) WBC	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(5) Hematocrit	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(6) Gonorrhea cultures	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(7) Prothrombin	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(8) Glucose	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(9) Uric Acid	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(10) BUN	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(11) Cholesterol	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(12) Creatinine	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(13) Na/K	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(14) Triglycerides	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(15) Urine screen colony counts	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(16) Occult blood	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(17) RA Latex	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(18) Theophylline	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(19) B-strep rapid test	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
Other – *Specify ONLY if none of the above tests (1–19) are performed in office* ↙									
(20)	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(21)	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐
(22)	1☐	2☐	3☐	1☐	2☐	3☐	1☐	2☐	3☐

* Quality control is anything the laboratory performer does to check that the test is working properly on each day patient samples are run.

19. Approximately how many TESTS were performed (yesterday/during your last full day of practice) in your office (where most patients are seen)?

NOTE: Many tests can be performed on one specimen.

Edit

_____ Number

20. Approximately what percentage of TESTS ordered in your practice are sent to an outside lab?

_____ Percent

21. Has your practice enrolled in a laboratory proficiency testing program such as the ones offered by The College of American Pathologists, The American Association of Bioanalyst, or The American Society of Internal Medicine?

1☐ Yes
2☐ No
3☐ Don't know

22. Does your state have regulations governing laboratory testing in your office?

1☐ Yes
2☐ No
3☐ Don't know

CLOSING STATEMENT

Thank you for your time Dr. _____. I will call you on Monday, _____ to see if (everything is all right/your plans have changed). If you have any questions, please feel free to call me. My telephone number is written in the folio.

Section III – NONINTERVIEW

23. What is the reason the doctor did not participate in this study?

Explanations for noninterview codes 6 and 11 –

Temporarily not practicing – Refers to duration of 3 months or more

Unavailable during reporting period – Absence must be for duration of LESS than 3 months

1 ☐ Refused/Breakoff – *SKIP to item 25a*
2 ☐ Non-office based – *Ask item 24*
3 ☐ Sees no ambulatory patients – *Ask item 24*
4 ☐ Retired } *SKIP to item 28*
5 ☐ Deceased }
6 ☐ Temporarily not practicing – *SKIP to item 26*
7 ☐ Can't locate }
8 ☐ Not licensed } *SKIP to item 28*
9 ☐ Moved out of U.S.A. }
10 ☐ Other out-of-scope – *Specify* ↙ } *Ask item 24*
_____
11 ☐ Unavailable during reporting period – *SKIP to item 26*
12 ☐ Moved out of PSU – *SKIP to item 27a*

Edit

24. Describe physician's practice or medical activities which define him/her as ineligible or out-of-scope.

_____ } *SKIP to item 28*
_____

25a. At what point in the interview did the refusal/break-off occur?

(Mark (X) one.)

1 ☐ During 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

b. By whom?

(Mark (X) one.)

1 ☐ Doctor
2 ☐ Doctor through nurse
3 ☐ Nurse/Secretary
4 ☐ Receptionist
5 ☐ Office manager/Administrator
6 ☐ Other office staff – *Specify* ↙

_____

c. What reason was given? *(Verbatim)*

_____
_____

d. Date refusal/breakoff was reported to supervisor

Month ☐☐ Day ☐☐ Year ☐☐

e. Conversion attempt result

1 ☐ No conversion attempt } *SKIP to item 28*
2 ☐ Doctor refused }
3 ☐ Doctor agreed to see Field Representative – *Complete Section II*

26. Why is doctor unavailable or not in practice?

_____ } *SKIP to item 28*
_____

27a. What is the physician's new address?

