ABSTRACT

This material provides documentation for users of the public use micro-data file for the Community Health Center (CHC) component of the 2013 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a national probability sample survey of visits to office-based physicians, and CHC providers including both physicians and non-physician clinicians. Conducted by the National Center for Health Statistics, NAMCS is part of the National Health Care Surveys which measure health care utilization across a variety of health care providers.

The 2013 NAMCS CHC public use file includes visits to CHC physicians, physician assistants, nurse practitioners and nurse midwives. The 2013 NAMCS CHC sampling design provides both national estimates and estimates for the 22 most populous states. The 2013 NAMCS CHC sample includes 1,340 CHC service delivery sites, 2,701 providers, and 50,814 patient visits.

Section I of this document, "Description of the National Ambulatory Medical Care Survey, CHC Component " includes information on the scope of the survey, the sample, field activities, data collection procedures, medical coding procedures, population estimates, and sampling errors. Section II provides a detailed description of the contents of each data record by location, and a list of physician specialties represented in the survey. Section III contains marginal data for selected items on the CHC visit file. The appendixes contain information on relative standard errors, instructions and definitions for completing the Patient Record form, and lists of codes used in the survey.

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SUMMARY OF CHANGES FOR 2013

The 2013 NAMCS CHC micro-data file is, for the most part, similar to the 2012 file, but there are some important changes. These are described in more detail below and primarily reflect changes to the sampling design and the survey instruments -- the automated Patient Record form and Physician Induction Interview form. Data users are encouraged to also refer to the 2012 NAMCS CHC Public Use Data File Documentation, which contains important information about major changes implemented for the 2012 survey year that also apply to 2013 NAMCS CHC.

A. Sampling Design

The NAMCS sampling design changed in 2012, in order to allow state-based estimates for the 34 most populous states. For 2013, a state-based sample was used once again, but this time it included the 22 most populous states. The remaining states, which were located within 7 of the 9 Census divisions, were grouped by their Census division into what are called 'division remainders.' This is described in more detail in Section I.

In addition, the scope of the CHC population in the frame for the 2012 CHC sample was broader than that of the CHC samples for 2013 and later years. CHC service delivery sites that had been included in the 2012 frame were excluded from the 2013 sampling frame if "dental" was the only service indicated in the site's name or if the site exclusively served institutionalized populations (e.g., nursing homes, schools, homeless shelters, etc.). Therefore, estimates based on 2013 NAMCS CHC data are not comparable to corresponding estimates obtained from 2012 NAMCS CHC data.

As in 2012, there are two visit weighting variables on the 2013 file. The first is the traditional PATWT variable which is used to weight sample data to obtain national, regional (Northeast, Midwest, South, and West) and division-level (New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific) estimates.

The second weighting variable is called the PATWTST variable, which is used to make state visit estimates. The traditional weighting variable (PATWT) and the state weighting variable (PATWTST) should not be used interchangeably, especially when combining years of data. That is, the state weighting variables have been designed to be used for individual state estimates. A third weighting variable, PHYSWT, is used to make estimates of CHC-based physicians and non-physician clinicians who are in-scope for NAMCS CHC, but this weight is only based on CHC providers who saw patients during their reporting period. CHC providers who participated in the survey but did not see any patients during their reporting period are not included, and those who refused to participate are not included. Because of these limitations, provider-level estimates derived from NAMCS CHC visit data are not necessarily generalizable to all CHC providers. In order to include these other groups (for example, those who did not provide any sampled visit data), provider-level files, based on the provider induction interview only, are available in the NCHS Research Data Center.

B. Comparability of 2013 NAMCS CHC estimates with previous years

Prior to the 2006 survey year, NAMCS public use files included traditional NAMCS physicians only (that is, physicians sampled from the master files of the American Medical Association and the American Osteopathic Association), but if the physician saw patients in a CHC setting, those visits were also included in the file. For survey years 2006-2011, in addition to the "traditional" physician sample, NAMCS included a panel of CHCs with up to three providers being sampled per CHC grantee or look-alike. Data for visits to CHC-sampled physicians were included in NAMCS web tables, Research Data Center files, and public use data files. Data for visits to CHC-sampled non-physician clinicians in 2006-2011 were available only through the NCHS Research Data Center.

Starting in 2012 and continuing in 2013, the office-based component of NAMCS was split from the CHC component. As a result, there are separate web tables, Research Data Center files, and public use files for office-based physicians, and for CHC physicians and non-physicians clinicians. Data from these files can be added together without duplication. However, there are important limitations to consider when combining data from 2012 or 2013 with earlier NAMCS datasets.

First, data from the 2012 and 2013 *office-based* component of NAMCS are not strictly comparable with data from 2006-2011, when physicians who were sampled in the CHC stratum were included in the public files. Also, prior to 2006, (i.e. before CHCs were sampled as a separate stratum), physicians who were sampled from the Master files of the American Medical Association or American Osteopathic Association but who saw patients in CHCs were not excluded nor were their CHC visits excluded from survey eligibility. For that reason, in all previous years, it is possible to have at least some (albeit generally a very small percentage of) CHC visits in the data. This is not the case beginning in 2012 when there are no CHC visits on the NAMCS public use file. To compare 2012 and 2013 data with previous years of NAMCS data, it is necessary to restrict one's analysis to non-CHC visits prior to 2012. This is explained more fully in the 2012 NAMCS Public Use Data File Documentation.

But more importantly for users of the NAMCS CHC data file, the 2012 and 2013 CHC data are not directly comparable with CHC data included in the 2006-2011 NAMCS public use files. The most obvious reason for that is the 2006-2011 NAMCS data only include physician visits at CHCs; if non-physician clinicians were also sampled, those visits were not included in the public use file. To gain access to them, one must submit a proposal to the NCHS Research Data Center and pay a fee. Another difference is the change in sampling design which began in 2012 and continued in a modified fashion in 2013. For more information on this for 2012 see the 2012 NAMCS CHC Public Use File Documentation. More information on the 2013 design is included in Section I of this document.

Finally, as mentioned above, 2013 CHC data are not directly comparable with 2012 CHC data because of differences in the survey scope.

For 2013, estimates of visits to all physicians (traditional NAMCS physicians and physicians sampled within the stratum of CHCs) can be derived by combining physician data from the 2013 NAMCS CHC public use micro-data file with the traditional 2013 NAMCS public use micro-data file available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NAMCS. Physician visits can be selected from the NAMCS CHC file by using a conditional statement which limits records to those where SPECR< 96. Values of SPECR of 96, 97, or 98 indicate that a physician assistant, nurse practitioner, or nurse midwife was sampled, respectively.

As in 2012, combining the 2013 NAMCS file with the 2013 NAMCS CHC file is made easier because both files are similar in terms of variables used. Because the same automated Patient Record forms were used in both settings, most of the data items are also the same. Several variables pertaining to type of provider retain variable names from the 2013 traditional NAMCS file, but include additional information on type of sampled non-physician clinician (i.e., PHYSWT, SPECR, SPECCAT, and MDDO). Items available only on the CHC public use file are included at the end of the file and include type of CHC sampled provider (SMPROV), imputed time spent with non-physician clinician (TIMECHC), and the impute flag for time spent with non-physician clinician (TIMECHCFL).

C. Injury Coding

The 2013 survey instrument asked injury questions differently than in previous years. The new injury items are provided on the public use file. However, for trending and consistency check purposes, we also provide recoded injury items using a format that is comparable with the injury variables used in 2010, 2011, and 2012. These variables are described in more detail in the Codebook section.

For 2013, injury data were edited using a program which reviewed reason for visit and diagnosis codes, and assigned injury and intentionality status accordingly. In this way, records which did not specifically state an injury but for which injury codes for reason and diagnosis were present were recoded appropriately, while records which stated an injury but for which no corroborating data could be found were assigned to a 'questionable' injury status, allowing data users to make their own determination as desired.

D. Survey Items

NAMCS and NAMCS CHC shared the same survey instruments. All of the changes to the 2013 automated Patient Record form and Provider Induction Interview form which affect public use data file items can be found in the 2013 NAMCS Public Use File Documentation.

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I. DESCRIPTION OF THE NATIONAL AMBULATORY MEDICAL CARE SURVEY COMMUNITY HEALTH CENTER COMPONENT

A. INTRODUCTION

This micro-data file contains the Community Health Center (CHC) component of the 2013 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a national probability sample survey of visits to office-based physicians and CHC providers conducted by the Division of Health Care Statistics, National Center for Health Statistics (NCHS). Data in this file must be weighted to produce national and state estimates that describe the utilization of CHC medical care services in the United States.

In 2013, a total of 50,814 Patient Record forms (PRFs) were received from CHC physicians and non-physician clinicians who participated in NAMCS CHC. For a brief description of the survey design and data collection procedures pertaining to this component in particular, see below. A more detailed description of the 2013 NAMCS design, data collection procedures, and estimation process is available. Information on the origin of NAMCS and the previous design has been published (1,2).

Please note the following important points concerning analysis of NAMCS CHC data on this micro-data file:

> ►PATIENT VISIT WEIGHTS
>
> Micro-data file users should be fully aware of the importance and proper use of the two "patient visit weights" – one for producing national, regional, and divisional estimates, and one for producing state-based estimates. These should not be used interchangeably, and state-based estimates will not sum to national estimates because only the 22 most populous states were sampled in 2013. Information about the patient visit weights is presented on page 29. If more information is needed, the staff of the Ambulatory and Hospital Care Statistics Branch can be consulted by calling (301) 458-4600 during regular working hours or emailing them at ambcare@cdc.gov.
>
> ►RELIABILITY OF ESTIMATES
>
> Researchers should also be aware of the reliability or unreliability of survey estimates. The National Center for Health Statistics considers an estimated number of visits or a visit rate to be reliable if it has a relative standard error of 30 percent or less (i.e., the standard error is no more than 30 percent of the estimate) and it is based on at least 30 sample records. NCHS recently released new guidelines for determining the reliability of proportions (3). These standards are based on a minimum denominator sample size and on the absolute and relative widths of a confidence interval calculated using the Clopper-Pearson method. Additional information about relative standard errors is presented in Appendix I. If you have questions, do not hesitate to consult the staff of the Ambulatory and Hospital Care Statistics Branch.

B. SCOPE OF THE SURVEY

The basic sampling unit for NAMCS CHCs is the provider-patient encounter or visit. In 2013, as in 2012, NAMCS included, in addition to the traditional sample of office-based physicians, a separate sample of CHC service delivery sites, based on information from HRSA and the Indian Health Service. In the 2013 NAMCS CHC, in-scope service delivery sites could not exclusively provide dental services, nor could they exclusively serve institutionalized populations (as indicated by their title). From each sampled service delivery site, an additional sample of health care providers scheduled to see patients during their randomly assigned sample week was selected. Health care providers could include physicians as well as non-physician clinicians -- physician assistants, nurse practitioners, and nurse midwives. Visits to CHC physicians and non-physician clinicians are included in the 2013 NAMCS CHC public use file.

Types of contacts not included in the 2013 NAMCS CHC were those made by telephone, those made outside the CHC site (for example, house calls), visits made in hospital settings, visits made in institutional settings by patients for whom the institution has primary responsibility (for example, nursing homes), and visits to CHCs made for administrative purposes only (for example, to leave a specimen, pay a bill, or pick up insurance forms).

C. SAMPLING FRAME AND SIZE OF SAMPLE

The 2013 NAMCS CHC sampling frame was a list of Federally Qualified Health Center (FQHC) service delivery sites from the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care and the Indian Health Service. Three types of CHCs were eligible for NAMCS: CHCs that received Public Health Service Act, Section 330 funding, FQHC "look-alikes" (community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding), and urban Indian Health service outpatient clinics. Each participating CHC site provided a list of physicians and non-physician clinicians scheduled to see patients during the reporting period. This list became the frame for the selection of physicians and non-physician clinicians at the CHC site (see below for more details). All CHC physicians and non-physician clinicians were eligible to be sampled.

The 2013 NAMCS sample included 2,143 CHC service delivery sites. Of the 1,662 in-scope CHC service delivery sites, 1,340 participated, yielding an unweighted response rate of 80.6 percent (83.1 percent, weighted). A total of 2,982 providers who were scheduled to see patients during the sample week were selected from the CHC service delivery sites. Of these, 2,701 participated. Data were collected for 50,814 visits, either by Census Field Representative abstraction (50,379 visits) or by providers/CHC staff (435 visits). In either case, an automated tool was used which replaced the traditional paper Patient Record Form (PRF). For simplicity's sake, the abstracted records will continue to be described as PRFs in the survey documentation.

A total of 161 providers saw no patients during their assigned reporting period because of vacations, illness, or other reasons for being temporarily not in practice and hence did not provide any PRFs. Of the 1,752 providers for whom PRFs were abstracted, 2,289 participated fully or adequately (i.e. submitting at least half of the PRFs expected, based on the total number of visits during the reporting week), and 353 participated minimally (i.e. submitting less than half of the expected PRFs). The unweighted provider visit response rate was 76.8 percent (72.6 percent, weighted), based on the number of full responders and those who saw no patients during their sample week. The overall unweighted two-stage sampling response rate was 61.9 percent (60.4 percent, weighted). Response rates are shown in Table 1 below.

D. SAMPLE DESIGN

For the first stage, sampling (hard) strata were defined by Census division and the 22 most populous states. These 22 states were targeted for individual visit estimation. They include Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, and Wisconsin. The remaining 28 states and the District of Columbia were grouped according to their U.S. Census Bureau divisions into seven larger areas called "division remainders." These are composed of Maine, Vermont, New Hampshire, Rhode Island and Connecticut from the New England Division; Iowa, North Dakota, South Dakota, Kansas and Nebraska from the West North Central Division; Delaware, the District of Columbia, West Virginia and South Carolina from the South Atlantic Division; Kentucky, Alabama and Mississippi for the East South Central Division; Louisiana, Oklahoma and Arkansas from the West South Central Division; Montana, Idaho, Wyoming, Utah, New Mexico and Nevada from the Mountain Division; and Oregon, Alaska and Hawaii from the Pacific Division. There are nine Census

Table 1. Number of in-scope sample of community health center (CHC) service delivery sites in total sample, CHC response rates, number of sampled CHC providers and provider response rate, number of participating providers and participation rate by division and selected states: National Ambulatory Medical Care Survey, 2013

Division/State	CHC service delivery sites sampled(1)	In-scope CHC service delivery sites	Partici-pating CHC service delivery sites	CHC service delivery site response rate: unweighted (weighted)	In-scope CHC providers	Responding CHC providers(2)	CHC provider response rate: unweighted (weighted)	Two-stage sample response rate: unweighted (weighted) (3)	Partici-pating CHC providers(4)	Two-stage sample participation rate: unweighted(5)
Total	2,143	1,662	1,340	80.6(83.1)	2,982	2,289	76.8(72.6)	61.9(60.4)	2,701	73
New England										
MA	75	35	22	62.9(62.9)	44	33	75.0(70.0)	47.1(44.0)	40	57.1
CT,ME,NH,RI,VT	75	57	44	77.2(77.2)	100	70	70.0(73.2)	54.0(56.5)	89	68.7
Middle Atlantic										
NJ	75	68	53	77.9(77.9)	131	86	65.6(73.2)	51.2(57.1)	125	74.4
NY	75	51	44	86.3(86.3)	101	56	55.4(58.6)	47.8(50.5)	70	59.8
PA	75	65	56	86.2(86.2)	125	94	75.2(70.3)	64.8(60.5)	111	76.5
East North Central										
IL	75	44	37	84.1(84.1)	84	64	76.2(80.1)	64.1(67.4)	71	71.1
IN	75	63	56	88.9(88.9)	122	117	95.9(97.3)	85.2(86.5)	121	88.2
MI	75	60	55	91.7(91.7)	141	113	80.1(82.3)	73.5(75.4)	138	89.7
OH	75	62	49	79.0(79.0)	109	89	81.7(82.1)	64.5(64.9)	102	74
WI	72	52	29	55.8(55.8)	69	63	91.3(94.7)	50.9(52.8)	68	55
West North Central										
MN	46	34	24	70.6(70.6)	47	42	89.4(94.1)	63.1(66.4)	44	66.1
MO	75	43	34	79.1(79.1)	69	44	63.8(66.0)	50.4(52.2)	62	71
IA,KS,NE,SD,ND	75	50	42	84.0(84.0)	107	95	88.8(92.9)	74.6(78.1)	99	77.7
South Atlantic										
FL	75	59	49	83.1(83.1)	107	76	71.0(74.3)	59.0(61.7)	98	76.1
GA	75	64	50	78.1(78.1)	115	97	84.3(90.0)	65.9(70.3)	111	75.4
MD	75	59	35	59.3(59.3)	75	53	70.7(49.0)	41.9(29.1)	68	53.8
NC	75	62	50	80.6(80.6)	109	81	74.3(73.2)	59.9(59.0)	94	69.5
VA	75	62	49	79.0(79.0)	103	63	61.2(63.7)	48.3(50.4)	87	66.8
SC,WV,DE,DC	75	58	46	79.3(79.3)	95	73	76.8(68.4)	60.9(54.3)	84	70.1
East South Central										
TN	75	71	67	94.4(94.4)	137	86	62.8(65.7)	59.2(62.0)	133	91.6
AL,KY,MS	75	59	53	89.8(89.8)	102	65	63.7(54.4)	57.2(48.9)	89	78.4
West South Central										
TX	75	63	50	79.4(79.4)	118	92	78.0(69.3)	61.9(55.0)	99	66.6
LA,OK,AR	75	63	52	82.5(82.5)	107	90	84.1(81.7)	69.4(67.5)	100	77.1
Mountain										
AZ	71	62	50	80.6(80.6)	112	95	84.8(80.9)	68.4(65.2)	105	75.6
CO, , , , ,	75	51	31	60.8(60.8)	67	53	79.1(88.3)	48.1(53.7)	56	50.8
WY	79	56	46	82.1(83.0)	98	93	94.9(95.3)	78.0(79.1)	95	79.6
Pacific										
CA	75	64	58	90.6(90.6)	145	94	64.8(65.9)	58.8(59.7)	116	72.5
WA	75	65	59	90.8(90.8)	145	131	90.3(93.6)	82.0(85.0)	141	88.3
OR,HI,AK	75	60	50	83.3(83.3)	98	81	82.7(77.7)	68.9(64.8)	85	72.3

NOTE: Division and State represent location of sampled CHC delivery site. A total of 22 states were targeted for separate estimation. States not targeted for separate estimation were grouped into 'division remainders' and sampled accordingly.
(1) The survey sampling frame consists of Federally Qualified Health Center (FQHC) service delivery sites included in lists obtained from the Health Resources and Services Administration's Bureau of Primary Health Care and the Indian Health Service.
(2) Responding CHC providers are providers for whom at least one-half of their expected number of Patient Record forms were completed (full responders) and also include providers who saw no patients at their sample CHC site during that site's sampled week.
(3) The two-stage sample response rate is the product of the CHC service delivery site response rate multiplied by the CHC provider response rate.

(4) Participating CHC providers are providers for whom at least one Patient Record form was completed (full and minimal responders) and also include providers who saw no patients at their sample CHC site during that site's sample week.

(5) Two stage sample participation rate is the product of the CHC service delivery site response rate times the provider participating rates (i.e. the number of participating providers divided by the number of in-scope providers).

Bureau Divisions in all. All states were included separately from the remaining two Divisions (Middle Atlantic and East North Central). Therefore, there are a total of 29 distinct geographical areas composed of states and division remainders which make up the United States for the 2013 NAMCS sample.

For the first stage sample, CHC sites were given a random number and assigned to their respective sampling strata. Within each sampling stratum, a systematic random sample of sites was selected from lists in which the sites were sorted by CHC type (urban Indian Health Service outpatient clinics, 330 grantees, and look-alikes) and within CHC type, by the random numbers assigned to them. Sampled sites that were known in advance to be "migrant" (i.e. open only in the harvest season to serve migrants who work in the harvests) were each randomly assigned to a week during one of the seasons (generally from July through September) when they were scheduled to be open for business. The remaining sampled CHC sites were divided into 52 random subsamples of approximately equal size, and each subsample was randomly assigned to one of the 52 weeks in the survey year.

In the second stage, within each sampled site, a systematic random sample of up to three providers (physicians, physician assistants, nurse practitioners, or nurse midwives) was selected from among those who were expected to see patients at the site during the site's assigned week.

The final stage consisted of selecting a systematic random sample of patient visits seen by the sampled provider at the site during the assigned week. This sampling was mainly conducted by Census Field Representatives, although in a small number of cases, providers or their service sites selected the samples. The sampling rate varied for this final step from a 100-percent sample for providers expected to see few patients to a 10-percent sample for providers expected to see a very large numbers of patients during the CHC site's assigned survey week as determined in a pre-survey interview. The method by which the sampling rate was determined is available (4).

E. POPULATION FIGURES

The base population used in computing annual visit rates is presented in Tables 2-4 of the 2013 NAMCS Public Use Data File Documentation. The denominators used in calculating 2013 visit rates for age, sex, race, ethnicity, and geographic region are Census 2010-based postcensal estimates of the civilian noninstitutional population of the United States. The population estimates are special tabulations developed by the Population Division, U.S. Census Bureau, from the July 1, 2013 set of state population estimates by age, sex, race, and ethnicity.

Population estimates by metropolitan statistical area (MSA) status are based on estimates of the civilian noninstitutionalized population from the 2013 National Health Interview Survey (NHIS), National Center for Health Statistics, compiled according to the February 2013 Office of Management and Budget definition of core-based statistical areas. See https://www.census.gov/programs-surveys/metro-micro.html for more information about MSA definitions.

Estimates of visit rates for metropolitan and non-metropolitan statistical areas from 2003-2013 may differ somewhat from those reported in 2002 and previous years because of methodological differences in how the denominators were calculated. In survey years 1995-2005, the NHIS used metropolitan areas as defined by the Office of Management and Budget, June 30, 1993. In survey years 1994-2002, the NHIS used 1990-based Census estimates as controls. Because NAMCS used Census 2000-based population estimates beginning in 2001, adjustments needed to be made to the MSA figures obtained from the NHIS in 2001 and 2002. For 2010-2013, special tabulations were obtained from the Office of Analysis and Epidemiology, NCHS, where each year of data was compiled according to the December 2009 OMB definition of core-based statistical areas. The 2010 NHIS estimates were further adjusted based on the 2010 population estimates obtained from the Census Bureau (which were based on Census 2000). For 2013, the NHIS estimates were adjusted based on the 2013 population estimates obtained from the Census Bureau (which were based on Census 2010).

