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The National Ambulatory Medical Care Survey

1977 Summary

United States, January-December 1977

Based on data obtained from a national sample of office-based physicians, statistics are presented on the provision and utilization of ambulatory medical care in physicians' offices during 1977. Utilization patterns are described in terms of patient characteristics, visit characteristics, and physician and practice characteristics.

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THE NATIONAL AMBULATORY MEDICAL CARE SURVEY 1977 SUMMARY

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INTRODUCTION

This report presents estimates of the utilization of ambulatory medical care services provided by nonfederally employed office-based physicians in the conterminous United States during 1977. The statistics are based on data collected in the National Ambulatory Medical Care Survey (NAMCS), a probability sample survey conducted yearly by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics (NCHS).

Data collection and processing for the 1977 NAMCS was the responsibility of the National Opinion Research Center of the University of Chicago. Sample selection was accomplished with the assistance of the American Medical Association and the American Osteopathic Association.

Since May 1973, data have been collected in NAMCS on characteristics of patients, visits, and physicians' practices. A complete description of the background and survey methodology is available in an earlier report.[1] Detailed summary data from NAMCS have been published for 1973 and 1975.[2,3] Physician profile reports have been published for the 1975 and 1976 NAMCS in the *Advance Data From Vital and Health Statistics* series.[4-16] Other published reports present data on the utilization of ambulatory medical care services by specific age and race groups and on physicians' diagnoses.[17-22] Published data from the 1977 NAMCS include a brief summary of the survey findings,[23] a report on office visits for family planning,[24] and a report on office visits involving X-rays.[25] These publications and more detailed tabulations to meet specific user needs are available upon request from NCHS.

This report gives an overview of the data available from the 1977 NAMCS. Utilization of ambulatory medical care services is described here in terms of number and percent distribution of office visits, annual visit rates, and such measures as mean contact duration. The utilization statistics are presented in four sections:

General utilization patterns

Physician and practice characteristics

Demographic characteristics of patients

Visit characteristics.

Preceding the 1977 NAMCS results, a brief description of the scope of the survey, the source and limitations of the data, and comparisons with estimates from previous years are presented.

SCOPE OF THE SURVEY

The basic sampling unit for NAMCS is the physician-patient encounter or visit. Within the current scope of NAMCS are all office visits made in the conterminous United States by ambulatory patients to nonfederally employed office-based physicians as classified by the American Medical Association or the American Osteopathic Association. The NAMCS physician

universe excludes physicians practicing in Alaska and Hawaii and physicians in the specialties of anesthesiology, pathology, or radiology. Visits to physicians principally engaged in teaching, research, or administration, as well as telephone contacts and visits made outside the physician's office are excluded.

The definitions of office, physician, patient, and visit in terms of eligibility for NAMCS are presented in appendix II.

SOURCE AND LIMITATIONS OF DATA

Estimates presented here are based on information obtained through the completion of Patient Records (appendix III) for a sample of visits to a national probability sample of office-based physicians. The sample for the 1977 NAMCS included 3,000 physicians, of whom 507 were found not eligible (out of scope) at the time of the survey. Of the 2,493 physicians who were eligible for participation in NAMCS, 1,932 (77.5 percent) actually participated in the survey (see appendix I).

Physicians who participated in the survey maintained a list of all office visits during a randomly assigned 7-day reporting period. For a systematic random sample of these visits, information was recorded on the Patient Record provided for that purpose.

The appendixes to this report should be reviewed since information is provided that is necessary for a proper understanding and interpretation of the statistics presented. Appendix I contains a general description of the survey methods, the sample design, and the data collection and processing procedures. Methods of estimation and imputation are also presented. Because the statistics given here are based on a sample of office visits rather than on all visits, they are subject to sampling errors. Therefore, particular attention should be paid to the section entitled Reliability of Estimates. Charts on relative standard errors and instructions for their use are also given in appendix I.

Definitions of terms used in this report and in the survey operations are presented in appendix II. Facsimiles of survey materials, including the introductory letter, Patient Record form, and Induction Interview form, are reproduced in appendix III.

Data on the utilization of physician services from a sample of the civilian noninstitutionalized population of the United States are collected through the Health Interview Survey (HIS), conducted by NCHS. Estimates of the number of office visits from HIS are generally larger than those of NAMCS because of differences in collection procedures, the population sampled, and definitions of terms. Data from HIS are published in Series 10 of *Vital and Health Statistics.*

COMPARISONS WITH PREVIOUS YEARS

National estimates of office-based ambulatory care according to selected physician, demographic, and visit characteristics for 1977 and the four previous years are presented in table A.

Caution should be exercised when comparing 1977 NAMCS data with NAMCS data from previous years. Analysis of the 1977 data indicate that for most data items results are similar to 1975 and 1976. In 1977, however, several changes were made in the Patient Record that affect comparability between survey years. In particular, items relating to the patient's referral status (item 5) and to the time since onset of complaint or symptom (item 7) were added in 1977. Items relating to prior visit status (item 9) and seriousness of condition (item 10), which in previous years referred to the patient's reason for visit, now refer to the physician's diagnosis. Prior to 1977, diagnostic services (item 11) and therapeutic services (item 12) were a single item. Furthermore, there were a number of additions or modifications to the categories listed in item 11 and 12; for example, "drug prescribed" (1975 and 1976 Patient Record) was changed to "drugs (prescription/nonprescription)." Diet counseling, family planning, and Pap test were added in 1977. In addition to these changes in the Patient Record, a new classification system was used to code the patient's complaints, symptoms, or other reasons for visit (item 6).[26]

Table A. Number and percent distribution of office visits by physician's specialty, patient's age, and principal diagnoses and ICDA code[1]: United States, 1973-1977

Selected characteristic	1973[2]	1974[2]	1975	1976	1977
	Number of visits in thousands				
All visits	590,791	577,931	567,600	588,300	570,052
	Percent distribution				
Total	100.0	100.0	100.0	100.0	100.0
Physician specialty					
General and family practice	42.1	42.0	41.3	38.4	39.1
Internal medicine	11.4	11.1	10.9	11.6	11.4
Pediatrics	7.2	7.9	8.2	10.3	9.6
Obstetrics and gynecology	7.5	8.3	8.5	8.3	8.6
General surgery	6.9	6.6	7.3	6.1	6.3
All other	24.9	24.1	23.8	25.3	25.0
Patient age					
Under 15 years	18.5	18.7	17.4	18.7	18.2
15-24 years	15.5	15.7	15.3	15.0	15.0
25-44 years	24.9	25.3	25.3	25.7	25.7
45-64 years	25.3	25.0	25.6	24.6	24.9
65 years and over	15.8	15.3	16.4	16.0	16.2
Principal diagnosis and ICDA code					
Infective and parasitic diseases 001-136	3.9	3.9	4.0	4.3	4.0
Neoplasms 140-239	2.0	2.0	2.4	2.1	2.5
Endocrine, nutritional, and metabolic diseases 240-279	4.1	4.3	4.3	4.2	4.3
Mental disorders 290-315	4.4	4.3	4.4	4.0	4.3
Diseases of nervous system and sense organs 300-389	8.1	7.8	7.9	8.4	8.5
Diseases of circulatory system 390-458	9.3	9.7	9.9	9.2	9.6
Diseases of respiratory system 460,519	15.0	14.2	14.1	14.2	14.5
Diseases of digestive system 580-577	3.7	3.2	3.5	3.1	3.2
Diseases of genitourinary system 580-629	5.9	5.9	6.6	5.8	6.4
Diseases of skin and subcutaneous tissue 680-709	5.2	5.5	5.0	5.6	5.6
Diseases of musculoskeletal system 710-738	5.4	5.5	5.8	5.6	5.8
Symptoms and ill-defined conditions 780-796	5.2	4.9	4.6	4.7	4.5
Accidents, poisoning, and violence 800-999	7.6	7.7	7.2	7.5	7.7
Special conditions and examinations without sickness Y00-Y13	16.8	18.7	17.8	18.5	16.8
Other diagnoses[3]	3.4	2.6	2.5	2.9	2.3

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]

[2]Estimates may differ slightly from those published previously due to a revision of the NAMCS estimating procedure.

[3]Includes code numbers 280-289, diseases of the blood and blood-forming organs; 630-678, complications of pregnancy, childbirth, and the puerperium; 740-759, congenital anomalies; 750-779, certain causes of perinatal morbidity and mortality; blank diagnosis; noncodable diagnosis; and illegible diagnosis.

GENERAL UTILIZATION PATTERNS

In 1977 a total of 570.1 million visits were made to nonfederally employed office-based physicians in the conterminous United States, an annual rate of 2.7 visits per person. Tables 1-6 provide a general profile of these office visits for 1977.

Table 1 presents data on office visits by physician's specialty, professional identity, type of practice, and location of practice. Visits to office-based doctors of medicine accounted for 94 percent of all visits, and visits to office-based

doctors of osteopathy accounted for the remaining 6 percent.

Visits to general and family practitioners accounted for the largest number of office visits (222.9 million visits). Visits to physicians engaged in solo practice accounted for 59 percent of all visits, and visits to physicians engaged in multiple-member practices accounted for 41 percent of the total.

Annual visit rates according to physician's location of practice (table B) reveal a higher visit rate in metropolitan areas (3.0 visits per person) than in nonmetropolitan areas (2.0 visits per person). Although more visits were made in the South Region than any other region (table 1), both the Northeast and West Regions had higher annual visit rates than the South Region (table B).

Table 2 shows that the annual visit rate varied from 2.0 visits per person for the under 15 age group to 4.1 visits per person for those 65 years and over. White persons made approximately 90 percent of all office visits. The annual visit rate for white persons (2.8 visits per person) was significantly higher than for all other persons (2.0 visits per person). The annual visit rate for females (3.2 visits per person) was greater than that for males (2.2 visits per person).

In this report, the term "referred visits" means those visits in which the patient was referred by another physician. During 1977, 5 percent of all visits were referred visits (table 3).

Table B. Number of office visits per person per year by location of physician's practice: United States, January-December 1977

Location of practice	Number of visits per person per year[1]
Geographic region:	
Northeast	2.9
North Central	2.6
South	2.4
West	3.2
Area:	
Metropolitan[2]	3.0
Nonmetropolitan	2.0

[1]Rates are based on estimates of the civilian noninstitutionalized population of the United States for July 1, 1977, furnished by the U.S. Bureau of the Census (see appendix I).

[2]Location within the standard metropolitan statistical areas (SMSA's).

Approximately 85 percent of all visits were made by "old" patients, that is, patients who had seen the physician before. About 60 percent of all visits were return visits, that is visits made by "old" patients with old problems. Patients were advised to return at a specified time for about 61 percent of the visits. More than half of all visits had a duration of visit greater than 10 minutes. The mean contact duration of visit was about 15 minutes. The mean contact duration of visit represents only the amount of time spent in face-to-face contact between physician and patient.

In item 6 of the Patient Record the reason(s) for visit was recorded as expressed by the patient in his own words. During 1977 these data were classified and coded according to *A Reason For Visit Classification for Ambulatory Care* (RVC), which was developed to provide a comprehensive scheme to code patient's symptoms, complaints, and other reasons for visit. A detailed description of the RVC and its applications has been published in Series 2, No. 78 of *Vital and Health Statistics.*[26] Prior to 1977 the National Ambulatory Medical Care Survey Symptom Classification[27] was used to code the reason for visit data.

The RVC utilizes a modular structure. The basic categorizations of patients' reasons for visit are represented by seven modules: (1) Symptom; (2) Disease; (3) Diagnostic, Screening, and Preventive; (4) Treatment; (5) Injuries and Adverse Effects; (6) Test Results; and (7) Administrative.

Generally, the reasons for visit classified in the Symptom Module represent visits in which the patient expresses his or her reason for visit as a complaint, symptom, or problem. Often these are initial visits for the problem. Reasons coded into the Disease Module represent visits at which the patient gives a diagnosis as the reason for visit. The reasons for visit coded into the Diagnostic, Screening, and Preventive Module usually represent nonillness visits, for example, visits for routine physicals and preventive care or visits for family planning or pregnancy-related examinations. Those visits coded in the Treatment Module are generally for the purpose of providing specific therapeutic care. The Injuries and Adverse Effects Module includes reasons for visit that are clearly the result of an injury or

adverse effect. Reasons coded into the Test Results Module represent return visits to receive test results. Reasons for visit coded into the Administrative Module are visits initiated by an outside party rather than by the patient or physician.

The principal reason for visit is the reason listed first in item 6 of the Patient Record. The distribution of principal reasons for visit according to the seven modules of the RVC is presented in table 4. Over one-half of the reasons for visit fell into the Symptom Module. A more detailed breakdown of the visits within this module, and other modules, is presented in the section on visit characteristics.

About 4 percent of all visits were made because of symptoms or complaints with an onset of less than 24 hours, and 30 percent were made for symptoms or complaints with an onset of more than 3 months (table 4).

The term principal diagnosis refers to the physician's diagnosis listed first in item 8 of the Patient Record. Table 5 presents the diagnostic data grouped according to the major classes of the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28] "Special conditions and examinations without sickness," a supplementary classification (codes Y00-Y13) of the ICDA, accounted for the largest proportion of visits (17 percent).

Table 5 also includes data on the seriousness of the condition diagnosed. The degree of seriousness represents the physician's judgment of the extent of impairment that might result if no care were available. Interpretation of data obtained from this variable should be made within the framework of this definition. Fifty-one percent of all visits involved conditions judged to be "not serious." A large proportion of these visits were made for routine prenatal care, routine eye examinations, periodic checkups, immunizations, and other types of preventive health care.

Among the diagnostic services ordered or provided, a limited history or examination was rendered at 56 percent of all visits, and a general history or examination at 22 percent of all visits (table 6). The procedures conducted most often were blood pressure checks (34 percent of visits) and clinical laboratory tests (21 percent of visits). Among the therapeutic services, a prescription or nonprescription drug was ordered or provided at about 54 percent of visits. Again, caution should be exercised when comparing this estimate with estimates from previous survey years due to changes in the wording of the Patient Record.

PHYSICIAN AND PRACTICE CHARACTERISTICS

Tables 7-10 examine office-based care from the perspective of the physicians who provided that care. Data are presented on the physician's specialty and type of practice. Most of the data in this section are self-explanatory, but for proper interpretation of terms, appendix II should be consulted for applicable definitions.

Table C provides information on the proportions of visits by new patients and by patients referred by another physician. The proportion of new patient visits ranged from 7.3 percent for psychiatrists to 31.2 percent for ophthalmologists. The percent of referred visits ranged from 1.7 percent for general and family practitioners to 13.0 percent for urologists.

Data on mean contact duration, which refers to the average amount of time that a physician spends in face-to-face contact with a patient, are presented in table D. The data exclude visits in which there was no face-to-face contact between patient and physician. Time spent by the patient in the waiting room, time spent by the patient with a member of the physician's staff without the physician's presence, and time spent by the physician before and after the visit in such activities as reviewing records, recording information, or reviewing test results are excluded. The average duration ranged from about 13 minutes for pediatricians and general and family practitioners to about 44 minutes for psychiatrists.

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

Data on the use of ambulatory medical care according to demographic characteristics of patient's are shown in tables 11-13 and highlighted

Table C. Number of office visits, percent of referred visits, and percent of new patient visits, by physician's specialty: United States, January-December 1977

Physician specialty	Number of visits in thousands	Percent of referred[1] visits	Percent of new patient visits
All specialties	570,052	5.0	15.3
General and family practice	222,919	1.7	11.5
Internal medicine	64,959	3.5	12.7
Pediatrics	54,762	3.4	11.4
Obstetrics and gynecology	49,273	4.4	14.8
General surgery	36,124	10.8	20.7
Ophthalmology	26,904	7.7	31.2
Orthopedic surgery	20,201	12.3	22.9
Dermatology	16,388	12.0	29.7
Psychiatry	16,197	3.4	7.3
Otolaryngology	15,716	12.5	28.2
Urology	11,205	13.0	19.5
Cardiovascular diseases	6,218	7.8	10.8

[1]Visits referred by another physician.

in tables E and F and figures 1-6. The population figures used in computing annual visit rates appear in table II of appendix I.

Table D. Mean contact duration and standard error of mean contact duration, by physician's specialty: United States, January-December 1977

Physician specialty	Mean contact duration[1]	Standard error of mean contact duration[2]
	Minutes	
All specialties	15.4	0.30
General and family practice	12.9	0.51
Internal medicine	18.8	0.56
Pediatrics	12.9	0.47
Obstetrics and gynecology	14.6	0.53
General surgery	13.3	0.42
Ophthalmology	17.9	1.05
Orthopedic surgery	15.1	0.72
Dermatology	13.6	0.81
Psychiatry	44.3	1.61
Otolaryngology	13.7	0.68
Urology	13.4	1.22
Cardiovascular diseases	21.8	2.50
Neurology	30.2	1.92
All other specialties	-	-

[1]Time spent in face-to-face contact between physician and patient.

[2]Standard error measurements of precision are discussed in appendix I.

Table E. Number, percent distribution, and annual rate of referred office visits, by patient's age: United States, January-December 1977

Age of patient	Referred visits		
	Number in thousands	Percent distribution	Annual rate per 100 persons[1]
All ages	28,412	100.0	13.5
Under 15 years	5,041	17.7	9.8
15-24 years	3,872	13.6	9.8
25-44 years	7,960	28.0	14.5
45-64 years	7,378	26.0	17.1
65 years and over	4,161	14.7	18.7

[1]Rates are based on estimates of the civilian noninstitutionalized population of the United States for July 1, 1977, furnished by the U.S. Bureau of the Census (see appendix I.).

Figure 1 shows that females made more visits per person than males did in all age groups except the under 15 age group. In all age groups, the annual office visit rate for white persons exceeded that for all other persons (figure 2). Figures 3-6 show the annual rates of office visits per 100 persons for selected diagnoses. The annual visit rate for medical or special examinations and for acute upper respiratory infections (figures 3 and 4) tended to decrease as patient

Table F. Number and percent distribution of office visits by time since onset of complaint or symptom, according to patient's age: United States, January-December 1977

Age of patient	Number of visits in thousands	Total	Time since onset of complaint or symptom					
			Less than 1 day	1-6 days	1-3 weeks	1-3 months	More than 3 months	Not applicable[1]
		Percent distribution						
All ages	570,052	100.0	4.1	22.3	13.8	11.8	29.8	18.3
Under 15 years	103,756	100.0	8.5	38.5	11.7	5.9	10.4	24.9
15-24 years	85,761	100.0	5.1	23.8	15.0	12.0	24.6	19.6
25-44 years	146,329	100.0	3.4	20.1	14.4	13.4	30.2	18.5
45-64 years	142,163	100.0	2.5	17.0	14.4	13.8	37.4	15.0
65 years and over	92,043	100.0	1.9	14.2	13.3	12.5	43.9	14.1

[1]Chiefly visits not involving a symptom or complaint, for example, annual or well-baby examination.

age increased; the annual visit rate for medical and surgical aftercare (figure 5) tended to increase as patient age increased. For neuroses (figure 6), the annual visit rate of persons aged 25-44 years (12.1 visits per 100 persons) exceeded that of any other age group.

Table E reveals that the rate of referred visits from another physician tended to increase with age. The referral visit rate for persons 65 years and over (18.7 visits per 100 persons per year) was approximately double the rate for persons under 25 years (9.8 visits per 100 persons per year).

