National Ambulatory Medical Care Survey

As you may be aware, practice-based research networks such as STARNet have formed in many areas of the U.S. One of the most important tasks these networks have undertaken is the collection of data about their practices using the National Ambulatory Medical Survey.

Now it is our turn!

What is involved? It is really very simple. For one week, we will ask you to fill out a one-page survey on 30 of the patients seen during that week. The first half of the survey can usually be completed by your office staff. The last half of the survey will need to be completed by you, the physician.

Why participate? First, it will allow us to describe the patient population for any future studies that members of STARNet might want to conduct in the future. This will be enormously helpful in designing these studies. Second, we will provide you with a customized “Practice Report.”

Upon expressing your interest in participating, we will contact you in order to schedule the best week for you and your practice to complete these surveys. Prior to the week when surveys will be collected, we would like to come to your office at a time convenient for you in order to familiarize you and your staff with the NAMCS form and procedures. STARNet's coordinator will be available to answer questions during the data collection period.
### The South Texas Ambulatory Research Network’s Modification of the National Ambulatory Medical Care Survey Patient Record Survey

#### 1. Patient Information
- **Name:** [Patient Name]
- **Medical Record Number:** [Patient Medical Record Number]

#### 2. Visit Information
- **Clinician Number/Name:** [Clinician Number/Name]
- **Serial Number:** [Serial Number]

#### 3. Date of Visit
- **Date of Birth:**
  - Month: [Month]
  - Day: [Day]
  - Year: [Year]

#### 4. Patient’s History
- **Sex:** [Sex]
- **Race:** [Race]
- **Ethnicity:** [Ethnicity]
- **Height:** [Height] inches
- **Weight:** [Weight] pounds

#### 5. Procedure
- **Reason for this Visit:**
  - Acute problem
  - Chronic problem, routine follow-up
  - Chronic problem, flare-up

#### 6. Disposition
- **Follow-up:**
  - Yes
  - No

#### 7. Payment Source
- **Type of Payment:**
  - Private Insurance
  - Medicare
  - Medicaid
  - Worker’s Compensation
  - Self-pay
  - No charge

#### 8. Level of Patient’s Physical Distress
- **Level:**
  - None
  - Mild
  - Moderate
  - Severe

#### 9. Level of Patient’s Emotional Distress
- **Level:**
  - None
  - Mild
  - Moderate
  - Severe

#### 10. Drugs Taken
- **Medical:** [Medical]
- **Other:** [Other]

#### 11. Therapeutic and Preventive Services
- **Counseling/Education:** [Counseling/Education]
- **Other Therapy:** [Other Therapy]

#### 12. Medications/Injections
- **None**
- **Ordered, supplied, administered:**
- **Distributed:**
- **Medication:** [Medication]
- **Other:** [Other]

#### 13. Diagnoses
- **None**
- **Medical:** [Medical]
- **Other:** [Other]

#### 14. Examinations
- **None**
- **Tests and Measurements:** [Tests and Measurements]
- **Imaging:** [Imaging]
- **Counseling/Education:** [Counseling/Education]

#### 15. Ambulatory Surgical Procedure
- **None**
- **Dental:** [Dental]
- **Other:** [Other]

#### 16. Provider and Clinic
- **Clinician Number/Name:** [Clinician Number/Name]
- **Primary Care Physician:** [Primary Care Physician]
- **Office:** [Office]

#### 17. Other
- **Telephone number:** [Telephone number]
- **Fax number:** [Fax number]
- **Email address:** [Email address]
- **Website:** [Website]

#### 18. Additional Information
- **History:** [History]
- **Social:** [Social]
- **Demographics:** [Demographics]
- **Occupation:** [Occupation]
- **Family:** [Family]
- **Other:** [Other]

#### 19. Additional Notes
- **None**
- **Ordered, supplied, administered:**
- **Related:** [Related]
- **Follow-up:** [Follow-up]
- **Other:** [Other]

#### 20. Disposition
- **Follow-up:**
  - Yes
  - No

#### 21. Level of Patient’s Physical Distress
- **Level:**
  - None
  - Mild
  - Moderate
  - Severe

#### 22. Level of Patient’s Emotional Distress
- **Level:**
  - None
  - Mild
  - Moderate
  - Severe

#### 23. Time Spent with Physician
- **Minutes:** [Minutes]