Table 2. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by age, race, and sex: July 1, 2013

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	310,929,426	3,939,976	15,922,536	41,181,416	42,976,496	41,585,514
Male	151,915,459	2,015,844	8,133,795	21,035,295	21,689,451	20,538,557
Female	159,013,967	1,924,132	7,788,741	20,146,121	21,287,045	21,046,957
White Only	241,932,163	2,830,929	11,459,704	30,255,074	31,914,695	31,506,768
Male	119,268,266	1,449,572	5,865,431	15,499,031	16,216,892	15,839,668
Female	122,663,897	1,381,357	5,594,273	14,756,043	15,697,803	15,667,100
Black Only	40,246,697	601,551	2,421,238	6,162,447	6,634,743	5,607,821
Male	18,768,801	306,570	1,228,443	3,125,609	3,252,036	2,555,860
Female	21,477,896	294,981	1,192,795	3,036,838	3,382,707	3,051,961
Asian Only	16,543,376	192,122	799,264	2,028,513	2,219,169	2,783,006
Male	7,853,865	98,376	406,801	1,022,466	1,118,840	1,319,620
Female	8,689,511	93,746	392,463	1,006,047	1,100,329	1,463,386
NHOPI* Only	701,371	12,126	48,295	115,057	116,318	123,000
Male	350,748	6,213	24,623	58,836	58,355	62,414
Female	350,623	5,913	23,672	56,221	57,963	60,586
AIAN* Only	3,834,503	65,135	258,354	651,417	645,249	579,915
Male	1,914,263	33,227	131,169	331,082	327,720	295,830
Female	1,920,240	31,908	127,185	320,335	317,529	284,085
Multiple Races	7,671,316	238,113	935,681	1,968,908	1,446,322	985,004
Male	3,759,516	121,886	477,328	998,271	715,608	465,165
Female	3,911,800	116,227	458,353	970,637	730,714	519,839

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

Geographic Region totals		Metropolitan Statistical Area totals	
Northeast	55,189,961	MSA	268,235,178
Midwest	66,549,030	Non-MSA	42,694,248
South	116,059,723		
West	73,130,712		

Table 2. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by age, race, and sex: July 1, 2013 - con.

Race and sex	35-44	45-54	55-64	65-74	75 and over
All races	39,615,611	43,240,637	39,058,738	24,990,213	18,418,289
Male	19,409,227	21,118,642	18,769,223	11,683,200	7,522,225
Female	20,206,384	22,121,995	20,289,515	13,307,013	10,896,064
White Only	30,420,519	34,389,797	31,972,526	21,179,173	16,002,978
Male	15,184,714	17,029,217	15,554,933	10,016,047	6,612,761
Female	15,235,805	17,360,580	16,417,593	11,163,126	9,390,217
Black Only	5,135,332	5,431,798	4,434,864	2,332,725	1,484,178
Male	2,303,751	2,475,248	1,996,359	996,096	528,829
Female	2,831,581	2,956,550	2,438,505	1,336,629	955,349
Asian Only	2,720,701	2,257,904	1,806,838	1,047,411	688,448
Male	1,269,296	1,052,583	814,330	470,131	281,422
Female	1,451,405	1,205,321	992,508	577,280	407,026
NHOPI* Only	98,204	84,736	58,775	29,496	15,364
Male	49,099	41,919	28,608	14,153	6,528
Female	49,105	42,817	30,167	15,343	8,836
AIAN* Only	510,116	485,080	359,446	182,126	97,665
Male	257,056	238,975	172,899	86,117	40,188
Female	253,060	246,105	186,547	96,009	57,477
Multiple Races	730,739	591,322	426,289	219,282	129,656
Male	345,311	280,700	202,094	100,656	52,497
Female	385,428	310,622	224,195	118,626	77,159

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2013. The estimates of age, sex, race and region are from special tabulations developed by the Population Division, U.S. Census Bureau using the July 1, 2013 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at www.census.gov.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory
Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2013

HISPANIC

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	53,415,341	1,014,501	4,103,305	9,886,794	9,111,198	8,547,728
Male	26,902,778	518,233	2,090,917	5,044,696	4,683,475	4,444,879
Female	26,512,563	496,268	2,012,388	4,842,098	4,427,723	4,102,849
White Only	47,089,455	859,343	3,496,564	8,561,904	7,968,832	7,516,353
Male	23,755,199	439,007	1,782,034	4,371,082	4,104,580	3,926,697
Female	23,334,256	420,336	1,714,530	4,190,822	3,864,252	3,589,656
Black Only	2,504,770	58,851	228,681	503,382	453,904	412,108
Male	1,211,653	30,065	116,216	256,136	228,132	196,069
Female	1,293,117	28,786	112,465	247,246	225,772	216,039
Asian Only	532,540	12,295	47,898	104,478	94,736	87,595
Male	264,060	6,291	24,629	53,584	47,316	43,930
Female	268,480	6,004	23,269	50,894	47,420	43,665
NHOPI* Only	188,669	4,248	16,479	36,168	33,547	35,932
Male	97,125	2,166	8,382	18,358	17,279	19,780
Female	91,544	2,082	8,097	17,810	16,268	16,152
AIAN* Only	1,564,272	31,597	122,884	296,097	276,025	269,062
Male	813,378	16,075	62,395	150,652	143,718	146,541
Female	750,894	15,522	60,489	145,445	132,307	122,521
Multiple Races	1,535,635	48,167	190,799	384,765	284,154	226,678
Male	761,363	24,629	97,261	194,884	142,450	111,862
Female	774,272	23,538	93,538	189,881	141,704	114,816

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized
population of the United States as of July 1, 2013. They were developed by the Population Division, U.S.
Census Bureau using the July 1, 2013 set of state population estimates, and reflect Census 2010
data. More information may be obtained from the Census website at www.census.gov.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2013 - con.

HISPANIC

Race and sex	35-44	45-54	55-64	65-74	75 and over
All races	7,660,624	6,017,478	3,795,788	1,973,029	1,304,896
Male	3,877,737	3,012,553	1,820,813	889,092	520,383
Female	3,782,887	3,004,925	1,974,975	1,083,937	784,513
White Only	6,840,072	5,404,956	3,427,395	1,805,192	1,208,844
Male	3,474,784	2,714,268	1,645,711	813,719	483,317
Female	3,365,288	2,690,688	1,781,684	991,473	725,527
Black Only	322,289	248,385	156,272	75,273	45,625
Male	148,175	115,135	71,902	32,784	17,039
Female	174,114	133,250	84,370	42,489	28,586
Asian Only	74,334	54,372	32,876	15,233	8,723
Male	36,667	26,303	15,281	6,742	3,317
Female	37,667	28,069	17,595	8,491	5,406
NHOPI* Only	26,770	18,849	10,035	4,306	2,335
Male	13,858	9,509	4,872	1,966	955
Female	12,912	9,340	5,163	2,340	1,380
AIAN* Only	229,835	173,645	100,451	42,299	22,377
Male	122,315	90,970	51,118	20,399	9,195
Female	107,520	82,675	49,333	21,900	13,182
Multiple Races	167,324	117,271	68,759	30,726	16,992
Male	81,938	56,368	31,929	13,482	6,560
Female	85,386	60,903	36,830	17,244	10,432

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2013. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2013 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at www.census.gov.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2013 – con.

NON-HISPANIC

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	257,514,085	2,925,475	11,819,231	31,294,622	33,865,298	33,037,786
Male	125,012,681	1,497,611	6,042,878	15,990,599	17,005,976	16,093,678
Female	132,501,404	1,427,864	5,776,353	15,304,023	16,859,322	16,944,108
White Only	194,842,708	1,971,586	7,963,140	21,693,170	23,945,863	23,990,415
Male	95,513,067	1,010,565	4,083,397	11,127,949	12,112,312	11,912,971
Female	99,329,641	961,021	3,879,743	10,565,221	11,833,551	12,077,444
Black Only	37,741,927	542,700	2,192,557	5,659,065	6,180,839	5,195,713
Male	17,557,148	276,505	1,112,227	2,869,473	3,023,904	2,359,791
Female	20,184,779	266,195	1,080,330	2,789,592	3,156,935	2,835,922
Asian Only	16,010,836	179,827	751,366	1,924,035	2,124,433	2,695,411
Male	7,589,805	92,085	382,172	968,882	1,071,524	1,275,690
Female	8,421,031	87,742	369,194	955,153	1,052,909	1,419,721
NHOPI* Only	512,702	7,878	31,816	78,889	82,771	87,068
Male	253,623	4,047	16,241	40,478	41,076	42,634
Female	259,079	3,831	15,575	38,411	41,695	44,434
AIAN* Only	2,270,231	33,538	135,470	355,320	369,224	310,853
Male	1,100,885	17,152	68,774	180,430	184,002	149,289
Female	1,169,346	16,386	66,696	174,890	185,222	161,564
Multiple Races	6,135,681	189,946	744,882	1,584,143	1,162,168	758,326
Male	2,998,153	97,257	380,067	803,387	573,158	353,303
Female	3,137,528	92,689	364,815	780,756	589,010	405,023

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2013. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2013 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at www.census.gov.

Table 3. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2013 - con.

NON-HISPANIC

Race and sex	35-44	45-54	55-64	65-74	75 and over
All races	31,954,987	37,223,159	35,262,950	23,017,184	17,113,393
Male	15,531,490	18,106,089	16,948,410	10,794,108	7,001,842
Female	16,423,497	19,117,070	18,314,540	12,223,076	10,111,551
White Only	23,580,447	28,984,841	28,545,131	19,373,981	14,794,134
Male	11,709,930	14,314,949	13,909,222	9,202,328	6,129,444
Female	11,870,517	14,669,892	14,635,909	10,171,653	8,664,690
Black Only	4,813,043	5,183,413	4,278,592	2,257,452	1,438,553
Male	2,155,576	2,360,113	1,924,457	963,312	511,790
Female	2,657,467	2,823,300	2,354,135	1,294,140	926,763
Asian Only	2,646,367	2,203,532	1,773,962	1,032,178	679,725
Male	1,232,629	1,026,280	799,049	463,389	278,105
Female	1,413,738	1,177,252	974,913	568,789	401,620
NHOPI* Only	71,434	65,887	48,740	25,190	13,029
Male	35,241	32,410	23,736	12,187	5,573
Female	36,193	33,477	25,004	13,003	7,456
AIAN* Only	280,281	311,435	258,995	139,827	75,288
Male	134,741	148,005	121,781	65,718	30,993
Female	145,540	163,430	137,214	74,109	44,295
Multiple Races	563,415	474,051	357,530	188,556	112,664
Male	263,373	224,332	170,165	87,174	45,937
Female	300,042	249,719	187,365	101,382	66,727

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2013. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2013 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at www.census.gov.

Table 4. U.S. population estimates used in computing annual visit rates for the 2013 National Ambulatory Medical Care Survey for the 22 most populous states (targeted by the sample design for state estimation).

United States	310,929,426
Arizona	6,516,188
California	37,803,780
Colorado	5,171,227
Florida	19,228,745
Georgia	9,785,853
Illinois	12,690,856
Indiana	6,471,114
Maryland	5,833,824
Massachusetts	6,612,431
Michigan	9,784,435
Minnesota	5,361,630
Missouri	5,930,951
New Jersey	8,790,821
New York	19,399,491
North Carolina	9,628,123
Ohio	11,396,738
Pennsylvania	12,567,702
Tennessee	6,391,651
Texas	25,944,774
Virginia	8,044,320
Washington	6,861,378
Wisconsin	5,668,528

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population for the 22 most populous states. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2013 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at www.census.gov.

Population estimates for race groups in the 2013 NAMCS are based on the 2010 U.S. Census in which respondents were able to indicate that they belonged to more than one race category. Since 2001, the denominators used for calculating race-specific visit rates in NAMCS reports reflect the multiple-race reporting allowed in NAMCS. Specific race denominators reflect persons with a single race identification, and a separate denominator is available for persons with more than one race designation.

Data indicate that multiple races are recorded for a patient less frequently in medical records compared to their numbers in the general population. The U.S. Census Bureau's 2013 population estimates indicate that 2.5 percent of the total population identify themselves as being of multiple races. In contrast, multiple race patients account for just 0.6 percent of weighted NAMCS CHC visits (based on known race data only). (REMINDER: Since the 2009 NAMCS, NAMCS data only include imputed values for the race categories White, Black, and Other; see 2009 or 2010 NAMCS Public Use File Documentation Summary of Changes for more information.) This is roughly the same percentage reported in the 2012 NAMCS and earlier years. The difference may exist because abstractors are less likely to know and record the multiple race preference of the patient. It suggests that the race population rates calculated for 2013 may be slight overestimates for the single race categories and slight underestimates for the multiple race category, but it should be kept in mind that race data are missing for approximately 16% of 2013 NAMCS CHC records overall.

F. FIELD ACTIVITIES

The first contact with the sampled CHC service delivery site is through a letter from the Director of NCHS. After the CHC site administrator receives the introductory letter (along with letters from professional medical societies that endorse NAMCS), the Field Representative (FR) telephones the CHC site administrator to establish basic eligibility and to schedule an appointment. At the appointment, the FR explains the survey to the CHC site administrator and to any staff who may be involved in creating a frame of the CHC site's providers, and selecting a sample of providers. The decision is also made regarding who will perform the visit sampling and data abstraction. Also at the initial visit, the FR obtains the practice characteristics of the CHC service delivery site, including identifying the eligible physician and non-physician providers. If the CHC staff are performing data abstraction, the FR contacts the CHC site office just before, during and after the reporting week to remind them about the survey and to answer any questions that may arise. After abstraction has been completed, the provider is given a certificate of appreciation for her or his participation.

G. DATA COLLECTION

In 2013, and for only the second year, the mode of data collection for NAMCS was through the use of an automated survey tool. This is described in more detail in the 2012 NAMCS Public Use Data File Documentation.

The automated survey tool was accessible either by Census laptop or by web portal. In past years, data collection for NAMCS was expected to be carried out by the physician (or in the case of CHCs, it could also be non-physician clinicians) or by the health care provider's staff, but over time, abstraction from medical charts by Census field representatives became the predominant mode. In 2013, Census FR abstraction using laptop computers and the automated instrument was the preferred mode for data collection. For providers who preferred to do their own data collection, a web portal containing a modified version of the automated tool was available, or a Census laptop could be left behind for provider use. However, in 2013 over 99 percent of CHC sample records were obtained through Census FR abstraction.

CHC site staff were instructed to keep a daily listing of all patient visits for sample providers during the assigned reporting week using an arrival log, optional worksheet, or similar method. This list was the sampling frame to indicate the visits for which data were to be recorded. It was to include both scheduled and unscheduled patients, but not cancellations or no-shows. Visits were selected from the list either by Census FRs or medical staff using a random start and a predetermined sampling interval based on the provider's estimated visits for the week and the number of days the provider was expected to see patients that week. In this way, a systematic random sample of visits was obtained. The sampling procedures were designed so that about 30 electronic Patient Records would be completed during the assigned reporting week. This was intended to minimize the data collection workload and maintain equal reporting levels among sample providers regardless of the CHC site's visit volume.

Data from sampled visits were recorded on laptops using the automated survey tool which emulated the traditional survey instrument, the Patient Record Form (PRF). The 2013 Patient Record "Sample Card" showing the data items included in the survey is available at the NCHS Ambulatory Health Care Data website: http://www.cdc.gov/nchs/ahcd/ahcd_survey_instruments.htm#namcs. Terms and definitions relating to the automated Patient Record are included in Appendix I.

H. CONFIDENTIALITY

In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum Federal standards for safeguarding the privacy of individually identifiable health information. No directly personally identifying information, such as the patient's name,

address or Social Security number, is collected in NAMCS. Data collection is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k). All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). The NAMCS protocol has been approved by the NCHS Research Ethics Review Board annually starting in February 2003. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

In the spring of 2003, NAMCS implemented additional data collection procedures to help providers assure patient confidentiality. Census Bureau Field Representatives were trained on how the Privacy Rule allows providers to make disclosures of protected health information without patient authorization for public health purposes and for research that has been approved by a Research Ethics Review Board. Providers were encouraged to accept a data use agreement between themselves and CDC/NCHS, since the Privacy Rule allows providers to disclose limited data sets (i.e., data sets with no direct patient identifiers) for research and public health purposes if such an agreement exists.

Assurance of confidentiality was provided to all community health center providers according to Section 308 (d) of the Public Health Service Act (42 USC 242m). Strict procedures were utilized to prevent disclosure of NAMCS data. All information which could identify the physician was kept confidential, was seen only by persons engaged in NAMCS, and was not disclosed or released to others for any other purpose. Names and other identifying information for individual patients were not removed from the physician's office.

Prior to release of the public use data file, NCHS conducts extensive disclosure risk analysis to minimize the chance of any inadvertent disclosure of participants' identities. Based on research conducted by NCHS for 2013 NAMCS CHC, certain variables were subject to masking in some cases (month of visit, patient's race, physician's diagnosis, medications, and whether visit occurred in a metropolitan statistical area). Furthermore, outlier values for certain variables (age, age of pregnant patient, height, weight, number of past visits in last 12 months, and time spent with physician or non-physician provider) were top coded in accordance with NCHS confidentiality requirements. One variable, day of week of visit, was omitted from the file. Masking was performed in such a way as to cause minimal impact on the data; however, data users who wish to use unmasked data can apply to the NCHS Research Data Center.

I. DATA PROCESSING

1. Edits

Once electronic data were collected by the Census Bureau, a number of steps were required for data processing. Specifications for checking, configuring, and transmitting the data files were developed by NCHS and applied by the Census Bureau. Data files were transmitted either to NCHS for further processing, or to SRA International in Durham, North Carolina. At NCHS, the data underwent multiple consistency checks and a review of verbatim entries. Additionally, medication editing and coding were performed at NCHS by the NAMCS Drug Database Coordinator. SRA edited and coded verbatim entries which required medical coding (patient's reason for visit, physician's diagnosis and procedures).

2. Quality Control

All SRA medical coding and keying operations were subject to quality control procedures. The contractor randomly selected a 10 percent sample of records which were independently recoded and compared. Differences were adjudicated by a quality control supervisor with error rates reported to NCHS. Coding error rates for the 10 percent sample ranged between 0.5 and 0.8 percent.

3. Adjustments for Item Nonresponse

Unweighted item nonresponse rates exceeded 5.0 percent for the following data items:

Variable	Variable Description	Denominator	Nonresponse (Percent)
PREGNANT	Is patient pregnant?	All visits by females ages 12-50	9.5
GESTWK	Gestation week	Visits by pregnant females	24.7
ETHUN	Patient ethnicity - unimputed	All visits	13.7
RACEUN	Patient race - unimputed	All visits	15.8
USETOBAC	Tobacco Use	All visits	17.9
PAYTYPER	Primary expected source of payment – recoded from multiple sources using hierarchy)	All visits	6.3
HTIN	Height in inches	All visits	11.1
BMI	Body mass index - calculated from height and weight	All visits	11.5
TEMPF	Temperature (in Fahrenheit)	All visits	17.1
BPSYS	Systolic blood pressure	All visits	13.8
BPDIAS	Diastolic blood pressure	All visits	13.9
INTENT	Is this injury/poisoning intentional?	All injury/poisoning related visits	65.6
REFER	Was patient referred for visit?	Visits not made to patient's primary care provider	43.4
PRIMCARE	Are you the patient's primary care physician?	All visits	12.0
PASTVIS	How many past visits to this practice in last 12 months?	All visits by established patients	10.6
ASTH_CON	Asthma control	All visits with asthma checked as a chronic condition	8.3
ASTH_SEV	Asthma severity	All visits with asthma checked as a chronic condition	7.5
BIOPROV	Biopsy provided	Visits where biopsy was reported	30.1
EXCIPROV	Excision of tissue provided	Visits where excision was reported	71.5

SIGPROV	Sigmoidoscopy provided	Visits where sigmoidoscopy was reported	40.0
TIMEMD	Time spent with physician	All visits where sampled provided was a physician and physician was seen	46.4
TIMECHC	Time spent with non-physician clinician	All visits where sampled provider was a non-physician clinician and non-physician clinician was seen	49.7
CHOL	Was blood for total cholesterol test drawn at visit or within past 12 months?	Visits to selected specialties	8.0
HDL	Was blood for HDL test drawn at visit or within past 12 months?	Visits to selected specialties	7.9
LDL	Was blood for LDL test drawn at visit or within past 12 months?	Visits to selected specialties	7.9
TGS	Was blood for triglycerides (TGS) test drawn at visit or within past 12 months?	Visits to selected specialties	7.9
A1C	Was blood for HbA1c test drawn at visit or within past 12 months?	Visits to selected specialties	8.1
FBG	Was blood for fasting blood glucose (FBG) drawn at visit or within past 12 months?	Visits to selected specialties	8.2
TELCONR	During last normal week of practice, did you have any telephone consults with patients	All visits	7.3
MUYEAR	Year first applied for Meaningful Use	All applicable visits	12.8
EGRAPH	Can EMR graph patient results over time?	All applicable visits	11.1
EPTEDU	Does practice have computerized capability: identifying educational resources for patients' specific conditions	All visits	6.4
ECQM	Does practice have computerized capability: reporting clinical quality measures to federal or state agencies	All visits	6.4
SUMREC	Do you share any of the previously mentioned types of information using a Summary Care Record?	All applicable visits	13.7
INPTCARE	Do you take care of patients after they are discharged from an inpatient setting?	All visits	6.6
INPTCARER	Do you receive all the information you need to continuing managing the patient?	All visits	6.8
INPTCARET	Is the information available when needed?	All applicable visits	7.3
INPTCAREE	Do you receive the information electronically (not fax)?	All applicable visits	7.7
CAPITATE	Type of payments accepted from new patients: capitated private insurance	Visits from providers that currently accept 'new' patients	6.8

COMPPROD	Considered in determing compensation: factors that reflect your own productivity	All visits	14.2
COMPSAT	Considered in determing compensation: results of satisfaction surveys from patients	All visits	14.2
COMPQUAL	Considered in determing compensation: specific measures of quality	All visits	14.2
COMPDROF	Considered in determing compensation: results of practice profiling	All visits	14.2
COMPFIN	Considered in determining compensation: overall financial performance of practice	All visits	14.2
COMPUNK	Considered in determing compensation: unknown	All visits	14.2
COMPREF	Considered in determing compensation: refused to answer	All visits	14.2

Denominators for the above rates were adjusted to account for skip patterns on the data collection forms. For example, only visits to providers who accepted new patients were included in the calculation of whether the provider accepted new patients with Medicaid, etc. Provider nonresponse to the initial item may also be taken into account, which would make nonresponse rates for the secondary item somewhat higher. For items such as vital signs (patient height and weight, etc.), nonresponse rates are calculated for all visits, but it should be considered that such measurements are not routinely included for certain specialties, such as psychiatry or dermatology, among others. In general, blank and 'unknown' entries are combined to indicate missing data in the table above. It is advisable for researchers to calculate their own nonresponse rates for their topic of interest; these rates are only provided as a general indicator.