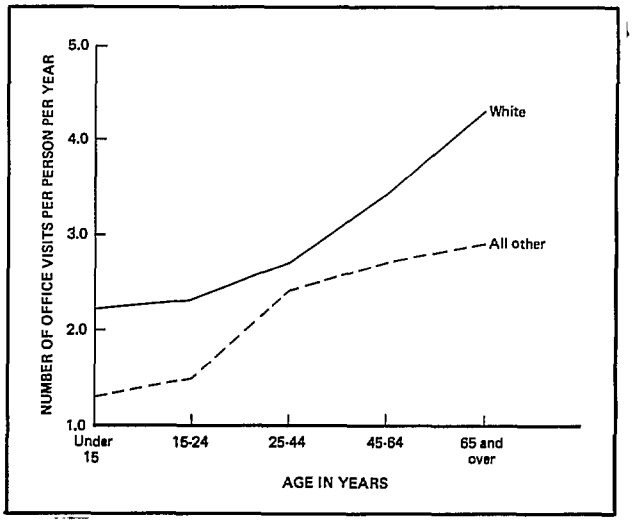

Figure 2. Annual rate of office visits by color and age of patient: United States, January-December 1977

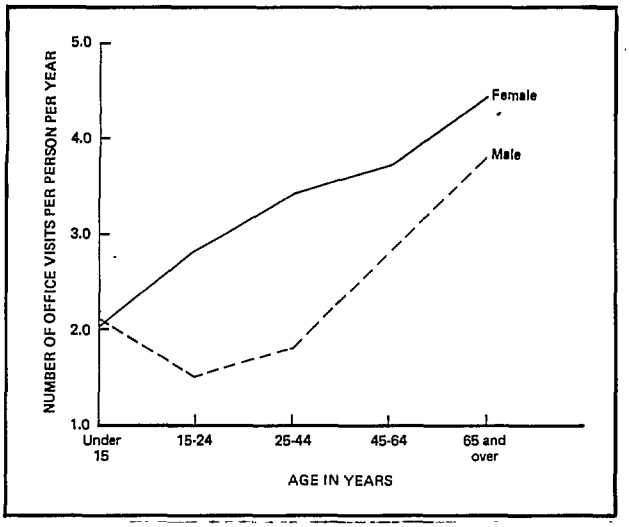

Figure 1. Annual rate of office visits by sex and age of patient: United States, January-December 1977

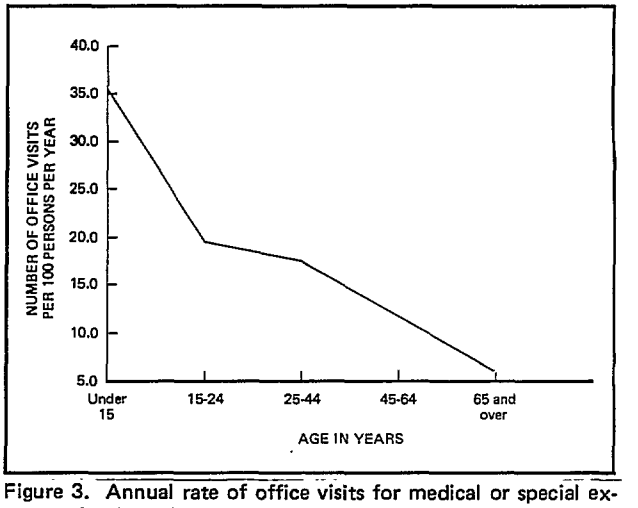

Figure 3. Annual rate of office visits for medical or special examinations by age of patient: United States, January-December 1977

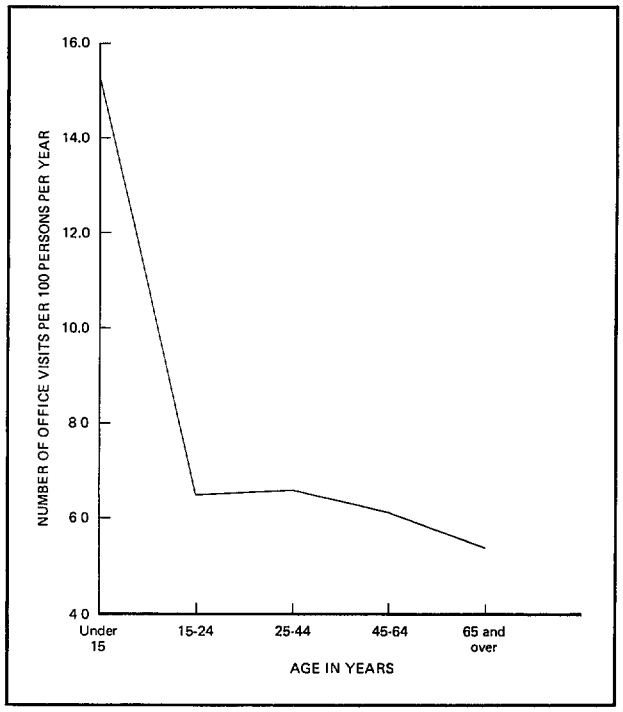

Figure 4. Annual rate of office visits for acute upper respiratory infection by age of patient: United States, January-December 1977

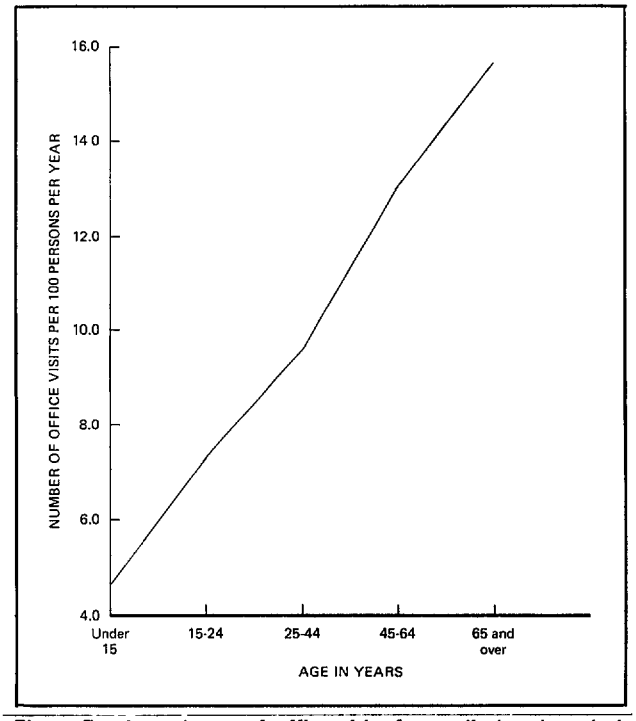

Figure 5. Annual rate of office visits for medical and surgical aftercare by age of patient: United States, January-December 1977

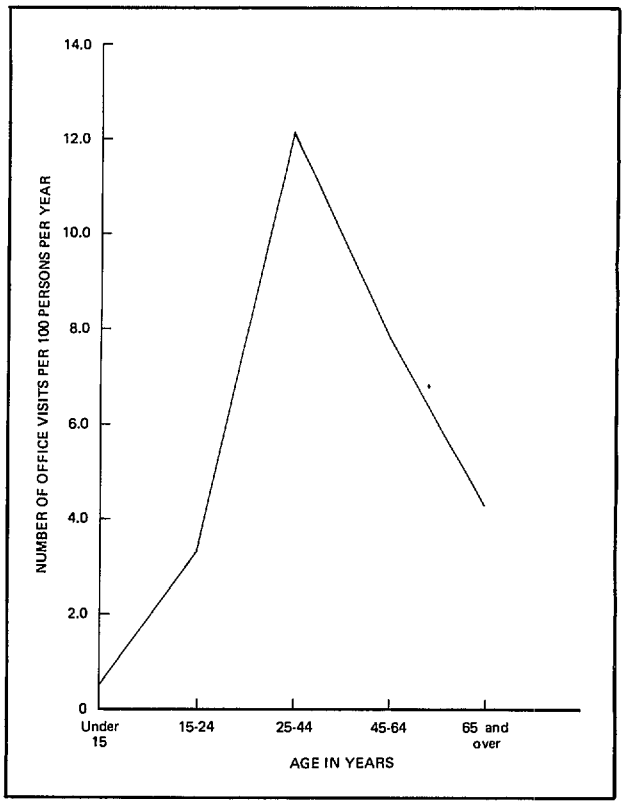

Figure 6. Annual rate of office visits for neuroses by age of patient: United States, January-December 1977

The data in table F show that approximately one-fourth of visits by persons under 15 years of age fell into the "not applicable" category of time since onset of complaint or symptom—a reflection of the large number of well-baby and well-person examinations for this age group. (See definition of time since onset of complaint or symptom in appendix II.) Approximately 9 percent of all visits by persons under 15 years of age were for a complaint or symptom with a time since onset of less than 24 hours. Note that the length of time since onset tended to increase with age. This reflects the fact that proportionately more acute, self-limiting conditions are presented by younger persons and more chronic conditions by older persons. For example, about 44 percent of all visits by persons 65 years and over were made because of a complaint with a time since onset of more than 3 months.

VISIT CHARACTERISTICS

Data concerning the utilization of ambulatory medical care according to characteristics of the visit are presented in tables 14-24 and highlighted in tables G-K.

Principal Reason for Visit

Tables 14-18 and tables G and H present statistics on the patient's principal reason for visit by selected visit characteristics. The principal or first-listed reasons for visit presented in this section are grouped by the seven modules of the RVC. Within these modules specific reasons for visit are presented.

One-half the visits coded in the Disease Module were made because of a complaint or symptom with an onset of more than 3 months (table 14), reflecting the chronic nature of the complaint. This is also reflected in table 15—78 percent of the Disease Module visits were return visits, that is, old patients with old problems.

Twenty-seven percent of the visits in the Injuries and Adverse Effects Module, compared to 4 percent of all visits, were made for a complaint

Table G. Number and percent distribution of new problem office visits by time since onset of complaint or symptom, according to selected principal reasons for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	Number of new problem visits in thousands	Total	Time since onset of complaint or symptom					
			Less than 1 day	1-6 days	1-3 weeks	1-3 months	More than 3 months	Not applicable[2]
		Percent distribution						
All new problem visits	229,267	100.0	8.2	37.3	15.6	10.3	13.9	14.8
Symptoms of throat....S455	11,579	100.0	6.9	77.9	10.6	*2.3	*1.9	*0.4
Cough....S440	8,676	100.0	*3.3	73.0	18.6	*2.9	*2.1	*0.2
Head cold, URI....S445	7,228	100.0	6.2	72.5	16.5	*3.0	*1.1	*0.7
Fever....S010	6,791	100.0	17.6	76.4	*4.7	*0.2	*1.0	-
Headache....S210	4,521	100.0	*5.1	35.6	19.0	16.5	19.7	*3.2
Back symptoms....S905	4,180	100.0	*6.5	37.6	26.4	11.8	16.2	*1.5
Chest pain....S050	3,512	100.0	7.6	45.8	22.6	*9.3	13.6	*1.2
Laceration, upper extremity....J225	1,316	100.0	70.4	*15.4	*7.8	*3.0	*2.1	*1.3

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]
[2]Chiefly visits not involving a symptom or complaint, e.g., annual or well-baby examination.

Table H. Number and percent of referred office visits by the most frequent principal reasons for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	All visits in thousands	Referred visits	
		Number in thousands	Percent
Back symptoms....S905	10,696	670	6.3
Abdominal pain, cramps, spasms....S550	8,715	664	7.6
Skin rash....S860	9,531	662	7.0
Earache, or ear infection....S355	9,249	639	6.9
Headache, pain in head....S210	9,458	583	6.2
Symptoms referable to throat....S455	17,525	579	3.3
Vision dysfunctions....S305	6,844	578	8.4
Lump or mass of breast....S805	2,276	557	24.5

[1]Reason for visit group and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]

or symptom with an onset of less than 24 hours (table 14). This indicates that a large proportion of the visits coded into the Injuries and Adverse Effects Module were of an emergency nature and required immediate care. A diagnostic X-ray was ordered or provided at 26 percent of all visits coded in this module (table 16).

Table 15 shows that the Symptom Module and Injuries and Adverse Effects Module had the highest proportions of new problem visits—which include any problem presented by a new patient along with any new problem presented by an old patient—50 and 55 percent, respectively. Eighty-seven percent of the Treatment Module visits were return visits for specific therapeutic services. In the Diagnostic, Screening, and Preventive Module, 74 percent of visits were return visits. Included in this module are mainly nonillness events, for example, routine physical examinations and preventive care.

It may be observed from figure 7 that as the time since onset of a complaint or symptom increased, the proportion of new problem visits decreased and the proportion of return visits increased.

Approximately 70 percent of the 1.3 million new problem visits (table G) for laceration of an upper extremity were made within 24 hours of the injury, indicating the emergency nature of this condition. It can also be seen from table G that 85 and 94 percent, respectively, of the new problem visits for symptoms of the throat and fever were made within 1 week of onset.

The most common principal reasons for referred visits are provided in table H. The proportion of visits referred ranged from 3 percent for symptoms of the throat to 25 percent for lump or mass of breast.

Principal Diagnosis

Tables 19-24 and table J provide statistics on the physician's principal diagnosis of the patient's presenting complaint or symptom according to visit characteristics. The principal or first-listed diagnoses included in this section are grouped by the 14 major diagnostic classes of the ICDA. Within these major diagnostic classes specific diagnoses are presented. Table J provides data on mean contact durations for principal diagnoses.

Tables 19-22 provide data on principal diagnoses by selected visit characteristics, and table 23 gives the 50 diagnoses most frequently rendered by office-based physicians.

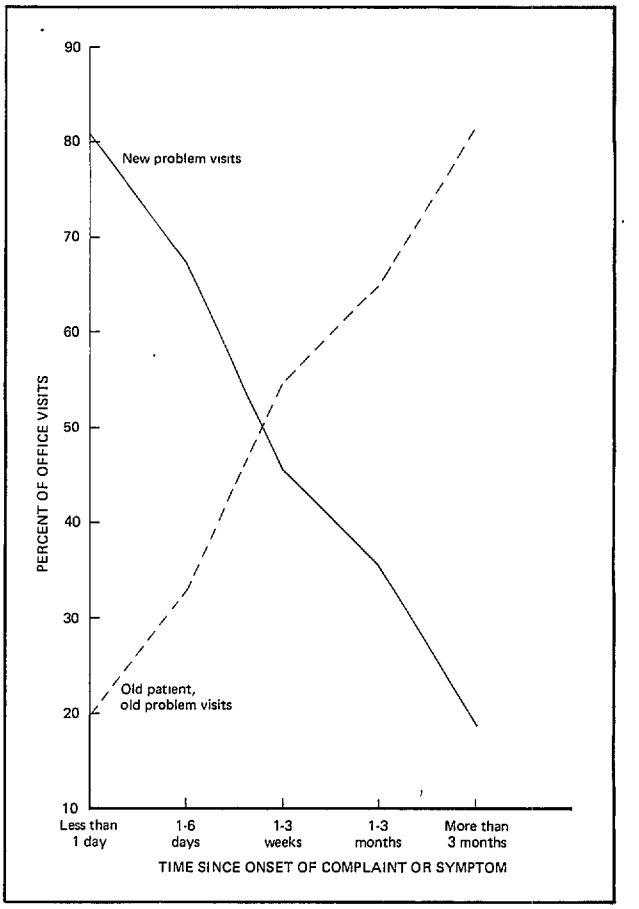

Figure 7. Percent of office visits by patient's prior visit status and time since onset of complaint or symptom: United States, January-December 1977

Other Visit Characteristics

Table 24 shows patient's prior visit status and seriousness of the condition according to the time since onset of patient's complaint or symptom. Of the 341 million return visits (old patients with old problems), 41 percent were made for a complaint or symptom with an onset of more than 3 months. On the other hand, 45 percent of the 229 million new problem visits were made for complaints or symptoms with an onset of less than 1 week. Approximately one-half of the conditions considered serious or very serious were for complaints or symptoms with an onset of more than 3 months.

Table K provides information on referred visits. Of the 28 million referred visits, 79 per-

Table J. Number of visits, mean contact duration, and standard error of mean contact duration, by principal diagnoses: United States, January-December 1977

Principal diagnosis and ICDA code[1]	Number of visits in thousands	Mean contact duration[2]	Standard error of mean contact duration[3]
		Minutes	
All principal diagnoses	570,052	15.4	0.30
Infective and parasitic diseases 001-136	22,668	12.5	1.38
Neoplasms 140-239	14,286	14.4	1.08
Endocrine, nutritional, and metabolic diseases 240-279	24,287	14.9	1.41
Mental disorders 290-315	24,522	32.2	3.02
Diseases of nervous system and sense organs 320-389	48,291	16.3	0.83
Diseases of circulatory system 390-458	54,702	15.6	0.81
Diseases of respiratory system 460-519	82,466	14.8	0.73
Diseases of digestive system 520-577	18,451	14.9	0.84
Diseases of genitourinary system 580-629	36,473	13.9	0.59
Diseases of skin and subcutaneous tissue 680-709	31,910	13.5	0.97
Diseases of musculoskeletal system 710-738	32,983	15.2	1.22
Symptoms and ill-defined conditions 780-796	25,695	16.7	1.30
Accidents, poisoning, and violence 800-999	43,761	15.1	0.82

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]
[2]Time spent in face-to-face contact between physician and patient.
[3]Standard error measurements of precision are discussed in appendix I.

Table K. Number and percent distribution of referred office visits by patient's prior visit status, disposition, and seriousness of condition: United States, January-December 1977

Visit characteristic	All visits in thousands[1]	Percent distribution of referred visits
All characteristics	28,412	100.0
Prior visit status		
New patient	22,564	79.4
Old patient, new problem	5,848	20.6
Old patient, old problem	-	-
Disposition		
No followup planned	2,892	10.2
Return at specified time	14,656	51.6
Return if needed	5,190	18.3
Telephone followup planned	923	3.3
Referred to other physician	915	3.2
Returned to referring physician	2,372	8.4
Admit to hospital	2,345	8.3
Other	1,325	4.7
Seriousness of condition		
Serious or very serious	6,006	21.1
Slightly serious	9,758	34.3
Not serious	12,648	44.5

[1]Visits referred by another physician.

cent were made by new patients. The patient was advised to return at a specified time for 52 percent of referred visits, compared with 61 percent of all visits. It is noteworthy that at 8 percent of the visits the patient was advised to return to the referring physician. Approximately 45 percent of all referred visits were for conditions judged by the physician as not serious.

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LIST OF DETAILED TABLES

Table 1. Number and percent distribution of office visits by physician's specialty, professional identity, and type and location of practice: United States, January-December 1977

Physician characteristic	Number of visits in thousands	Percent distribution
All visits	570,052	100.0
Specialty		
General and family practice	222,919	39.1
Internal medicine	64,959	11.4
Pediatrics	54,762	9.6
Obstetrics and gynecology	49,273	8.6
General surgery	36,124	6.3
Ophthalmology	26,904	4.7
Orthopedic surgery	20,201	3.5
Dermatology	16,388	2.9
Psychiatry	16,197	2.8
Otolaryngology	15,716	2.8
Urology	11,205	2.0
Cardiovascular disease	6,218	1.1
Neurology	2,690	0.5
All other specialties	26,497	4.6
Professional identity		
Doctors of osteopathy	32,301	5.7
Doctors of medicine	537,751	94.3
Type of practice		
Solo	335,261	58.8
Other[1]	234,791	41.2
Location of practice		
Geographic region:		
Northeast	140,965	24.7
North Central	148,501	26.1
South	163,790	28.7
West	116,795	20.5
Area:		
Metropolitan[2]	434,739	76.3
Nonmetropolitan	135,313	23.7

[1]Includes partnership and group practice.
[2]Location within the standard metropolitan statistical areas (SMSA's).