Number and street
City, State, ZIP Code
Telephone

b. Name of Field Representative

RO	PSU	Date transferred

Section IV – DISPOSITION AND SUMMARY

28. FINAL DISPOSITION

1 ☐ Completed Patient Record Forms
2 ☐ Out-of-scope (Item 23, codes 2, 3, 4, 5, 6, 8, 9, or 10)
3 ☐ Refused-Breakoff (Item 23, code 1)
4 ☐ Unavailable during reporting period (Item 23, code 11)
5 ☐ Moved out of PSU (Item 23, code 12 – final)
6 ☐ Can't locate (Item 23, code 7)

FOR TRANSFER CASES MARK –

☐ Moved out of PSU (Item 23, code 12 – pending)

Edit Edit

29. CASE SUMMARY

* 1. **Number of patient visits during reporting week** . . . . . ☐☐☐

2. **Number of days during reporting week on which patients were seen** . . . . . ☐

* * 3. **Number of patient record forms completed** . . . . . ☐☐☐

COMPLETE THE FORMULA BELOW

* Accurate determination of "Number of patient visits during reporting week" is EXTREMELY important. When reviewing the Patient Log, remember **not to count** as visits any lines marked "Begin Next Line," any lines known to have been skipped by the doctor/staff, or any lines or PRF's marked "void," "left before seeing," etc. **Do** remember to include all log entries on the **last used Patient Log,** which often will be attached to an unused Patient Record.

* * If doctor was assigned the:

A Folio: Item 29(3) x 1 = Item 29(1)
B Folio: Item 29(3) x 2 = Item 29(1) ± 1
C Folio: Item 29(3) x 3 = Item 29(1) ± 2
D Folio: Item 29(3) x 5 = Item 29(1) ± 4

Verify Item 29(3)

☐ x _____ = ☐ ⟶ compare answer with item 29(1)

If comparison is not within specified range, explain difference in NOTES below

Section V – PATIENT RECORD FORM CHECK

30. Verify that all items on the Patient Record form check have been answered. DO NOT call the physician regarding missing information on Patient Record form unless instructed by your supervisor or the FR Manual.

	Mark (X) when completed	
	Field Representative check list (a)	Office check list (b)
a. Check for missing Patient Record forms (e.g., if the last completed Patient Record is number 000051, do you have 000001 through 000050). *List missing Patient Record forms in Section VI of chart on page 12.*		
b. Item 1 – Date of visit recorded on each Patient Record form – If missing, complete 1 and 2 below.		
(1) Determine date of visit by referring to Patient Record forms immediately before and after. For example, if 550087 through 550092 are dated 1/15/95" and date on 550088 is missing, enter "1/15/95" in item 1.		
(2) If exact date of patient visit cannot be determined, estimate the date and enter "EST" next to the entry.		
c. Items 2–21 – Verify that each of these items has been answered on the Patient Record form. List missing information in Part 3 of chart on page 12.		
d. Check the doctor's office schedule against the dates on the Patient Record forms for **survey week days with no completed Patient Record forms**. Do the **dates** on the Patient Record forms include **every day** during the survey week that the doctor's office scheduled appointments? ☐ Yes ☐ No – *List missing days in Part 2 of chart on page 12.*		
e. *(If doctor used B, C, or D Log, answer this question; otherwise complete the chart on page 12.)* Check the **time of patient** visits on the Patient Record forms against the doctor's office schedule to detect blocks of time not reported during the survey week. Do the times of visits include the hours of each day during the survey week that the doctor's office scheduled appointments (e.g. Thursday, 4 p.m. to 7 p.m.)? ☐ Yes ☐ No – *List missing hours in Part 2 of chart on Page 12.*		

NOTES

Section VI – MISSING INFORMATION CHART

Part 1 — Missing Patient Record Forms

31a. Enter 6-digit Patient Record number(s) for missing forms.