Some missing data items were imputed by randomly assigning a value from a Patient Record form with similar characteristics, where similar visits were generally those with the same physician specialty, geographic region, and 3-digit ICD-9-CM codes for primary diagnosis. Race and ethnicity were imputed using a model-based, single, sequential regression imputation method. The model for imputing race and ethnicity used the following variables: Census race and ethnicity population estimates for ZIP code levels, duration of visit, patient age, patient sex, whether the visit occurred in an MSA, physician specialty recode, whether the visit included hypertension as a current diagnosis/chronic condition, diagnosis group, major reason for visit, and an indicator for patient ZIP code or provider ZIP (the latter was used for the Census variables if patient ZIP was not available). Also in 2013, time spent with physician was imputed using a similar model-based, single, sequential regression imputation method.

The following variables were imputed: birth year (0.1 percent), sex (1.3 percent), ethnicity (13.7 percent), race (15.8 percent), have you or anyone in your practice seen patient before? (0.9 percent), if yes, how many past visits in last 12 months? (10.6 percent of visits by established patients), time spent with physician (46.4 percent of visits to a sampled physician where physician was seen), and time spent with a non-physician clinician (49.7 percent of visits to a sampled non-physician clinician where non-physician clinician was seen). Blank or otherwise missing responses are so noted in the data.

J. MEDICAL CODING

The Patient Record form contains several medical items which use three separate coding systems. As stated previously, the following items -- patient's reason for visit, physician's diagnosis, and procedures -- were transmitted to SRA International, Inc. in Durham, North Carolina for processing. The medication items were coded by the NAMCS Drug Database Coordinator. These items and their coding systems are described briefly below.

1. Patient's Complaint(s), Symptoms(s) or Other Reason(s) for This Visit: Information on patient's reason for visit was collected in the automated Patient Record and coded according to A Reason for Visit Classification for Ambulatory Care (RVC) (5). The updated classification is available (6), and the list of codes is shown in Appendix II. The classification was updated to incorporate several new codes as well as changes to existing codes. The system continues to utilize a modular structure. The digits 1 through 8 precede the 3-digit RVC codes to identify the various modules as follows:

Prefix	Module
"1" =	Symptom module
"2" =	Disease module
"3" =	Diagnostic, screening, and preventive module
"4" =	Treatment module
"5" =	Injuries and adverse effects module
"6" =	Test results module
"7" =	Administrative module
"8" =	Uncodable entries
"-9" =	Special code = blank

Up to three reasons for visit were coded from the reason for visit item in sequence; coding instructions for this item are contained in the Reason for Visit Classification and Coding Manual (6).

2. Provider's Diagnosis for this Visit: Diagnostic information on the automated Patient Record was coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (7). The ICD-9-CM codes are provided in two formats, character and numeric. Please see page 43 in the Codebook section for information on the background, purpose, and appearance of the numeric recodes. The rest of this paragraph describes the format of the character version.

The character version ICD-9-CM codes are not prefixed or zerofilled on the data file. For example, 38100 = 381.00 = Acute nonsuppurative otitis media, unspecified.

There is an implied decimal between the third and fourth digits. For inapplicable fourth or fifth digits, a dash has been inserted. For example, 4011- = 401.1 = Essential hypertension, benign.

Supplementary classification codes are not prefixed or zerofilled. For example, V700- = V70.0 = Routine general medical examination at a health care facility.

In addition to the diagnostic codes from the ICD-9-CM the following unique codes in the diagnostic fields were developed by AHCSB staff:
    V990- = Noncodable diagnosis, insufficient information for coding, illegible diagnosis
    V991- = Left before being seen, patient walked out, not seen by doctor, left against medical advice
    V992- = Transferred to another facility, sent to see specialist
    V993- = HMO will not authorize treatment
    V997- = Entry of "none," "no diagnosis," "no disease," "healthy"
    -9 = Blank.

A maximum of three diagnoses were coded in sequence. Coding instructions concerning diagnoses are contained in the NAMCS Coding Notebook, updated annually (8).

3. Services: The "Services" item allowed for the coding of up to 9 open-ended fields for procedures, which were classified and coded by SRA International, Durham, NC, according to the International Classification of Diseases (ICD-9-CM), using the procedure codes in Volume III.

    NOTE: The 2013 "Services" item combines the previously separate NAMCS items of "Diagnostic/Screening Services", "Non-Medication Treatment" and "Health Education."   As stated earlier, it uses a checkbox format under the sub-headings of Examinations, Blood Tests, Imaging, Other Tests and Procedures, Non-Medication Treatment, and Health Education/Counseling. It also allows for the coding of up to 9 open-ended fields in the last section, Other Services Not Listed. The combined format for all of these items was already being used in the data files beginning with 2009 data, achieved through data processing methods as explained in the 2009 public use file documentation. The 2013 instrument reflects the combined format, which should eliminate much of the ambiguity found during data processing in past years where the same procedure was sometimes reported by survey participants under different items.

    Character format codes have an implied decimal between the second and third position and do not use prefixes or zerofills. Codes without an applicable 4th digit have a dash inserted. Please note that, as with the diagnosis codes described above, the file also contains numeric recodes for procedures. These are described in the Codebook section.

    For 2013, checkboxes were added to the computerized tool, based on commonly reported write-in procedures from previous years of data. This measure was intended to facilitate reporting and reduce costs associated with medical coding of text entries. The result of this change is a decrease in the number of visits with write-in procedures, with a resulting loss of detail.

    4. Medications & Immunizations:

    The NAMCS drug data collected under "Medications and Immunizations" have been classified and coded using the entry name (the entry made on the Patient Record) according to a unique classification scheme developed at NCHS (9). The medical classification system of drugs by entry name uses a five-digit coding scheme which is updated regularly to include new products. It includes the following special codes:

        -9 = blank
        99980 = unknown entry, other
        99999 = illegible entry.

    For 2013, up to 10 medications could be recorded for each visit. A list of drug codes by entry name is included in Appendix III.

    In addition to drugs coded by entry name, this file contains the following drug information:

    a. Generic drug code: Beginning with the 2006 data release, drugs are coded in terms of their generic components and therapeutic classifications using Lexicon Plus®, a proprietary database of Cerner Multum, Inc., also used by the National Health and Nutrition Examination Survey, NCHS. The Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market.

    In accordance with the license agreement, NCHS publications, tabulations, and software applications should cite the Multum Lexicon as the source and basis for the coding and classification of NAMCS drug data. For additional information on the Multum Lexicon Drug Database, please refer to the following Web site: http://www.multum.com/Lexicon.htm.

Beginning with the 2006 data release, all drug codes based on entry name (using NCHS' classification system as cited above) were also assigned a unique generic drug code from Multum's Lexicon Drug Database, whenever possible. The structure of the Multum database is such that multiple ingredient drugs are assigned a single generic drug code encompassing all of a drug's ingredients rather than being assigned generic drug codes for each ingredient, as in past years of NAMCS drug data.

For example, prior to 2006, if Tylenol No. 3 was reported in NAMCS, it was assigned a drug entry code of 32920 to reflect the entry of Tylenol No. 3. Using the NCHS generic classification, it was also given a code of 51380 in the generic code field to represent a combination product, and then received separate ingredient codes for acetaminophen and codeine. Under Multum, there is a single generic code that reflects the combination of acetaminophen with codeine.

The format of the generic drug code (now called DRUGID rather than GEN) also changed starting in 2006. Rather than the 5-digit numeric code used prior to 2006, the generic drug code is 6 digits, beginning with the letters "a," "c" or "d." Codes beginning with the letter "n" were also used, starting with 2009 data. All Multum codes begin with the letter "d," but there were some drug names reported by NAMCS participants that were not found in the Lexicon Drug Database. These were assigned unique drug codes beginning with an "a" where a drug's ingredients could be determined, or a "c" in the case where a drug's ingredients could not be determined, for 2006-2007. Beginning with 2008 data, "n" codes have been used to code all drugs newly appearing in the NAMCS data for which a code could not be found in Multum. The variables DRUGID1 through DRUGID10 reflect the generic codes for each drug reported.

> b. Prescription status code: A code designed to identify the legal status (prescription or nonprescription) of the drug entry.
>
> c. Controlled substance status code: A code used to denote the degree of potential abuse and federal control of a drug entry.
>
> d. Composition status code: A code used to distinguish between single-ingredient and combination drugs.
>
> e. Therapeutic category code: In data years prior to 2006, a 4-digit code was used to identify up to three therapeutic classes to which the drug entry might belong. These were based on the standard drug classifications used in the National Drug Code Directory, 1995 edition (10).

However, as mentioned above, Multum's therapeutic classification system is now being used. The Multum Lexicon provides a 3-level nested category system that assigns a therapeutic classification to each drug and each ingredient of the drug (e.g., for naproxen: the broadest category is central nervous system agents [level 1]; the more detailed category is analgesics [level 2]; and the most detailed category is nonsteroidal anti-inflammatory agents [level 3]). Not all drugs have three classification levels; some may only have two [e.g. for digoxin: cardiovascular agents [level 1]; inotropic agents [level 2]), others only have one. See Appendix III for the complete Multum category scheme.

Each drug may have up to four therapeutic categories on the data file. The variables RX1CAT1 through RX10CAT4 reflect the unique Multum drug categories for a particular drug; these are character values with codes from '001' through '341'. **This variable will always show the most detailed therapeutic level available of a particular drug.** For example, psychotherapeutic agents in Multum are further classified into a second more detailed level as antidepressants or antipsychotics. Antidepressants are further classified into seven subcategories (miscellaneous antidepressants, SSRI antidepressants, tricyclic antidepressants, monoamine oxidase inhibitors, phenylpiperazine antidepressants, tetracyclic antidepressants, and SSNRI antidepressants); antipsychotics are

classified into five subcategories. For a drug categorized as a tricyclic antidepressant, it would have a drug category code of '209,' reflecting the Level 3 code.

Other drugs may have only two levels available, such as immunologic agents. There are seven level 2 categories of immunologic agents, and no further breakdowns into a third level in the Multum system. Therefore, RX1CAT1 would reflect only a second level code in that case. So, using RX1CAT1-RX10CAT4 will allow one to identify the most specific level of a drug, but **will not, by itself, identify whether that code reflects the first, second, or third level.**

To understand each level in terms of the Multum hierarchy, we have also placed on the file additional variables that show the full first, second, and if applicable, third levels, for each drug category for each drug. For example, in the case of the tricyclic antidepressant mentioned earlier, RX1CAT1='307'. But there are three additional variables corresponding to that drug's first therapeutic category. RX1V1C1 (meaning Drug 1, Level 1 of Therapeutic Category 1) would be '242' (psychotherapeutic agents), RX1V2C1 (Drug 1, Level 2 of Therapeutic Category 1) would be '249' (antidepressants), and RX1V3C1 (Drug 1, Level 3 of Therapeutic Category 1) would be '307' (tricyclic antidepressants). If there were no second or third level for a particular category, the entry would be blank (' '). This is repeated for each of the drug's maximum of four therapeutic categories.

The three levels can easily be concatenated by data users if they wish to obtain a complete code showing the full level structure applicable to each drug's therapeutic categories. An advantage of having separate levels is that it allows data users to aggregate drugs at any level desired. SAS code is provided at the website for micro-data users who wish to group therapeutic categories in various ways.

All drugs were coded using Multum drug categories, even those drugs not found in Multum's drug database. "Unspecified" drugs were assigned to their respective therapeutic category (e.g., hormones – unspecified: category id=97, category name=hormones). Drugs that could not be assigned to any drug entry name (MED1-10 = 99980, 99999) were not assigned a therapeutic drug category.

In some cases, NCHS was able to categorize a drug's therapeutic class at the first or second Multum level, but not at the more detailed level. When this occurred, the undetermined levels are designated as '999' in the data.

Multum uses a "combination" category for some multiple-ingredient drugs. These include antihypertensive combinations, antiasthmatic combinations, upper respiratory combinations, psychotherapeutic combinations, bronchodilator combinations, sex hormone combinations, skeletal muscle relaxant combinations, and narcotic analgesic combinations. This categorization may be sufficient for certain analyses but not for others because it lacks information about the therapeutic effect of the individual ingredients that make up the combination. For example, the drug HYDROCHLOROTHIAZIDE; LOSARTAN is identified as an antihypertensive combination. Therefore, we know that this drug has an antihypertensive drug effect. However, based on this combination category we do not know that the drug's single ingredients have the therapeutic effects of a diuretic and angiotensin II inhibitor, which is relevant for some analyses.

As a result, NCHS decided that, in addition to assigning therapeutic categories to each drug, a separate file would be provided listing the ingredients for each drug along with the therapeutic classes for each ingredient. In the case of single ingredient drugs, the ingredient therapeutic categories would be the same as the drug therapeutic categories. This separate downloadable file (the current version is DRUG_INGREDIENTS_2013 and can be found under the "DRUGS" folder in the Downloadable Documentation section of the website: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/drugs/) can be matched to the main file using the DRUGID code. For each DRUGID on the main file, the supplemental file contains up to 5 ingredients and up to 3 therapeutic category codes for each

ingredient. In past years, codes used to identify the active generic ingredients of combination drugs were included on the data file.

IMPORTANT: In 2013, we have continued to update and revise the drug characteristics in our ambulatory care drug database, which underwent substantial revision in 2002. From 2002-2005, each drug entry had up to three therapeutic classes associated with it, compared with a single therapeutic class in prior years. These factors made trend analysis more problematic, and the solution was to provide researchers with a Drug Characteristics file, which was updated annually, at our website. The characteristics from this file (prior to Multum adoption) could be applied by matching on drug codes to previous years of data in order to get the most accurate results when doing analysis of drug trends. A SAS program for applying drug characteristics from the then-current drug database to previous years of NAMCS data was also made available for downloading. These files are all still available on the NAMCS website, but are mainly of use only if the researcher is limiting analysis to years of data prior to 2006 and wishes to retain the old National Drug Code Directory therapeutic categories.

Starting with the 2006 survey, however, with the adoption of the Multum Lexicon for coding drugs according to generic ingredients and therapeutic categories, a new solution for trend analysis was necessary. Therefore, along with the 2006 data file release, we provided a separate downloadable mapping file (MEDCODE_DRUGID_MAP_2006), which allows data users to match all of the drug codes used in previous years (for example, MED1-MED8 in 2005) with the corresponding Multum DRUGID code for generic composition of the drug and its corresponding therapeutic categories. Once that has been accomplished, users can also, if they wish, match to the drug ingredient file as described above. **The mapping file is updated for each new year.** Researchers should keep in mind, however, that in cases where drug characteristics have legitimately changed over the years (e.g., moving from prescription to non-prescription status), using the current updated version of the drug characteristics will overwrite all of the previous characteristics with current ones.

For users who are interested in analyzing drug data, one method involves the isolation of those records with drugs, or drug mentions, and the creation of a separate data file of drug mentions. Each automated Patient Record for 2013 can have up to ten drug mentions recorded, so whatever file is created would need to include all of them. This method can be used for obtaining estimates of drug mentions, but is not recommended for variance estimation. Rather, the structure of the visit file should be kept intact when estimating variance. In order to do this, estimates of drug mentions can be obtained by creating a new weight variable (called DRUGWT in this example). This variable is created by multiplying PATWT (the patient visit weight) by NUMMED (the number of medications recorded at the sampled visit), i.e. DRUGWT=PATWT*NUMMED. DRUGWT can then be used in place of PATWT to weight one's data; it produces the estimated number of drug mentions rather than visits. (See Record Format for more on PATWT and NUMMED.)

This documentation contains some marginal data for drug mentions. Also provided are drug coding lists in Appendix III. To facilitate searching for drugs in Appendix III, it is recommended that researchers utilize the online search function in Adobe Acrobat with the pdf document, or visit the survey website and use the online drug database under Research Tools. Should the data user need additional assistance in analyzing data on drug mentions, the staff of the Ambulatory and Hospital Care Statistics Branch is available by calling (301) 458-4600. Our website can be accessed at: https://www.cdc.gov/nchs/ahcd/index.htm.

K. ESTIMATION PROCEDURES

CHC statistics produced from the 2013 NAMCS were derived by a multistage estimation procedure. The procedure produces essentially unbiased estimates and has three components: 1) inflation by reciprocals of the probabilities of selection, 2) adjustment for nonresponse, and 3) weight smoothing. Each of these components is described below.

1. Inflation of Reciprocals by Sampling Probabilities

Because the survey utilized a three-stage sample design, there were three probabilities:

   a) the probability of selecting the CHC site within sample stratum (state/census division);
   b) the probability of selecting a provider within the CHC site; and
   c) the probability of selecting a patient visit within the provider's scheduled visits.

The last probability was defined to be the exact number of visits seen by the provider at the CHC site during the site's specified reporting week divided by the number of Patient Record forms completed. For facilities that were open year-round, the weekly estimates were inflated by a factor of 52 to derive annual estimates. For facilities that were open during harvest season only, the weekly estimates were inflated by a factor of the number of weeks they were open.

2. Adjustment for Nonresponse

Estimates from NAMCS CHC data were adjusted to account for in-scope providers who failed to provide PRFs for visits by patients they did see at the sampled CHC site during their sample week. For 2013, these adjustments account for nonresponse by provider type, Census division, and metropolitan statistical area status. In addition, adjustments for state-level estimates account for nonresponse within each of the 22 most populous states.

3. Weight Smoothing

Occasionally there were a few sample providers whose final visit weights were large relative to those for the rest of the sample. When this happened, the weights for visits were smoothed within groups defined by provider type (physician, non-physician clinician), state/Census division, and CHC type. The "excess" in the extreme weights for a smoothing group was shifted to the providers and visits with smaller weights within the same group so that the estimated total providers and visits within that group after weight smoothing were the same as they were before the weight smoothing.

L. SAMPLING ERRORS

Procedures for calculating sampling errors as well as estimates of standard errors of statistics derived from NAMCS are described elsewhere (2) as well as in Appendix I of this document.

M. PATIENT VISIT WEIGHT

The 2013 NAMCS CHC data file contains two "patient visit weights" – one (PATWT) for producing national, regional and divisional estimates from sample data, and the other (PATWTST) for producing state estimates from sample data. These are vital components of the survey data and micro-data file users should understand how to use them correctly.

The statistics contained in the micro-data file reflect data concerning only a sample of CHC patient visits, not a complete count of all of the CHC visits that occurred in the United States. Each record in the data file represents one CHC visit in the sample of 50,814 visits. In order to obtain visit estimates from sample data, each record is assigned an inflation factor called the "patient visit weight." By aggregating the patient visit weights contained in the PATWT variable on the 50,814 sample records for 2013, the user can obtain the estimated sum of 53,604,436 CHC visits made in the United States during 2013. By aggregating the patient visit weights contained in the PATWTST variable within each of the 22 individual states targeted for separate estimates, data users can obtain the estimated totals of CHC visits made in those states.

The traditional weighting variable (PATWT) and the state weighting variable (PATWTST) are not interchangeable. That is, the state weighting variable is only to be used for individual state estimates and will not sum to national estimates because only 22 states were targeted for state-level estimation.

Furthermore, PATWTST should not be used to make divisional estimates, even within the additional 7 'division remainders', which contain the smallest 28 states and the District of Columbia, grouped within their Census divisions. PATWT should be used to produce those estimates.

Users may notice that the PATWTST variable contains miniscule weights (0.00001) for visits that were sampled within division remainders rather than by state. These include the New England, West North Central, South Atlantic, East South Central, West South Central, Mountain and Pacific Division Remainders. This was done to ensure that such visits were not dropped from analysis due to having non-positive weights. If these visits were dropped, as occurs with SUDAAN software, variance estimation would be affected.

The marginal tables on pages 107-113 contain data on numbers of records for selected variables as well as the corresponding national estimated average number of CHC visits and drug mentions during 2013 obtained by aggregating the "patient visit weights" on those records. Similar tables are also provided for provider-level estimates.

N. PROVIDER CODE AND PATIENT CODE

The purpose of these codes is to allow for greater analytical depth by permitting the user to link individual Patient Record Forms on the NAMCS CHC public use file with individual CHC providers. This linkage will enable users to conduct more comprehensive analysis without violating the confidentiality of patients or providers.

To uniquely identify a record, both the provider code and the patient code must be used. Patient codes are merely a sequential numbering of the visits recorded by the provider and alone will not uniquely identify visit records. In order to do so, both the unique 6-digit provider code and the 3-digit patient code must be used.

O. USE OF THE PROVIDER-LEVEL WEIGHT

A provider-level weight (PHYSWT) is included on the public use file. This weight allows users to calculate provider-level estimates for CHC physicians, nurse practitioners, physician assistants, and nurse midwives by using the SMPROV variable to identify type of provider. There is one weight for each provider type which appears on the first visit record only for that provider. When running an analysis of provider-level characteristics using PHYSWT, **it is recommended to select only those records where PHYSWT is greater than 0**. This will result in correct sample counts of providers with visit records, which is useful for assessing reliability. Weighted estimates will be correct either way, because of the one weight per provider format.

It should be kept in mind, however, that estimates at the provider level generated using PHYSWT only reflect those CHC providers who saw patients in their sample week. A total of 161 CHC providers participated in the 2013 NAMCS but did not see any patients at the CHC site where they were selected during that site's assigned week due to being on vacation or other reasons. While estimates made with PHYSWT are unbiased for total numbers of providers, the estimated distributions by provider characteristics may be biased because of the omission of such providers, if they differ from those who provided visit records. Provider-level estimates from the NAMCS CHC visit-level file are better for analyzing visit characteristics at the provider level, because such characteristics would not be biased by

the omission of physicians who didn't see patients. For example, one could examine average time spent with providers across provider type rather than simply across visits. This type of analysis is slightly complicated; a description along with sample SAS code is available at the Ambulatory Health Care Data website. For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or ambcare@cdc.gov.