Table 2. Number, percent distribution, and annual rate of office visits, by age, color, and sex of patient: United States, January-December 1977

Patient characteristic	Number of visits in thousands	Percent distribution	Number of visits per person per year[1]
All visits	570,052	100.0	2.7
Age			
Under 15 years	103,756	18.2	2.0
15-24 years	85,761	15.0	2.2
25-44 years	146,329	25.7	2.7
45-64 years	142,163	24.9	3.3
65 years and over	92,043	16.2	4.1
Color			
White	514,788	90.3	2.8
All other	55,264	9.7	2.0
Sex			
Female	345,187	60.5	3.2
Male	224,865	39.5	2.2

[1]Rates are based on estimates of the civilian noninstitutionalized population of the United States for July 1, 1977, furnished by the U.S. Bureau of the Census (see appendix I).

Table 3. Number and percent distribution of office visits by referral status, prior visit status, and disposition and duration of visit: United States, January-December 1977

Visit characteristic	Number of visits in thousands	Percent distribution
All visits	570,052	100.0
Referral status		
Referral by another physician	28,412	5.0
Not referred by another physician	541,640	95.0
Prior visit status		
New patient	87,230	15.3
Old patient, new problem	142,037	24.9
Old patient, old problem	340,785	59.8
Disposition of visit		
No followup planned	63,546	11.2
Return at specified time	346,374	60.8
Return if needed	129,020	22.6
Telephone followup planned	17,961	3.2
Referred to other physician	14,423	2.5
Returned to referring physician	4,660	0.8
Admit to hospital	11,095	2.0
Other	7,129	1.3
Duration of visit		
Zero minutes[1]	13,038	2.3
1-5 minutes	83,263	14.6
6-10 minutes	170,787	30.0
11-15 minutes	152,860	26.8
16-30 minutes	116,961	20.5
31-60 minutes	30,406	5.3
61 minutes or more	2,736	0.5

[1]Represents visits in which there was no face-to-face contact between the patient and the physician.

Table 4. Number and percent distribution of office visits by principal reason for visit and time since onset of complaint or symptom: United States, January-December 1977

Principal reason for visit, time since onset of complaint or symptom, and RVC code	Number of visits in thousands	Percent distribution
All visits	570,052	100.0
Principal reason for visit[1]		
Symptom Module S001-S999	318,849	55.9
Disease Module D001-D999	53,478	9.4
Diagnostic, Screening, and Preventive Module X100-X599	104,445	18.3
Treatment Module T100-T899	48,409	8.5
Injury and Adverse Effects Module J001-J999	24,952	4.4
Test Results Module R100-R700	2,615	0.5
Administrative Module A100-A140	10,403	1.8
Other[2] U990-U999	6,902	1.2
Time since onset of complaint or symptom		
Less than 1 day	23,405	4.1
1-6 days	127,064	22.3
1-3 weeks	78,716	13.8
1-3 months	67,107	11.8
More than 3 months	169,692	29.8
Not applicable[3]	104,068	18.3

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]
[2]Includes blanks; problems, complaints, NEC; entries of "none"; and illegible entries.
[3]Chiefly visits not involving a symptom or complaint, for example, annual or well-baby examination.

Table 5. Number and percent distribution of office visits by principal diagnosis and seriousness of condition: United States, January-December 1977

Principal diagnosis, seriousness of condition, and ICDA code	Number of visits in thousands	Percent distribution
All visits	570,052	100.0
Principal diagnosis[1]		
Infective and parasitic diseases.....001-136	22,668	4.0
Neoplasms.....140-239	14,286	2.5
Endocrine, nutritional and metabolic diseases.....240-279	24,287	4.3
Mental disorders.....290-315	24,522	4.3
Diseases of nervous system and sense organs.....320-389	48,291	8.5
Diseases of circulatory system.....390-458	54,702	9.6
Diseases of respiratory system.....460-519	82,466	14.5
Diseases of digestive system.....520-577	18,451	3.2
Diseases of genitourinary system.....580-629	36,473	6.4
Diseases of skin and subcutaneous tissue.....680-709	31,910	5.6
Diseases of musculoskeletal system.....710-738	32,983	5.8
Symptoms and ill-defined conditions.....780-796	25,695	4.5
Accidents, poisoning, and violence.....800-999	43,761	7.7
Special conditions and examinations without sickness.....V00-V13	96,009	16.8
Other diagnoses[2]	13,550	2.3
Seriousness of condition		
Serious or very serious	104,118	18.3
Slightly serious	175,252	30.7
Not serious	290,682	51.0

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]

[2]Includes 280-289, diseases of the blood and blood-forming organs; 630-678, complications of pregnancy, childbirth, and the puerperium; 740-759, congenital anomalies; 750-779, certain causes of perinatal morbidity and mortality; blank diagnosis; noncodable diagnosis; and illegible diagnosis.

Table 6. Number and percent of office visits by diagnostic and therapeutic services ordered or provided: United States, January-December 1977

Service ordered or provided	Number of visits in thousands	Percent of visits
Diagnostic service		
None	68,301	12.0
Limited exam/history	321,040	56.3
General exam/history	127,515	22.4
Pap test	30,620	5.4
Clinical lab test	122,013	21.4
X-ray	44,662	7.8
EKG	17,333	3.0
Vision test	23,045	4.0
Endoscopy	6,945	1.2
Blood pressure check	193,889	34.0
Other diagnostic services	25,010	4.4
Therapeutic service		
None	109,077	19.1
Immunization/desensitization	37,576	6.6
Drugs (prescription/nonprescription)	305,607	53.6
Diet counseling	39,197	6.9
Family planning	8,372	1.5
Medical counseling	117,157	20.5
Physiotherapy	18,584	3.3
Office surgery	45,029	7.9
Psychotherapy/therapeutic listening	30,589	5.4
Other therapeutic services	15,624	2.7

Table 7. Number and percent distribution of office visits by age, sex, and color of patient, according to physician's specialty: United States, January-December 1977

Physician specialty	Number of visits in thousands	Total	Age of patient					Sex of patient		Color of patient	
			Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	Female	Male	White	All other
		Percent distribution									
All specialties	570,052	100.0	18.2	15.0	25.7	24.9	16.2	60.5	39.5	90.3	9.7
General and family practice	222,919	100.0	15.1	16.9	24.8	26.0	17.3	60.2	39.8	90.0	10.0
Internal medicine	64,959	100.0	2.3	7.3	21.8	37.8	30.9	58.8	41.2	90.5	9.5
Pediatrics	54,762	100.0	92.1	5.8	1.4	*0.6	*0.2	47.8	52.2	87.3	12.7
Obstetrics and gynecology	49,273	100.0	*0.7	29.5	52.9	14.0	3.0	99.1	*0.9	89.9	10.1
General surgery	36,124	100.0	7.8	13.7	26.8	32.1	19.6	57.8	42.2	90.3	9.7
Ophthalmology	26,904	100.0	10.3	14.4	19.1	29.7	26.5	58.9	41.1	93.3	6.7
Orthopedic surgery	20,201	100.0	14.6	17.2	30.0	27.9	10.3	47.3	52.7	89.1	10.9
Dermatology	16,388	100.0	8.5	26.7	26.9	24.2	13.8	60.4	39.6	93.2	6.8
Psychiatry	16,197	100.0	6.6	15.8	53.3	22.3	*2.1	59.0	41.0	95.3	4.7
Otolaryngology	15,716	100.0	21.6	11.4	23.6	26.9	16.4	54.2	45.8	92.4	7.6
Urology	11,205	100.0	5.1	6.5	24.0	33.6	30.8	40.6	59.4	89.5	10.5
Cardiovascular diseases	6,218	100.0	*0.5	*1.5	12.2	48.4	37.5	49.0	51.0	94.1	6.0

Table 8. Number and percent distribution of office visits by principal reason for visit, according to physician's specialty: United States, January-December 1977

Physician specialty	Number of visits in thousands	Total	Principal reason for visit and RVC code[1]					
			Symptom Module, S001-S999	Disease Module, D001-D999	Diagnostic, Screening, Preventive Module, X100-X599	Treatment Module, T100-T899	Injury, Adverse Effects Module, J001-J999	All other[2]
		Percent distribution						
All specialties	570,052	100.0	55.9	9.4	18.3	8.5	4.4	3.5
General and family practice	222,919	100.0	60.7	8.5	16.1	5.6	5.1	4.0
Internal medicine	64,959	100.0	54.8	14.7	18.5	5.5	1.4	5.1
Pediatrics	54,762	100.0	55.1	5.8	26.2	7.3	2.4	3.2
Obstetrics and gynecology	49,273	100.0	26.4	3.8	60.0	7.4	*0.3	2.0
General surgery	36,124	100.0	48.6	13.8	6.3	18.9	7.9	4.6
Ophthalmology	26,904	100.0	53.9	9.2	20.9	9.2	4.4	2.4
Orthopedic surgery	20,201	100.0	59.6	3.8	*0.4	9.2	25.9	*1.0
Dermatology	16,388	100.0	80.3	15.9	*0.1	*2.2	*1.1	*0.2
Psychiatry	16,197	100.0	61.8	2.5	*2.0	31.7	*0.5	*1.5
Otolaryngology	15,716	100.0	76.3	7.6	*1.7	11.0	*2.2	*1.1
Urology	11,205	100.0	61.2	18.9	7.7	9.7	*0.2	*2.3
Cardiovascular diseases	6,218	100.0	49.7	17.2	22.7	7.3	*0.2	*2.9

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]

[2]Includes Test Results Module; Administrative Module; blanks; problems and complaints not classified elsewhere; entries of "none"; and illegible entries.

Table 9. Number and percent of office visits by the five most visited specialties and principal reasons for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	Total	Physician specialty				
		General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	General surgery
	Number of visits in thousands					
All visits	570,052	222,919	64,959	54,762	49,273	36,124
	Percent					
Symptom Module S001-S999	55.9	60.7	54.8	55.1	26.4	48.6
General symptoms S001-S099	7.7	9.4	11.1	11.9	1.7	6.5
Symptoms of psychological and mental disorders S100-S199	2.7	1.9	2.2	*0.5	*0.6	*0.8
Nervous system (excluding sense organs) S200-S259	3.4	4.4	4.6	1.1	*0.5	2.2
Cardiovascular and lymphatic systems S260-S299	0.6	0.7	1.5	*0.5	*0.1	0.4
Eyes and ears S300-S399	5.5	3.1	1.4	8.2	*0.1	*1.0
Respiratory system S400-S499	10.9	14.6	9.9	21.1	*0.9	5.1
Digestive system S500-S639	4.9	6.0	7.8	4.2	2.3	8.8
Genitourinary system S640-S829	5.5	4.7	3.3	1.6	18.7	7.3
Skin, nails, and hair S830-S899	5.4	4.5	2.0	4.5	*0.6	7.2
Musculoskeletal system S900-S999	9.4	11.3	11.1	1.6	1.0	9.4
Disease Module D001-D999	9.4	8.5	14.7	5.8	3.8	13.8
Infective and parasitic diseases D001-D099	0.4	0.4	*0.3	1.0	*0.3	*0.2
Diseases of the ear D450-D499	0.2	*0.1	*0.0	1.4	-	*0.0
Diseases of the circulatory system D500-D599	2.3	2.9	5.9	*0.2	*0.3	2.7
Diseases of the respiratory system D600-D649	1.1	1.1	1.1	2.0	*0.1	*0.7
Diseases of the digestive system D650-D699	0.6	0.5	*0.6	*0.2	*0.0	3.7
Diseases of the genitourinary system D700-D799	0.6	0.3	*0.2	*0.0	2.1	*0.3
Diseases of the musculoskeletal system and connective tissue D900-D949	0.6	0.7	1.4	*0.0	*0.0	*0.7
All other[2]	3.6	2.5	5.2	1.0	1.0	5.5
Diagnostic, Screening and Preventive Module X100-X599	18.3	16.1	18.5	26.2	60.0	6.3
General examinations X100-X199	5.2	4.4	6.0	23.8	1.2	2.5
Special examinations X200-X299	7.5	4.3	2.1	*0.2	50.6	*1.2
Diagnostic tests X300-X399	4.2	6.0	9.9	*0.7	2.4	2.1
Other screening and preventive procedures X400-X499	0.7	0.9	*0.5	1.5	*0.1	*0.3
Family planning X500-X599	0.8	0.6	*0.1	-	5.7	*0.3
Treatment Module T100-T899	8.5	5.6	5.5	7.3	7.4	18.9
Medications T100-T199	2.1	2.0	1.7	5.7	1.0	0.5
Preoperative and postoperative care T200-T299	2.8	1.0	*0.6	*0.2	5.3	12.9
Progress visit, not elsewhere classifiable T800-T899	0.7	0.5	1.3	*0.4	*0.4	1.3
All other[3]	2.9	2.1	1.9	1.0	*0.7	4.2

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]

[2]Includes neoplasms, D100-D199; endocrine, nutritional, and metabolic diseases, D200-D249; diseases of the blood and blood-forming organs, D250-D299; mental disorders, D300-D349; diseases of the nervous system, D350-D399; diseases of the eye, D400-D449; diseases of the skin and subcutaneous tissue, D800-D899; congenital anomalies, D950-D989; perinatal morbidity and mortality conditions, D990-D999.

[3]Includes specific types of therapy, T400-T499; specific therapeutic procedures, T500-T599; medical counseling, T600-T699; social problem counseling, T700-T799.

Table 10. Number and percent of office visits by the five most visited specialties, physician's type of practice, principal diagnosis, diagnostic and therapeutic services ordered or provided, and disposition of visit: United States, January-December 1977

Visit characteristic and ICDA code	Total	Physician specialty					Type of practice	
		General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	General surgery	Solo	Other[1]
	Number of visits in thousands							
All visits	570,052	222,919	64,959	54,762	49,273	36,124	335,261	234,791
Principal diagnosis[2]	Percent of visits							
Infective and parasitic diseases 001-136	4.0	5.0	3.2	7.0	3.3	2.5	3.9	4.1
Neoplasms 140-239	2.5	1.3	2.7	*0.1	3.1	9.3	2.1	3.1
Endocrine, nutritional, and metabolic diseases 240-279	4.3	5.7	9.1	*0.7	2.0	2.9	5.0	3.2
Mental disorders 290-315	4.3	3.0	3.0	*0.7	*0.5	*0.9	5.7	2.4
Diseases of nervous system and sense organs 320-389	8.5	4.9	3.0	11.5	*0.1	1.7	9.5	7.1
Diseases of circulatory system 390-458	9.6	12.4	26.1	*0.5	1.1	9.2	10.8	7.9
Diseases of respiratory system 460-519	14.5	18.1	11.1	31.0	1.1	7.0	15.7	12.7
Diseases of digestive system 520-577	3.2	3.5	6.5	1.4	*0.9	10.2	3.2	3.3
Diseases of genitourinary system 580-629	6.4	5.5	3.8	1.2	21.5	6.0	5.5	7.7
Diseases of skin and subcutaneous tissue 680-709	5.6	4.7	2.3	5.4	*0.6	6.8	6.4	4.4
Diseases of musculoskeletal system 710-738	5.8	6.8	9.5	*0.6	*0.5	4.6	5.5	6.2
Symptoms and ill-defined conditions 780-796	4.5	4.3	7.0	4.0	3.7	4.3	4.0	5.3
Accidents, poisoning, and violence 800-999	7.7	9.1	3.4	3.8	1.1	13.0	6.7	9.0
Special conditions and examinations without sickness Y00-Y13	16.8	13.5	6.6	30.1	56.8	19.4	13.7	21.3
Other diagnoses[3]	2.4	2.2	2.6	2.1	3.7	2.1	2.4	2.3
Services ordered or provided								
Diagnostic services:								
None	12.0	8.8	6.7	12.6	3.8	16.6	13.4	10.0
Limited exam/history	56.3	63.3	57.0	38.9	57.2	52.2	56.3	56.3
General exam/history	22.4	19.2	24.7	44.5	30.3	22.4	21.6	23.4
Pap test	5.4	4.0	3.9	*0.0	36.6	2.2	4.1	7.2
Clinical lab test	21.4	20.7	33.9	22.7	43.1	9.3	17.6	26.8
X-ray	7.8	6.9	14.6	2.5	1.8	9.5	5.7	10.9
EKG	3.0	2.4	13.9	*0.1	*0.2	*0.9	2.6	3.7
Vision test	4.0	0.9	2.1	3.3	*0.1	*0.6	4.9	2.9
Endoscopy	1.2	0.6	2.5	*0.1	1.4	2.0	0.9	1.7
Blood pressure check	34.0	43.3	59.2	8.2	65.9	21.7	36.2	30.9
Other diagnostic services	4.4	2.7	3.4	2.0	4.2	2.1	4.7	3.9
Therapeutic services:								
None	19.1	14.7	14.4	14.8	35.0	30.7	17.3	21.8
Immunization/desensitization	6.6	5.4	3.4	25.5	*0.8	2.5	6.9	6.2
Drugs (prescription/nonprescription)	53.6	66.4	63.8	49.2	37.4	35.9	57.0	48.7
Diet counseling	6.9	8.0	13.2	8.3	6.5	3.5	7.3	6.3
Family planning	1.5	0.9	*0.4	*0.6	10.8	*0.4	0.9	2.3
Medical counseling	20.5	19.5	35.5	21.5	21.9	18.1	19.1	22.7
Physiotherapy	3.3	3.4	2.0	*0.3	*0.4	1.8	3.5	3.0
Office surgery	7.9	6.0	2.1	2.3	5.4	19.3	7.1	9.0
Psychotherapy/therapeutic listening	5.4	2.8	5.6	*0.8	4.5	*0.8	6.1	4.3
Other therapeutic services	2.7	0.9	1.2	0.9	1.7	3.2	2.9	2.5
Disposition of visit								
No followup planned	11.2	13.3	8.3	19.3	4.1	11.8	11.1	11.3
Return at specified time	60.8	53.9	66.8	45.4	77.4	57.7	61.1	60.3
Return if needed	22.6	28.3	17.3	29.9	18.4	17.8	22.7	22.6
Telephone followup planned	3.2	2.5	5.1	7.3	2.6	3.0	3.0	3.3
Referred to other physician	2.5	2.7	4.1	2.4	2.7	2.5	2.2	3.0
Returned to referring physician	0.8	*0.2	1.0	*0.6	*0.5	1.4	0.7	1.1
Admit to hospital	2.0	1.2	1.9	*0.5	2.5	6.2	1.7	2.3
Other	1.3	0.8	1.1	*0.6	1.7	3.0	1.2	1.3

[1]Includes partnership and group practice.
[2]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]
[3]Includes 280-289, diseases of the blood and blood-forming organs; 630-678, complications of pregnancy, childbirth, and the puerperium; 740-759, congenital anomalies; 750-779, certain causes of perinatal morbidity and mortality; blank diagnosis; noncodable diagnosis; and illegible diagnosis.

