			Form Approva	al OMB No. 0920-02	78 Exp. Date 05/31/2	007 CDC 64.150
(7-27-2005) Ecc ACTING U.S. Depart	AS DATA COLLEC ment of Health a s for Disease Con National Center	tistics Adm ENSUS E TION AGEN and Humar ntrol and F for Health	inistration JUREAU T FOR THE Services revention Statistics Yey Yey information A reviewing inst information. A required to reviewing inst information. A required to reviewing inst information. A required to reviewing inst information. A required to reviewing inst valid OMB col any other asp reducing this l	average 60 minutes per ructions, searching exis le data needed, and co in agency may not cond spond to a collection of ntrol number. Send con ect of this collection of burden to CDC/ATSDR	of this collection of infor- response, including the i sting data sources, gathe mpleting and reviewing th Juct or sponsor, and a pe information unless it disp nments regarding this buu information, including sug Reports Clearance Offic ATTN: PRA (0920-0278).	ime for ring and ne collection of rson is not plays a currently rden estimate or ggestions for er; 1600 Clifton
Assurance of confidentiality – All information which we by persons engaged in and for the purpose of the survey and individual or the establishment in accordance with section 308(	will not be disc	closed or	released to other persons	or used for any other r	will be held confidential, purpose without the cons	will be used ent of the
COMPLETE THIS RI	ECORD F	OR E	ACH AMBULAT	ORY UNIT SE	LECTED	
Section	A – AMB	ULAI	ORY UNIT INFO	ORMATION		
a. Is this ambulatory unit part of an emergen 1 □ ED - Mark (X) type → 1 □ Ge 2 □ Ac	eneral	з 🗌 F	•	• . • . •	7 🗌 Other	
$2 \square \text{ OPD} - Mark (X) \text{ specialty } \rightarrow 1 \square \text{ GN}$ $2 \square \text{ SU}$		 з 🗌 F		bstance Abuse		
		c. H	ospital number —			
<b>b.</b> AU No of Total AU's sampled within the ED or OPD			ospital name			
1. Enter the name of the (emergency service clinic). (If no name, identify it by location type, or some other unique identifier.)			Name			
2. Where is the (emergency service located?	area/cli	nic)	Address (Number a	nd street)		
1 Onsite at hospital 2 Elsewhere	e – Specif	y→	City/State		ZIP Code	
3. What is the name, title, and telep number of the director of the (em service area/clinic)?	hone ergency	,	Name Title	Τe	elephone <i>(Area cod</i>	e and number)
Se	ction B -	- SAN	IPLE INFORMA	ΓΙΟΝ		
1. Take every number		<b>4.</b> To	otal estimated num eriod for <b>ENTIRE</b> (	ber of visits durii department	ng reporting	
2. Random start number			EPORTING ERIOD	From:	/	/
<b>3.</b> Estimated number of visits in this AU during reporting period			Aonth/Day/Year)	To:	/	/
<b>From the Sampling Plan:</b> If a sampling is not required, item 6 is the AU No. from Se A, item b. Items 7 and 8 are each 1.	g plan ction	6. SI	J number	7. Numerator	8. Denor	ninator
9. What was the total number of patient	∣ 			JMBER OF VISITS		
visits to this AU from <i>(dates specified in B5)</i> ?(Refer to patient logs, etc. Ask if necessary.DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	Wee	<u> </u>	Week 2	Week 3	Week 4	TOTAL
<b>10.</b> How many patient record forms were	 			MBER OF FORM		
filled out for this AU <i>(emergency service area/clinic)</i> ?	Wee	k 1	Week 2	Week 3	Week 4	TOTAL
			1	1	1	E

## USCENSUSBUREAU

## Section C - EMERGENCY SERVICES/OUTPATIENT CLINIC INFORMATION AND LOGS

## 1. What are the usual operating hours of this unit?

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				Mark (X) ONLY one						
	Day(s)	Т	ïme		Open 24 hours	Not open	Hours vary			
	(a)		(b)		(c)	(d)	(e)			
	Monday	FROM a.m. p.m.	TO	a.m. p.m.	1 🗔	2	3			
	Tuesday	FROM a.m. p.m.	ТО	a.m. p.m.	1	2	3			
	Wednesday	FROM a.m. p.m.		a.m. p.m.	1	2	3 🗖			
	Thursday	FROM a.m. p.m.		a.m. p.m.	1	2	3 🗆			
	Friday	FROM a.m. p.m.		a.m. p.m.	1	2	3			
	Saturday	FROM a.m. p.m.	 	a.m. p.m.	1	2	3			
	Sunday	FROM a.m. p.m.	1	a.m. p.m.	1	2	3 🗌			
2.	How many so unit?	eparate shifts are ther	e in this	Number	of separate shifts	3				
3.	B. How many separate patient registration logs are maintained in this unit?				Number of logs					
		Section D -	VERIFICATIO		IMATED VISITS	2				
	Verify with ED/					<b>-</b>				
	Verify with ED/Clinic director BEFORE data collection begins (and records have been pulled).									
1.	(Number from expected du	o our information, aboun m B-3) patient visits an ring the reporting peri ith this estimate?	'e	1 ☐ Yes 1 2 ☐ No 1	<ul> <li>SKIP to section</li> </ul>	F, page 3				
2.	About how m	any visits do you expe	ct during the	Revised estimate						
	reporting per	riod, to	?	1						
	Determine if ne numbers must	w Take Every and Randon be calculated for this clinic.	n Start	1   						
За.	Divide the revise estimate from E	ed estimate by the original 3-3.		Revised estimate = (Result)						
				Original estimate						
b.	Is the result	of (a) between 0.7 and	11.3?	1 ☐ Yes – <i>SKIP to section F, page 3</i> 2 ☐ No						
	Section E – C	ALCULATE NEW TAKE	EVERY AND	RANDOM S	START NUMBE	RS FOR THIS I	ESA/CLINIC			
a (	ppropriate table	ampling Take Every, using (page 2 or 4) of the NHAN estimate of visits from D-2 ts from B-4).	/ICS-124.	New Ta	ke Every					
r	Calculate new R ow on the label IHAMCS-101.	andom Start, using the nex affixed to the back of the	t available	New Ra	andom Start					
Page	2					FORM	NHAMCS-101(U) (7-27-2005)			