_____ _____ _____ _____ _____ _____

b. Contact physician regarding missing forms. Enter results of missing forms follow-up below:

☐ Forms/information obtained
☐ Forms/information not obtained – *Explain why*

Part 2 — Missing Days or Blocks of Time

*List day(s) and blocks of time not reported, and check with the doctor's office for the reason. (If patients were seen during day(s)/hours not reported, arrange to obtain missing data. If not possible to obtain missing data, ask for the **number of patients** seen during day(s)/hours not reported.)*

Not reported			**Will doctor's office provide missing data?** *(Mark X)* (d)		
Day(s) (a)	Blocks of time (b)	Reason (c)	Yes	No	Number of patients seen (e)

Part 3 — Missing Patient Record Form Items (2-21)

List missing items, and refer to the FR manual for guidelines on retrieving missing information.

Patient Record number (a)	Item number(s) (b)	Comments (c)

32. Was physician/office staff contacted for any reason during the editing process?

☐ Yes ☐ No

Assurance of Confidentiality—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose.

Department of Health and Human Services
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics

B

NATIONAL AMBULATORY MEDICAL CARE SURVEY
1995-96 PATIENT RECORD

OMB NO. 0920-0234
Expires: 06-30-97
CDC 64.109B

1. DATE OF VISIT ___/___/___ Month Day Year

2. ZIP CODE _____ Patient's

3. DATE OF BIRTH ___/___/___ Month Day Year

4. RACE
1 ☐ White
2 ☐ Black
3 ☐ Asian / Pacific Islander
4 ☐ American Indian / Eskimo / Aleut

5. SEX
1 ☐ Female 2 ☐ Male

6. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

7. DOES PATIENT SMOKE CIGARETTES ?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT

a. Type of payment *Check one.*
1 ☐ Preferred provider option
2 ☐ Insured, fee-for-service
3 ☐ HMO / Other prepaid
If checked, answer **b.**
4 ☐ Self-pay
5 ☐ No charge
6 ☐ Other
If checked, skip **b.**

b. Expected sources of insurance *Check all that apply.*
1 ☐ Blue Cross / Blue Shield
2 ☐ Other private insurance
3 ☐ Medicare
4 ☐ Medicaid
5 ☐ Worker's Compensation
6 ☐ Other
7 ☐ Unknown

9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT *Use patient's own words.*
Most
a. Important: _____
b. Other: _____
c. Other: _____

10. IS THIS VISIT INJURY RELATED ?
1 ☐ Yes *(Answer a, b, and c.)*
2 ☐ No *(Skip to Item 11.)*

a. Place of occurrence
1 ☐ Home
2 ☐ School
3 ☐ Sports or athletics area
4 ☐ Street or highway
5 ☐ Other: _____
6 ☐ Unknown

b. Is this injury work related ?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

c. Cause of injury
Describe events that preceded injury (e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, etc.).

11. PHYSICIAN'S DIAGNOSES *As specifically as possible, list up to 3 current diagnoses including those unrelated to this visit.*
a. Principal diagnosis or problem associated with Item 9a.: _____
b. Other: _____
c. Other: _____

12. DOES PATIENT HAVE:
Check all that apply regardless of entry in Item 11.
1 ☐ Arthritis
2 ☐ Arherosclerosis
3 ☐ COPD
4 ☐ Chronic renal failure
5 ☐ Depression
6 ☐ Diabetes
7 ☐ HIV / AIDS
8 ☐ Hyperactivity / ADD
9 ☐ Hypertension
10 ☐ Obesity
11 ☐ None of the above

13. AMBULATORY SURGICAL PROCEDURES
☐ NONE
List up to 2 surgical procedures performed at this visit.
1. _____
2. _____

14. DIAGNOSTIC / SCREENING SERVICES *Check all ordered or provided at this visit.*
1 ☐ NONE

EXAMINATIONS:
2 ☐ Breast
3 ☐ Pelvic
4 ☐ Rectal
5 ☐ Visual acuity
6 ☐ Mental status
7 ☐ Other: _____

TESTS:
8 ☐ Blood pressure
9 ☐ Urinalysis
10 ☐ TB skin test
11 ☐ Blood lead level
12 ☐ Cholesterol measure
13 ☐ PSA
14 ☐ HIV serology
15 ☐ Other blood test
16 ☐ Other: _____