Table 11. Number, percent distribution, and annual rate of office visits by age, sex, and color of patient: United States, January-December 1977

Patient characteristic	Number of visits in thousands	Percent distribution	Number of visits per person per year[1]
All patients	570,052	100.0	2.7
Age			
Under 15 years	103,756	18.2	2.0
15-24 years	85,761	15.0	2.2
25-44 years	146,329	25.7	2.7
45-64 years	142.163	24.9	3.3
65 years and over	92,043	16.2	4.1
Sex and age			
Female	345,187	60.5	3.2
Under 15 years	50,229	8.8	2.0
15-24 years	56,055	9.8	2.8
25-44 years	97,450	17.1	3.4
45-64 years	84,241	14.8	3.7
65 years and over	57,212	10.0	4.4
Male	224,865	39.5	2.2
Under 15 years	53,527	9.4	2.1
15-24 years	29,706	5.2	1.5
25-44 years	48,880	8.6	1.8
45-64 years	57,922	10.2	2.8
65 years and over	34,831	6.1	3.8
Color			
White	514,788	90.3	2.8
Under 15 years	92,172	16.2	2.2
15-24 years	77,346	13.6	2.3
25-44 years	129,429	22.7	2.7
45-64 years	129,876	22.8	3.4
65 years and over	85,965	15.1	4.3
All other	55,264	9.7	2.0
Under 15 years	11,584	2.0	1.3
15-24 years	8,415	14.0	1.5
25-44 years	16,900	23.6	2.4
45-64 years	12,287	23.2	2.7
65 years and over	6,078	15.2	2.9
Sex and color			
Female:			
White	311,509	54.7	3.3
All other	40,461	7.1	2.7
Male:			
White	203,280	35.7	2.3
All other	14,802	2.6	1.1

[1]Rates are based on estimates of the civilian noninstitutionalized population of the United States for July 1, 1977, furnished by the U.S. Bureau of the Census (see appendix I).

Table 12. Number and percent distribution of office visits by age of patient, according to physician's specialty: United States, January-December 1977

Physician specialty	Age of patient					
	All ages	Under 15 years	15-25 years	25-44 years	45-64 years	65 years and over
	Number of visits in thousands					
All specialties	570,052	103,756	85,761	146,329	142,163	92,043
	Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
General and family practice	39.1	32.4	43.8	37.8	40.8	41.9
Internal medicine	11.4	1.4	5.5	9.7	17.3	21.8
Pediatrics	9.6	48.6	3.7	0.5	*0.2	*0.1
Obstetrics and gynecology	8.6	*0.3	16.9	17.8	4.9	1.6
General surgery	6.3	2.7	5.8	6.6	8.2	7.7
Opthalmology	4.7	2.7	4.5	3.5	5.6	7.8
Orthopedic surgery	3.5	2.9	4.1	4.1	4.0	2.3
Dermatology	2.9	1.3	5.1	3.0	2.8	2.5
Psychiatry	2.8	1.0	3.0	5.9	2.5	*0.4
Otolaryngology	2.8	3.3	2.1	2.5	3.0	2.8
Urology	2.0	0.5	0.9	1.8	2.7	3.8
Cardiovascular diseases	1.1	*0.0	*0.1	0.5	2.1	2.5
All other	5.2	2.9	4.5	6.3	5.9	4.8

Table 13. Number and percent distribution of office visits by principal diagnosis and principal reason for visit, according to age, sex, and color of patient: United States, January-December 1977

Principal diagnosis and ICDA code, and principal reason for visit and RVC code	All patients	Age of patient					Sex of patient		Color of patient	
		Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	Female	Male	White	All other
	Number of visits in thousands									
All visits	570,052	103,756	85,761	146,329	142,163	92,043	345,187	224,865	514,788	55,264
	Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Principal diagnosis[1]										
Infective and parasitic diseases 001-136	4.0	7.3	5.3	3.7	2.4	2.0	3.8	4.3	4.0	4.1
Neoplasms 140-239	2.5	*0.2	1.2	2.2	3.7	4.9	2.7	2.2	2.6	1.7
Endocrine, nutritional, and metabolic diseases 240-279	4.3	0.6	2.3	4.8	6.4	6.1	4.8	3.4	4.2	5.3
Mental disorders 290-315	4.3	1.3	3.9	7.9	4.7	1.8	4.3	4.3	4.4	3.0
Diseases of nervous system and sense organs 320-389	8.5	12.7	6.3	5.9	8.1	10.4	8.1	9.1	8.7	6.2
Diseases of circulatory system 390-458	9.6	0.6	1.0	4.1	16.1	26.5	9.0	10.5	9.6	9.6
Diseases of respiratory system 460-519	14.5	29.0	14.3	12.4	10.4	7.9	12.9	16.9	14.3	15.8
Diseases of digestive system 520-577	3.2	1.5	2.4	3.2	4.2	4.5	3.0	3.6	3.2	3.7
Diseases of genitourinary system 580-629	6.4	1.4	7.2	8.8	7.7	5.4	8.3	3.4	6.3	7.8
Diseases of skin and subcutaneous tissue 680-709	5.6	6.0	9.2	5.4	4.8	3.4	5.3	6.0	5.7	4.9
Diseases of musculoskeletal system 710-738	5.8	1.6	3.0	5.0	8.8	9.6	5.6	6.0	5.7	6.9
Symptoms and ill-defined conditions 780-796	4.5	3.8	3.9	5.0	5.0	4.3	4.7	4.2	4.5	5.1
Accidents, poisoning, and violence 800-999	7.7	8.2	10.6	8.5	7.0	4.1	5.6	10.9	7.6	8.4
Special conditions and examinations without sickness Y00-Y13	16.8	23.0	26.9	20.6	9.1	6.6	19.6	12.7	17.0	15.2
All other diagnoses[2]	2.4	2.8	2.4	2.8	1.7	2.7	2.4	2.3	2.4	2.3
Principal reason for visit[3]										
Symptom Module S001-S999	55.9	58.3	53.7	54.8	56.9	55.6	55.3	56.9	55.8	57.3
Disease Module D001-D999	9.4	6.3	4.7	6.8	13.2	15.4	8.9	10.1	9.2	10.8
Diagnostic, Screening, and Preventive Module X100-X599	18.3	18.9	21.6	20.5	14.5	17.0	22.0	12.6	18.6	15.9
Treatment Module T100-T899	8.5	7.4	7.3	9.9	9.4	7.3	8.1	9.2	8.6	7.1
Injury and Adverse Effects Module J001-J999	4.4	5.7	6.6	4.5	3.4	2.2	2.9	6.7	4.3	5.1
Test Results Module R100-R700	0.5	*0.1	*0.5	0.6	0.5	0.6	0.5	0.4	0.5	*0.3
Administrative Module A100-A140	1.8	2.3	4.6	1.8	0.9	*0.2	1.2	2.8	1.8	2.2
Other[4] U990-U999	1.2	1.0	1.0	1.2	1.2	1.8	1.2	1.3	1.2	1.3

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]
[2]Includes 280-289, diseases of the blood and blood-forming organs; 630-678, complications of pregnancy, childbirth and the puerperium; 740-759, congenital anomalies; 750-779, certain causes of perinatal morbidity and mortality; blank diagnosis; noncodable diagnosis; and illegible diagnosis.
[3]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]
[4]Includes blanks; problems, complaints, NEC; entries of "none"; and illegible entries.

Table 14. Number and percent distribution of office visits by time since onset of complaint or symptom, according to principal reason for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	Number of visits in thousands	Total	Time since onset of complaint or symptom					
			Less than 1 day	1-6 days	1-3 weeks	1-3 months	More than 3 months	Not applicable[2]
		Percent distribution						
All visits	570,052	100.0	4.1	22.3	13.8	11.8	29.8	18.3
Symptom Module S001-S999	318,849	100.0	4.6	33.3	17.3	13.3	27.7	3.8
Symptoms referable to throat S455	17,525	100.0	5.5	76.3	12.3	*2.6	2.7	*0.6
Cough S440	13,937	100.0	*3.1	64.7	19.8	5.2	7.0	*0.2
Head cold, upper respiratory infection S445	11,034	100.0	4.5	71.2	16.8	*2.8	*3.3	*1.4
Back symptoms S905	10,696	100.0	*3.3	22.9	21.7	14.7	35.0	*2.5
Skin rash S860	9,531	100.0	*3.5	41.2	25.0	10.2	18.3	*1.8
Fever S010	9,481	100.0	16.3	76.7	5.1	*0.7	*1.2	*0.1
Headache, pain in head S210	9,458	100.0	*3.4	27.8	17.2	16.1	31.4	*4.0
Disease Module D001-D999	53,478	100.0	1.0	12.1	12.9	11.6	49.7	12.8
Hypertension D510	8,310	100.0	*0.8	*2.7	*4.8	6.3	75.5	10.0
Diabetes mellitus D205	5,149	100.0	*0.8	*1.0	1.0	4.9	74.0	18.3
Arthritis D900	2,513	100.0	-	*4.5	*6.7	*9.7	68.0	*11.1
Diagnostic, Screening, and Preventive Module X100-X899	104,445	100.0	0.8	2.0	3.9	7.3	30.0	56.0
General medical exam X100	20,659	100.0	*0.9	2.6	4.5	4.0	17.7	70.4
Prenatal exam, routine X205	19,890	100.0	*0.1	*1.2	*0.9	11.5	54.6	31.7
Blood pressure test X320	14,990	100.0	*0.2	*1.1	4.1	6.4	58.7	29.5
Gynecological exam X225	9,496	100.0	*1.2	*1.8	*2.5	*4.6	12.3	77.7
Well-baby exam X105	8,677	100.0	*2.2	*2.9	*2.0	*2.3	*0.8	89.7
Treatment Module T100-T899	48,409	100.0	*0.5	7.6	14.4	13.2	37.4	26.8
Postoperative visit T205	15,083	100.0	*0.2	6.5	24.4	22.8	22.7	23.3
Allergy medication T100	7,386	100.0	*0.3	*0.4	*0.5	*2.2	50.4	46.1
Injections T110	3,058	100.0	*1.6	*8.3	*5.1	*4.2	41.5	39.3
Injuries and Adverse Effects Module J001-J999	24,952	100.0	26.5	32.1	18.3	14.0	8.0	*1.2
Lacerations and cuts, upper extremity J225	2,064	100.0	45.5	23.2	*17.6	*9.7	*3.3	*0.8
Test Results Module R100-R700	2,615	100.0	-	*6.5	20.9	19.5	27.5	25.6
Administrative Module A100-A140	10,403	100.0	*3.9	*1.7	*1.1	*0.6	4.5	88.2

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]
[2]Chiefly visits not involving a symptom or complaint, for example, annual or well-baby examination.

Table 15. Number and percent distribution of office visits by patient's prior visit status and seriousness of condition, according to principal reason for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	Number of visits in thousands	Total	Prior visit status			Seriousness of condition		
			New patient	Old patient, new problem	Old patient, old problem	Serious or very serious	Slightly serious	Not serious
		Percent distribution						
All visits	570,052	100.0	15.3	24.9	59.8	18.3	30.7	51.0
Symptom Module S001-S999	318,849	100.0	17.9	32.0	50.1	17.4	35.4	47.2
Symptoms referable to throat S455	17,525	100.0	16.4	49.7	33.9	4.7	35.7	59.6
Cough S440	13,937	100.0	15.4	46.9	37.8	10.4	33.5	56.1
Head cold, upper respiratory infection S445	11,034	100.0	14.9	50.6	34.5	*3.2	29.7	67.1
Back symptoms S905	10,696	100.0	16.9	22.2	60.9	17.0	41.5	41.5
Skin rash S860	9,531	100.0	26.2	49.0	24.8	8.2	26.4	65.4
Fever S010	9,481	100.0	15.1	56.5	28.4	9.4	45.9	44.7
Headache, pain in head S210	9,458	100.0	20.8	27.0	52.2	11.6	35.1	53.3
Disease Module D001-D999	53,478	100.0	10.9	11.1	78.1	31.3	34.1	34.6
Hypertension D510	8,310	100.0	5.6	5.9	88.5	31.8	44.0	24.2
Diabetes mellitus D205	5,149	100.0	*4.7	*2.2	93.1	47.3	34.9	17.8
Arthritis D900	2,513	100.0	8.5	4.7	86.8	27.4	42.4	30.3
Diagnostic, Screening, and Preventive Module X100-X899	104,445	100.0	10.5	15.8	73.7	11.3	18.4	70.3
General medical exam X100	20,659	100.0	11.3	20.5	68.2	10.3	18.5	71.3
Prenatal exam, routine X205	19,890	100.0	8.4	8.2	83.4	5.4	8.5	86.1
Blood pressure test X320	14,990	100.0	3.7	4.2	92.1	24.6	49.0	26.4
Gynecological exam X225	9,496	100.0	11.9	14.7	73.5	*2.0	8.2	89.8
Well-baby exam X105	8,677	100.0	10.5	25.2	64.3	*0.8	*3.1	96.1
Treatment Module T100-T899	48,409	100.0	5.2	7.9	86.9	26.8	26.3	46.9
Postoperative visit T205	15,083	100.0	*2.7	5.9	91.4	26.6	24.3	49.1
Allergy medication T100	7,386	100.0	*0.2	*2.6	97.2	8.5	25.5	65.9
Injections T110	3,058	100.0	*2.2	*9.6	88.2	*14.5	24.6	60.9
Injuries and Adverse Effects Module J001-J999	24,952	100.0	23.8	31.4	44.9	18.0	37.1	44.9
Lacerations and cuts, upper extremity J225	2,064	100.0	29.9	33.9	36.3	*15.8	25.2	59.0
Test Results Module R100-R700	2,615	100.0	*10.3	22.1	67.6	27.1	31.9	41.0
Administrative Module A100-A140	10,403	100.0	38.1	40.2	21.7	*2.8	4.8	92.3

[1]Reason for visit groups and codes based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]

Table 16. Number and percent of office visits by selected diagnostic services ordered or provided and principal reason for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	Number of visits in thousands	Selected diagnostic services				
		Limited exam/ history	General exam/ history	Clinical lab test	X-ray	Blood pressure check
		Percent of visits				
All visits	570,052	56.3	22.4	21.4	7.8	34.0
Symptom Module S001-S999	318,849	62.5	20.1	18.9	8.8	30.1
Symptoms referable to throat S455	17,525	74.5	16.1	25.8	*1.3	22.7
Cough S440	13,937	66.1	27.3	14.7	11.2	26.3
Head cold, upper respiratory infection S445	11,034	68.5	20.1	11.2	4.4	30.0
Back symptoms S905	10,696	61.1	19.9	16.7	20.5	31.5
Skin rash S860	9,531	73.1	14.5	10.3	*0.8	14.8
Fever S010	9,481	59.2	35.3	25.9	*4.6	11.1
Headache, pain in head S210	9,458	59.5	25.7	16.2	8.2	51.2
Disease Module D001-D999	53,478	59.1	17.9	24.7	4.9	40.3
Hypertension D510	8,310	59.9	17.3	13.0	*4.0	82.0
Diabetes mellitus D205	5,149	55.6	19.3	71.9	*2.4	69.6
Arthritis D900	2,513	59.3	23.8	30.2	*7.8	60.6
Diagnostic, Screening, and Preventive Module X100-X899	104,445	45.2	36.7	35.3	4.6	54.5
General medical exam X100	20,659	23.0	67.7	44.6	13.6	50.4
Prenatal exam, routine X205	19,890	75.6	12.7	53.8	*1.0	73.4
Blood pressure test X320	14,990	57.2	18.3	18.1	5.5	85.5
Gynecological exam X225	9,496	33.4	56.9	49.0	*2.0	79.3
Well-baby exam X105	8,677	17.6	75.6	14.2	*0.5	*1.3
Treatment Module T100-T899	48,409	42.1	8.5	8.7	2.9	17.1
Postoperative visit T205	15,083	63.0	8.2	8.5	3.5	14.7
Allergy medication T100	7,386	11.0	*1.0	*0.4	*0.1	*2.2
Injections T110	3,058	*12.8	*3.4	*4.7	-	20.0
Injuries and Adverse Efects Module J001-J999	24,952	66.6	10.9	2.1	25.5	11.1
Lacerations and cuts, upper extremity J225	2,064	62.3	*7.9	*2.5	*3.7	*3.9
Test Results Module R100-R700	2,615	36.2	*12.4	28.7	*5.4	44.8
Administrative Module A100-A140	10,403	23.8	61.6	43.6	8.2	46.0

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]

Table 17. Number and percent of office visits by selected therapeutic services ordered or provided and principal reason for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	Number of visits in thousands	Selected therapeutic services			
		Immunization/ desensitization	Drugs (prescription/ non-prescription)	Medical counseling	Office surgery
		Percent of visits			
All visits	570,052	6.6	53.6	20.5	7.9
Symptom Module S001-S999	318,849	3.0	66.6	21.1	7.3
Symptoms referable to throat S455	17,525	3.1	88.0	18.1	*1.0
Cough S440	13,937	*2.3	93.8	24.5	*0.7
Head cold, upper respiratory infection S445	11,034	*2.6	92.6	16.6	*0.3
Back symptoms S905	10,696	*0.8	61.4	19.4	*3.5
Skin rash S860	9,531	*2.8	85.4	17.2	*3.8
Fever S010	9,481	1.6	87.6	21.6	*0.7
Headache, pain in head S210	9,458	*3.9	73.8	22.1	*1.5
Disease Module D001-D999	53,478	4.1	61.2	24.6	7.5
Hypertension D510	8,310	*1.6	82.4	27.9	*0.2
Diabetes mellitus D205	5,149	*2.6	62.2	36.8	*0.6
Arthritis D900	2,513	*1.1	79.9	27.4	*4.3
Diagnostic, Screening, and Preventive Module X100-X899	104,445	12.5	34.7	22.1	2.1
General medical exam X100	20,659	20.6	35.5	22.7	*1.2
Prenatal exam, routine X205	19,890	*0.4	16.2	24.2	*0.2
Blood pressure test X320	14,990	*1.2	72.3	29.2	*0.6
Gynecological exam X225	9,496	*0.3	41.4	14.1	*2.6
Well-baby exam X105	8,677	57.8	9.1	20.3	*0.4
Treatment Module T100-T899	48,409	17.4	26.3	12.7	15.0
Postoperative visit T205	15,083	*0.3	18.9	16.3	20.0
Allergy medication T100	7,386	95.7	6.4	*1.8	-
Injections T110	3,058	31.3	64.5	*5.1	*0.5
Injuries and Adverse Effects Module J001-J999	24,952	6.4	30.7	17.9	31.7
Lacerations and cuts, upper extremity J225	2,064	*18.1	*19.1	*14.5	70.4
Test Results Module R100-R700	2,615	*0.3	38.3	40.1	*6.1
Administrative Module A100-A140	10,403	14.2	5.0	7.5	*0.5

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]

Table 18. Number and percent of office visits by selected dispositions of visit, and principal reasons for visit: United States, January-December 1977