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II. CODEBOOK AND PHYSICIAN SPECIALTY LIST

A. CODEBOOK

Number of records = 50,814

This section consists of a detailed breakdown of each data record. For each item on the record, the user is provided with a sequential item number, field length, file location, and brief description of the item, along with valid codes. Most data are from the automated Patient Record form (PRF). Some information is obtained by recoding selected data from this source.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DATE OF VISIT
1	2	1-2	[VMONTH] MONTH OF VISIT
			01-12: January-December
2	3	3-5	[AGE] PATIENT AGE (reported in years or derived from date of visit and date of birth)
			This variable has been top coded in accordance with NCHS confidentiality requirements.
			000 = Under 1 year
			001-086 = 1-86 years
			087 = 87 years or older
3	1	6	[AGER] AGE RECODE
			1 = Under 15 years
			2 = 15-24 years
			3 = 25-44 years
			4 = 45-64 years
			5 = 65-74 years
			6 = 75 years and over
4	3	7-9	[AGEDAYS] AGE IN DAYS FOR PATIENTS LESS THAN ONE YEAR OF AGE (derived from date of visit and date of birth)
			-7 = Not applicable
			0-364 (0 = Less than one day old)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

5   1   10   [SEX] SEX

1 = Female
2 = Male

6   2   11-12   [PREGNANT] IF FEMALE. IS PATIENT PREGNANT?

-9 = Blank
-8 = Unknown
-7 = Not Applicable
1 = Yes
2 = No

7   2   13-14   [GESTWK] IF PATIENT IS PREGNANT, SPECIFY GESTATION WEEK

-9 = Blank
-8 = Unknown
-7 = Not Applicable
2-42

8   2   15-16   [ETHUN] UNIMPUTED ETHNICITY

This variable is NOT imputed. Ethnicity data were missing
for 13.7 percent of NAMCS CHC visit records.
-9 = Blank
 1 = Hispanic or Latino
 2 = Not Hispanic or Latino

9   1   17   [ETHIM] IMPUTED ETHNICITY

Missing data for ethnicity were imputed for this variable. Ethnicity data
were missing for 13.7 percent of NAMCS CHC visit records.
1 = Hispanic
2 = Not Hispanic

10   2   18-19   [RACEUN] UNIMPUTED RACE

This variable is NOT imputed. Race data were missing
for 15.8 percent of NAMCS CHC visit records.
 -9 = Blank
 1 = White
 2 = Black or African American
 3 = Asian
 4 = Native Hawaiian or Other Pacific Islander
 5 = American Indian or Alaska Native
 6 = More than one race reported

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
11	1	20	[RACER] IMPUTED RACE

Missing data for race were imputed for this variable. Race data were missing for 15.8 percent of NAMCS CHC visit records.
1 = White
2 = Black
3 = Other

| 12 | 1 | 21 | [RACERETH] IMPUTED RACE/ETHNICITY |

Missing race and ethnicity data were imputed for this variable. Both race and ethnicity were missing for 8.2 percent of records. Race alone was missing for an additional 7.5 percent of records, ethnicity alone was missing for an additional 5.5 percent of records.

NOTE: In survey years prior to 2009, the categories were Non-Hispanic White, Non-Hispanic Black, Hispanic, Asian, Native Hawaiian/Other Pacific Islander, American Indian or Alaska Native, and Multiple Races. Starting in 2009, the decision was made to reformulate this item. Hispanic can now be of any race.

1 = White Only, Non-Hispanic
2 = Black Only, Non-Hispanic
3 = Hispanic
4 = Other Race/Multiple Race, Non-Hispanic

| 13 | 1 | 22 | [NOPAY] NO RESPONSE TO EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT |

0 = At least one source of payment was reported
1 = All expected source of payment boxes are blank

| 14 | 1 | 23 | [PAYPRIV] EXPECTED SOURCE OF PAYMENT: PRIVATE INSURANCE |

0 = No
1 = Yes

| 15 | 1 | 24 | [PAYMCARE] EXPECTED SOURCE OF PAYMENT: MEDICARE |

0 = No
1 = Yes

| 16 | 1 | 25 | [PAYMCAID] EXPECTED SOURCE OF PAYMENT: MEDICAID or CHIP |

0 = No
1 = Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

17   1   26   [PAYWKCMP] EXPECTED SOURCE OF PAYMENT: WORKER'S COMPENSATION

0 = No
1 = Yes

18   1   27   [PAYSELF] EXPECTED SOURCE OF PAYMENT: SELF-PAY

0 = No
1 = Yes

19   1   28   [PAYNOCHG] EXPECTED SOURCE OF PAYMENT: NO CHARGE/CHARITY

0 = No
1 = Yes

20   1   29   [PAYOTH] EXPECTED SOURCE OF PAYMENT: OTHER

0 = No
1 = Yes

21   1   30   [PAYDK] EXPECTED SOURCE OF PAYMENT: UNKNOWN

0 = No
1 = Yes

22   2   31-32   [PAYTYPER] RECODED PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT (Recoded from 'Expected Sources of Payment for this Visit' using this hierarchy of payment categories: Medicare, Medicaid or CHIP, Private Insurance, Worker's Compensation, Self-Pay, No Charge/Charity, Other, Unknown)

IMPORTANT: For more information about earlier versions of the variable PAYTYPE, and variable PAYTYPER which used a different hierarchy of payment categories, please see the 2009 NAMCS Public Use Data File Documentation.

-9 = Blank
-8 = Unknown
 1 = Private insurance
 2 = Medicare
 3 = Medicaid or CHIP
 4 = Worker's Compensation
 5 = Self-pay
 6 = No charge/charity
 7 = Other

ITEM   FIELD   FILE
NO.   LENGTH   LOCATION   [ITEM NAME], DESCRIPTION, AND CODES

---

23   2   33-34   [USETOBAC] TOBACCO USE

                                 -9 = Blank
                                 -8 = Unknown
                                  1 = Not current
                                  2 = Current

                                 INJURY VARIABLES

The collection of injury data changed in 2012, as was described in more detail in the 2012 NAMCS Public Use File Documentation. There are now two separate injury-related variables, one which asks if the visit was related to injury/trauma, poisoning, or adverse effects of medical care. The second item asks about intentionality. This format is different than previous years when one item was used, which combined whether the visit was related to injury/poisoning/adverse effect and what the intent was. Also, in past years, 'poisoning' was not listed as a separate category.

For trending purposes, the variables INJURY, INJR1, and INJR2 are still available in 2013. The differences between these variables are explained in more detail in the 2010 NAMCS Public Use Data File Documentation. Briefly, INJURY reflects the broad definition of injury used traditionally in NAMCS. INJR1 has been recoded from INJURY and uses a narrower definition of injury which was recommended by subject matter experts in the NCHS Office of Analysis and Epidemiology (OAE). It is based mainly on first-listed reason for visit and first-listed diagnosis and does not include adverse effects of medical treatment. INJR2 is based on the narrower NCHS OAE definition, but includes second- and third-listed reasons and diagnoses, not just first-listed.

The INJDET variable from previous years, as already mentioned, is no longer collected. However, a similar item (INJDET_TRD) was created during data processing using data from the new injury items (INJPOISAD and INTENTO), as well as Reason for Visit and Diagnosis. In addition, each record contained verbatim entries which are not included in the public use file but which were used to evaluate whether a visit was injury related. INJDET_TRD can be compared with INJDET from previous years. Similarly, two recoded variables INJDETR1_TRD and INJDETR2_TRD were created, which can be trended with INJDETR1 and INJDETR2 from previous years. INJDETR1_TRD uses the narrower OAE definition, comparable to INJR1, and INJDETR2_TRD uses the OAE definition used with INJR2.

As mentioned previously, INJPOISAD and INTENTO replaced the previous INJDET variable on the survey instrument. INJPOISAD is provided here in three versions for consistency with the other injury items. The first version (INJPOISAD) is edited according to the broad injury definition used with NAMCS data and is comparable with INJURY and INJDET_TRD. INJPOISADR1 uses the narrower OAE definition comparable to INJR1 and INJDETR1_TRD. INJPOISADR2 uses the same definition as INJR2 and INJDETR2_TRD.

24   2   35-36   [INJURY] Is this visit related to an injury, poisoning, or adverse effect
                                 of medical treatment? – Based on Injury, Reason for Visit, and
                                 Diagnosis items, using the broad definition of injury traditionally used
                                 with NAMCS data.

                                 -9 = Blank
                                 -8 = Unknown
                                  0 = No
                                  1 = Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

25   1   37   [INJR1] Is this visit related to an injury or poisoning? Recoded version #1 (recoded from Injury, Reason for Visit, and Diagnosis items).

0 = No (includes blank and unknown; can be crossed with INJURY to see where those occur)
1 = Yes

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **first-listed reason for visit and first-listed diagnosis** only. Note that adverse effects of medicinal drugs and adverse effects or complications of medical and surgical care are not included in this definition. However, that information, based on **first-listed reason for visit and first-listed diagnosis**, can be found in category 4 of the INJDETR1_TRD item.

26   1   38   [INJR2] Is this visit related to an injury or poisoning? Recoded version #2 (recoded from Injury, Reason for Visit, and Diagnosis items).

0 = No (includes blank and unknown; can be crossed with INJURY to see where these occur)
1 = Yes

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **any-listed reason for visit and any-listed diagnosis.** Note that adverse effects of medicinal drugs and adverse effects or complications of medical and surgical care are not included in this definition. However, that information, based on **any-listed reason for visit and any-listed diagnosis**, can be found in category 4 of the INJDETR2_TRD item.

27   2   39-40   [INJPOISAD] Is this visit related to an injury/trauma, poisoning, or adverse effect of medical treatment? (2012 was the first year this format was used.)
-9 = Blank
-8 = Unknown
1 = Yes, injury/trauma
2 = Yes, poisoning
3 = Yes, adverse effect of medical treatment
4 = No

28   1   41   [INJPOISADR1] Is this visit related to an injury/trauma, poisoning, or adverse effect of medical treatment? (Recoded version #1, based on first-listed Reason for Visit and Diagnosis.)

1 = Yes, injury/trauma
2 = Yes, poisoning
3 = Yes, adverse effect of medical treatment
4 = No (includes blank and unknown; can be crossed with INJURY to see where those occur)

INJPOISADR1 uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **first-listed reason for visit and first-listed diagnosis** only. In addition, **first-listed reason for visit and first-listed diagnosis** codes were used to edit checkbox 3.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

29   1   42   [INJPOISADR2] Is this visit related to an injury/trauma, poisoning, or adverse effect of medical treatment? (Recoded version #2, based on any-listed (first, second, or third) Reason for Visit and Diagnosis.)

1 = Yes, injury/trauma
2 = Yes, poisoning
3 = Yes, adverse effect of medical treatment
4 = No (includes blank and unknown; can be crossed with INJURY to see where those occur)

INJPOISADR2 uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **any-listed reason for visit and any-listed diagnosis**. In addition, **any-listed reason for visit and any-listed diagnosis** codes were used to edit checkbox 3.

30   2   43-44   [INTENT] Is this injury/poisoning unintentional or intentional?

-9 = Blank
-8 = Unknown
 1 = Unintentional
 2 = Intentional

31   2   45-46   [INJDET_TRD] Is this visit related to any of the following:

This variable was created during data processing using INJURY, INTENT, Reason for Visit, and Diagnosis, as well as any relevant verbatim entries on the record.

-9 = Blank
-8 = Unknown
-5 = Intentionality does not apply
1 = Unintentional injury/poisoning
2 = Intentional injury/poisoning
3 = Injury/poisoning – unknown intent
4 = Adverse effect of medical/surgical care or adverse effect
     of medicinal drug
5 = None of the above
8 = More than one box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

32   1   47   [INJDETR1_TRD] (INJURY/POISONING/ADVERSE EFFECT – Recoded version #1).

Is this visit related to any of the following:

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **first-listed reason for visit and first-listed diagnosis** only. In addition, **first-listed reason for visit and first-listed diagnosis** codes were used to edit checkbox 4.

1 = Unintentional injury/poisoning
2 = Intentional injury/poisoning
3 = Injury/poisoning – unknown intent
4 = Adverse effect of medical/surgical care or adverse effect
   of medicinal drug
5 = None of the above

33   1   48   [INJDETR2_TRD] (INJURY/POISONING/ADVERSE EFFECT – Recoded version #2).

Is this visit related to any of the following:

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on **any-listed reason for visit and any-listed diagnosis**. In addition, **any-listed reason for visit and any-listed diagnosis** codes were used to edit checkbox 4.

1 = Unintentional injury/poisoning
2 = Intentional injury/poisoning
3 = Injury/poisoning – unknown intent
4 = Adverse effect of medical/surgical care or adverse effect
   of medicinal drug
5 = None of the above

PATIENT'S REASON(S) FOR VISIT (See page 23
in Section I and Coding List in Appendix II.)

34   5   49-53   [RFV1] REASON # 1

-9 = Blank
10050-89990 = 1005.0-8999.0

35   5   54-58   [RFV2] REASON # 2

-9 = Blank
10050-89990 = 10050.0-8999.0

36   5   59-63   [RFV3] REASON # 3

-9 = Blank
10050-89980 = 1005.0-8998.0

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

37   2   64-65   **[PRIMCARE] ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN/PROVIDER?**

-9 = Blank
-8 = Unknown
 1 = Yes
 2 = No

38   2   66-67   **[REFER] WAS PATIENT REFERRED FOR THIS VISIT?**

-9 = Blank
-8 = Unknown
-7 = Not applicable
 1 = Yes
 2 = No

39   1   68   **[SENBEFOR] HAS THE PATIENT BEEN SEEN IN YOUR PRACTICE BEFORE?**

1 = Yes, established patient
2 = No, new patient

40   3   69-71   **[PASTVIS] HOW MANY PAST VISITS IN THE LAST 12 MONTHS?**

Top code values for each specialty group are the following:

If SPECR=1 and PASTVIS GT 28 then PASTVIS=28
If SPECR=3 and PASTVIS GT 24 then PASTVIS=24
If SPECR=4 and PASTVIS GT 22 then PASTVIS=22
If SPECR=5 and PASTVIS GT 19 then PASTVIS=19
If SPECR=6 and PASTVIS GT 26 then PASTVIS=26
If SPECR=8 and PASTVIS GT 7 then PASTVIS=7
If SPECR=11 and PASTVIS GT 135 then PASTVIS=135
If SPECR=12 and PASTVIS GT 42 then PASTVIS=42
IF SPECR=96 AND PASTVIS GT 26 THEN PASTVIS=26
IF SPECR=97 AND PASTVIS GT 26 THEN PASTVIS=26
IF SPECR=98 AND PASTVIS GT 26 THEN PASTVIS=26

-7 = Not applicable (new patient)

41   3   72-73   **[MAJOR] MAJOR REASON FOR THIS VISIT**

-9 = Blank
1 = New problem (<3 mos. onset)
2 = Chronic problem, routine
3 = Chronic problem, flare-up
4 = Pre-/Post-surgery
5 = Preventive care (e.g. routine prenatal, well-baby,
    screening, insurance, general exams)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

PROVIDER'S DIAGNOSES (See Section I, page 24, for explanation of coding.)

Note: Provider's diagnosis was modified slightly on 0.8 percent of records due to confidentiality requirements.

| 42 | 5 | 74-78 | [DIAG1] DIAGNOSIS # 1 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. |

-9 = Blank
0010[-] - V829[-] = 001.0[0]-V82.9[0]
V990- = Noncodable, insufficient information for coding, illegible
V991- = Left before being seen; patient walked out; not seen by
       doctor; left against medical advice
V992- = Transferred to another facility; sent to see specialist
V993- = HMO will not authorize treatment
V997- = Entry of "none," "no diagnosis," "no disease," or "healthy"

| 43 | 2 | 79-80 | [PRDIAG1] IS DIAGNOSIS #1 PROBABLE, QUESTIONABLE, OR RULE OUT? |

-7 = Not applicable
 1 = Yes
 2 = No

| 44 | 5 | 81-85 | [DIAG2] DIAGNOSIS # 2 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details. |

| 45 | 2 | 86-87 | [PRDIAG2] IS DIAGNOSIS #2 PROBABLE, QUESTIONABLE, OR RULE OUT? |

-7 = Not applicable
 1 = Yes
 2 = No

| 46 | 5 | 88-92 | [DIAG3] DIAGNOSIS # 3 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details. |

| 47 | 2 | 93-94 | [PRDIAG3] IS DIAGNOSIS #3 PROBABLE, QUESTIONABLE, OR RULE OUT? |

-7 = Not applicable
 1 = Yes
 2 = No

ITEM   FIELD   FILE
NO.   LENGTH   LOCATION   [ITEM NAME], DESCRIPTION, AND CODES

NUMERIC RECODES FOR DIAGNOSES

The following items were included in the public use file to facilitate analysis of visits using ICD-9-CM codes. Prior to the 1995 public use file, all ICD-9-CM diagnosis codes on the NAMCS micro-data file were converted from alphanumeric to numeric fields according to the following coding conventions: A prefix of '1' was added to ICD-9-CM codes in the range of 001.0[-] through 999.9[-]. A prefix of '20' was substituted for the letter 'V' for codes in the range of V01.0[-] through V82.9[-]. Inapplicable fourth or fifth digits were zerofilled. This conversion was done to facilitate analysis of ICD-9-CM data using Ambulatory Care Statistics software systems. Specific coding conventions are discussed in the public use documentation for each data year.

In 1995, however, the decision was made to use actual ICD-9-CM codes on the public use data file. Codes were not prefixed, and a dash was inserted for inapplicable fourth or fifth digits. This had the advantage of preserving actual codes and avoiding possible confusion over the creation of some artificial codes due to zerofilling.

It had come to our attention in the past that some users of NAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Therefore, since data year 1997, we have included numeric recodes for ICD-9-CM diagnosis codes on our datasets. These are in addition to the actual codes for these diagnoses which appear earlier on the public use file. Users can make their own choice about which format best suits their needs.

48	6	95-100	[DIAG1R] DIAGNOSIS # 1 (Recode to Numeric Field)

-9 = Blank
100200-208290 = 001.0[0]-V82.9[0]
209980 = Noncodable, insufficient information for coding,
            Illegible
209910 = Left before being seen; patient walked out; not
             seen by doctor; left against medical advice
209920 = Transferred to another facility; sent to see specialist
209930 = HMO will not authorize treatment
209970 = Entry of "none," "no diagnosis," "no disease," or "healthy"

49	6	101-106	[DIAG2R] DIAGNOSIS # 2 (Recode to Numeric Field) Same as DIAG1R.
50	6	107-112	[DIAG3R] DIAGNOSIS # 3 (Recode to Numeric Field) Same as DIAG1R.

REGARDLESS OF THE DIAGNOSES WRITTEN ABOVE, DOES THE PATIENT NOW HAVE:

0 = No
1 = Yes

51	1	113	[ARTHRTIS] Arthritis
52	1	114	[ASTHMA] Asthma

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

53   2   115-116   [ASTH_SEV] Asthma severity
-9 = Blank
-7 = Not applicable
1 = Intermittent
2 = Mild persistent
3 = Moderate persistent
4 = Severe persistent
5 = Other, specify
6 = None recorded

54   2   117-118   [ASTH_CON] Asthma control
-9=Blank
-7=Not applicable
1=Well-controlled
2=Not well controlled
3=Very poorly controlled
4=Other, specify
5=None recorded

55   1   119   [CANCER] Cancer
56   1   120   [CEBVD] Cerebrovascular disease
57   1   121   [COPD] Chronic obstructive pulmonary disease
58   1   122   [CRF] Chronic renal failure
59   1   123   [CHF] Congestive heart failure
60   1   124   [DEPRN] Depression
61   1   125   [DIABETES] Diabetes
62   1   126   [HYPLIPID] Hyperlipidemia
63   1   127   [HTN] Hypertension
64   1   128   [IHD] Ischemic heart disease
65   1   129   [OBESITY] Obesity
66   1   130   [OSTPRSIS] Osteoporosis

67   1   131   [NOCHRON] None of the above

0 = "None" not checked
1 = "None" checked
2 = Entire item blank

68   2   132-133   [TOTCHRON] TOTAL NUMBER OF CHRONIC CONDITIONS

-9 = Entire item blank
0-14

VITAL SIGNS

69   1   134   [HTTAKE] Was height measurement reported? (Created during data processing based on reported data.)

0 = No
1= Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

70   2   135-136   **[HTIN] PATIENT'S HEIGHT (inches)**
Height has been top coded in accordance with NCHS confidentiality requirements.

-9 = Blank
72 = 72 inches or more (top code for females)
77 = 77 inches or more (top code for males)

71   1   139   **[WTTAKE] Was weight measurement reported?** (Created during data processing based on reported data.)

0 = No
1= Yes

72   3   138-140   **[WTLB] PATIENT'S WEIGHT (pounds)**
Weight has been top coded in accordance with NCHS confidentiality requirements.

-9 = Blank
4-369
370 = 370 lbs. or more

73   8   141-148   **[BMI] Body-Mass Index**
This was calculated from Patient's Height and Weight during data processing. It contains a decimal point and up to 2 decimal places. BMI was not calculated for pregnant females or patients under age 2. Also, BMI was recalculated to reflect topcoded values for height and weight.

-9 = Missing data
-7 = Not calculated
6.46-76.66

74   1   149   **[TEMPTAKE] Was temperature reported?** (Created during data processing based on reported data.)

0 = No
1= Yes

75   4   150-153   **[TEMPF] Temperature (Fahrenheit)**
There is an implied decimal between the third and fourth digits.

-9 = Blank
905 – 1042 = 90.5-104.2 Fahrenheit

76   1   154   **[BLODPRES] Was blood pressure reported?** (Created during data processing based on reported data.)

0 = No
1= Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
77	3	155-157	[BPSYS] Blood pressure – systolic

-9 = Blank
62 - 262

| 78 | 3 | 158-160 | [BPDIAS] Blood pressure – diastolic |

-9 = Blank
23-170
998 = P, Palp, DOP, or DOPPLER

SERVICES

| 79 | 1 | 161 | [SERVICES] Were any examinations, blood tests, imaging, other tests, non-medication treatment or health education ordered or provided at this visit? |

NOTE: In previous years, diagnostic and screening services were collected in one question on the Patient Record Form, non-medication services in another, and health education in a third. As described in the annual public use file documentation since 2009, the diagnostic and screening services item was combined with the non-medication services item to create a combined services item during data processing. For 2012 and 2013, all services are combined into one item on the automated Patient Record Form.