		Section	F – DATA COORDIN	ATOR		IOSPI	TAL	STAFF		
	Enter the nan the data colle	ne, title, shift, a	and telephone number						aff involved in	
Line	Name		Title			Shift	:	т	elephone numbe	er
No. (a)	(b)		(c)			(d)		Area code	(e) Number	Ext.
1										
2										
3										
4										
5										
6										
7										
8										
		Sectio	on G – PATIENT REG	CORD	FORM	INFOF	RMAT	ION		
<b>1.</b> En	ter the range of Pat	ient Record Fo	orms that were ACTUA	<b>ALLY</b> u	sed by	the unit	t.			
FIF	RST FOLIO	FROM:		TO:						
SE	COND FOLIO	FROM:		TO:						
ТН	IRD FOLIO	FROM:		TO:						
CHE ITEI		ICS-101(U) is - SKIP to Secti Continue with i								
ha	the completed I d a visit disposit spital?"	PRF's in this tion (item 11	ESA, how many I) of "Admit to		Imber o positior			risit hospital"		
				the se ree	e ED foi ction be	r an exp low. If the disp	olanat an err	on and wri or was fou	re is 0, then ret te it in the "NO nd in sampling ke the correcti	TES" or
N	<b>DTE –</b> On average, have no PR	about 12 perc Fs with this dis	cent of ED visits result i sposition during the 4-v	n hospi veek rej	tal adm porting	ission; t period.	theref	ore, it woul	d be unusual to	)
NOTE	S									
	AMCS-101(U) (7-27-2005)									Page

				Section H – '	TRAINING		
	Er	nter dates a	and times of training se		of the instructor, and the	names of the hospital	
Line No. (a)	Date	Time	Instructor		Train	ee(s)	
(a)	(b)	(C)	(d)	1	2	3	
1		a.m. p.m.		4	5	6	
2		a.m.		1	2	3	
2		p.m.		4	5	6	
2		a.m.		1	2	3	
3		p.m.		4	5	6	
4		a.m.		1	2	3	
-		p.m.		4	5	6	
				Section I – Q	C VISITS		
		Re	ecord dates and times	of QC visits and th	ne names of contact(s) a	t the visit.	
Line No.	Date	Time			Contact(s)		
(a)	(b)	(C)	1		(d)		
1		a.m. p.m.	3		4		
			1		2		
2		a.m. p.m.	3		4		
			1		2		
3		a.m. p.m.	3		4		
		a.m.	1		2		
4			3		4		
		a.m.	1		2		
5		p.m.	3		4		
		a.m.	1		2		
6		p.m.	3		4		
NOT	ES				1		

	Section 1 UDDATED CONTACT					
	Section J – UPDATED CONTAC	Г ОК АРРКС	JVAL INFO	Shift		
	Title		Telephone	Area Code	Number	Extension
1	Comments			1		
	Contact name			Shift		
	Title		Telephone	Area Code	Number	Extension
2	Comments					
	Section K – FIN/	AL DISPOSI'	ΤΙΟΝ			
<b>1.</b> F	INAL DISPOSITION	Ambulatory				
			cipated atients seen lo patients se	en		
		2 🗌 Refus				
		з 🗌 Close а 🗌 Т ь 🗌 Р	ed emporary ermanent			
		4 🗌 Inelig a 🗌 A	ible <sub>¥</sub> .U not under a	auspices of h	ospital	
		b 🗌 C c 🗌 C si d 🗌 C	Only ancillary s are not providupervision of Clinic classified	services prov ded by or und a physician d as out-of-sc	ided der the direct	
		e 🛄 C	)ther – <i>Specif</i>	у <sub>¥</sub>		
2 14	/ho completed the patient record forms?	_				
	lark (X) all that apply	з 🗌 FR —	ital staff abstraction D abstraction A - <i>Specify</i> <sub>₹</sub>			

NOTES		
NOTEO		