Principal reason for visit and RVC code[1]	Number of visits in thousands	Selected disposition			
		No followup	Return at specified time	Return if needed	Referred to other physician or admitted to hospital
		Percent of visits			
All visits	570,052	11.2	60.8	22.6	4.5
Symptom Module S001-S999	318,849	9.7	53.2	29.4	5.6
Symptoms referable to throat S455	17,525	20.7	25.3	45.8	*1.4
Cough S440	13,937	16.6	37.7	42.3	*2.1
Head cold, upper respiratory infection S445	11,034	19.5	25.8	50.9	*0.4
Back symptoms S905	10,696	6.3	57.4	26.7	6.0
Skin rash S860	9,531	16.7	36.1	42.2	*2.4
Fever S010	9,481	14.2	26.6	51.0	3.4
Headache, pain in head S210	9,458	7.2	54.2	31.1	7.1
Disease Module D001-D999	53,478	5.8	73.9	14.7	5.2
Hypertension D510	8,310	*2.1	91.9	5.6	*1.3
Diabetes mellitus D205	5,149	*0.6	94.0	*2.0	*3.6
Arthritis D900	2,513	*1.9	79.5	*15.5	*2.1
Diagnostic, Screening, and Preventive Module X100-X899	104,445	10.7	75.7	13.0	2.2
General medical exam X100	20,659	22.0	57.3	19.3	2.8
Prenatal exam, routine X205	19,890	*0.4	96.9	6.4	2.3
Blood pressure test X320	14,990	*3.0	88.6	7.9	*2.0
Gynecological exam X225	9,496	*3.8	75.9	20.6	2.8
Well-baby exam X105	8,677	*6.2	88.1	6.9	*0.9
Treatment Module T100-T899	48,409	9.4	75.3	12.9	2.5
Postoperative visit T205	15,083	10.5	74.4	13.6	*1.2
Allergy medication T100	7,386	*2.6	95.0	4.2	*0.5
Injections T110	3,058	*14.0	56.6	27.2	-
Injuries and Adverse Effects Module J001-J999	24,952	17.0	57.6	21.4	3.2
Lacerations and cuts, upper extremity J225	2,064	17.4	68.5	9.8	*0.7
Test Results Module R100-R700	2,615	*3.7	65.2	19.6	*8.7
Administrative Module A100-A140	10,403	78.8	8.1	10.2	*1.1

[1]Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care* (RVC).[26]

Table 19. Number and percent distribution of office visits by patient's prior visit status and seriousness of condition, according to principal diagnosis: United States, January-December 1977

Principal diagnosis and ICDA code[1]	Number of visits in thousands	Total	Prior visit status			Seriousness of condition		
			New patient	Old patient, new problem	Old patient, old problem	Serious or very serious	Slightly serious	Not serious
		Percent distribution						
All diagnoses	570,052	100.0	15.3	24.9	59.8	18.3	30.7	51.0
Infective and parasitic diseases 001-136	22,668	100.0	17.9	46.5	35.6	8.6	35.4	56.0
Diarrheal diseases 009	4,321	100.0	13.9	50.9	35.2	*7.6	37.7	54.7
Streptococcal sore throat and scarlet fever 034	1,713	100.0	*17.7	47.6	34.7	*9.7	53.7	36.6
Neoplasms 140-239	14,286	100.0	18.0	17.8	64.2	51.0	22.2	26.8
Benign neoplasm of skin 216	1,146	100.0	*20.8	*32.8	46.3	*0.3	*14.9	84.8
Endocrine, nutritional and metabolic diseases 240-279	24,287	100.0	8.7	10.7	80.6	27.1	35.0	37.9
Diabetes mellitus 250	11,023	100.0	4.9	5.9	89.3	42.1	38.4	19.4
Obesity 277	6,762	100.0	13.0	12.9	74.2	11.2	24.0	64.7
Myxedema 244	1,639	100.0	*6.3	*5.7	88.1	*10.8	46.4	42.8
Mental disorders 290-315	24,522	100.0	10.4	11.4	78.2	48.6	27.5	23.9
Neuroses 300	12,551	100.0	9.5	11.6	78.9	41.5	30.4	28.1
Personality disorders 301	2,680	100.0	*6.4	*0.7	92.9	72.5	23.3	*4.2
Schizophrenia 295	2,025	100.0	*3.3	*1.7	95.0	81.2	*14.8	4.1
Diseases of nervous system and sense organs 320-389	48,291	100.0	24.3	22.6	53.1	15.8	35.3	48.9
Otitis media 381	11,029	100.0	15.4	37.9	46.7	11.7	49.5	38.9
Refractive errors 370	7,883	100.0	39.0	6.8	54.2	*1.5	15.3	83.2
Conjunctivitis and ophthalmia 360	2,628	100.0	34.4	46.3	19.3	*6.1	42.6	51.3
Cataract 374	2,232	100.0	19.4	*8.7	71.9	32.1	40.5	27.3
Glaucoma 375	1,956	100.0	*6.1	*3.1	90.8	60.1	24.3	*15.6
Diseases of circulatory system 390-458	54,702	100.0	6.5	9.0	84.5	39.1	40.9	20.0
Essential benign hypertension 401	24,837	100.0	5.2	6.0	88.8	23.9	50.8	25.4
Chronic ischemic heart disease 412	11,943	100.0	*2.5	3.7	93.8	55.8	34.6	9.5
Symptomatic heart disease 427	3,491	100.0	*5.9	12.8	81.3	56.4	29.3	14.4
Angina pectoris 413	1,597	100.0	*8.2	*7.1	84.7	68.2	21.9	9.9
Diseases of respiratory system 460-519	82,466	100.0	13.8	38.2	48.0	10.2	36.8	53.1
Acute respiratory infections (except influenza) 460-466	40,892	100.0	15.9	49.6	34.5	4.3	32.4	63.3
Influenza 470-474	3,597	100.0	12.1	62.4	25.5	*6.9	39.1	54.0
Hay fever 507	11,444	100.0	8.0	8.8	83.2	5.4	38.6	56.0
Bronchitis, unqualified 490	6,597	100.0	14.0	48.1	37.9	8.2	49.8	42.0
Asthma 493	5,044	100.0	8.9	*8.2	82.9	30.7	47.4	22.0
Emphysema 492	1,254	100.0	*7.8	*2.4	89.8	72.2	*19.8	*8.0
Diseases of digestive system 520-577	18,451	100.0	17.1	30.8	52.1	24.3	40.1	35.7
Gastritis and duodenitis 535	2,173	100.0	*13.6	42.5	44.0	*10.5	*48.7	40.9
Diseases of genitourinary system 580-629	36,473	100.0	16.4	26.5	57.0	11.7	33.8	54.4
Diseases of male genital organs 600-607	4,786	100.0	21.7	12.2	66.1	11.1	32.5	56.5
Diseases of female genital organs 610-629	19,971	100.0	16.6	29.4	54.1	8.9	30.3	60.8
Diseases of skin and subcutaneous tissue 680-709	31,910	100.0	21.9	26.7	51.4	10.7	26.5	62.9
Other eczema and dermatitis 692	9,880	100.0	21.3	26.0	52.8	9.6	23.7	66.7
Diseases of sebaceous glands 706	7,788	100.0	19.3	15.2	65.5	*5.5	21.1	73.4
Diseases of musculoskeletal system 710-738	32,983	100.0	14.1	20.5	65.5	19.5	40.2	40.2
Arthritis and rheumatism 710-718	17,668	100.0	10.1	17.6	72.3	21.8	42.8	35.4
Symptoms and ill-defined conditions 780-796	25,695	100.0	19.6	32.7	47.7	17.2	33.7	49.1
Accidents, poisoning, and violence 800-999	43,761	100.0	21.4	31.9	46.7	15.4	36.9	47.7
Fractures 800-829	8,309	100.0	13.3	18.4	68.3	29.1	37.8	33.2
Dislocations 830-839	1,159	100.0	*16.7	*11.2	72.1	27.7	35.4	*36.9
Sprains and strains 840-848	12,885	100.0	22.9	30.4	46.7	6.6	39.9	53.5
Special conditions and examinations without sickness Y00-Y13	96,009	100.0	12.2	20.4	67.4	7.2	10.0	82.7
Medical or special examination Y00	41,716	100.0	17.9	28.3	53.8	*0.8	3.6	95.6
Prenatal care Y06	20,778	100.0	9.7	10.5	79.9	5.0	8.3	86.7
Medical and surgical aftercare Y10	19,524	100.0	4.6	10.6	84.8	19.7	24.9	55.4

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]

Table 20. Number and percent of office visits by selected diagnostic services ordered or provided, and principal diagnosis: United States, January-December 1977

Principal diagnosis and ICDA code[1]	Number of visits in thousands	Selected diagnostic services				
		Limited exam/ history	General exam/ history	Clinical lab test	X-ray	Blood pressure check
		Percent of visits				
All diagnoses	570,052	56.3	22.4	21.4	7.8	34.0
Infective and parasitic diseases 001-136	22,668	64.2	20.3	25.3	2.8	23.5
Diarrheal diseases 009	4,321	62.8	25.3	19.3	4.0	26.6
Streptococcal sore throat and scarlet fever 034	1,713	64.5	*16.6	45.1	-	*14.8
Neoplasms 140-239	14,286	55.4	20.1	27.5	6.8	28.5
Benign neoplasm of skin 216	1,146	67.4	*4.3	*9.2	-	*6.3
Endocrine, nutritional, and metabolic diseases 240-279	24,287	55.1	22.5	47.3	4.4	63.2
Diabetes mellitus 250	11,023	53.0	22.6	69.3	*3.4	67.0
Obesity 277	6,762	56.2	23.2	19.8	*3.3	70.1
Myxedema 244	1,639	70.0	*18.4	33.8	*2.6	61.2
Mental disorders 290-315	24,522	29.8	11.8	7.2	2.4	24.9
Neuroses 300	12,551	35.1	11.3	7.6	*2.3	30.3
Personality disorders 301	2,680	8.0	*4.3	-	-	*3.3
Schizophrenia 295	2,025	*18.4	*2.9	*1.6	*0.6	*13.9
Diseases of nervous system and sense organs 320-389	48,291	65.1	19.5	5.8	2.7	12.6
Otitis media 381	11,029	74.9	17.4	7.1	*1.3	6.4
Refractive errors 370	7,883	48.7	28.0	*0.6	*0.1	*1.4
Conjunctivitis and ophthalmia 360	2,628	77.0	*12.5	*9.4	-	*8.3
Cataract 374	2,232	44.7	32.0	2.0	*0.8	*3.1
Glaucoma 375	1,956	57.3	*11.8	*1.0	-	*4.0
Diseases of circulatory system 390-458	54,702	57.7	23.2	20.3	7.8	73.0
Essential benign hypertension 401	24,837	58.1	19.9	16.8	6.7	81.8
Chronic ischemic heart disease 412	11,943	59.4	25.3	24.2	7.6	76.8
Symptomatic heart disease 427	3,491	54.3	23.4	19.7	14.8	65.7
Angina pectoris 413	1,597	56.5	32.0	*24.5	*15.3	61.7
Diseases of respiratory system 460-519	82,466	65.3	18.9	16.1	5.9	23.8
Acute respiratory infections (except influenza) 460-466	40,892	70.1	22.0	19.0	2.8	23.6
Influenza 470-474	3,597	75.4	17.0	*11.8	*2.5	27.9
Hay fever 507	11,444	39.0	8.0	9.9	*2.1	9.9
Bronchitis, unqualified 490	6,597	77.1	16.5	10.3	12.8	30.4
Asthma 493	5,044	53.5	17.9	13.5	*4.4	23.6
Emphysema 492	1,254	70.3	*16.2	*19.5	*22.4	65.0
Diseases of digestive system 520-577	18,451	55.1	29.0	21.6	14.5	39.5
Gastritis and duodenitis 535	2,173	61.1	28.0	*17.8	*17.0	51.5
Diseases of genitourinary system 580-629	36,473	54.3	25.8	49.3	5.1	38.5
Diseases of male genital organs 600-607	4,786	51.3	20.6	61.6	*8.9	10.2
Diseases of female genital organs 610-629	19,971	53.8	31.2	30.6	3.7	49.2
Diseases of skin and subcutaneous tissue 680-709	31,910	61.5	9.9	7.5	*1.2	12.7
Other eczema and dermatitis 692	9,880	50.3	10.5	7.1	*0.8	14.2
Diseases of sebaceous glands 706	7,788	61.3	8.4	*2.6	*0.4	6.6
Diseases of musculoskeletal system 710-738	32,983	62.5	19.4	15.5	20.1	38.1
Arthritis and rheumatism 710-718	17,668	61.6	21.1	21.2	16.9	51.3
Symptoms and ill-defined conditions 780-796	25,695	55.8	25.6	27.4	13.2	37.3
Accidents, poisoning, and violence 800-999	43,761	64.4	12.8	4.3	25.8	14.5
Fractures 800-829	8,309	63.5	9.9	*1.2	54.1	6.1
Dislocations 830-839	1,159	54.9	*14.2	*3.8	43.9	*10.7
Sprains and strains 840-848	12,885	67.2	13.8	5.8	27.9	21.5
Special conditions and examinations without sickness Y00-Y13	96,009	44.2	35.2	30.5	3.9	40.4
Medical or special examination Y00	41,716	21.7	64.8	34.3	4.9	39.3
Prenatal care Y06	20,778	75.0	13.7	54.5	*1.0	73.0
Medical and surgical aftercare Y10	19,524	61.3	9.5	9.4	6.9	17.1

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]

Table 21. Number and percent of office visits by selected therapeutic services ordered or provided and principal diagnosis: United States, January-December 1977

Principal diagnosis and ICDA code[1]	Number of visits in thousands	Selected therapeutic services			
		Immunization/ desensitization	Drugs (prescription/ non-prescription)	Medical counseling	Office surgery
		Percent of visits			
All diagnoses	570,052	6.6	53.6	20.6	7.9
Infective and parasitic diseases 001-136	22,668	2.0	72.6	18.7	10.0
Diarrheal diseases 009	4,321	*2.2	82.7	20.7	-
Streptococcal sore throat and scarlet fever 034	1,713	*3.4	84.3	*10.8	-
Neoplasms 140-239	14,286	*0.9	28.4	21.1	23.7
Benign neoplasm of skin 216	1,146	-	*8.3	*0.8	68.7
Endocrine, nutritional, and metabolic diseases 240-279	24,287	*1.8	64.6	27.1	*1.2
Diabetes mellitus 250	11,023	2.2	62.3	32.1	*1.2
Obesity 277	6,762	*1.1	64.5	21.1	*0.5
Myxedema 244	1,639	*0.8	84.2	*17.4	*0.9
Mental disorders 290-315	24,522	0.4	46.8	13.3	0.1
Neuroses 300	12,551	0.5	50.1	13.3	-
Personality disorders 301	2,680	-	17.8	*1.9	-
Schizophrenia 295	2,025	-	59.7	*6.6	-
Diseases of nervous system and sense organs 320-389	48,291	1.1	54.2	14.5	7.7
Otitis media 381	11,029	*1.2	78.6	19.9	4.7
Refractive errors 370	7,883	*0.3	9.9	*5.2	*0.3
Conjunctivitis ophthalmia 360	2,628	*0.3	92.3	*10.5	*3.1
Cataract 374	2,232	-	24.6	*15.5	*2.0
Glaucoma 375	1,956	*0.9	65.0	*9.2	-
Diseases of circulatory system 390-458	54,702	2.1	73.2	31.1	1.8
Essential benign hypertension 401	24,837	*1.4	79.3	26.1	*0.5
Chronic ischemic heart disease 412	11,943	*3.0	74.9	38.5	*0.9
Symptomatic heart disease 427	3,491	*3.9	70.2	36.2	*1.0
Angina pectoris 413	1,597	*3.3	70.5	42.3	*0.3
Diseases of respiratory system 460-519	82,466	13.6	79.7	19.5	1.7
Acute respiratory infections (except influenza) 460-466	40,892	2.5	92.5	17.9	*0.5
Influenza 470-474	3,597	*1.4	86.6	14.7	*1.1
Hay fever 507	11,444	63.5	35.0	13.7	*3.6
Bronchitis, unqualified 490	6,597	*3.0	94.7	22.3	*0.2
Asthma 493	5,044	42.7	58.3	28.0	*2.2
Emphysema 492	1,254	6.1	77.8	*32.9	-
Diseases of digestive system 520-577	18,451	*1.1	57.9	28.0	4.3
Gastritis and duodenitis 535	2,173	*0.2	*91.0	23.0	-
Diseases of genitourinary system 580-629	36,473	*1.1	62.6	25.2	11.3
Diseases of male genital organs 600-607	4,786	*1.6	54.2	23.3	*5.7
Diseases of female genital organs 610-629	19,971	*1.6	57.4	26.3	7.8
Diseases of skin and subcutaneous tissue 680-709	31,910	9.9	66.2	13.4	23.4
Other eczema and dermatitis 692	9,880	28.2	67.7	9.8	*0.8
Diseases of sebaceous glands 706	7,788	*1.9	67.1	9.6	48.9
Diseases of musculoskeletal system 710-738	32,983	2.1	62.2	21.6	4.7
Arthritis and rheumatism 710-718	17,668	*2.1	74.7	22.7	3.0
Symptoms and ill-defined conditions 780-796	25,695	*0.9	48.9	24.7	3.2
Accidents, poisoning, and violence 800-999	43,761	5.2	35.1	19.9	24.4
Fractures 800-829	8,309	*1.0	12.9	17.8	33.1
Dislocations 830-839	1,159	*1.3	*6.1	*20.9	*12.3
Sprains and strains 840-848	12,885	*1.1	46.8	23.3	8.4
Special conditions and examinations without sickness Y00-Y13	96,009	16.2	18.4	17.2	6.8
Medical or special examination Y00	41,716	25.7	16.8	15.1	*0.9
Prenatal care Y06	20,778	*0.5	16.8	24.6	*0.3
Medical and surgical aftercare Y10	19,524	*0.5	21.7	18.1	24.7

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]

Table 22. Number and percent of office visits by selected dispositions of visit and principal diagnosis: United States, January-December 1977