0 = No services were reported
1 = At least one service was reported

0 = No, 1 = Yes for each category below

Examinations:

80	1	162	[BREAST] Breast exam
81	1	163	[DEPRESS] Depression screening exam
82	1	164	[FOOT] Foot exam
83	1	165	[PHYSICAL] General physical exam
84	1	166	[NEURO] Neurologic exam
85	1	167	[PELVIC] Pelvic exam
86	1	168	[RECTAL] Rectal exam
87	1	169	[RETINAL] Retinal exam
88	1	170	[SKIN] Skin exam

Blood Tests:

89	1	171	[CBC] CBC (Complete blood count)
90	1	172	[GLUCOSE] Glucose
91	1	173	[HGBA] HgbA1C (Glycohemoglobin)
92	1	174	[CHOLEST] Lipid profile
93	1	175	[PSA] PSA (Prostate specific antigen)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			Imaging:
94	1	176	[ANYIMAGE] This item was created during data processing and indicates whether any of the imaging boxes were checked.
95	1	177	[BONEDENS] Bone mineral density
96	1	178	[CATSCAN] CT Scan
97	1	179	[ECHOCARD] Echocardiogram
98	1	180	[OTHULTRA] Other ultrasound
99	1	181	[MAMMO] Mammography
100	1	182	[MRI] MRI
101	1	183	[XRAY] X-ray and procedures
102	1	184	[OTHIMAGE] Other imaging NOTE: This was not a checkbox category on the survey. It was created during data processing based on responses to the "other services not listed" items, in which data respondents could enter names of procedures which were later coded using ICD-9-CM procedure codes.

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			Other tests:
103	1	185	[AUDIO] Audiometry
104	1	186	[BIOPSY] Biopsy
105	2	187-188	[BIOPROV] Biopsy provided -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
106	1	189	[CARDIAC] Cardiac stress test
107	1	190	[CHLAMYD] Chlamydia test
108	1	191	[COLON] Colonoscopy
109	1	192	[EKG] EKG/ECG
110	1	193	[EEG] Electroencephalogram (EEG)
111	1	194	[EMG] Electromyogram (EMG)
112	1	195	[EXCISION] Excision of tissue
113	2	196-1987	[EXCIPROV] Excision of tissue provided -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
114	1	198	[FETAL] Fetal monitoring
115	1	199	[HIVTEST] HIV test
116	1	200	[HPVDNA] HPV DNA test
117	1	201	[PAP] PAP test

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
118	1	202	[PEAK] Peak flow
119	1	203	[PREGTEST] Pregnancy test/HCG test
120	1	204	[SIGMOID] Sigmoidoscopy
121	2	205-206	[SIGPROV] Sigmoidoscopy provided
			-9 = Blank
			-8 = Unknown
			-7 = Not applicable
			1 = Yes
			2 = No
122	1	207	[SPIRO] Spirometry
123	1	208	[TONO] Tonometry
124	1	209	[URINE] Urinalysis (UA)
125	1	210	[SIGCOLON] Sigmoidoscopy/Colonoscopy

125   1   210   [SIGCOLON] Sigmoidoscopy/Colonoscopy
This item was created during data processing and indicates whether any type of sigmoidoscopy or colonoscopy was ordered or provided, as reported in the checkbox data or write-in procedures. This estimate will be slightly greater than just combining data from SIGMOID and COLON because of the addition of overlapping ICD-9-CM procedure codes that couldn't be assigned to either SIGMOID or COLON. This is a summary variable only and should not be added to results from the checkbox or write-in procedure fields.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
126	1	211	[CSW] Cast/Splint/Wrap
127	1	212	[CAM] Complementary alternative medicine
128	1	213	[DME] Durable medical equipment
129	1	214	[HOMEHLTH] Home health care
130	1	215	[MENTAL] Mental health counseling, excluding psychotherapy
131	1	216	[PT] Physical therapy
132	1	217	[PSYCHOTH] Psychotherapy
133	1	218	[RADTHER] Radiation therapy
134	1	219	[WOUND] Wound care
135	1	220	[ASTHMAED] Asthma education
136	1	221	[ASTHMAP] Asthma action plan given to patient
137	1	222	[DIETNUTR] Diet/Nutrition
138	1	223	[EXERCISE] Exercise
139	1	224	[FAMPLAN] Family planning/Contraception
140	1	225	[GRWTHDEV] Growth/Development
141	1	226	[INJPREV] Injury prevention
142	1	227	[STDPREV] STD prevention
143	1	228	[STRESMGT] Stress management
144	1	229	[TOBACED] Tobacco use/Exposure
145	1	230	[WTREDUC] Weight reduction
146	1	231	[OTHSERV] Other services not listed

ITEM   FIELD   FILE
NO.   LENGTH   LOCATION   [ITEM NAME], DESCRIPTION, AND CODES

PROCEDURES

Procedures 1-9 are derived from the write-in fields under "Other Services Not Listed" on the automated Patient Record Form. To get a complete picture of the number and type of procedures reported at a visit, data users should include results from all of the procedure fields.

147   4   232-235   [PROC1] Write-in procedure #1

                                    ICD-9-CM Vol.3, Procedure Classification)
                                    A left-justified alphanumeric code with an implied decimal after the
                                    first two digits; inapplicable fourth digits have a dash inserted.
                                    -9 = Blank
                                    0029-9999 = 00.29-99.99
148   4   236-239   [PROC2] Write-in procedure #2: see PROC1 for details
149   4   240-243   [PROC3] Write-in procedure #3: see PROC1 for details
150   4   244-247   [PROC4] Write-in procedure #4: see PROC1 for details
151   4   248-251   [PROC5] Write-in procedure #5: see PROC1 for details
152   4   252-255   [PROC6] Write-in procedure #6: see PROC1 for details
153   4   256-259   [PROC7] Write-in procedure #7: see PROC1 for details
154   4   260-263   [PROC8] Write-in procedure #8: see PROC1 for details
155   4   264-267   [PROC9] Write-in procedure #9: see PROC1 for details

NUMERIC RECODES FOR PROCEDURES 1-9

The following recodes are included on the public use file to facilitate analysis of visits using ICD-9-CM codes. It had come to our attention in the past that some users of NAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Users can make their own choice about which format best suits their needs.

156   4   268-271   [PROC1R] Write-in procedure #1
                                    A left-justified numeric code with an implied decimal after the
                                    first two digits; inapplicable fourth digits are zero-filled.
                                    -9 = Blank
                                    0029-9999 = 00.29-99.99

157   4   272-275   [PROC2R] Write-in procedure #2: see PROC1R for details
158   4   276-279   [PROC3R] Write-in procedure #3: see PROC1R for details
159   4   280-283   [PROC4R] Write-in procedure #4: see PROC1R for details
160   4   284-287   [PROC5R] Write-in procedure #5: see PROC1R for details
161   4   288-291   [PROC6R] Write-in procedure #6: see PROC1R for details
162   4   292-295   [PROC7R] Write-in procedure #7: see PROC1R for details
163   4   296-299   [PROC8R] Write-in procedure #8: see PROC1R for details
164   4   300-303   [PROC9R] Write-in procedure #9: see PROC1R for details

165   1   304   [EXAM] Examination
                                    This item was created during data processing and indicates
                                    whether any of the write-in procedures reflect an ICD-9-CM
                                    code indexed specifically to Examinations. It is a summary
                                    variable only and should not be added to results from the write-
                                    in procedure fields.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
166	2	305-306	[SERVCNT] Total number of services reported as ordered or provided at the visit. Includes all services and vital sign determinations, including write-in entries for procedures (adjusted to avoid double counting between procedures that could be reported as both a checkbox and with more detail in the write-in field). 0-58 (23 was the highest number reported in 2012)
167	1	307	[ALLSERV] Were any services ordered or provided at the visit, including vital sign determinations? 0 = No services were ordered or provided at the visit 1 = At least one service was ordered or provided at the visit
168	1	308	[MED] WERE ANY PRESCRIPTION OR NON-PRESCRIPTION DRUGS ORDERED OR PROVIDED (BY ANY ROUTE OF ADMINISTRATION) AT THIS VISIT? 0 = No 1 = Yes 2 = Entire item blank, including "None" box
169	5	309-313	[MED1] MEDICATION #1 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
170	5	314-318	[MED2] MEDICATION #2 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
171	5	319-323	[MED3] MEDICATION #3 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
172	5	324-328	[MED4] MEDICATION #4 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
173	5	329-333	[MED5] MEDICATION #5 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
174	5	334-338	[MED6] MEDICATION #6 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
175	5	339-343	[MED7] MEDICATION #7 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
176	5	344-348	[MED8] MEDICATION #8 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
177	5	349-353	[MED9] MEDICATION #9 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
178	5	354-358	[MED10] MEDICATION #10 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
1791	2	359-360	[NCMED1] Was medication #1 new or continued? -9 = Blank -7 = Not applicable (no drug listed) 1 = New 2 = Continued 3 = Both "New" and "Continued" were checked
1820	2	361-362	[NCMED2] Was medication #2 new or continued? See NCMED1.
1831	2	363-364	[NCMED3] Was medication #3 new or continued? See NCMED1.
182	2	365-366	[NCMED4] Was medication #4 new or continued? See NCMED1.
183	2	367-368	[NCMED5] Was medication #5 new or continued? See NCMED1.
184	2	369-370	[NCMED6] Was medication #6 new or continued? See NCMED1.
185	2	371-372	[NCMED7] Was medication #7 new or continued? See NCMED1.
186	2	373-374	[NCMED8] Was medication #8 new or continued? See NCMED1.
187	2	375-376	[NCMED9] Was medication #9 new or continued? See NCMED1.
188	2	377-378	[NCMED10] Was medication #10 new or continued? See NCMED1.
189	2	379-380	[NUMMED] NUMBER OF MEDICATIONS CODED 0 – 10

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
191	2	381-382	[NUMNEW] NUMBER OF NEW MEDICATIONS CODED 0 – 10
192	2	383-384	[NUMCONT] NUMBER OF CONTINUED MEDICATIONS CODED 0 – 10

NOTE: For NUMNEW and NUMCONT, the value '0' can reflect the following situations: for NUMNEW, a) no drug listed; b) drug listed as continued medication only; or c) drug listed but unknown whether new or continued; for NUMCONT, a) no drug listed; b) drug listed as new medication only, or c) drug listed but unknown whether new or continued

PROVIDERS SEEN

0 = No, 1 = Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
192	1	385	[NOPROVID] No answer to item
193	1	386	[PHYS] Physician
194	1	387	[PHYSASST] Physician assistant
195	1	388	[NPNMW] Nurse practitioner/Midwife
196	1	389	[RNLPN] RN/LPN
197	1	390	[MHP] Mental health provider
198	1	391	[OTHPROV] Other provider
199	1	392	[PROVNONE] None; no providers seen
200	3	394-396	[TIMEMD] TIME SPENT WITH MD (in minutes) (See also TIMECHC) -7 = Not applicable (Sampled provider was non-physician clinician) 0-89 90 = 90 minutes or more

VISIT DISPOSITION

0 = No, 1 = Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
201	1	396	[NODISP] No answer to item
202	1	397	[REFOTHMD] Refer to other physician
203	1	398	[RETAPPT] Return at specified time
204	1	399	[ERADMHOS] Refer to emergency department/Admit to hospital
205	1	400	[OTHDISP] Other visit disposition

TESTS

NOTE: These data were only collected for visits to selected specialties. Specialties not included were the following: general surgery, orthopedic surgery, dermatology, urology, neurology, psychiatry, ophthalmology, and otolaryngology.

Valid ranges for lab values were hardcoded into the automated Patient Record form; in some cases, these ranges were later found to be questionable. For example, the top value allowed to be entered for TGS was

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

400; 2.9% of 2013 NAMCS records reporting a TGS value were at this level, suggesting that the top range should have been higher.

| 206 | 2 | 401-402 | [CHOL] WAS BLOOD FOR TOTAL CHOLESTEROL TEST DRAWN ON THE DAY OF THE SAMPLED VIIST OR DURING THE 12 MONTHS PRIOR TO THE VISIT? |

-9 = Blank
-7 = Not applicable, provider not sampled
1 = Yes
2 = None found within 12 months

| 207 | 3 | 403-405 | [CHOLRES] MOST RECENT RESULT FOR TOTAL CHOLESTEROL |

-9 = Blank
-7 = Not applicable, provider not sampled
50-349 mg/dL
350 = 350 mg/dL or higher

| 208 | 4 | 406-409 | [DAYDCHOL] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF CHOLESTEROL LAB RESULT |

-900 = Blank
-800 = Unknown
-700 = Not applicable, provider not sampled
-365 to 365 = Up to 365 days before to 365 days after the sampled
         visit

| 209 | 2 | 410-411 | [HDL] WAS BLOOD FOR HIGH DENSITY LIPOPROTEIN (HDL) TEST DRAWN ON THE DAY OF THE SAMPLED VIIST OR DURING THE 12 MONTHS PRIOR TO THE VISIT? |

-9 = Blank
-7 = Not applicable, provider not sampled
1 = Yes
2 = None found within 12 months

| 210 | 3 | 412-414 | [HDLRES] MOST RECENT RESULT FOR HIGH DENSITY LIPOPROTEIN |

-9 = Blank
-7 = Not applicable, provider not sampled
20-99 mg/dL
100 = 100 mg/dL or higher

| 211 | 4 | 415-418 | [DAYDHDL] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF HDL LAB RESULT |

-900 = Blank
-800 = Unknown
-700 = Not applicable, provider not sampled
-365 to 365 = Up to 365 days before to 365 days after the sampled
         visit

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

| 212 | 2 | 419-420 | [LDL] WAS BLOOD FOR LOW DENSITY LIPOPROTEIN (LDL) TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR DURING THE 12 MONTHS PRIOR TO THE VISIT? |

-9 = Blank
-7 = Not applicable, provider not sampled
1 = Yes
2 = None found within 12 months

| 213 | 3 | 421-423 | [LDLRES] MOST RECENT RESULT FOR LOW DENSITY LIPOPROTEIN (LDL) |

-9 = Blank
-7 = Not applicable, provider not sampled
40-299 mg/dL
300 = 300 mg/dL or higher

| 214 | 4 | 424-427 | [DAYDLDL] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF LOW DENSITY LIPOPROTEIN (LDL) LAB RESULT |

-900 = Blank
-800 = Unknown
-700 = Not applicable, provider not sampled
-365 to 365 = Up to 365 days before to 365 days after the sampled visit

| 215 | 4 | 428-431 | [LIPIDERR] CALCULATED LDL RESULT. NOT TO BE USED FOR ANALYSIS. This variable is to be used for comparison to the LDLRES value to point out possible errors in the lipid test reporting. |

-9999 = Blank
-15 - 285

Note: LIPIDERR was calculated for records with non-negative values for ALL lipid numbers (cholesterol, HDL, LDL, and TGS) and only when all of these tests dated from the same day. The following formula was used: LIPIDERR=(CHOLRES-HDLRES-(TGSRES/5)). The value was then rounded. Some lab values were capped during data collection, which should be considered when interpreting LIPIDERR.

| 216 | 4 | 432-435 | [LDLDIFF] DIFFERENCE BETWEEN REPORTED LDL RESULT (LDLRES) AND CALCULATED LDL (LIPIDERR). NOT TO BE USED FOR ANALYSIS. |

This variable is to be used for comparison to the LDLRES value in order to point out possible errors that may exist in the lipid test reporting.
-9999 = Blank
-113 – 213

| 217 | 2 | 436-437 | [TGS] WAS BLOOD FOR TRIGLYCERIDES TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR   DURING THE 12 MONTHS PRIOR TO THE VISIT? |

-9 = Blank
-7 = Not applicable, provider not sampled
1 = Yes
2 = None found within 12 months

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
218	3	438-440	[TGSRES] MOST RECENT RESULT FOR TRIGLYCERIDES -9 = Blank -7 = Not applicable, provider not sampled 30-399 mg/dL 400 = 400 mg/dL or higher
219	4	441-444	[DAYDTGS] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF TRIGLYCERIDES LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 365 = Up to 365 days before to 365 days after the sampled visit
220	2	445-446	[A1C] WAS BLOOD FOR GLYCOHEMOGLOBIN (HbA1c) TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
221	4	447-450	[A1CRES] MOST RECENT RESULT FOR GLYCOHEMOGLOBIN (HbA1c)TRIGLYCERIDES TEST -9 = Blank -7 = Not applicable, provider not sampled 3.0 - 12.8% 12.9% = 12.9% or higher
222	4	451-454	[DAYDA1C] DIFFERENCE IN DAYS BETWEEN VISIT DATE AND DATE OF GLYCOHEMOGLOBIN (HbA1c) LAB RESULT -900 = Blank -800 = Unknown -700 = Not applicable, provider not sampled -365 to 365 = Up to 365 days before to 365 days after the sampled visit
223	2	455-456	[FBG] WAS BLOOD FOR FASTING BLOOD GUCOSE (FBG) TEST DRAWN ON THE DAY OF THE SAMPLED VISIT OR DURING THE 12 MONTHS PRIOR TO THE VISIT? -9 = Blank -7 = Not applicable, provider not sampled 1 = Yes 2 = None found within 12 months
224	3	457-459	[FBGRES] MOST RECENT RESULT FOR FASTING BLOOD GLUCOSE (FBG) TEST -9 = Blank -7 = Not applicable, provider not sampled 50-499 mg/dL 500 = 500 mg/dL or higher

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

225   4   460-463   [DAYDFBG] DIFFERENCE IN DAYS BETWEEN VISIT
DATE AND DATE OF FASTING BLOOD GLUCOSE (FBG) LAB
RESULT
-900 = Blank
-800 = Unknown
-700 = Not applicable, provider not sampled
-365 to 365 = Up to 365 days before to 365 days after the sampled
            visit

**** THE FOLLOWING FIELDS SHOW WHETHER DATA WERE REPORTED ON THE AUTOMATED PATIENT RECORD FORM OR CALCULATED DURING DATA PROCESSING, OR WHETHER DATA WERE IMPUTED TO REPLACE BLANKS ****

226   2   464-465   [AGEFLAG] Was patient age reported on the automated Patient
Record Form or calculated during data processing based on date of
visit and date of birth?

-9 = Birth date imputed
0 = Calculated by NCHS
1 = Entered by respondent

227   1   466   [GESTFL] Was gestation week calculated by NCHS during data
processing based on date of visit and date of last menstrual period?
0 = Calculated by NCHS
1 = Not calculated by NCHS

IMPUTED ITEMS

0 = Not imputed
1 = Imputed

228   1   467   [BDATEFL] Patient birth year
229   1   468   [SEXFL] Patient sex
230   1   469   [ETHNICFL] Patient ethnicity
231   1   470   [RACERFL] Patient race
232   1   471   [SENBEFL] Has patient been seen in your practice before?
233   1   472   [PASTFL] If yes, how many past visits in last 12 months?

234   2   473-474   [TIMEMDFL] Time spent with physician (minutes)
-7 = Not applicable (Sampled provider was non-physician clinician)
0 = Not imputed
1 = Imputed

235   6   475-480   [PHYCODE] PHYSICIAN/ NON-PHYSICIAN CLINICIAN CODE - A
unique code assigned to all records from a particular physician, nurse
practitioner, physician assistant, or nurse midwife.
600035-621446

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
236	3	481-483	[PATCODE] PATIENT CODE - A number assigned to identify each individual record from a particular physician, nurse practitioner, physician assistant, or nurse midwife. 1-61

237   2   484-485   [SPECR] PHYSICIAN SPECIALTY/NON-PHYSICIAN CLINICIAN RECODE

This is a 14-group specialty variable consistent with the SPECR variable in previous NAMCS surveys when similar groups were sampled. Because of the nature of CHCs, not all of the 14 groups appear in the data. Type of non-physician clinician is also included.

01 = General and family practice   13 = Ophthalmology
03 = Internal medicine   15 = All other
04 = Pediatrics   96 = Nurse practitioner
05 = General surgery   97 = Physician assistant
06 = Obstetrics and gynecology   98 = Nurse midwife
11 =Psychiatry

(Note: Some CHC physicians identified themselves as doctors of osteopathy. For SPECR, doctors of osteopathy (formerly stratum 02 in NAMCS) have been aggregated with doctors of medicine according to their self-designated practice specialty, and therefore are not differentiated in the variable range. To isolate doctors of osteopathy from medical doctors using the Physician Specialty Recode variable, it is necessary to crosstabulate it with Type of Doctor located in position 487.

238   1   486   [SPECCAT] PHYSICIAN SPECIALTY/NON-PHYSICIAN CLINICIAN RECODE GROUP
(Recoded from internal data using categories referred to on on page 107.)

1 = Primary care specialty
2 = Surgical care specialty
3 = Medical care specialty
4 = Non-physician clinician

239   1   487   [MDDO] TYPE OF DOCTOR
1 = M.D. - Doctor of Medicine
2 = D.O. - Doctor of Osteopathy
3 = Non-physician clinician

240   1   488   [RETYPOFFR] TYPE OF OFFICE SETTING FOR THIS VISIT
This is a variable used in the 2013 NAMCS Public Use Data File, but that file has no values of 3 because no CHC visits are included. In contrast, the 2013 NAMCS CHC file only contains CHC visits. Therefore, only one category is applicable to this file and can serve as a marker for CHC data when combining data for both files.

3 = Community Health Center

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

241   2   489-490   [SOLO] DO YOU HAVE A SOLO PRACTICE, OR ARE YOU ASSOCIATED WITH OTHER PHYSICIANS IN A PARTNERSHIP, A GROUP PRACTICE, OR SOME OTHER WAY AT THIS VISIT LOCATION?
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
1 = Solo
2 = Non-solo

242   2   491-492   [EMPSTAT] ARE YOU A FULL OR PART OWNER, EMPLOYEE, OR INDEPENDENT CONTRACTOR AT THIS VISIT LOCATION?

NOTE: In the 2011 NAMCS, only 3 categories were used (Owner, Employee, Contractor). For 2012 NAMCS, 'Owner' was split into Full Owner and Part Owner (categories 1 and 2). These categories were not applicable to the CHC data and are not included below.

-9 = Blank
-8 = Unknown
-6 = Refused to answer question
3 = Employee
4 = Contractor

243   2   493-494   [OWNSR_CHC] WHO OWNS THE PRACTICE AT THIS VISIT LOCATION? (Recoded)

This variable is similar to the OWNS variable in the 2012 NAMCS Public Use File. Data users should note the difference in categories.