IMAGING:
17 ☐ X-Ray
18 ☐ CAT scan
19 ☐ MRI
20 ☐ Ultrasound
21 ☐ Other: _____

ALL OTHER: *(specify)*
22 ☐ _____

15. THERAPEUTIC AND PREVENTIVE SERVICES
Check all ordered or provided at this visit. Exclude medications.
1 ☐ NONE

COUNSELING / EDUCATION:
2 ☐ Diet
3 ☐ Exercise
4 ☐ Weight reduction
5 ☐ Cholesterol reduction
6 ☐ HIV transmission
7 ☐ Injury prevention
8 ☐ Tobacco use / exposure
9 ☐ Growth / development
10 ☐ Mental health
11 ☐ Other: _____

OTHER THERAPY:
12 ☐ Psychotherapy
13 ☐ Corrective lenses
14 ☐ Physiotherapy
15 ☐ Other: _____

16. MEDICATIONS / INJECTIONS *List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), R_X and OTC medications, immunizations, allergy shots, and anesthetics.*
☐ NONE
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

17. PROVIDERS SEEN THIS VISIT *Check all that apply.*
1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner
4 ☐ R.N.
5 ☐ L.P.N.
6 ☐ Medical assistant
7 ☐ Other: _____

18. HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE ?
1 ☐ Yes 2 ☐ No
If Yes, for condition in Item 11a.?
1 ☐ Yes 2 ☐ No

19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ?
1 ☐ Yes
2 ☐ No

20. VISIT DISPOSITION
Check all that apply.
1 ☐ No followup planned
2 ☐ Return if needed, P.R.N.
3 ☐ Return at specified time
4 ☐ Admit to hospital
5 ☐ Other: _____

21. VISIT DURATION
_____ Minutes

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics
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Hyattsville, Maryland 20782-2003

NAMCS
Endorsing Organizations

Academy of Managed Care Providers

American Academy of Dermatology

American Academy of Family Physicians

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Orthopaedic Surgeons

American Academy of Pediatrics

American Academy of Physical Medicine and Rehabilitation

American College of Obstetricians and Gynecologists

American College of Physicians American Society of Internal Medicine

American College of Preventive Medicine

American College of Surgeons

American Osteopathic Association

American Psychiatric Association

American Society of Plastic and Reconstructive Surgeons, Inc.

American Urological Association

Association of American Medical Colleges

Dear

The National Center for Health Statistics (NCHS), as part of its continuing program to provide information on the health status of the American people, is conducting the National Ambulatory Medical Care Survey (NAMCS).

The purpose of this study is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published statistics will help your profession plan for more effective health services, determine health manpower requirements, and improve medical education.

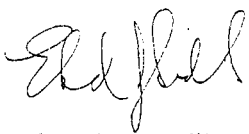
Since practicing physicians are the only reliable source of this information, we need your assistance in the NAMCS. As one of the physicians selected in our national sample, your participation is essential to the success of the study.

The NAMCS is authorized by Title 42, United States Code, Section 242k. Participation is voluntary. Although there are no penalties for not participating, each non-response makes the national statistics less accurate. All information collected is held in strict confidence, and will be used only to prepare statistical summaries. We invite you to visit the NCHS web site (http:\www.cdc.gov\nchswww\nchshome.htm) for information on NCHS publications and data products.

Many organizations and leaders in the medical profession, including those shown to the left, have expressed their support for this study. They join me in urging your cooperation in this important research.

Within a few days, a representative of the Census Bureau, acting as our agent, will telephone you for an appointment to discuss the details of your participation. We greatly appreciate your cooperation.

Sincerely,



Edward J. Sondik, Ph.D.
Director

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SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.

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For answers to questions about this report or for a list of reports published in these series, contact:

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