Principal diagnosis and ICDA code[1]	Number of visits in thousands	Selected disposition			
		No followup	Return at specified time	Return if needed	Referred to other physician, or admitted to hospital
		Percent of visits			
All diagnoses	570,052	11.2	60.8	22.6	4.5
Infective and parasitic diseases 001-136	22,668	13.4	41.0	39.2	2.5
Diarrheal diseases 009	4,321	*8.2	32.1	48.2	*4.9
Streptococcal sore throat and scarlet fever 034	1,713	*26.7	33.0	32.8	*0.3
Neoplasms 140-239	14,286	7.0	64.7	10.0	8.0
Benign neoplasm of skin 216	1,146	*27.8	*31.3	*34.5	*0.3
Endocrine, nutritional, and metabolic diseases 240-279	24,287	2.3	85.1	10.3	3.1
Diabetes mellitus 250	11,023	*1.1	90.1	5.8	3.9
Obesity 277	6,762	3.9	85.3	11.8	*0.5
Myxedema 244	1,639	2.7	90.1	*4.6	*1.1
Mental disorders 290-315	24,522	4.0	75.6	16.4	3.5
Neuroses 300	12,551	4.2	75.4	17.5	3.5
Personality disorders 301	2,680	*2.2	91.5	*4.9	*1.2
Schizophrenia 295	2,025	*3.5	85.8	*9.3	*3.3
Diseases of nervous system and sense organs 320-389	48,291	13.5	55.3	25.6	4.5
Otitis media 381	11,029	12.5	57.8	27.2	*2.6
Refractive errors 370	7,883	24.2	50.8	24.4	*0.6
Conjunctivitis and ophthalmia 360	2,628	17.7	26.5	51.1	*5.6
Cataract 374	2,232	*5.7	70.8	*5.5	*9.7
Glaucoma 375	1,956	2.3	93.7	*2.3	*2.7
Diseases of circulatory system 390-458	54,702	2.6	83.9	9.8	4.2
Essential benign hypertension 401	24,837	2.5	88.9	7.9	*1.4
Chronic ischemic heart disease 412	11,943	*0.7	89.6	8.4	3.0
Symptomatic heart disease 427	3,491	*1.3	80.4	*4.9	*11.7
Angina pectoris 413	1,597	*1.6	79.5	*15.7	*6.7
Diseases of respiratory system 460-519	82,466	13.4	41.1	40.3	2.4
Acute respiratory infections (except influenza) 460-466	40,892	18.5	25.0	50.1	1.2
Influenza 470-474	3,597	19.8	19.7	56.3	*0.9
Hay fever 507	11,444	*3.6	79.8	16.3	*0.7
Bronchitis, unqualified 490	6,597	13.9	34.3	49.1	2.2
Asthma 493	5,044	*1.7	76.6	22.5	*3.7
Emphysema 492	1,254	*0.9	87.2	*5.8	*5.8
Diseases of digestive system 520-577	18,451	6.7	59.3	18.9	13.4
Gastritis and duodenitis 535	2,173	*8.6	53.1	34.5	*4.5
Diseases of genitourinary system 580-629	36,473	5.0	63.5	23.4	7.1
Diseases of male genital organs 600-607	4,786	*4.5	66.7	18.1	10.3
Diseases of female genital organs 610-629	19,971	5.5	60.6	26.6	6.9
Diseases of skin and subcutaneous tissue 680-709	31,910	12.0	58.2	25.5	2.7
Other eczema and dermatitis 692	9,880	12.7	55.9	28.3	*2.1
Diseases of sebaceous glands 706	7,788	7.4	74.0	14.9	*2.1
Diseases of musculoskeletal system 710-738	32,983	5.4	60.7	26.0	5.4
Arthritis and rheumatism 710-718	17,668	4.4	64.4	26.1	3.6
Symptoms and ill-defined conditions 780-796	25,695	9.9	52.3	26.8	8.8
Accidents, poisoning, and violence 800-999	43,761	14.6	56.4	23.5	4.1
Fractures 800-829	8,309	8.8	74.6	11.4	5.6
Dislocations 830-839	1,159	*2.5	69.7	*12.2	*18.4
Sprains and strains 840-848	12,885	10.7	52.2	30.1	4.2
Special conditions and examinations without sickness Y00-Y13	96,009	19.7	66.3	13.4	1.9
Medical or special examination Y00	41,716	31.9	51.7	15.5	1.3
Prenatal care Y06	20,778	0.4	96.1	6.4	2.9
Medical and surgical aftercare Y10	19,524	14.7	66.6	16.0	*1.8

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]

Table 23. Number, percent, and cumulative percent of office visits by the 50 most frequently rendered principal diagnoses: United States, January-December 1977

Rank	Principal diagnosis and ICDA code[1]	Number of visits in thousands	Percent of visits	Cumulative percent of visits
1	Medical or special examination Y00	41,716	7.3	7.3
2	Essential benign hypertension 401	24,837	4.4	11.7
3	Prenatal care Y06	20,778	3.6	15.3
4	Medical and surgical aftercare Y10	19,524	3.4	18.7
5	Acute upper respiratory infection 465	17,925	3.1	21.8
6	Neuroses 300	12,551	2.2	24.0
7	Chronic ischemic heart disease 412	11,943	2.1	26.1
8	Hay fever 507	11,444	2.0	28.1
9	Otitis media 381	11,029	1.9	30.0
10	Diabetes mellitus 250	11,023	1.9	31.9
11	Acute pharyngitis 462	9,968	1.7	33.6
12	Other eczema and dermatitis 692	9,880	1.7	35.3
13	Refractive errors 370	7,883	1.4	36.7
14	Diseases of sebaceous glands 706	7,788	1.4	38.1
15	Obesity 277	6,762	1.2	39.3
16	Bronchitis, unqualified 490	6,597	1.2	40.5
17	Osteoarthritis 713	5,866	1.0	41.5
18	Acute tonsillitis 463	5,713	1.0	42.5
19	Synovitis, bursitis 731	5,331	0.9	43.4
20	Other viral diseases 079	5,193	0.9	44.3
21	Asthma 493	5,044	0.9	45.2
22	Sprains and strains of back, unspecified 847	4,981	0.9	46.1
23	Inoculations and vaccinations Y02	4,717	0.8	46.9
24	Arthritis, unspecified 715	4,711	0.8	47.7
25	Chronic sinusitis 503	4,423	0.8	48.5
26	Diarrheal diseases 009	4,321	0.8	49.3
27	Other rheumatism 717	4,027	0.7	50.0
28	Observation, without need for further medical care 793	3,981	0.7	50.7
29	Disorders of menstruation 626	3,933	0.7	51.4
30	Menopausal symptoms 627	3,678	0.6	52.0
31	Cystitis 595	3,491	0.6	52.6
32	Symptomatic heart disease 427	3,491	0.6	53.2
33	Infective diseases of uterus, vagina, vulva 622	3,307	0.6	53.8
34	Nervousness and debility 790	3,207	0.6	54.4
35	Other diseases of urinary tract 599	3,186	0.6	55.0
36	Influenza, unqualified 470	3,119	0.5	55.5
37	Other diseases of ear and mastoid process 387	3,095	0.5	56.0
38	Other diseases of ear 378	2,961	0.5	56.5
39	Certain symptoms referable to nervous system and special senses 780	2,913	0.5	57.0
40	Other ill-defined and unknown causes of morbidity and mortality 796	2,797	0.5	57.5
41	Personality disorders 301	2,680	0.5	58.0
42	Acute bronchitis 466	2,645	0.5	58.5
43	Conjunctivitis and ophthalmia 360	2,628	0.5	59.0
44	Acute nasopharyngitis (common cold) 460	2,511	0.4	59.4
45	Other person without complaint or illness Y09	2,491	0.4	59.8
46	Sprains and strains of sacroiliac region 846	2,478	0.4	60.2
47	Rheumatoid arthritis and allied conditions 712	2,435	0.4	60.6
48	Vertebrogenic pain syndrome 728	2,401	0.4	61.0
49	Postpartum observation Y07	2,254	0.4	61.4
50	Cataract 374	2,232	0.4	61.8

[1]Diagnostic groups and codes are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28]

Table 24. Number and percent distribution of office visits by time since onset of complaint or symptom, according to prior visit status and seriousness of condition: United States, January-December 1977

Selected characteristic	Number of visits in thousands	Total	Time since onset of complaint or symptom					
			Less than 1 day	1-6 days	1-3 weeks	1-3 months	More than 3 months	Not applicable[1]
		Percent distribution						
All visits	570,052	100.0	4.1	22.3	13.8	11.8	29.8	18.3
Prior visit status								
New problem visits	229,267	100.0	8.2	37.3	15.6	10.3	13.9	14.8
Old patient, old problem	340,785	100.0	1.3	12.2	12.6	12.7	40.5	20.6
Seriousness of condition								
Serious or very serious	104,118	100.0	3.6	12.2	11.3	12.6	49.8	10.6
Slightly serious	175,252	100.0	4.6	26.2	16.5	13.3	31.0	8.4
Not serious	290,682	100.0	4.0	23.6	13.1	10.5	21.9	27.0

[1]Chiefly visits not involving a symptom or complaint, for example, annual or well-baby examination.

APPENDIXES

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APPENDIX I

TECHNICAL NOTES

This report is based on data collected in the 1977 National Ambulatory Medical Care Survey (NAMCS), an annual sample survey of office-based physicians conducted by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics.

Statistical Design

Scope of the survey.—The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice, but not in the specialties of anesthesiology, pathology, or radiology. Telephone contacts and nonoffice visits are excluded.

Sample design.—The NAMCS utilizes a multistage probability design that involves probability samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. The first-stage sample of 87 PSU's was selected by the National Opinion Research Center (NORC) of the University of Chicago, the organization responsible for NAMCS field and data processing operations under contract to the National Center for Health Statistics. A PSU is a county, a group of adjacent counties, or a standard metropolitan statistical area (SMSA). A modified probability-proportional-to-size procedure using separate sampling frames for SMSA's and for nonmetropolitan counties was employed. After sorting and stratifying by size, region, and demographic characteristics, each frame was divided into sequential zones of 1 million residents, and a random number was drawn to determine which PSU came into the sample from each zone.

The second stage consisted of a probability sample of practicing physicians selected from the master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA) who met the following criteria:

Office-based, as defined by AMA and AOA.

Principally engaged in patient care activities.

Nonfederally employed.

Not in the specialties of anesthesiology, pathology, clinical pathology, forensic pathology, radiology, diagnostic radiology, pediatric radiology, or therapeutic radiology.

The 1977 NAMCS physician universe included 188,690 doctors of medicine and 10,010 doctors of osteopathy (see table I).

Within each PSU, all eligible physicians were arranged by nine specialty groups: general and family medicine, internal medicine, pediatrics, other medical specialties, general surgery, obstetrics and gynecology, other surgical specialties, psychiatry, and all other specialties. Then, within each PSU, a systematic random sample of physicians was selected in such a way that the overall probability of selecting any physician in the United States was approximately constant.

The 1977 NAMCS physician sample included 3,000 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria; 507 physicians did not meet all the criteria and were therefore ruled out of scope (ineligible) for the study. The most common reasons for being out of scope were that the physician was retired, deceased, or employed in teaching, research or

Table I. Distribution of physicians in the universe[1] and in the 1977 National Ambulatory Medical Care Survey sample and response rates, by physician specialty

Physician specialty	Universe	Gross total	Out of scope	Net total	Non-respondents	Respondents	Response rate
All specialties	198,700	3,000	507	2,493	561	1,932	77.5
General and family practice	52,432	740	140	600	162	438	73.0
Medical specialties	54,011	826	132	694	169	525	75.6
Internal medicine	28,109	430	65	365	99	266	72.9
Pediatrics	13,260	203	34	169	34	135	79.9
Other medical specialties	12,642	193	33	160	36	124	77.5
Surgical specialties	68,901	1,062	112	950	187	763	80.3
General surgery	20,067	302	41	261	44	217	83.1
Obstetrics and gynecology	15,937	249	21	228	54	174	76.3
Other surgical specialties	32,897	511	50	461	89	372	80.7
Other specialties	23,356	372	123	249	43	206	82.7
Psychiatry	13,747	221	47	174	32	142	81.6
Other specialties	9,609	151	76	75	11	64	85.3

[1]Includes doctors of medicine (M.D.'s) and doctors of osteopathy (D.O.'s).

administration. Of the 2,493 in-scope (eligible) physicians, 1,932 (77.5 percent) participated in the study. Of the participating physicians, 265 physicians saw no patients during their assigned reporting period because of vacations, illnesses, or other reasons for being temporarily not in practice. The physician sample size and response data by physician specialty are shown in table I.

The final stage was the selection of patient visits within the annual practices of the sample physicians. This involved two steps. First, the total physician sample was divided into 52 random subsamples of approximately equal size, and each subsample was randomly assigned to 1 of the 52 weeks in the survey year. Second, a systematic random sample of visits was selected by the physician during the assigned week. The sampling rate varied for this final step from a 100 percent sample for very small practices to a 20 percent sample for very large practices. The method by which the sampling rate was determined is described later in this appendix and in the Induction Interview form in appendix III. During 1977, 51,044 useable Patient Record forms were completed by physicians participating in NAMCS.

Data Collection and Processing

Field procedures.—Both mail and telephone contacts were used to enlist sample physicians for NAMCS. Physicians received introductory letters from NCHS (see appendix III) and AMA or AOA. When appropriate, a letter from the physician's specialty organization endorsing the survey and urging his participation, was enclosed with the NCHS letter. A few days later, a field representative telephoned the physician to explain briefly the study and arrange an appointment for a personal interview. A physician who did not respond initially was generally recontacted via a telephone call or special explanatory letter requesting him to reconsider participation in the study.

During the personal interview the field representative determined the physician's eligibility, ascertained his cooperation, delivered survey materials with verbal and printed instructions, and assigned a predetermined Monday-Sunday reporting period. A short interview concerning basic practice characteristics, such as type of practice and expected number of office visits, was conducted. Office staff who were to assist

with data collection were invited to attend the instruction session or were offered separate instruction sessions.

Before the beginning of and again during the week assigned for data collection, the interviewer telephoned the sample physician to answer questions that might have arisen and to ensure that procedures were going smoothly. At the end of the survey week, the participating physician mailed the finished survey materials to the interviewer, who edited the forms for completeness before transmitting them for central data processing. Problems of missing or incomplete data were resolved at this stage by interviewer telephone followup to the sample physician, if there were no problems, field procedures were complete with respect to the sample physician's participation in NAMCS. After the end of the survey year, each sample physician was sent a thank-you letter from NCHS along with one of the survey's statistical reports.

Data collection.—The actual data collection for NAMCS was carried out by the physician, aided by his office staff when possible. Two data collection forms were employed by the physician: the Patient Log and the Patient Record (appendix III). The Patient Log is a sequential listing of patients seen in the physician's office during his assigned reporting week. This list served as the sampling frame to indicate the visits for which data were to be recorded. A perforation between the patient names and patient visit characterisics permitted the physician to remove and retain the patient names, thus protecting the confidentiality of the patients.

Based on the physician's estimate of the expected number of office visits, each physician was assigned a patient sampling ratio. These ratios were designed so that about 30 Patient Record forms were completed during the assigned reporting week. Physicians expecting 10 or fewer visits each day recorded data for all visits, those expecting more than 10 visits per day recorded data for every second, third, or fifth visit, based on the predetermined sampling interval. These procedures minimized the data collection workload and maintained approximately equal reporting levels among sample physicians regardless of practice size. For physicians assigned a patient sampling ratio, a random start was provided on the first page of the log, so that predesignated sample visits recorded on each succeeding page of the log provided a systematic random sample of patient visits during the reporting period.

Data processing.—In addition to completeness checks made by the field staff, clerical edits were performed upon receipt of the data for central processing. These procedures proved quite efficient, reducing the item nonresponse rates to a negligible amount—2 percent or less for all items.

Information contained in item 6 (patient's problem or reason for visit) of the Patient Record was coded according to *A Reason for Visit Classification for Ambulatory Care.*[25] Diagnostic information (item 8 of the Patient Record) was coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).[28] A maximum of three entries were coded from each of these items. Quality control in the medical coding operation involved a two-way independent verification procedure with 100 percent verification. Coding differences were adjudicated at the National Center for Health Statistics.

Information from the Induction Interview and Patient Record forms was keypunched, with 100 percent verification, and converted to computer tape. At this point, extensive computer consistency and edit checks were performed. Incomplete items were imputed by assigning a value from a Patient Record with similar characteristics; physician specialty and broad diagnostic categories were used as the basis for these imputations.

Estimation Procedures

Statistics from the 1977 National Ambulatory Medical Care Survey were derived by a multistage estimation procedure, which produces essentially unbiased national estimates and has three basic components: (1) inflation by reciprocals of the probabilities of selection, (2) adjustment for nonresponse, and (3) a ratio adjustment to fixed totals. Each component is described briefly.

NOTE: A list of references follows the text.

Inflation by reciprocals of sampling probabilities.—Since the survey utilized a three-stage sample design, there were three probabilities of selection: (1) the probability of selecting the PSU, (2) the probability of selecting a physician within the PSU, and (3) the probability of selecting a a patient visit within the physician's practice. The last probability was defined to be the exact number of office visits during the physician's specified reporting week divided by the number of Patient Records completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

Adjustment for nonresponse.—Estimates from the NAMCS data were adjusted to account for sample physicians who did not participate in the study. This was done in such a manner as to minimize the impact of nonresponse on final estimates by imputing to nonresponding physicians the practice characteristics of similar responding physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practiced in the same PSU.

Ratio adjustment.—A poststratification adjustment was made within each of nine physician specialty groups. The ratio adjustment was a multiplication factor of which the numerator was the number of physicians in the universe in each physician specialty group and the denominator the estimated number of physicians in that particular specialty group. The numerator was based on figures obtained from the AMA-AOA master files, and the denominator was based on data from the sample.

Reliability of Estimates

Since the statistics presented in this report are based on a sample, they differ somewhat from the figures that would be obtained if a complete census had been taken using the same forms, instructions, and procedures. However, the probability design of NAMCS permits the calculation of sampling errors. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. The standard error, as calculated in this report, also reflects part of the variation that arises in the measurement process. It does not include estimates of any systematic biases that may be in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error, and about 99 out of 100 that it would be less than 2½ times as large.

The relative standard error of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate. For this report, an asterisk (*) precedes any estimate with more than a 30 percent relative standard error.

Estimates of sampling variability were calculated using the method of half-sample replication. This method yields overall variability through observation of variability among random subsamples of the total sample. A description of the development and evaluation of the replication technique for error estimation has been published.[29,30]

Approximate relative standard errors for aggregates and percentages are presented in figures I and II. In order to derive error estimates that would be applicable to a wide variety of statistics and could be prepared at moderate cost, several approximations were required. As a result, the relative standard errors shown in figures I and II should be interpreted as approximate rather than exact for any specific estimate. Directions for determining approximate relative standard errors from the figures follow.