-9 = Blank
-8 = Unknown
-6 = Refused to answer question
1 = Community Health Center
2 = Other

244   2   495-496   [PATEVEN] DO YOU SEE PATIENTS IN THE OFFICE DURING THE EVENING OR ON WEEKENDS?
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
1 = Yes
2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DURING LAST NORMAL WEEK OF PRACTICE, DID YOU MAKE ENCOUNTERS OF THE FOLLOWING TYPES WITH PATIENTS:

245   2   497-498   [NHVISR] NURSING HOME VISITS
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
0 = No
1 = Yes

246   2   499-500   [HOMVISR] OTHER HOME VISITS
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
0 = No
1 = Yes

247   2   501-502   [HOSVISR] HOSPITAL VISITS
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
0 = No
1 = Yes

248   2   503-504   [TELCONR] TELEPHONE CONSULTS
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
0 = No
1 = Yes

249   2   505-506   [ECONR] INTERNET/EMAIL CONSULTS
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
0 = No
1 = Yes

250   2   507-508   [EBILLANY] DOES YOUR PRACTICE SUBMIT ANY CLAIMS ELECTRONICALLY (ELECTRONIC BILLING)?
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
1 = Yes
2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

251 2   509-510 [EMEDREC] DOES YOUR PRACTICE USE AN ELECTRONIC HEALTH RECORD (EHR) OR ELECTRONIC MEDICAL RECORD (EMR) SYSTEM? Do not include billing records systems.
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, all electronic
2 = Yes, part paper and part electronic
3 = No

252 2   511-512 [HHSMU] DOES YOUR CURRENT SYSTEM MEET MEANINGFUL USE CRITERIA AS DEFINED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes
2 = No

253 2   513-514 [EMRINS] AT YOUR PRACTICE, ARE THERE PLANS FOR INSTALLING A NEW EMR SYSTEM OR REPLACING THE CURRENT SYSTEM WITHIN THE NEXT 18 MONTHS?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1=Yes
2=No
3=Maybe

254 2   515-516 [MUINC] MEDICARE AND MEDICAID OFFER INCENTIVES TO PRACTICES THAT DEMONSTRATE, MEANINGFUL USE OF HEALTH IT. AT YOUR PRACTICE, ARE THERE PLANS TO APPLY FOR THESE INCENTIVE PAYMENTS?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1=Yes, we already applied
2=Yes, we intend to apply
3=Uncertain if we will apply
4=No, we will not apply

255 2   517-518 [MUYEAR] WHEN DID YOU FIRST APPLY OR WHEN DO YOU FIRST INTEND TO APPLY? [for meaningful use payments]
-9 = Blank
-8 = Unknown
-7 = Not applicable
1=2011
2=2012
3=2013
4=2014 or later

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

IMPORTANT NOTE: Questions on features of a practice's computerized capabilities have changed over the years. In the following section (items 256-303), items with an "R" suffix have been recoded in each year since 2010 to be consistent with the format used in the 2009 Physician Induction Interview, to make trending easier. Items without the "R" suffix reflect the current format. New items appear in both formats as well.

PLEASE INDICATE WHETHER YOUR PRACTICE HAS EACH OF THE FOLLOWING COMPUTERIZED CAPABILITIES AND HOW OFTEN THESE CAPABILITIES ARE USED:
(APPLIES TO ITEMS 256-303)

256   2   519-520   [EDEMOG] RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

257   2   521-522   [EDEMOGR] RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION (recoded for trending)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

258   2   523-524   [EPROLST] IF YES TO RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION, DOES THIS INCLUDE A PATIENT PROBLEM LIST
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
259	2	525-526	[EPROLSTR] IF YES TO RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION, DOES THIS INCLUDE A PATIENT PROBLEM LIST (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
260	2	527-528	[EVITAL] RECORDING AND CHARTING VITAL SIGNS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
261	2	529-530	[EVITALR] RECORDING AND CHARTING VITAL SIGNS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
262	2	531-532	[ESMOKE] RECORDING PATIENT SMOKING STATUS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
263	2	533-534	[ESMOKER] RECORDING PATIENT SMOKING STATUS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

264   2   535-536   [EPNOTES] RECORDING CLINICAL NOTES
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

265   2   537-538   [EPNOTESR] RECORDING CLINICAL NOTES (recoded for trending)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

266   2   539-540   [EMEDALG] IF YES TO RECORDING CLINICAL NOTES, DO THE NOTES INCLUDE A LIST OF PATIENT'S MEDICATIONS AND ALLERGIES?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

267   2   541-542   [EMEDALGR] IF YES TO RECORDING CLINICAL NOTES, DO THE NOTES INCLUDE A LIST OF PATIENT'S MEDICATIONS AND ALLERGIES? (recoded for trending)
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

268   2   543-544   [EMEDID] RECONCILING LISTS OF PATIENTS' MEDICATIONS TO IDENTIFY THE MOST ACCURATE LIST
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

269   2   545-546   **[EMEDIDR] RECONCILING LISTS OF PATIENTS' MEDICATIONS TO IDENTIFY THE MOST ACCURATE LIST** (recoded for trending)
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

272   2   547-548   **[ECPOE] ORDERING PRESCRIPTIONS**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

273   2   549-550   **[ECPOER] ORDERING PRESCRIPTIONS** (recoded for trending)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

272   2   551-552   **[ESCRIP] IF YES TO ORDERING PRESCRIPTIONS, ARE PRESCRIPTIONS SENT ELECTRONICALLY TO THE PHARMACY?**
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

273   2   553-554   **[ESCRIPR] IF YES TO ORDERING PRESCRIPTIONS, ARE PRESCRIPTIONS SENT ELECTRONICALLY TO THE PHARMACY?**
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
274	2	555-556	[EWARN] IF YES TO ORDERING PRESCRIPTIONS, ARE WARNINGS OF DRUG INTERACTIONS OR CONTRAINDICATIONS PROVIDED? -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
275	2	557-558	[EWARNR] IF YES TO ORDERING PRESCRIPTIONS, ARE WARNINGS OF DRUG INTERACTIONS OR CONTRAINDICATIONS PROVIDED? (recoded for trending) -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1= Yes 2= No 4= Turned off
276	2	559-560	[EREMIND] REMINDERS FOR GUIDELINE-BASED INTERVENTIONS AND/OR SCREENING TESTS -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
277	2	561-562	[EREMINDR] REMINDERS FOR GUIDELINE-BASED INTERVENTIONS AND/OR SCREENING TESTS (recoded for trending) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

278   2   563-564   [ECTOE] ORDERING LAB TESTS
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

279   2   565-566   [ECTOER] ORDERING LAB TESTS (recoded for trending)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

280   2   567-568   [EORDER] IF YES TO ORDERING LAB TESTS, ARE ORDERS SENT ELECTRONICALLY?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

281   2   569-570   [EORDERR] IF YES TO ORDERING LAB TESTS, ARE ORDERS SENG ELECTRONICALLY? (recoded for trending)
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

282   2   571-572   [ERESULT] VIEWING LAB RESULTS
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

283   2   573-574   [ERESULTR] VIEWING LAB RESULTS (recoded for trending)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

284   2   575-576   [EGRAPH] IF YES TO VIEWING LAB RESULTS, CAN THE EHR/EMR AUTOMATICALLY GRAPH A SPECIFIC PATIENT'S LAB RESULTS OVER TIME?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

285   2   577-578   [EGRAPHR] IF YES TO VIEWING LAB RESULTS, CAN THE EHR/EMR AUTOMATICALLY GRAPH A SPECIFIC PATIENT'S LAB RESULTS OVER TIME? (recoded)
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

286   2   579-580   [EIMGRES] VIEWING IMAGING RESULTS
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

287   2   581-582   [EIMGRESR] VIEWING IMAGING RESULTS (recoded for trending)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

288   2   583-584   **[EPTEDU] IDENTIFYING EDUCATIONAL RESOURCES FOR PATIENTS' SPECIFIC CONDITIONS**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

289   2   585-586   **[EPTEDUR] IDENTIFYING EDUCATIONAL RESOURCES FOR PATIENTS' SPECIFIC CONDITIONS (recoded for trending)**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

290   2   587-588   **[ECQM] REPORTING CLINICAL QUALITY MEASURES TO FEDERAL OR STATE AGENCIES (SUCH AS CMS OR MEDICAID)**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

291   2   589-590   **[ECQMR] REPORTING CLINICAL QUALITY MEASURES TO FEDERAL OR STATE AGENCIES (SUCH AS CMS OR MEDICAID) (recoded)**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

292   2   591-592   **[EGENLIST] GENERATING LISTS OF PATIENTS WITH PARTICULAR HEALTH CONDITIONS**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
293	2	593-594	[EGENLISTR] GENERATING LISTS OF PATIENTS WITH PARTICULAR HEALTH CONDITIONS (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
294	2	595-596	[EIMMREG] ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
295	2	597-598	[EIMMREGR] ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off
296	2	599-600	[ESUM] PROVIDING PATIENTS WITH CLINICAL SUMMARIES FOR EACH VISIT -9 = Blank -8 = Don't know -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but NOT used routinely 3 = Yes, but turned off or not used 4 = No
297	2	601-602	[ESUMR] PROVIDING PATIENTS WITH CLINICAL SUMMARIES FOR EACH VISIT (recoded) -9 = Blank -8 = Don't know -6 = Refused to answer question 1= Yes 2= No 4= Turned off

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

298   2   603-604   **[EMSG] EXCHANGING SECURE MESSAGES WITH PATIENTS**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

299   2   605-606   **[EMSGR] EXCHANGING SECURE MESSAGES WITH PATIENTS** (recoded)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

300   2   607-608   **[EHLTHINFO] PROVIDING PATIENTS WITH AN ELECTRONIC COPY OF THEIR HEALTH INFORMATION**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

301   2   609-610   **[EHLTHINFOR] PROVIDING PATIENTS WITH AN ELECTRONIC COPY OF THEIR HEALTH INFORMATION** (recoded)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

302   2   611-612   **[EPTREC] PROVIDING PATIENTS THE ABILITY TO VIEW ONLINE, DOWNLOAD, OR TRANSMIT INFORMATION FROM THEIR MEDICAL RECORD**
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes, used routinely
2 = Yes, but NOT used routinely
3 = Yes, but turned off or not used
4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

303   2   613-614   [EPTRECR] PROVIDING PATIENTS THE ABILITY TO VIEW ONLINE, DOWNLOAD, OR TRANSMIT INFORMATION FROM THEIR MEDICAL RECORD (recoded)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No
4= Turned off

304   2   615-616   [ESHARE] DO YOU SHARE ANY PATIENT HEALTH INFORMATION ELECTRONICALLY (NOT FAX) WITH OTHER PROVIDERS, INCLUDING HOSPITALS, AMBULATORY PROVIDERS, OR ELECTRONICALLY (NOT FAX) LABS?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1= Yes
2= No

HOW DO YOU ELECTRONICALLY SHARE PATIENT HEALTH INFORMATION?

305   2   617-618   [ESHAREEHR] EHR/EMR
306   2   619-620   [ESHAREWEB] Web portal (separate from EHR/EMR)
307   2   621-622   [ESHAREOTH] Other electronic method
308   2   623-624   [ESHAREUNK] Unknown
309   2   625-626   [ESHAREREF] Refused to answer question

-9 = Entire item (36.b on Physician Induction Interview) blank
-7 = Not applicable
0 = Box is not marked
1= Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DO YOU SHARE LAB RESULTS ELECTRONICALLY (NOT FAX) WITH:

310	2	627-628	[LABRES1] HOSPITALS WITH WHICH YOU ARE AFFILIATED?
311	2	629-630	[LABRES2] AMBULATORY PROVIDERS INSIDE YOUR OFFICE/GROUP?
312	2	631-632	[LABRES3] HOSPITALS WITH WHICH YOU ARE NOT AFFILIATED?
313	2	633-634	[LABRES4] AMBULATORY PROVIDERS OUTSIDE YOUR OFFICE/GROUP?
314	2	635-636	[LABRESUNK] UNKNOWN
315	2	637-638	[LABRESREF] REFUSED TO ANSWER QUESTION

-9 = Entire item (37.a on Physician Induction Interview) blank
-7 = Not applicable
0 = Box is not marked
1= Box is marked

DO YOU SHARE IMAGING REPORTS ELECTRONICALLY (NOT FAX) WITH:

316	2	639-640	[IMAGREP1] HOSPITALS WITH WHICH YOU ARE AFFILIATED?
317	2	641-642	[IMAGREP2] AMBULATORY PROVIDERS INSIDE YOUR OFFICE/GROUP?
318	2	643-644	[IMAGREP3] HOSPITALS WITH WHICH YOU ARE NOT AFFILIATED?
319	2	645-646	[IMAGREP4] AMBULATORY PROVIDERS OUTSIDE YOUR OFFICE/GROUP?
320	2	647-648	[IMAGREPUNK] UNKNOWN
321	2	649-650	[IMAGREPREF] REFUSED TO ANSWER QUESTION

-9 = Entire item (37.b on Physician Induction Interview) blank
-7 = Not applicable
0 = Box is not marked
1= Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DO YOU SHARE PATIENT PROBLEM LISTS ELECTRONICALLY (NOT FAX) WITH:

322	2	651-652	[PTPROB1] HOSPITALS WITH WHICH YOU ARE AFFILIATED?
323	2	653-654	[PTPROB2] AMBULATORY PROVIDERS INSIDE YOUR OFFICE/GROUP?
324	2	655-656	[PTPROB3] HOSPITALS WITH WHICH YOU ARE NOT AFFILIATED?
325	2	657-658	[PTPROB4] AMBULATORY PROVIDERS OUTSIDE YOUR OFFICE/GROUP?
326	2	659-660	[PTPROBUNK] UNKNOWN
327	2	661-662	[PTPROBREF] REFUSED TO ANSWER QUESTION

-9 = Entire item (37.c on Physician Induction Interview) blank
-7 = Not applicable
0 = Box is not marked
1= Box is marked

DO YOU SHARE MEDICATIONS LISTS ELECTRONICALLY (NOT FAX) WITH:

328	2	663-664	[MEDLIST1] HOSPITALS WITH WHICH YOU ARE AFFILIATED?
329	2	665-666	[MEDLIST2] AMBULATORY PROVIDERS INSIDE YOUR OFFICE/GROUP?
330	2	667-668	[MEDLIST3] HOSPITALS WITH WHICH YOU ARE NOT AFFILIATED?
331	2	669-670	[MEDLIST4] AMBULATORY PROVIDERS OUTSIDE YOUR OFFICE/GROUP?
332	2	671-672	[MEDLISTUNK] UNKNOWN
333	2	673-674	[MEDLISTREF] REFUSED TO ANSWER QUESTION

-9 = Entire item (37.d on Physician Induction Interview) blank
-7 = Not applicable
0 = Box is not marked
1= Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DO YOU SHARE MEDICATION ALLERGY LISTS ELECTRONICALLY (NOT FAX) WITH:

334	2	675-676	[ALGLIST1] HOSPITALS WITH WHICH YOU ARE AFFILIATED?
335	2	677-678	[ALGLIST2] AMBULATORY PROVIDERS INSIDE YOUR OFFICE/GROUP?
336	2	679-680	[ALGLIST3] HOSPITALS WITH WHICH YOU ARE NOT AFFILIATED?
337	2	681-682	[ALGLIST4] AMBULATORY PROVIDERS OUTSIDE YOUR OFFICE/GROUP?
338	2	683-684	[ALGLISTUNK] UNKNOWN
339	2	685-686	[ALGLISTREF] REFUSED TO ANSWER QUESTION

-9 = Entire item (37.e on Physician Induction Interview) blank
-7 = Not applicable
0 = Box is not marked
1= Box is marked

| 340 | 2 | 687-688 | [SUMREC] DO YOU SHARE ANY OF THE PREVIOUSLY MENTIONED TYPES OF INFORMATION USING A SUMMARY CARE RECORD? (A Summary Record is an electronic file that contains the previously mentioned health data in a standardized format.) |

-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1= Yes
2= No

| 341 | 2 | 689-690 | [REFOUT] DO YOU REFER ANY OF YOUR PATIENTS TO A PROVIDER OUTSIDE OF YOUR OFFICE OR GROUP? |

-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes
2 = No

| 343 | 2 | 691-692 | [REFOUTR] IF YES TO "DO YOU REFER ANY OF YOUR PATIENTS TO A PROVIDER OUTSIDE OF YOUR OFFICE OR GROUP?", DO YOU RECEIVE A REPORT BACK FROM THE OTHER PROVIDER WITH RESULTS OF THE CONSULTATION? |

-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, routinely
2 = Yes, but NOT routinely
3 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

343   2   693-694   [REFOUTE] IF YES TO "DO YOU RECEIVE A REPORT BACK FROM THE OTHER PROVIDER WITH RESULTS OF THE CONSULTATION?", DO YOU RECEIVE IT ELECTRONICALLY (NOT FAX)?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, routinely
2 = Yes, but NOT routinely
3 = No

344   2   695-696   [REFIN] DO YOU SEE PATIENTS REFERRED TO YOU BY PROVIDERS OUTSIDE OF YOUR OFFICE OR GROUP?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes
2 = No

345   2   697-698   [REFINR] IF YES TO "DO YOU SEE PATIENTS REFERRED TO YOU BY PROVIDERS OUTSIDE OF YOUR OFFICE OR GROUP?", DO YOU RECEIVE NOTIFICATION OF BOTH THE PATIENT'S HISTORY AND REASON FOR CONSULTATION?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, routinely
2 = Yes, but NOT routinely
3 = No

346   2   699-700   [REFINE] IF YES TO "DO YOU RECEIVE NOTIFICATION OF BOTH THE PATIENT'S HISTORY AND REASON FOR CONSULTATION?", DO YOU RECEIVE NOTIFICATION OF BOTH THE PATIENT'S HISTORY AND REASON FOR CONSULTATION ELECTRONICALLY (NOT FAX)?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, routinely
2 = Yes, but NOT routinely
3 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

347   2   701-702   [INPTCARE] DO YOU TAKE CARE OF PATIENTS AFTER THEY ARE DISCHARGED FROM AN INPATIENT SETTING?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes
2 = No

348   2   703-704   [INPTCARER] IF YES TO "DO YOU TAKE CARE OF PATIENTS AFTER THEY ARE DISCHARGED FROM AN INPATIENT SETTING?", DO YOU RECEIVE ALL THE INFORMATION YOU NEED TO CONTINUE MANAGING THE PATIENT?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, routinely
2 = Yes, but not routinely
3 = No

349   2   705-706   [INPTCARET] IF YES TO "DO YOU RECEIVE ALL THE INFORMATION YOU NEED TO CONTINUE MANAGING THE PATIENT?", IS THE INFORMATION AVAILABLE WHEN NEEDED?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, routinely
2 = Yes, but not routinely
3 = No

350   2   707-708   [INPTCAREE] IF YES TO "IS THE INFORMATION AVAILABLE WHEN NEEDED?", DO YOU RECEIVE IT ELECTRONICALLY (NOT FAX)?
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes, routinely
2 = Yes, but not routinely
3 = No

351   2   709-710   [PRMCARER] Roughly, what percent of your patient care revenue comes from Medicare?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

352   2   711-712   [PRMAIDR] Roughly, what percent of your patient care revenue comes from Medicaid?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

353   2   713-714   [PRPRVTR] Roughly, what percent of your patient care revenue comes from private insurance?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

354   2   715-716   [PRPATR] Roughly, what percent of your patient care revenue comes from patient payments?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

355   2   717-718   [PROTHR] Roughly, what percent of your patient care revenue comes from other sources? (including charity, research, Champus, VA, etc.)
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

356 2 719-720 [PRMANR] Roughly, what percentage of the patient care revenue received by this practice comes from (these) managed care contracts?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

357 2 721-722 [REVFFSR] Roughly, what percent of your patient care revenue comes from usual, customary, and reasonable fee-for-service?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

358 2 723-724 [REVCAPR] Roughly, what percent of your patient care revenue comes from capitation?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

359 2 725-726 [REVCASER] Roughly, what percent of your patient care revenue comes from case rates (e.g. package pricing/episode of care)?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

360 2 727-728 [REVOTHR] Roughly, what percent of your patient care revenue comes from other sources?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Less than or equal to 25 percent
2 = 26-50 percent
3 = 51-75 percent
4 = More than 75 percent

361 2 729-730 [ACEPTNEW] Are you currently accepting "new" patients into your practice?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Yes
2 = No

362 2 731-732 [CAPITATE] From those "new" patients, which of the following types of payment do you accept? - Capitated private insurance
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes
2 = No

363 2 733-734 [NOCAP] From those "new" patients, which of the following types of payment do you accept? – Non-capitated private insurance
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Yes
2 = No

364 2 735-736 [PRIVATE] (Derived from responses to CAPITATE and NOCAP) From those "new" patients, which of the following types of payment do you accept? – Private insurance (capitated or non-capitated)
-9 = Blank
-8 = Don't know
-7 = Not applicable
-6 = Refused to answer question
1 = Private insurance
2 = No private insurance

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
365	2	737-738	[NMEDCARE] From those "new" patients, which of the following types of payment do you accept? – Medicare -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
366	2	739-740	[NMEDCAID] From those "new" patients, which of the following types of payment do you accept? – Medicaid -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
367	2	741-742	[NWORKCMP] From those "new" patients, which of the following types of payment do you accept? – Workers compensation -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
368	2	743-744	[NSELFPAY] From those "new" patients, which of the following types of payment do you accept? – Self-pay -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No
369	2	745-746	[NNOCHRGE] From those "new" patients, which of the following types of payment do you accept? – No charge -9 = Blank -8 = Don't know -7 = Not applicable -6 = Refused to answer question 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

370   2   747-748   [PHYSCOMP] WHICH OF THE FOLLOWING METHODS BEST DESCRIBES YOUR BASIC COMPENSATION?
-9 = Blank
-8 = Don't know
-6 = Refused to answer question
1 = Fixed salary
2 = Share of practice billings or workload
3 = Mix of salary and share of billings or other measures of performance(e.g., your own billings, practice financial performance, quality measures, practice profiling)
4 = Shift, hourly or other time-based payment
5 = Other

CLINICAL PRACTICES MAY TAKE VARIOUS FACTORS INTO ACCOUNT WHEN DETERMINING THE COMPENSATION (SALARY, BONUS, PAY RATE, ETC.) PAID TO THE PHYSICIANS IN THE PRACTICE. PLEASE INDICATE WHETHER THE PRACTICE EXPLICITLY CONSIDERS EACH OF THE FOLLOWING FACTORS IN DETERMINING YOUR COMPENSATION:

371   2   749-750   [COMPPROD] FACTORS THAT REFLECT YOUR OWN PRODUCTIVITY
-9 = Entire item 46 on Physician Induction Interview blank
0 = Box is not marked
1 = Box is marked

372   2   751-752   [COMPSAT] RESULTS OF SATISFACTION SURVEYS FROM YOUR OWN PATIENTS
-9 = Entire item 46 on Physician Induction Interview blank
0 = Box is not marked
1 = Box is marked

373   2   753-754   [COMPQUAL] SPECIFIC MEASURES OF QUALITY, SUCH AS RATES OF PREVENTIVE SERVICES FOR YOUR PATIENTS
-9 = Entire item 46 on Physician Induction Interview blank
0 = Box is not marked
1 = Box is marked

374   2   755-756   [COMPDROF] RESULTS OF PRACTICE PROFILING, THAT IS, COMPARING YOUR PATTERN OF USING MEDICAL RESOURCES WITH THAT OF OTHER PHYSICIANS
-9 = Entire item 46 on Physician Induction Interview blank
0 = Box is not marked
1 = Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

375   2   757-758   **[COMPFIN] THE OVERALL FINANCIAL PERFORMANCE OF THE PRACTICE**
-9 = Entire item 46 on Physician Induction Interview blank
0 = Box is not marked
1 = Box is marked

376   2   759-760   **[COMPUNK] UNKNOWN**
-9 = Entire item 46 on Physician Induction Interview blank
0 = Box is not marked
1 = Box is marked

377   2   761-762   **[COMPREF] REFUSED TO ANSWER**
-9 = Entire item 46 on Physician Induction Interview blank
0 = Box is not marked
1 = Box is marked

378   3   763-765   **[SDAPPT]** Roughly, what percent of your daily visits are same day appointments?
-9 = Blank
-6 = Refused to answer question
0-100

379   2   766-767   **[SASDAPPT]** Does your practice set time aside for same day appointments?
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
1 = Yes
2 = No

380   2   768-769   **[APPTTIME]** On average, about how long does it take to get an appointment for a routine medical exam?
-9 = Blank
-8 = Unknown
-6 = Refused to answer question
1 = Within 1 week
2 = 1-2 weeks
3 = 3-4 weeks
4 = 1-2 months
5 = 3 or more months
6 = Do not provide routine exams

381   1   770   **[REGIONOFF] GEOGRAPHIC REGION**
(Based on location where majority of visit records were sampled)
1= Northeast
2= Midwest
3= South
4= West

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

382   1   771

[DIVISIONOFF] CENSUS CIVIL DIVISION
(Based on location where majority of visit records were sampled)
1 = New England (Northeast Region)
2 = Middle Atlantic (Northeast Region)
3 = East North Central (Midwest Region)
4 = West North Central (Midwest Region)
5 = South Atlantic (South Region)
6 = East South Central (South Region)
7 = West South Central (South Region)
8 = Mountain (West Region)
9 = Pacific (West Region)

383   2   772-773

[FIPSSTOFF] STATE/DIVISION REMAINDER
(Based on location where majority of visit records were sampled)

NOTE: The 22 most populous states were targeted for sampling. The remaining states were grouped within their Census division and sampled as 'division remainders.' Records in division remainders should only be weighted using the PATWT variable; records in targeted states should only be weighted using the PATWTST variable.
04=Arizona
06=California
08=Colorado
12=Florida
13=Georgia
17=Illinois
18=Indiana
24=Maryland
25=Massachusetts
26=Michigan
27=Minnesota
29=Missouri
34=New Jersey
36=New York
37=North Carolina
39=Ohio
42=Pennsylvania
47=Tennessee
48=Texas
51=Virginia
53=Washington
55=Wisconsin
91=New England Division Remainder
92=West North Central Division Remainder
93=South Atlantic Division Remainder
94=Mountain Division Remainder
95=Pacific Division Remainder
96=East South Central Division Remainder
97=West South Central Division Remainder

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
384	1	774	[MSA] METROPOLITAN/NON-METROPOLITAN STATUS (Based on physician location in conjunction with the definition of the Bureau of the Census and the U.S. Office of Management and Budget.)

1 = MSA (Metropolitan Statistical Area)
2 = Not MSA (includes micropolitan statistical areas)

ITEM   FIELD   FILE
NO.   LENGTH   LOCATION   [ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #1

NOTE: Starting with the 2006 data release, all drug codes based on entry name (using NCHS' standard classification system) were also assigned a unique generic drug code from Multum's Lexicon Drug Database, where possible. The structure of the Multum database is such that multiple ingredient drugs are assigned a single generic drug code encompassing all of a drug's ingredients rather than being assigned generic drug codes for each ingredient, as in past years of NAMCS drug data. All Multum codes start with the letter "d" but there were some drugs reported in NAMCS that could not be assigned a code in Multum. For 2006 and 2007, these received a prefix of either "a" (when ingredients could be determined) or "c" (when ingredients could not be determined). Beginning with 2008, the use of "a" and "c" codes was replaced with "n" codes. For more on the structure of the drug data (including information on therapeutic class and drug ingredients), please see page 119.

385   6   775-780   [DRUGID1] DRUG ID

                                   a07001-a92507 = NCHS code (for drugs not found in Multum
                                   but for which ingredients could be determined, for drugs added
                                   to the database for survey years 2006 and 2007)

                                   c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
                                   Multum and with undetermined ingredients)

                                   c00899 – Undetermined pharmaceutical aid

                                   d00001-d08524 = Multum code

                                   n00000-n13006 = NCHS code (for drugs not found in Multum
                                   that were added to the database beginning with survey year 2008)

386   1   781   [PRESCR1] PRESCRIPTION STATUS CODE
                                   1 = Prescription Drug   4 = Illicit [not used in NAMCS]
                                   2 = Nonprescription Drug   5 = Both Prescription and Over-the-
                                   3 = Undetermined   Counter

387   1   782   [CONTSUB1] CONTROLLED SUBSTANCE STATUS CODE
                                   1 = Schedule I (Research Only)
                                   2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
                                   3 = Schedule III   6 = No Control
                                   4 = Schedule IV   7 = Undetermined

388   1   783   [COMSTAT1] COMPOSITION STATUS CODE
                                   1 = Single Entity Drug
                                   2 = Combination Drug
                                   3 = Undetermined

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
389	3	784-786	[RX1CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

        "   " = Blank/Not applicable
        001 - 899 = Drug category

390	3	787-789	[RX1CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
391	3	790-792	[RX1CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.
392	3	793-795	[RX1CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

393	3	796-798	[RX1V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
394	3	799-801	[RX1V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
395	3	802-804	[RX1V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
396	3	805-807	[RX1V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
397	3	808-810	[RX1V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
398	3	811-813	[RX1V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
399	3	814-816	[RX1V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
400	3	817-819	[RX1V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
401	3	820-822	[RX1V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
402	3	823-825	[RX1V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
403	3	826-828	[RX1V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
404	3	829-831	[RX1V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #2

405   6   832-837   [DRUGID2] DRUG ID (See p. 119 for more information.)

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

406   1   838   [PRESCR2] PRESCRIPTION STATUS CODE
1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

407   1   839   [CONTSUB2] CONTROLLED SUBSTANCE STATUS CODE
1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

408   1   840   [COMSTAT2] COMPOSITION STATUS CODE
1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

409   3   841-843   [RX2CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

" " = Blank/Not applicable
001 - 899 = Drug category

410   3   844-846   [RX2CAT2] MULTUM DRUG CATEGORY # 2
See RX1CAT1.

411   3   847-849   [RX2CAT3] MULTUM DRUG CATEGORY # 3
See RX1CAT1.

412   3   850-852   [RX2CAT4] MULTUM DRUG CATEGORY # 4
See RX1CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

413	3	853-855	[RX2V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
414	3	856-858	[RX2V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
415	3	859-861	[RX2V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
416	3	862-864	[RX2V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
417	3	865-867	[RX2V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
418	3	868-870	[RX2V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
419	3	871-873	[RX2V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
420	3	874-876	[RX2V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
421	3	877-879	[RX2V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
422	3	880-882	[RX2V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
423	3	883-885	[RX2V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
424	3	886-888	[RX2V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #3

| 425 | 6 | 889-894 | [DRUGID3] DRUG ID (See p. 119 for more information.) |

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

| 426 | 1 | 895 | [PRESCR3] PRESCRIPTION STATUS CODE |

1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

| 427 | 1 | 896 | [CONTSUB3] CONTROLLED SUBSTANCE STATUS CODE |

1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

| 428 | 1 | 897 | [COMSTAT3] COMPOSITION STATUS CODE |

1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

| 429 | 3 | 898-900 | [RX3CAT1] MULTUM DRUG CATEGORY # 1 |

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

| 430 | 3 | 901-903 | [RX3CAT2] MULTUM DRUG CATEGORY # 2 |

See RX1CAT1.

| 431 | 3 | 904-906 | [RX3CAT3] MULTUM DRUG CATEGORY # 3 |

See RX1CAT1.

| 432 | 3 | 907-909 | [RX3CAT4] MULTUM DRUG CATEGORY # 4 |

See RX1CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

433	3	910-912	[RX3V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
434	3	913-915	[RX3V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
435	3	916-918	[RX3V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
436	3	919-921	[RX3V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
437	3	922-924	[RX3V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
438	3	925-927	[RX3V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
439	3	928-930	[RX3V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
440	3	931-933	[RX3V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
441	3	934-936	[RX3V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
442	3	937-939	[RX3V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
443	3	940-942	[RX3V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
444	3	943-945	[RX3V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #4

445   6   946-951   [DRUGID4] DRUG ID (See p. 119 for more information.)

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

446   1   952   [PRESCR4] PRESCRIPTION STATUS CODE
1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

447   1   953   [CONTSUB4] CONTROLLED SUBSTANCE STATUS CODE
1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

448   1   954   [COMSTAT4] COMPOSITION STATUS CODE
1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

449   3   955-957   [RX4CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

450   3   958-960   [RX4CAT2] MULTUM DRUG CATEGORY # 2
See RX1CAT1.

451   3   961-963   [RX4CAT3] MULTUM DRUG CATEGORY # 3
See RX1CAT1.

452   3   964-966   [RX4CAT4] MULTUM DRUG CATEGORY # 4
See RX1CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

453	3	967-969	[RX4V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
454	3	970-972	[RX4V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
455	3	973-975	[RX4V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
456	3	976-978	[RX4V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
457	3	979-981	[RX4V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
458	3	982-984	[RX4V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
459	3	985-987	[RX4V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
460	3	988-990	[RX4V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
461	3	991-993	[RX4V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
462	3	994-996	[RX4V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
463	3	997-999	[RX4V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
464	3	1000-1002	[RX4V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #5

465   6   1003-1008   [DRUGID5] DRUG ID (See p. 119 for more information.)

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

466   1   1009   [PRESCR5] PRESCRIPTION STATUS CODE
1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

467   1   1010   [CONTSUB5] CONTROLLED SUBSTANCE STATUS CODE
1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

468   1   1011   [COMSTAT5] COMPOSITION STATUS CODE
1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

469   3   1012-1014   [RX5CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

470   3   1015-1017   [RX5CAT2] MULTUM DRUG CATEGORY # 2
See RX1CAT1.

471   3   1018-1020   [RX5CAT3] MULTUM DRUG CATEGORY # 3
See RX1CAT1.

472   3   1021-1023   [RX5CAT4] MULTUM DRUG CATEGORY # 4
See RX1CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

473	3	1024-1026	[RX5V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
474	3	1027-1029	[RX5V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
475	3	1030-1032	[RX5V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
476	3	1033-1035	[RX5V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
477	3	1036-1038	[RX5V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
478	3	1039-1041	[RX5V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
479	3	1042-1044	[RX5V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
480	3	1045-1047	[RX5V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
481	3	1048-1050	[RX5V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
482	3	1051-1053	[RX5V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
483	3	1054-1056	[RX5V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
484	3	1057-1059	[RX5V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #6

| 485 | 6 | 1060-1065 | [DRUGID6] DRUG ID (See p. 119 for more information.) |

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

| 486 | 1 | 1066 | [PRESCR6] PRESCRIPTION STATUS CODE |

1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

| 487 | 1 | 1067 | [CONTSUB6] CONTROLLED SUBSTANCE STATUS CODE |

1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

| 488 | 1 | 1068 | [COMSTAT6] COMPOSITION STATUS CODE |

1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

| 489 | 3 | 1069-1071 | [RX6CAT1] MULTUM DRUG CATEGORY # 1 |

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

| 490 | 3 | 1072-1074 | [RX6CAT2] MULTUM DRUG CATEGORY # 2
See RX1CAT1. |

| 491 | 3 | 1075-1077 | [RX6CAT3] MULTUM DRUG CATEGORY # 3
See RX1CAT1. |

| 492 | 3 | 1078-1080 | [RX6CAT4] MULTUM DRUG CATEGORY # 4
See RX1CAT1. |

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

493	3	1081-1083	[RX6V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
494	3	1084-1086	[RX6V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
495	3	1088-1089	[RX6V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
496	3	1090-1092	[RX6V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
497	3	1093-1095	[RX6V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
498	3	1096-1098	[RX6V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
499	3	1099-1101	[RX6V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
500	3	1102-1104	[RX6V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
501	3	1105-1107	[RX6V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
502	3	1108-1110	[RX6V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
503	3	1111-1113	[RX6V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
504	3	1114-1116	[RX6V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #7

505   6   1117-1122   [DRUGID7] DRUG ID (See p. 119 for more information.)

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

506   1   1123   [PRESCR7] PRESCRIPTION STATUS CODE
1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

507   1   1124   [CONTSUB7] CONTROLLED SUBSTANCE STATUS CODE
1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

508   1   1125   [COMSTAT7] COMPOSITION STATUS CODE
1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

509   3   1126-1128   [RX7CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum
Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be
coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

510   3   1129-1131   [RX7CAT2] MULTUM DRUG CATEGORY # 2
See RX1CAT1.

511   3   1132-1134   [RX7CAT3] MULTUM DRUG CATEGORY # 3
See RX1CAT1.

512   3   1135-1137   [RX7CAT4] MULTUM DRUG CATEGORY # 4
See RX1CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

513	3	1138-1140	[RX7V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
514	3	1141-1143	[RX7V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
515	3	1144-1146	[RX7V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
516	3	1147-1149	[RX7V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
517	3	1150-1152	[RX7V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
518	3	1153-1155	[RX7V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
519	3	1156-1158	[RX7V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
520	3	1159-1161	[RX7V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
521	3	1162-1164	[RX7V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
522	3	1165-1167	[RX7V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
523	3	1168-1170	[RX7V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
524	3	1171-1173	[RX7V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #8

525   6   1174-1179   [DRUGID8] DRUG ID (See p. 119 for more information.)

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

526   1   1180   [PRESCR8] PRESCRIPTION STATUS CODE
1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

527   1   1181   [CONTSUB8] CONTROLLED SUBSTANCE STATUS CODE
1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

528   1   1182   [COMSTAT8] COMPOSITION STATUS CODE
1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

529   3   1183-1185   [RX8CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

532   3   1186-1188   [RX8CAT2] MULTUM DRUG CATEGORY # 2
See RX1CAT1.

533   3   1189-1191   [RX8CAT3] MULTUM DRUG CATEGORY # 3
See RX1CAT1.

534   3   1192-1194   [RX8CAT4] MULTUM DRUG CATEGORY # 4
See RX1CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

533	3	1195-1197	[RX8V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
534	3	1198-1201	[RX8V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
535	3	1202-1204	[RX8V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
536	3	1205-1207	[RX8V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
537	3	1208-1210	[RX8V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
538	3	1211-1213	[RX8V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
539	3	1214-1216	[RX8V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
540	3	1217-1219	[RX8V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
541	3	1220-1222	[RX8V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
542	3	1223-1225	[RX8V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
543	3	1226-1228	[RX8V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
544	3	1229-1231	[RX8V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #9

545   6   1232-1237   [DRUGID9] DRUG ID (See p. 119 for more information.)

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

546   1   1238   [PRESCR9] PRESCRIPTION STATUS CODE
1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

547   1   1239   [CONTSUB9] CONTROLLED SUBSTANCE STATUS CODE
1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

548   1   1240   [COMSTAT9] COMPOSITION STATUS CODE
1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

549   3   1241-1243   [RX9CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

550   3   1244-1246   [RX9CAT2] MULTUM DRUG CATEGORY # 2
See RX1CAT1.

551   3   1247-1249   [RX9CAT3] MULTUM DRUG CATEGORY # 3
See RX1CAT1.

552   3   1250-1252   [RX9CAT4] MULTUM DRUG CATEGORY # 4
See RX1CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

553	3	1253-1255	[RX9V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
554	3	1256-1258	[RX9V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
555	3	1259-1261	[RX9V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
556	3	1262-1264	[RX9V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
557	3	1265-1267	[RX9V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
558	3	1268-1270	[RX9V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
559	3	1271-1273	[RX9V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
560	3	1274-1276	[RX9V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
561	3	1277-1279	[RX9V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
562	3	1280-1282	[RX9V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
563	3	1283-1285	[RX9V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
564	3	1286-1288	[RX9V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #10

| 565 | 6 | 1289-1294 | [DRUGID10] DRUG ID (See p. 119 for more information.) |

a07001-a92507 = NCHS code (for drugs not found in Multum
but for which ingredients could be determined, for drugs added
to the database for survey years 2006 and 2007)
c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in
Multum and with undetermined ingredients)
c00899 – Undetermined pharmaceutical aid
d00001-d08524 = Multum code
n00000-n13006 = NCHS code (for drugs not found in Multum
that were added to the database beginning with survey year 2008)

| 5666 | 1 | 1295 | [PRESCR10] PRESCRIPTION STATUS CODE |

1 = Prescription Drug   4 = Illicit [not used in NAMCS]
2 = Nonprescription Drug   5 = Both Prescription and Over-the-
3 = Undetermined   Counter

| 567 | 1 | 1296 | [CONTSUB10] CONTROLLED SUBSTANCE STATUS CODE |

1 = Schedule I (Research Only)
2 = Schedule II   5 = Schedule V   8 = Multiple Schedules
3 = Schedule III   6 = No Control
4 = Schedule IV   7 = Undetermined

| 568 | 1 | 1297 | [COMSTAT10] COMPOSITION STATUS CODE |

1 = Single Entity Drug
2 = Combination Drug
3 = Undetermined

| 569 | 3 | 1298-1300 | [RX10CAT1] MULTUM DRUG CATEGORY # 1 |

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 119.

"   " = Blank/Not applicable
001 - 899 = Drug category

| 570 | 3 | 1301-1303 | [RX10CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1. |

| 571 | 3 | 1304-1306 | [RX10CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1. |

| 572 | 3 | 1307-1309 | [RX10CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1. |

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

DRUG CATEGORY LEVELS

See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

573	3	1310-1312	[RX10V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
574	3	1313-1315	[RX10V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
575	3	1316-1318	[RX10V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
576	3	1319-1321	[RX10V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
577	3	1322-1324	[RX10V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
578	3	1325-1327	[RX10V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
579	3	1328-1330	[RX10V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
580	3	1331-1333	[RX10V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
581	3	1334-1336	[RX10V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
582	3	1337-1339	[RX10V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
583	3	1340-1342	[RX10V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
584	3	1343-1345	[RX10V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

NAMCS SAMPLE DESIGN VARIABLES

NAMCS sampling design variables (in masked format) were first added to the 2000 public use file, and data years from 1993-1999 were re-released to include them. These variables were for use with statistical software such as SUDAAN that takes into account the complex sampling design of the survey. However, for those running versions of SAS, Stata, SPSS and other software that assumes a single stage of sampling, the multi-stage design variables provided on the public use files could not be used without modification. Therefore, in 2002, two new variables, CSTRATM and CPSUM, were developed, that could be used in such programs instead of the multi-stage variables. In 2003, the decision was made to include on the public use file just these two variables and not the multi-stage design variables that appeared in the past.

Until such time as the older public use files may be re-released to include these variables, data users wishing to combine data from 2003 and later years with data from earlier years will find it necessary to create CSTRATM and CPSUM for the earlier files. A technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files,* is available for downloading at the Ambulatory Health Care Data website: http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm. This paper gives instructions on how to configure data files prior to 2002 for variance estimation based on 1-stage sampling models, such as those used in SAS proc surveymeans, Stata, SPSS, and the SUDAAN with-replacement option, and how to handle instances of single-case strata in the data on the older files. Please also see the section on Relative Standard Errors in the current document for more information on these variables and how to use them. PSU is primary sampling unit.

In 2013, NAMCS utilized a list sample, as described in more detail in Section I. For consistency with previous years, the same names used in earlier years have been used for the two sample design variables.

585	8	1346-1353	[CSTRATM] Masked clustered stratum marker
			13301-13329

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
586	6	1354-1359	[CPSUM] Masked CHC clinic marker 160011-162152
587	4	1360-1363	[YEAR] SURVEY YEAR 2013
588	1	1364	[SETTYPE] SETTING TYPE This item is intended for use when combining data from NAMCS and NHAMCS. 1 = NAMCS (only CHC visits included in CHC file) 2 = Hospital outpatient department (NHAMCS) 3 = Hospital emergency department (NHAMCS)

Note: If combining data from the 2013 NAMCS Public Use File with the 2013 NAMCS CHC Public Use File, category 1 alone will not distinguish the records from each component because it is used to designate NAMCS data in general in both files. The RETYPOFFR variable in column 489 can be used to identify CHC records in a combined file, as all of the CHC records have a REYTPOFFR value of 3.

589	11	1365-1375	[PATWT] PATIENT VISIT WEIGHT (NOT FOR STATE ESTIMATES) (See page 29 for more information.) This variable has been produced as an unrounded integer since 2012, which will make estimates slightly more precise. It is ONLY for use in producing national, regional, division, and MSA-level estimates, NOT state estimates. 58.73425 – 15678.74591
590	12	1376-1387	[PATWTST] PATIENT VISIT WEIGHT FOR STATE ESTIMATES (See page 29 for more information.) This variable has been produced as an unrounded integer since 2012, which will make estimates slightly more precise. It is ONLY for use in producing state estimates, NOT national, regional, division, or MSA-level estimates.

NOTE: Records sampled in 'division remainders' (that is, not part of the 22 most populous states, but in states aggregated within their division) were given miniscule values for PATWTST (0.00001). State estimates cannot be produced from these records (a total of 12,153 records), but assigning some value for PATWTST was necessary to avoid the records being dropped from statistical software when calculating variances.