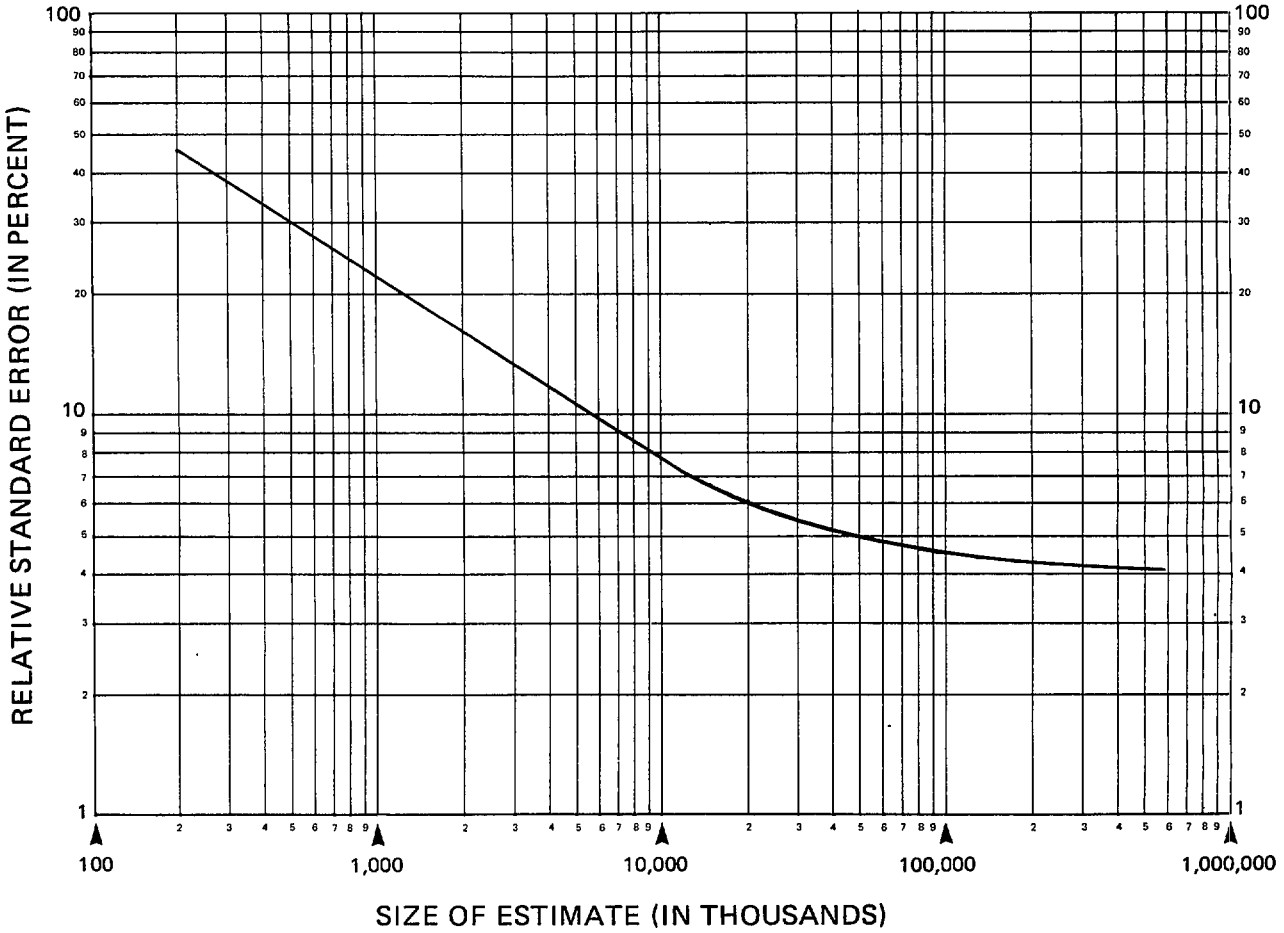
Estimates of aggregates.—Approximate relative standard errors (in percent) for aggregate statistics, such as the number of office visits with a given characteristic, are obtained from the curve in figure I or calculated by the formula:

$$\text{RSE}\ (x) = \sqrt{0.00160725 + \frac{41.31046}{x}} \cdot 100$$

where x is the aggregate of interest in thousands.

Estimates of percentages.—Approximate relative standard errors (in percent) for estimates of this type can be calculated from the curve in figure I as follows. Obtain the relative standard error of the numerator and denominator. Square each of the relative standard errors, subtract the

Figure I. Approximate relative standard errors for estimated numbers of office visits, 1977 National Ambulatory Medical Care Survey



Example of use of this chart: An estimate of 10 million office visits (read from scale at bottom of chart) has a relative standard error of 7.6 percent (read from scale at left side of chart) or a standard error of 760,000 office visits (7.6 percent of 10 million visits).

resulting value for the denominator from the resulting value for the numerator, and extract the square root. This calculation has been made for several percents and bases and is presented in figure II. Alternatively, the formula

$$\text{RSE}\ (p) = \sqrt{\frac{41.31046\ (1 - p)}{p \cdot x}} \cdot 100$$

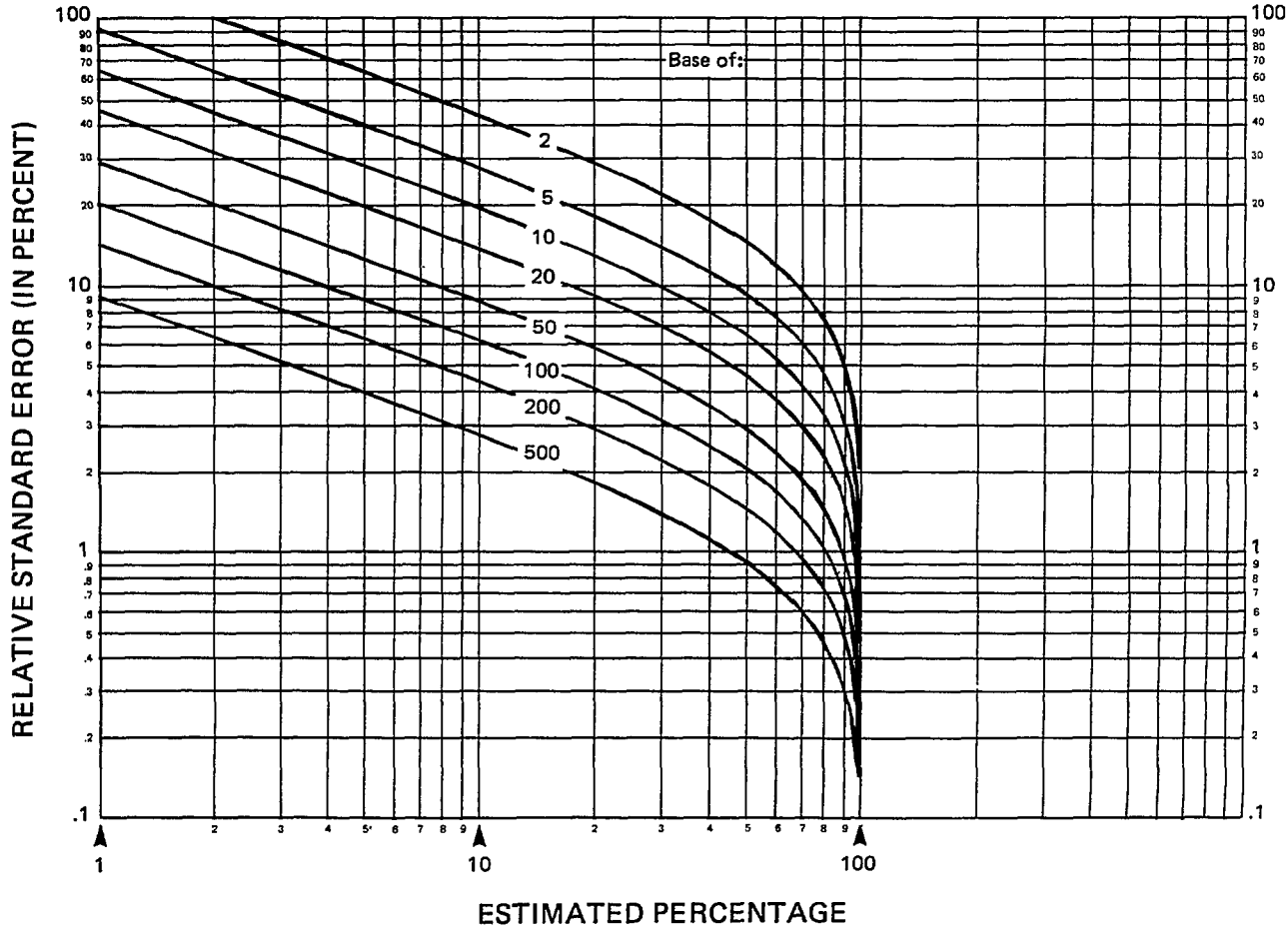
can be used to calculate the RSE for any percent (p) and base (x, in thousands).

Estimates of rates where the numerator is not a subclass of the denominator.—Approximate relative standard errors for rates in which the denominator is the total U.S. population or one or more of the age-sex-race groups of the total population are equivalent to the relative standard error of the numerator that can be obtained from figure I.

Estimates of differences between two statistics.—The relative standard errors shown in this appendix are not directly applicable to differences between two sample estimates. The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula represents the standard error quite accurately for the difference between separate

Figure II. Approximate relative standard errors for percentages of estimated numbers of office visits, 1977 National Ambulatory Medical Care Survey

(Base of percentage shown on curves in millions)



Example of use of this chart: An estimate of 20 percent (read at bottom of chart) based on an estimate of 10 million office visits has a relative standard error of 12.9 percent (read from scale at left of chart) or a standard error of 2.6 percentage points (12.9 percent of 20 percent).

and uncorrelated characteristics, although it is only a rough approximation in most other cases.

The half-sample replication procedure was used to calculate standard errors for the specific estimates of mean contact duration of visits presented in tables D and J.

In addition to sampling error, survey results are subject to reporting and processing errors and biases due to nonresponse or incomplete response. There is no way to compute the magnitude of these errors. However, they were kept to a minimum by procedures built into the survey operation. Careful attention and extensive pretesting were given to the phrasing of the questions and the terms (and their definitions) employed in order to eliminate ambiguities and encourage uniformity of reporting. The steps taken to reduce nonresponse bias are discussed in the sections on field procedures and data collection. Quality control procedures and consistency and edit checks, discussed in the data processing section, reduced errors in data coding and processing.

Tests of Significance

In this report, the determination of statistical inference is based on the *t*-test with a critical value of 1.96 (0.05 level of significance). Terms relating to differences, such as "higher," "less," etc., indicate that the differences are statistically significant. Terms such as "similar" or "no difference" mean that no statistical significance exists between the estimates being compared. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant.

Population Figures

The base population used in computing annual visit rates is presented in table II. The figures are based on provisional estimates for the civilian noninstitutionalized population of the United States as of July 1, 1977, provided by the U.S. Bureau of the Census. Because NAMCS includes data for only the conterminous United States, the original census estimates were modified to account for the exclusion of Alaska and Hawaii from the study. For this reason the population estimates should not be considered official and are presented here solely to provide denominators for rate computations.

Systematic Bias

There have been no attempts to determine systematic bias on the data reported here. There are several factors, however, which the user of these data should understand, that indicate that these data underrepresent the total number of office visits to office-based physicians. Some of the factors are:

Table II. Estimates of the civilian noninstitutionalized population of the United States[1] used in computing of annual visit rates in this publication, by age, race, sex, geographic region, and metropolitan and nonmetropolitan area: United States, July 1, 1977

Race, sex, geographic region, and area	All ages	Age				
		Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
Race	Number in thousands					
All races	210,843	51,186	39,425	54,893	43,140	22,200
Male	101,745	26,110	19,350	26,520	20,597	9,169
Female	109,098	25,076	20,075	28,373	22,544	13,031
White	182,781	42,495	33,648	47,937	38,598	20,103
Male	88,607	21,734	16,639	23,457	18,508	8,268
Female	94,174	20,761	17,010	24,480	20,089	11,834
All other races	28,063	8,691	5,776	6,956	4,543	2,096
Male	13,139	4,375	2,711	3,063	2,088	901
Female	14,924	4,316	3,065	3,893	2,455	1,196
Geographic region						
Northeast	48,442	...	...	...	...	...
North Central	56,574	...	...	...	...	...
South	68,906	...	...	...	...	...
West	36,921	...	...	...	...	...
Area						
Metropolitan	143,994	...	...	...	...	...
Nonmetropolitan	66,850	...	...	...	...	...

[1]Excludes Alaska and Hawaii.

1. The sampling frame for the 1977 NAMCS included all nonfederally employed, "office-based, patient care" physicians on the AMA-AOA master files. There are certainly physicians not so classified who, at the time of the survey, would have met the criteria for that classification. Visits to these physicians are not represented here.

2. Physicians who participated in NAMCS did a thorough and conscientious job in keeping the Patient Log; however, the probability that a patient visit was accidentally omitted from the survey is much greater than the probability that a patient was included who did not make a visit. This factor also introduces an unknown bias into the data.

APPENDIX II

DEFINITION OF TERMS

Terms Relating to the Survey

Office(s).—Premises identified by the physician as locations for his ambulatory practice. The responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than with any institution.

Ambulatory patient.—An individual seeking personal health services, who is neither bedridden nor currently admitted to any health care institution on the premises.

Physician.—Classified as either:

In scope: All duly licensed doctors of medicine and doctors of osteopathy currently in practice who spend some time in caring for ambulatory patients at an office location.

Out of scope: Those physicians who treat patients only indirectly, including specialists in anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology, and the following physicians:

Physicians in military service.

Physicians who treat patients only in an institutional setting (e.g., patients in nursing homes and hospitals).

Physicians employed full time by an industry or institution and having no private practice (e.g., physicians who work for the Veterans Administration, the Ford Motor Company, etc.).

Physicians who spend no time seeing ambulatory patients (e.g., physicians who only teach, are engaged in research, or are retired).

Patients.—Classified as either:

In scope: All patients seen by the physician or a member of his staff in his office(s).

Out of scope: Patients seen by the physician in a hospital, nursing home, or other extended care institution, or the patient's home. [Note: If the physician has a *private* office (fitting the definition "office") located in a hospital, the ambulatory patients seen there are considered in scope.] The following types of patients are considered out of scope:

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

Patients who telephone and receive advice from the physician.

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

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

Visit.—A direct, personal exchange between an ambulatory patient and a physician (or members of his staff) for the purpose of seeking care and rendering health services.

Physician specialty.—Principal specialty (including general practice) as designated by the physician at the time of the survey. Those physicians for whom a specialty was not obtained

were assigned the principal specialty recorded in the master physician files maintained by the American Medical Association or the American Osteopathic Association.

Region of practice location.—The four geographic regions, excluding Alaska and Hawaii, that correspond to those used by the U.S. Bureau of the Census:

Region	*States included*
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
North Central	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

Metropolitan status of practice location.—A physician's practice is classified by its location in a metropolitan or nonmetropolitan area. Metropolitan areas are standard metropolitan statistical areas (SMSA's) as defined by the U.S. Office of Management and Budget.

The definition of an individual SMSA involves two considerations: first, a city or cities of specified population which constitute the central city and identify in which it is located as the central county; second, economic and social relationships with "contiguous" counties which are metropolitan in character so that the periphery of the specific metropolitan area may be determined. SMSA's may cross State lines. In New England, SMSA's consist of cities and towns rather than counties.

Terms Relating to the Patient Record Form

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

Color or race.—On the Patient Record, color or race includes four categories: white, Negro/black, other, and unknown. The physician was instructed to mark the category which in his judgment was most appropriate for the patient based on observation and/or prior knowledge of the patient. "Other" was restricted to Oriental people, American Indians, and persons of other nonwhite, non-Negro races.

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

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

Time since onset of complaint/symptom in item 6a.—Physicians were instructed to check the category corresponding to the length of time since the known beginning of the patient's most important problem. "Not applicable" was used when the reason for visit was not a complaint or symptom (e.g., annual and well-baby examinations). For postoperative visits, "onset" refers to the length of time since the surgery. For routine prenatal visits, onset refers to the length of time since conception. For a flareup of a chronic condition (e.g., arthritis), onset refers to the length of time since the flareup, not the onset of the original condition.

Principal diagnoses.—The physician's diagnosis of the patient's principal problem, complaint, or symptom. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance; "principal" refers to the first-listed diagnosis. The diagnosis represents the physician's best judg-

ment at the time of the visit and may be tentative, provisional, or definitive.

Other significant current diagnosis.—The diagnosis of any other condition known to exist for the patient at the time of the visit. Other diagnoses may or may not be related to the reason for that visit.

Seriousness of problem in item 8a.—This item includes four categories: very serious, serious, slightly serious, and not serious. The physician was instructed to check one of the four categories according to his own evaluation of the seriousness of the patient's problem causing this visit. Seriousness refers to the physician's clinical judgment as to the extent of the impairment that might result if no care were given.

Diagnostic services this visit.—Physicians were instructed to check any of the following services that were ordered or provided during the current visit:

Limited exam/history: History and/or physical examination which is limited to a specific body site or system, or which is concerned primarily with the patient's chief complaint, for example, pelvic examination or eye examination.

General exam/history: History and/or physical examination of a comprehensive nature, including all or most body systems.

Pap test: Papanicolaou test, self-explanatory.

Clinical lab test: One or more laboratory procedures or tests, including examination of blood, urine, sputum, smears, exudates, transudates, feces, and gastric content, and including chemistry, serology, bacteriology, and pregnancy test (excludes Pap test).

X-ray: Any single or multiple X-ray examination for diagnostic or screening purposes. Radiation therapy is not included in this category.

EKG: Electrocardiogram, self-explanatory.

Vision test: Visual acuity test.

Endoscopy: Examination of the interior of any body cavity, except ear, nose, and throat, by means of an endoscope.

Blood pressure check: Self-explanatory.

Other: All other diagnostic services ordered or provided which are not included in the preceding categories.

Therapeutic services this visit.—Physicians were instructed to check any of the following services that were ordered or provided during the current visit:

Immunization/desensitization: Administration of any immunizing, vaccinating, or desensitizing agent or substance by any route, for example, syringe, needle, oral, gun, or scarification.

Drugs (prescription/nonprescription): Drugs, vitamins, hormones, ointments, suppositories, or other medications ordered or provided, except injections and immunizations. Includes both prescription and nonprescription (over-the-counter) medication.

Diet counseling: Instructions, recommendations, or advice regarding diet or dietary habits.

Family planning: Services, counseling, or advice that might enable patients to determine the number and spacing of their children. Includes both contraception and infertility services.

Medical counseling: Instructions and recommendations regarding any health problem, including advice or counsel about change of habit or behavior. Physicians were instructed to check this category only if the medical counseling was a *significant* part of the treatment. (Excludes diet and family planning counseling.)

Physiotherapy: Any form of physical therapy ordered or provided, including any treatment using heat, light, sound, or physical pressure or movement, for example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold therapy, and manipulative therapy.

Office surgery: Any surgical procedure performed in the office this visit, including suture of wounds, reduction of fractures,

application and/or removal of casts, incision and draining of abscesses, application of supportive materials for fractures and sprains, and all irrigations, aspirations, dilatations, and excisions.

Psychotherapy/therapeutic listening: All treatments designed to produce a mental or emotional response through suggestion, persuasion, reeducation, reassurance, or support, including psychological counseling, hypnosis, psychoanalysis, and transactional therapy.

Other: Treatments ordered or provided which are not included in the preceding categories.

Disposition this visit.—Eight categories are provided to describe the physician's disposition of the case as follows:

No followup planned: No return visit or telephone contact was scheduled for the patient's problem.

Return at specified time: Patient was told to schedule an appointment or was instructed to return at a particular time.

Return if needed, P.R.N.: No future appointment was made, but the patient was instructed to make an appointment with the physician if the patient considered it necessary.

Telephone followup planned: Patient was instructed to telephone the physician on a particular day to report on his progress, or if the need arose.

Referred to other physician: Patient was instructed to consult or seek care from another physician. The patient may or may not return to this physician at a later date.

Returned to referring physician: Patient was referred to this physician and was now instructed to consult again with the physician who referred him.

Admit to hospital: Patient was instructed that further care or treatment would be provided in a hospital. No further office visits were expected prior to that admission.

Other: Any other disposition of the case not included in the above categories

Duration of this visit.—Time the physician spent with the patient, not including the time the patient spent waiting to see the physician, time the patient spent receiving care from someone other than the physician without the presence of the physician, and time spent reviewing records, tests results, etc. In the event a patient was provided care by a member of the physician's staff but did not see the physician during the visit, the duration of visit was recorded as zero.

APPENDIX III

SURVEY INSTRUMENTS

Introductory Letter From Director, National Center for Health Statistics

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
HYATTSVILLE, MARYLAND 20782

NATIONAL CENTER FOR
HEALTH STATISTICS

Endorsing Organizations

American Medical Association
James H. Sammons, M.D.
Executive Vice President

National Medical Association
Alfred F. Fisher
Executive Director

American Academy of Dermatology
John M. Shaw, M.D.
Secretary-Treasurer

American Academy of Family Physicians
Roger Tusken
Executive Director

American Academy of Neurology
Stanley A. Nelson
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Charles V. Heck, M.D.
Executive Director

American Academy of Pediatrics
Robert G. Frazier, M.D.
Executive Director

American College of Obstetricians and Gynecologists
Warren H. Pearse, M.D.
Director

American College of Physicians
Edward C. Rosenow, Jr., M.D.
Executive Vice President

American College of Preventive Medicine
Ward Bentley
Executive Director

American Osteopathic Association
Edward P. Crowell, D. O.
Executive Director

American Proctologic Society
Alejandro F. Castro, M.D.
Secretary

American Psychiatric Association
Melvin Sabshin, M.D.
Medical Director

American Society of Internal Medicine
William R. Ramsey
Executive Director

American Society of Plastic and Reconstructive Surgeons, Inc.
Dallas F. Whaley
Executive Vice President

American Urologic Association
Hal B. Jennings, Jr., M.D.
Executive Director

Association of American Medical Colleges
John A. D. Cooper, M.D., Ph.D.
President

Dear Dr.

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

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

Since practicing physicians are the only reliable source of this information, we need your assistance in the NAMCS. As one of the physicians selected in our national sample, your participation is essential to the success of the survey. Of course, all information that you provide is held in strict confidence.

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

Within a few days, a survey representative will telephone you for an appointment to discuss the details of your participation. We greatly appreciate your cooperation.

Sincerely yours,

Dorothy P. Rice
Director

DPR/mho

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

PATIENT LOG

As each patient arrives, record name and time of visit on the log below. For the patient entered on line #2, also complete the patient record to the right.

PATIENT'S NAME	TIME OF VISIT
1	a.m. / p.m.
2	a.m. / p.m.
3	a.m. / p.m.

Record items 1-14 for this patient

CONTINUE LISTING PATIENTS ON NEXT PAGE

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

1. DATE OF VISIT ___/___/___ Mo/Day/Yr

2. DATE OF BIRTH ___/___/___ Mo/Day/Yr

3. SEX
- 1 ☐ FEMALE
- 2 ☐ MALE

4. COLOR OR RACE
- 1 ☐ WHITE
- 2 ☐ NEGRO/BLACK
- 3 ☐ OTHER
- 4 ☐ UNKNOWN

5. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN?
- 1 ☐ YES
- 2 ☐ NO

6. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT *(In patient's own words)*
- a. MOST IMPORTANT _____
- b. OTHER _____

7. TIME SINCE ONSET OF COMPLAINT/SYMPTOM IN ITEM 6a *(Check one)*
- 1 ☐ LESS THAN 1 DAY
- 2 ☐ 1-6 DAYS
- 3 ☐ 1-3 WEEKS
- 4 ☐ 1-3 MONTHS
- 5 ☐ MORE THAN 3 MONTHS
- 6 ☐ NOT APPLICABLE

8. PHYSICIAN'S DIAGNOSES
- a. PRINCIPAL DIAGNOSIS/PROBLEM ASSOCIATED WITH ITEM 6a
- b. OTHER SIGNIFICANT CURRENT DIAGNOSES

9. HAVE YOU SEEN PATIENT BEFORE?
- 1 ☐ YES 2 ☐ NO

IF YES, FOR THE CONDITION IN ITEM 8a?
- 1 ☐ YES 2 ☐ NO

10. SERIOUSNESS OF CONDITION IN ITEM 8a *(Check one)*
- 1 ☐ VERY SERIOUS
- 2 ☐ SERIOUS
- 3 ☐ SLIGHTLY SERIOUS
- 4 ☐ NOT SERIOUS

11. DIAGNOSTIC SERVICES THIS VISIT *(Check all ordered or provided)*
- 1 ☐ NONE
- 2 ☐ LIMITED EXAM/HISTORY
- 3 ☐ GENERAL EXAM/HISTORY
- 4 ☐ PAP TEST
- 5 ☐ CLINICAL LAB TEST
- 6 ☐ X-RAY
- 7 ☐ EKG
- 8 ☐ VISION TEST
- 9 ☐ ENDOSCOPY
- 10 ☐ BLOOD PRESSURE CHECK
- 11 ☐ OTHER *(Specify)* _____

12. THERAPEUTIC SERVICES THIS VISIT *(Check all ordered or provided)*
- 1 ☐ NONE
- 2 ☐ IMMUNIZATION/DESENSITIZATION
- 3 ☐ DRUGS (PRESCRIPTION/NONPRESCRIPTION)
- 4 ☐ DIET COUNSELING
- 5 ☐ FAMILY PLANNING
- 6 ☐ MEDICAL COUNSELING
- 7 ☐ PHYSIOTHERAPY
- 8 ☐ OFFICE SURGERY
- 9 ☐ PSYCHOTHERAPY/THERAPEUTIC LISTENING
- 10 ☐ OTHER *(Specify)* _____

13. DISPOSITION THIS VISIT *(Check all that apply)*
- 1 ☐ NO FOLLOW-UP PLANNED
- 2 ☐ RETURN AT SPECIFIED TIME
- 3 ☐ RETURN IF NEEDED, P.R.N.
- 4 ☐ TELEPHONE FOLLOW-UP PLANNED
- 5 ☐ REFERRED TO OTHER PHYSICIAN
- 6 ☐ RETURNED TO REFERRING PHYSICIAN
- 7 ☐ ADMIT TO HOSPITAL
- 8 ☐ OTHER *(Specify)* _____

14. DURATION OF THIS VISIT *(Time actually spent with physician)*

_____ MINUTES

HRA-34-2
REV. 9-76

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

O.M.B. #68-R1498

Induction Interview Form

BEGIN DECK 3

CONFIDENTIAL*
NORC-4233

Form Approved
OMB No. 68R1498

FOR OFFICE USE ONLY:
(BATCH NO.) 5-6/
(LOG NO.) 7-10/

NATIONAL AMBULATORY MEDICAL CARE SURVEY
INDUCTION INTERVIEW

(Phys. ID Number) 1-4/

BEFORE STARTING INTERVIEW

1. ENTER PHYSICIAN I.D. NUMBER IN BOX TO RIGHT.
2. ENTER DATES OF ASSIGNED REPORTING WEEK IN Q. 2, P. 2.

TIME BEGAN: _____ AM / PM

Doctor, before I begin, let me take a minute to give you a little background about this survey.

*The National Ambulatory Medical Care Survey is authorized by Congress in Public Law 93-353, section 308. It is a voluntary study and there are no penalties for refusing to answer any question. All information collected is confidential and will be used only to prepare statistical summaries. No information which will identify an individual or a physician's practice will be released.

Although ambulatory medical care accounts for nearly 90 per cent of all medical care received in the United States, there is no systematic information about the characteristics and problems of people who consult physicians in their offices. This kind of information has been badly needed by medical educators and others concerned with the medical manpower situation.

In response to increasing demands for this kind of information, the National Center for Health Statistics, in close consultation with representatives of the medical profession, has developed the National Ambulatory Medical Care Survey.

Your own task in the survey is simple, carefully designed, and should not take much of your time. Essentially, it consists of your participation during a specified 7-day period. During this period, you simply check off a minimal amount of information concerning patients that you see.

Now, before we get into the actual procedures, I have a few questions to ask about your practice. The answers you give me will be used only for classification and analysis, and of course all information you provide is held in strict confidence.*

1. First, you are a _____. Is that right?
(ENTER SPECIALTY FROM CODE ON FACE SHEET LABEL.)

Yes X
No . . . . (ASK A) . . . . Y

A. IF NO: What is your specialty (including general practice)?

_____ (Name of Specialty) 11-13/

2. Now, doctor, this study will be concerned with the ambulatory patients you will see in your office during the week of (READ REPORTING DATES ENTERED BELOW).

_____/_____ (that's a Monday) through _____/_____ (that's a Sunday)
month date month date

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

Yes . . . . . (GO TO Q. 3) . . X
No . . . . . (ASK A) . . . . Y

A. IF NO: Why is that? RECORD VERBATIM, THEN READ PARAGRAPH BELOW

Since it's very important, doctor, that we include any ambulatory patients that you do happen to see in your office during that week, I'd like to leave these forms with you anyway--just in case your plans change. I'll plan to check back with your office just before (STARTING DATE) to make sure, and I can explain them in detail then, if necessary.

GIVE DOCTOR THE A PATIENT RECORD FORMS AND GO TO Q. 9, P. 6.

3. A. At what office location will you be seeing ambulatory patients during that 7-day period? RECORD UNDER A BELOW AND THEN CODE B.

B. FOR EACH OFFICE LOCATION ENTERED IN A, CODE YES OR NO TO "IN SCOPE."

IN SCOPE (Yes)	OUT OF SCOPE (No)
Private offices	Hospital emergency rooms
Free-standing clinics (non-hospital based)	Hospital outpatient departments
Groups, partnerships	College or university infirmaries
Kaiser, HIP, Mayo Clinic	Industrial outpatient facilities
Neighborhood Health Centers	Family planning clinics
Privately operated clinics (except family planning)	Government-operated clinics (VD, maternal & child health, etc.)

IN CASE OF DOUBT, ASK: Is that (clinic/facility/institution) hospital based?

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

C. Is that all of the office locations at which you expect to see ambulatory patients during that week?

Yes X
No . . . . . Y

IF NO: OBTAIN ADDITIONAL OFFICE LOCATION(S), ENTER IN "A" BELOW, AND REPEAT.

	A. Office Location	B. In Scope? Yes	No
(1)	_____	X	Y
	_____		
(2)	_____	X	Y
	_____		
(3)	_____	X	Y
	_____		
(4)	_____	X	Y

IF ALL LOCATIONS ARE OUT OF SCOPE, THANK THE DOCTOR AND LEAVE.

4. A. During that week (REPEAT DATES), how many ambulatory patients do you expect to see in your office practice? (DO NOT COUNT PATIENTS SEEN AT [OUT-OF-SCOPE LOCATIONS] CODED IN 3-B.)

ENTER TOTAL UNDER "A" BELOW AND CIRCLE ON APPROPRIATE LINE.

B. And during those seven days (REPEAT DATES IF NECESSARY), on how many days do you expect to see any ambulatory patients? COUNT EACH DAY IN WHICH DOCTOR EXPECTS TO SEE ANY PATIENTS AT AN IN-SCOPE OFFICE LOCATION.

ENTER TOTAL UNDER "B" BELOW AND CIRCLE NUMBER IN APPROPRIATE COLUMN.

DETERMINE PROPER PATIENT LOG FORM FROM CHART BELOW. READ ACROSS ON "TOTAL PATIENTS" LINE UNDER "A" AND CIRCLE LETTER IN APPROPRIATE "DAYS" COLUMN UNDER "B."

THIS LETTER TELLS YOU WHICH OF THE FOUR PATIENT LOG FORMS (A, B, C, D) SHOULD BE USED BY THIS DOCTOR.

LOG FORM DESCRIPTION	A. Expected total patients during survey week.	B. Total days in practice during week.						
	ENTER TOTAL FROM Q. 4-A. [ ][ ][ ]	ENTER TOTAL FROM Q. 4-B. _____ DAYS						
		1	2	3	4	5	6	7
A--Patient Record is to be completed for ALL patients listed on Log. 14-16/	1- 12 PATIENTS	A	A	A	A	A	A	A
	13- 25 "	B	A	A	A	A	A	A
B--Patient Record is to be completed for every SECOND patient listed on Log.	26- 39 "	C	B	A	A	A	A	A
	40- 52 "	C	B	B	A	A	A	A
	53- 65 "	D	C	B	B	A	A	A
	66- 79 "	D	C	B	B	B	A	A
C--Patient Record is to be completed for every THIRD patient listed on Log.	80- 92 "	D	D	C	B	B	B	B
	93-105 "	D	D	C	B	B	B	B
	106-118 "	D	D	C	C	B	B	B
	119-131 "	D	D	C	C	B	B	B
	132-145 "	D	D	D	C	C	B	B
*D--Patient Record is to be completed for every FIFTH patient listed on Log.	146-158 "	D	D	D	C	C	B	B
	159-171 "	D	D	D	C	C	C	C
	172-184 "	D	D	D	C	C	C	C
	185-197 "	D	D	D	D	D	D	D
	198-210 "	D	D	D	D	D	D	D
	211+ "	D	D	D	D	D	D	D

*In the rare instance the physician will see more than 500 patients during his assigned reporting week, give him two D Patient Log Folios and instruct him to complete a patient record form for only every tenth patient. Then you are to draw an X through the Patient Record on every other page of the two folio pads, starting with page 1 of the pad. The physician then completes the Patient Log on every page, but completes the Patient Record on every second page.

5. FIND LOG FOLIO WITH APPROPRIATE LETTER AND CIRCLE LETTER, ENTER FIRST FOUR NUMBERS OF THE FORM AND NUMBER OF LINES STAMPED "BEGIN ON NEXT LINE" FOR THE B-C-D LOG FORMS (if no lines are stamped, enter "0") BELOW.

FOLIO Letter	FOLIO Number	No. Lines Stamped "BEGIN ON NEXT LINE"	FOR OFFICE USE ONLY Number patient record forms completed.	
A				17-21/ 22-24/
B				
C				
D				

6. HAND DOCTOR HIS FOLIO AND EXPLAIN HOW FORMS ARE TO BE FILLED OUT. SHOW DOCTOR INSTRUCTIONS ON THE POCKET OF FOLIO, ITEMS 11 AND 12 DEFINITIONS ON CARD IN POCKET OF FOLIO AND ITEM DEFINITIONS ON THE BACK OF FOLIO, TO WHICH HE CAN REFER AFTER YOU LEAVE.

EMPHASIZE THAT EVERY PATIENT VISIT EXCEPT ADMINISTRATIVE PURPOSE ONLY IS TO BE RECORDED ON THE LOG FOR ENTIRE REPORTING PERIOD. FOR EXAMPLE, IF A MEDICAL ASSISTANT GAVE THE PATIENT AN INOCULATION, OR A TECHNICIAN ADMINISTERED AN ELECTROCARDIOGRAM AND THE PATIENT DID NOT SEE THE DOCTOR, THIS VISIT IS TO BE LISTED ON THE LOG.

RECORD VERBATIM BELOW ANY CONCERN, PROBLEMS OR QUESTIONS THE DOCTOR RAISES.

7. IF DOCTOR EXPECTS TO SEE AMBULATORY PATIENTS AT MORE THAN ONE IN-SCOPE LOCATION DURING ASSIGNED WEEK, TELL HIM YOU WILL DELIVER THE FORMS TO THE OTHER LOCATION(S). ENTER THE FORM LETTER AND NUMBER(S) AND NUMBER OF LINES STAMPED "BEGIN ON NEXT LINE" FOR THE B-C-D LOG FOR THOSE LOCATIONS BELOW, BEFORE DELIVERING FORM(S).

Location	FOLIO Letter	FOLIO Number	No. Lines Stamped "BEGIN ON NEXT LINE"	FOR OFFICE USE ONLY: Number patient record forms completed	
					25-29/ 30-32/
					33-37/ 38-40/
					41-45/ 46-48/

8. During the survey week (REPEAT EXACT DATES), will anyone be available to help you in filling out these records (at each IN-SCOPE location)?

Yes . . . . (ASK A) . . . X
No . . . . . Y

A. IF YES: Who would that be?

RECORD NAME, POSITION AND LOCATION.

NAME	POSITION	LOCATION

PERSONALLY BRIEF EACH PERSON LISTED ABOVE.

EMPHASIZE THAT EVERY PATIENT VISIT DURING THE ENTIRE WEEK IS TO BE RECORDED ON THE LOG EXCEPT "ADMINISTRATIVE PURPOSE ONLY."

---

9. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way?

Solo. . . . . (GO TO Q. 10) . . 1 49/
Partnership . . (ASK A-C) . . . 2
Group . . . . . (ASK A-C) . . . 3
_____ <--- Other (SPECIFY AND ASK A-C) . . 4

IF PARTNERSHIP, GROUP, OR OTHER:

A. Is this a prepaid group practice? Yes . . (ASK [1]) . . . 1 50/
No 2

[1] IF YES TO A: What per cent of patients are prepaid? _____ per cent 51-53/

B. How many other physicians are associated with you? NUMBER OF PHYSICIANS: _____ 54-56/

C. What are the specialties of the other physicians associated with you? (How many of these are there?)

	Specialty	Number of Physicians
(1)		
(2)		
(3)		
(4)		
(5)		

BEGIN DECK 4

10. Now I have just one more question about your practice. (NOTE: IF DOCTOR PRACTICES IN LARGE GROUP, THE FOLLOWING INFORMATION CAN BE OBTAINED FROM SOMEONE ELSE.)

A. What is the total number of full-time (35 hours or more per week) employees of your (partnership/group) practice? Include persons regularly employed who are now on vacation, temporarily ill, etc. Do not include other physicians. RECORD ON BOTTOM LINE OF COLUMN A BELOW.
   (1) How many of these full-time employees are a . . . (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN A.)

B. And what is the total number of part-time (less than 35 hours per week) employees of your (partnership/group) practice? Again, include persons regularly employed who are now on vacation, ill, etc. Do not include other physicians. RECORD ON BOTTOM LINE OF COLUMN B BELOW.
   (1) How many of these part-time employees are a . . . (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN B.)

Employees	A. Full-time (35 or more hours/week)		B. Part-time (Less than 35 hours/week)	
(1) Registered Nurse	_____	11-13/	_____	35-37/
(2) Licensed Practical Nurse	_____	14-16/	_____	38-40/
(3) Nursing Aide	_____	17-19/	_____	41-43/
(4) Physician Assistant*	_____	20-22/	_____	44-46/
(5) Technician	_____	23-25/	_____	47-49/
(6) Secretary or Receptionist	_____	26-28/	_____	50-52/
(7) Other (SPECIFY) _____	_____	29-31/	_____	53-55/
TOTAL:	_____	32-34/	TOTAL: _____	56-58/

*Physician Assistant must be a graduate of an accredited training program for Physician Assistants (Physician Extenders, Medex, etc.) or certified by the National Board of Medical Examiners through the Certification Exam for Assistant to the Primary Care Physician.

BEFORE YOU LEAVE, AGAIN STRESS THAT EACH AND EVERY AMBULATORY PATIENT SEEN BY THE DOCTOR OR HIS STAFF DURING THE 7-DAY PERIOD AT ALL IN-SCOPE OFFICE LOCATIONS (REPEAT THEM) IS TO BE INCLUDED IN THE SURVEY, THAT EACH PATIENT IS TO BE RECORDED ON THE LOG, AND ONLY THE APPROPRIATE NUMBER OF PATIENT RECORDS COMPLETED.

Thank you for your time, Dr. _____. If you have any (more) questions, please feel free to call me. My phone number is written in the folio. I'll call you on Monday morning of your survey week just to remind you.

11. TIME INTERVIEW ENDED . . . . . _____ AM / PM

12. DATE OF INTERVIEW . . . . . | | | | | | | (Month) (Day) (Year)

COMMENTS:

INTERVIEWER NUMBER

INTERVIEWER'S SIGNATURE

FOR OFFICE USE ONLY:

No. of Patients Seen: | | | | 59-61/

*U.S. GOVERNMENT PRINTING OFFICE: 1980 311-240/11 1-3

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