0.00001–15678.74591

591	9	1388-1396	[PHYSWT] PROVIDER WEIGHT Provider weight enables data users to make provider-level estimates, based on type of sampled provider (SMPROV). See also "Description of the NAMCS," Marginal Data, and Appendix I. 1.04496–218.71057

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES

592   1   1397   [SMPROV] SAMPLED PROVIDER TYPE

                          1 = Physician
                          2 = Nurse practitioner
                          3 = Physician assistant
                          4 = Nurse midwife

593   3   1398-1400   [TIMECHC] TIME SPENT WITH NON-PHYSICIAN CLINICIAN (in minutes) (See also TIMEMD)

                          -7 = Not applicable (Sampled provider was a physician)
                          0-89
                          90 = 90 minutes or more

594   1401-1402   [TIMECHCFL] Imputation indicator for TIMECHC

                          -7 = Not applicable (Sampled provider was a physician)
                          0 = Not imputed
                          1 = Imputed

B. PHYSICIAN SPECIALTY LIST

Physicians within each CHC self-identified their specialty during the NAMCS induction interview. A list of the broad specialty groupings used in the CHC file, along with the American Medical Association physician specialties used to define them, is the same as those used in the 2013 NAMCS public use file.

C. AMA SPECIALTIES REGROUPED INTO PRIMARY CARE, MEDICAL AND SURGICAL SPECIALTIES

The AMA physician specialties described above were regrouped into primary care, surgical and medical specialties for analytic purposes (see SPECCAT variable in codebook.). The categories are the same as those used in the 2013 NAMCS public use file.

III. MARGINAL DATA

A. PATIENT VISITS

PATIENT AGE	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
Under 15 years	11,057	13,193,811	24.613
15-24 years	5,882	6,619,004	12.348
25-44 years	13,444	14,145,787	26.389
45-64 years	15,222	14,805,846	27.621
65-74 years	3,263	3,029,617	5.652
75 years and over	1,946	1,810,370	3.377

PATIENT SEX	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
Female	31,263	33,450,850	62.403
Male	19,551	20,153,585	37.597

PATIENT RACE[1]	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
White	36,166	38,824,179	72.427
Black	11,623	10,891,060	20.317
Other	3,025	3,889,196	7.255

[1]Recoded variable, RACER, with missing data imputed.

PRIMARY EXPECTED SOURCE OF PAYMENT[2]	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
All sources of payment are blank	445	367,479	0.686
Unknown	2,768	2,607,969	4.865
Private insurance	8,676	8,230,365	15.354
Medicare	6,585	6,327,504	11.804
Medicaid or CHIP	19,844	23,262,645	43.397
Worker's compensation	84	67,710	0.126
Self-pay	8,328	7,120,197	13.283
No charge/Charity	751	908,238	1.694
Other	3,333	4,712,330	8.791

[2]Recoded variable, PAYTYPER, based on hierarchy of multiple expected sources of payment.

MAJOR REASON FOR VISIT	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
Blank	764	802,279	1.497
New problem (less than 3 mos. onset)	20,662	20,790,383	38.785
Chronic problem, routine	12,666	13,089,529	24.419
Chronic problem, flare-up	2,964	3,302,367	6.161
Pre-/Post-surgery	373	436,683	0.815
Preventive care	13,385	15,183,195	28.325

HAS THE PATIENT BEEN SEEN IN YOUR PRACTICE BEFORE?	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
Yes, established patient	43,326	45,374,699	84.647
No, new patient	7,488	8,229,737	15.353

NUMBER OF MEDICATION CODES FOR THIS VISIT	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
0	9,321	10,629,294	19.829
1	9,872	10,755,239	20.064
2	7,854	8,192,259	15.283
3	5,594	5,987,604	11.170
4	4,159	4,326,779	8.072
5	3,200	3,302,536	6.161
6	2,433	2,389,762	4.458
7	1,807	1,785,639	3.331
8	1,496	1,519,358	2.834
9	1,401	1,358,830	2.535
10	3,677	3,357,137	6.263

PHYSICIAN SPECIALTY/ NON-PHYSICIAN CLINICIAN RECODE	RECORDS	WEIGHTED VISITS	PERCENT
Total	50,814	53,604,436	100.000
General/family practice	16,093	18,016,409	33.610
Internal medicine	3,517	3,313,589	6.182
Pediatrics	5,929	7,537,558	14.061
General surgery	123	63,138	0.118
Obstetrics and gynecology	1,423	1,479,287	2.760
Cardiovascular diseases	39	32,062	0.060
Psychiatry	412	945,790	1.764
Neurology	20	313,575	0.585
Otolaryngology	28	14,244	0.027
Other specialties	435	672,382	1.254
Nurse Practitioner	15,181	14,048,217	26.207
Physician assistant	6,785	5,825,634	10.868
Nurse midwife	829	1,342,551	2.505

B. DRUG MENTIONS

PATIENT AGE	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	163,592	163,716,106	100.000
Under 15 years	21,407	25,404,402	15.517
15-24 years	10,847	11,567,607	7.066
25-44 years	36,881	38,311,833	23.401
45-64 years	66,253	62,639,481	38.261
65-74 years	17,274	15,990,252	9.767
75 years and over	10,930	9,802,533	5.988

PATIENT SEX	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	163,592	163,716,106	100.000
Female	100,925	101,320,864	61.888
Male	62,667	62,395,242	38.112

PHYSICIAN SPECIALTY/NON-PHYSICIAN CLINICIAN RECODE	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	163,592	163,716,106	100.000
General/family practice	58,912	59,190,882	36.155
Internal medicine	13,689	13,469,855	8.228
Pediatrics	12,853	16,984,260	10.374
General surgery	419	190,426	0.116
Obstetrics and gynecology	2,023	2,366,202	1.445
Cardiovascular diseases	266	205,697	0.126
Psychiatry	1,217	3,899,853	2.382
Neurology	20	313,575	0.192
Otolaryngology	105	53,414	0.033
Other specialties	2,003	4,046,212	2.471
Nurse Practitioner	48,583	42,573,180	26.004
Physician assistant	22,139	18,080,561	11.044
Nurse midwife	1,363	2,341,988	1.431

DRUG THERAPEUTIC CATEGORIES[3]	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	174,150	173,795,479	100.000
Anti-infectives	11,471	11,734,617	6.752
Antineoplastics	986	1,009,701	0.581
Biologicals	51	52,161	0.030
Cardiovascular agents	23,550	21,653,554	12.459
Central nervous system agents	35,660	34,278,755	19.723
Coagulation modifiers	4,869	4,506,038	2.593
Gastrointestinal agents	9,201	9,043,332	5.203
Hormones	7,922	7,791,337	4.483
Miscellaneous agents	2,281	2,076,946	1.195
Genitourinary tract agents	1,074	1,024,301	0.589
Nutritional products	10,580	11,940,362	6.870
Respiratory agents	18,746	18,183,699	10.463
Topical agents	10,312	11,276,467	6.488
Alternative medicines	1,906	1,761,269	1.013
Psychotherapeutic agents	9,941	9,745,465	5.607
Immunological agents	9,433	12,049,990	6.933
Radiologic agents	2	1,785	0.001
Metabolic agents	16,020	15,542,777	8.943
Medical gases	84	60,209	0.035
Pharmaceutical aids	61	62,713	0.036

[3]Using Level 1 codes. Therapeutic categories are based on Lexicon Plus®, a proprietary database of Cerner Multum, Inc. The Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. For additional information on the Multum Lexicon Drug Database, please refer to the following Web site: http://www.multum.com/Lexicon.htm. For more information on coding therapeutic categories in NAMCS, see page 25.

Note that total number of mentions by therapeutic category can exceed total number of drug mentions because up to four therapeutic categories can be assigned per drug in the public use file.

C. PHYSICIAN / NON-PHYSICIAN CLINICIAN ESTIMATES

PHYSICIAN SPECIALTY/ NON-PHYSICIAN CLINICIANS	RECORDS	WEIGHTED PROVIDERS	PERCENT
Total	2,540	23,644	100.000
General/family practice	780	7,453	31.520
Internal medicine	191	1,813	7.669
Pediatrics	262	3,481	14.722
General surgery	9	75	0.316
Obstetrics and gynecology	84	924	3.909
Cardiovascular diseases	3	38	0.159
Psychiatry	34	364	1.541
Neurology	1	65	0.275
Otolaryngology	1	9	0.037
Other specialties	27	327	1.385
Nurse Practitioner	781	5,956	25.191
Physician assistant	321	2,439	10.314
Nurse midwife	46	700	2.963

SOLO PRACTICE AT VISIT LOCATION	RECORDS	WEIGHTED PROVIDERS	PERCENT
Total	2,540	23,644	100.000
Unknown	2	9	0.039
Refused to answer	1	3	0.013
Solo	246	1,535	6.491
Non-solo	2,291	22,097	93.457

PHYSICIAN SPECIALTY/ NON-PHYSICIAN CLINICIAN RECODE GROUP	RECORDS	WEIGHTED PROVIDERS	PERCENT
Total	2,540	23,644	100.000
Primary care specialty	1,309	13,596	57.506
Surgical care specialty	11	89	0.378
Medical care specialty	72	863	3.649
Non-physician clinician	1,148	9,095	38.468

D. STATE ESTIMATES

STATE WHERE MAJORITY OF PROVIDERS VISITS WERE SAMPLED	RECORDS	WEIGHTED VISITS	PERCENT
Total (22 states)	38,661	41,050,445	100.000
Arizona	2,378	872,360	2.125
California	2,124	11,445,207	27.881
Colorado	1,323	847,167	2.064
Florida	1,698	2,135,731	5.203
Georgia	1,990	1,047,966	2.553
Illinois	1,498	6,171,076	15.033
Indiana	2,536	887,444	2.162
Maryland	1,296	957,686	2.333
Massachusetts	528	1,199,065	2.921
Michigan	2,539	1,060,044	2.582
Minnesota	860	307,162	0.748
Missouri	1,043	508,408	1.238
New Jersey	2,016	956,039	2.329
New York	1,251	2,926,987	7.130
North Carolina	1,918	877,215	2.137
Ohio	2,042	1,047,273	2.551
Pennsylvania	1,879	1,813,457	4.418
Tennessee	1,923	634,083	1.545
Texas	2,184	2,615,087	6.370
Virginia	1,306	548,800	1.337
Washington	3,132	1,544,813	3.763
Wisconsin	1,197	647,377	1.577

NOTE: Figures in this table reflect the 22 most populous states. An additional 12,153 records were sampled in state aggregates within their Census division. To produce estimates by division, one must use the patient visit weight PATWT, not the state-based patient visit weight PATWTST.

<div align="center">**APPENDIX I**</div>

A. STANDARD ERRORS AND VARIANCE ESTIMATION

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample is surveyed, rather than the entire universe. The relative standard error (RSE) of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate.

In the past, NAMCS micro-data file documentation contained formulas for approximating relative standard errors based on generalized variance curves as well as tables showing lowest reliable estimates based on curve coefficients. This was provided as an alternative for data users who lacked analytic software to produce standard errors and other measures of sampling variability. However, it has long been recognized that such approximations are less accurate than those produced using a statistical software package that takes into account the complex sample designs of surveys. As more data users have obtained access to sophisticated computer software over time, and as recent efforts by NCHS research staff to refine the generalized variance curves did not yield significant improvements, the decision was made starting with 2011 NAMCS data to discontinue the provision of these approximate methods of variance estimation.

Using computer software like SUDAAN to produce standard errors will, in general, yield results that are more accurate than those produced using generalized variance curves. This is especially true for clustered variables like race, provider seen, or expected source of payment. However, standard errors produced with such software using masked design variables, while improving substantially over generalized variance curve results, will not always be as accurate as those produced using unmasked data. Data files containing unmasked variables are confidential and are only available through the NCHS Research Data Center.

Starting with the 2012 NAMCS, a new sampling methodology was employed that used a list sample rather than a clustered sample. The design variables reflect the new sampling methodology. Examples of SUDAAN, SAS, Stata, and SPSS statements which incorporate these new design variables for variance estimation purposes are presented below.

The following example is for use with the 2013 NAMCS public use file and the 2013 NAMCS CHC public use file. It can also be used to approximate variances for visit estimates when 2013 NAMCS data are combined with data from the National Hospital Ambulatory Medical Care Survey, which still uses the pre-2012 NAMCS clustered PSU sample design, or with pre-2012 years of NAMCS data.

SUDAAN 1-stage WR (With-Replacement) Option
This code provides a with-replacement ultimate cluster (1-stage) estimate of standard errors for a cross-tabulation with a dataset called TEST.

```
PROC CROSSTAB DATA = TEST DESIGN=WR;
NEST CSTRATM CPSUM /MISSUNIT;
```

It is important to keep the following in mind when combining or analyzing data across years:
NAMCS public use files from 2003-2011 only include first-stage design variables in their masked form, CSTRATM and CPSUM, for use in WR design options. From 1993-2002, a full set of masked design variables was provided. The decision to switch to ultimate cluster variables was initially made because many popular software products could not make use of the full set of design variables. Instructions are provided for public use file data users on the survey website regarding how to create CSTRATM and

CPSUM for data years prior to 2002, in order to have a consistent set of design variables for analysis. See the technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files*, for more information: http://www.cdc.gov/nchs/namcs.htm.

If software other than SUDAAN is used to approximate estimate variances, other statements will be required by that software. The variance variables required by that software are the same as those defined above for SUDAAN software.

SAS - PROC SURVEYMEANS
PROC SURVEYMEANS DATA=TEST;
CLUSTER CPSUM;
STRATA CSTRATM;

Stata - For use with ultimate cluster design option:
The pweight (PATWT), strata (CSTRATM), and PSU (CPSUM) are set with the svyset command as follows:

Stata 8:
svyset [pweight=PATWT], psu(CPSUM) strata(CSTRATM)

Stata 9 and later:
svyset CPSUM [pweight=PATWT], strata(CSTRATM)

SPSS
To obtain variance estimates which take the sample design into account, IBM SPSS Inc.'s Complex Samples module can be used. This description applies to version 21.0. From the main menu, first click on 'Analyze,' then 'Complex Samples,' then 'Prepare for Analysis.' The 'Analysis Preparation Wizard' can be used to set CSTRATM as the stratum variable, CPSUM as the cluster variable, and PATWT as the weighting variable. The WR design option may be chosen. This will create the PLAN FILE syntax, which should resemble the code below, where PLAN FILE reflects the location you have selected to store the file on your computer:
CSPLAN ANALYSIS
/PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN'
/PLAN VARS ANALYSISWEIGHT=PATWT
/PRINT PLAN
/DESIGN STAGELABEL= 'ANY LABEL' STRATA=CSTRATM CLUSTER=CPSUM
/ESTIMATOR TYPE=WR

After creating the plan file, various analyses can be selected from the 'Complex Samples' menu. This is an example of a crosstabulation with options selected for counts, percents, and standard errors, with missing data (if any) included:

CSTABULATE
/PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN'
/TABLES VARIABLES = AGER BY SEX
/CELLS POPSIZE ROWPCT COLPCT
/STATISTICS SE COUNT
/MISSING SCOPE = TABLE CLASSMISSING = INCLUDE.

Results using IBM SPSS with the WR option were found to be the same as those obtained using SUDAAN Release 11.0.1 with the WR option.

IMPORTANT NOTE REGARDING CHC PROVIDER-LEVEL ESTIMATES: The examples above can be used when producing visit or drug estimates. For provider-level estimates, the statements are the same, but replace PATWT with PHYSWT.

The PHYSWT variable itself should only be used to make estimates at the provider level. For this reason, it is only placed on the first record for each provider on the public use file. When running purely provider-level analysis, it is recommended that only records with PHYSWT > 0 be selected; this will give the correct sample counts and will not affect estimation of variance. Weighted estimates will be correct either way. For RDC researchers, please be sure to specify if PHYSWT is required and how it will be used, so that files can be constructed properly.

In addition to generating estimates for provider characteristics at the provider level, the addition of PHYSWT also means that one can link visit data with provider data. For example, one could examine average time spent with physicians across physicians rather than simply across visits. This type of analysis is slightly complicated; a description along with sample SAS code is available at the Ambulatory Health Care Data website here: https://www.cdc.gov/nchs/data/ahcd/provider-visit-code.pdf. For more information or assistance, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or ambcare@cdc.gov.

B. 2013 NAMCS PATIENT RECORD FORM - INSTRUCTIONS AND DEFINITIONS

NOTE: The 2013 NAMCS Patient Record Form was used to collect visit data from both office-based physicians and CHC service delivery sites. The instructions are available in the 2013 NAMCS Public Use File Documentation.

C. DEFINITIONS OF CERTAIN TERMS USED IN NAMCS CHC COMPONENT

Many of the definitions used in the NAMCS office-based component also apply to the CHC component. The following includes common terms and those with changes that are specific to the CHC component.

Ambulatory patient -- An individual presenting for personal health services, neither bedridden nor currently admitted to any health care institution on the premises.

Community health center – Community health centers are medical facilities that serve low-income and medically underserved communities. The CHC structure is similar to group practices. CHCs are operated from a central office that may support multiple satellite offices and/or mobile health care units. Eligible types of CHCs include:

- Federally-funded Community Health Centers (as authorized by Section 330 of the Public Health Service Act), including:
  o Community Health Centers (CHCs)
  o Migrant Health Centers (MHCs)
  o Health Care for the Homeless (HCH) health centers
  o Public Housing Primary Care (PHPC) program grantees
- Federally Qualified Health Centers that meet the requirements for Section 330 funding though they do not receive it (330 look-alikes)
- Urban Indian Health Centers (funded under Title V of the Indian Health Care Improvement Act, PL 94-437, as amended)

Additionally, for CHCs to be in-scope in 2013, CHCs' clinic names could not indicate that they exclusively provided dental services or exclusively provided services to an institutionalized population.

Continuity of care -- Continuity of care is a goal of health care achieved through an interdisciplinary process involving patients, families, health care professionals, and providers in the management of a coordinated plan of care. Based on changing needs and available resources, the process optimizes quality outcomes in the health status of patients. It may involve professionals from many different disciplines within multiple systems.

Drug mention(s) --The provider'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 drugs are included. Along with all new drugs, the provider also records continued medications if the patient was specifically instructed or expected to continue the medication.

Drug visit -- A drug visit is a visit at which medication was prescribed or provided by the provider.

Visit -- A direct, personal exchange between ambulatory patient and the sampled CHC provider (or members of his/her staff) for the purpose of seeking care and rendering health services.

PATIENTS

In-scope -- All patients seen by the sampled CHC provider at the sampled CHC service delivery site during the site's sample (reporting) week.

Out-of-scope -- Patients seen by the provider outside of the sampled CHC service delivery site, for example in a different CHC service delivery site, private practice, hospital, nursing home, or other extended care institution, or the patient's home. The following types of patients are also considered out-of-scope:

   ▪ Patients seen by the provider in any institution (including outpatient clinics of hospitals) for which the institution has the primary responsibility for the care of the patient over time;

   ▪ Patients who telephone and receive advice from the provider;

   ▪ Patients who come to the CHC service delivery site only pick up insurance forms or pay their bills;

   ▪ Patients who come to the CHC service delivery site only to leave a specimen or pick up medications previously prescribed by the provider.

PHYSICIANS/NON-PHYSICIAN CLINICIANS

In-Scope -- All duly licensed doctors of medicine and doctors of osteopathy currently in practice who see ambulatory patients at the sampled CHC service delivery site. Also in-scope are CHC providers who are physician assistants (PAs), nurse practitioners (NPs), and nurse-midwives (NMWs) who care for patients at the sampled CHC service delivery site. Physicians and eligible providers may be employed part-time by a federal or institutional facility or work in private practice, but must provide services at least part time in the sampled CHC.

Out-of-Scope – The survey medical specialty eligibility criteria for CHC physicians are the same as for office-based physicians. PAs, NPs, and NMWs do not list a specialty. For physicians, out-of-scope specialties include anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology. Ineligible specialty providers in CHCs also include dentists, hygienists, optometrists, podiatrists, psychologists, therapists (physical, speech, occupational), and social workers.

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 specialty recorded for the physician in the provider sampling frame from which the physician was selected at the CHC.

Metropolitan status — CHC service delivery sites are classified by their location in metropolitan statistical area as follows:

Metropolitan statistical area (MSA)—As defined by the U.S. Office of Management and Budget, the definition of an individual MSA involves two considerations: first, a city or cities of specified population, that constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with "contiguous"' counties that are metropolitan in character so that the periphery of the specific metropolitan area may be determined. MSAs may cross state lines. In New England, MSAs consist of cities and towns rather than counties.

Non-MSA—Non-MSA areas are those not defined as MSAs, including rural and micropolitan areas.

Region of CHC service delivery site location -- The four geographic regions which correspond to those used by the U.S. Bureau of the Census are as follows:

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

Division	States Included
1 – New England	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
2 – Middle Atlantic	New Jersey, New York, Pennsylvania
3 – East North Central	Illinois, Indiana, Michigan, Ohio, Wisconsin
4 – West North Central	Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
5 – South Atlantic	Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
6 – East South Central	Alabama, Kentucky, Mississippi, Tennessee
7 – West South Central	Arkansas, Louisiana, Oklahoma, Texas
8 – Mountain	Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada, Wyoming
9 – Pacific	Alaska, California, Hawaii, Oregon, Washington

APPENDIX II

REASON FOR VISIT CLASSIFICATION

The Reason for Visit Classification used for the 2013 NAMCS CHC public use micro-data file is the same as that used for the 2013 National Ambulatory Medical Care Survey and is available here.

APPENDIX III

A. GENERIC CODES AND NAMES IN NUMERIC ORDER

The Generic Codes and Names List for the 2013 NAMCS CHC public use micro-data file is the same as that used for the 2013 National Ambulatory Medical Care Survey and is available here.

B. DRUG ENTRY CODES AND NAMES IN NUMERIC ORDER

The Drug Entry Codes and Names List for the 2013 NAMCS CHC public use micro-data file is the same as that used for the 2013 National Ambulatory Medical Care Survey and is available here.

C. MULTUM LEXICON END-USER LICENSE AGREEMENT

The Multum Lexicon End-User License Agreement for the 2013 NAMCS CHC public use micro-data file is the same as that used for the 2013 National Ambulatory Medical Care Survey and is available here.

D. MULTUM CLASSIFICATION OF THERAPEUTIC CLASSES (DRUG CATEGORIES)

The Multum Classification of Therapeutic Classes for the 2013 NAMCS CHC public use-micro-data file is the same as that used for the 2013 National Ambulatory Medical Care Survey and is available here.