

The National Ambulatory Medical Care Survey: 1973 Summary

United States, May 1973-April 1974

Statistics are presented on the utilization of office-based physicians by ambulatory patients based on data provided by physicians in the 1973 National Ambulatory Medical Care Survey. The number of office visits and annual rate of office visits are shown by physicians' specialty, type of practice, and geographic location, and by the patient's age, sex, and race. Also shown are the number of office visits by patients' medical problems, and physicians' diagnoses, treatment, and disposition decisions.

DHEW Publication No. (HRA) 76-1772

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Resources Administration
National Center for Health Statistics
Rockville, Md. October 1975



Library of Congress Cataloging in Publication Data

DeLozier, James E

National ambulatory medical care survey, 1973 summary, United States, May 1973-April 1974.

(Vital and health statistics: Series 13, Data from the National Health Survey; no. 21)
(DHEW publication; no. (HRA) 76-1772)

Bibliography: p.

1. Physician services utilization—United States—Statistics. 2. Ambulatory medical care—United States. 3. Health surveys—United States. 4. United States—Statistics, Medical. I. Gagnon, Raymond O., joint author. II. United States. National Center for Health Statistics. III. Title. IV. Series: United States. National Center for Health Statistics. Vital and health statistics: Series 13, Data from the National Health Survey Data from the hospital discharge survey; no. 21. V. Series: United States. Dept. of Health, Education, and Welfare. DHEW publication; no. (HRA) 76-1772. [DNLM 1. Ambulatory care—Statistics. w2 A N148vm no. 21]

RA407.3.A349 no. 21 [RA410.7] 362.1'1'0973s
ISBN 0-8406-0057-7 [362.1'0973]

75-35700

NATIONAL CENTER FOR HEALTH STATISTICS

HAROLD MARGULIES, M.D., *Acting Director*

ROBERT A. ISRAEL, *Acting Deputy Director*

GAIL F. FISHER, *Associate Director for the Cooperative Health Statistics System*

ELIJAH L. WHITE, *Associate Director for Data Systems*

EDWARD E. MINTY, *Associate Director for Management*

PETER L. HURLEY, *Acting Associate Director for Operations*

JAMES M. ROBEY, Ph.D., *Associate Director for Program Development*

ALICE HAYWOOD, *Information Officer*

DIVISION OF HEALTH RESOURCES UTILIZATION STATISTICS

SIEGFRIED A. HOERMANN, *Director*

WILLIAM F. STEWART, *Acting Deputy Director*

W. EDWARD BACON, Ph.D., *Chief, Hospital Care Statistics Branch*

JAMES E. DeLOZIER, *Chief, Ambulatory Care Statistics Branch*

MANOCHEHR K. NOZARY, *Chief, Technical Services Branch*

JOAN F. VAN NOSTRAND, *Chief, Long-Term Care Statistics Branch*

Vital and Health Statistics Series 13-No. 21

DHEW Publication No. (HRA) 76-1772

Library of Congress Catalog Card Number 75-35700

PREFACE

This is the first of a series of reports from the National Center for Health Statistics presenting results from the National Ambulatory Medical Care Survey (NAMCS). It is appropriate to acknowledge at this time a number of individuals and organizations outside of the National Center for Health Statistics that assisted in and contributed to the development and implementation of the NAMCS.

First and foremost to be acknowledged are the contributions of the many physicians and their staffs who have graciously given their time and effort to provide these data. As the only reliable source of the information presented here, their voluntary participation in the study was crucial.

The contribution of Kerr L. White, M.D., who has been the prime motivator of this study since its conception, cannot be overemphasized. He and his colleagues at the Johns Hopkins University, Drs. John Williamson and James B. Tenney (currently Health Director, Buncombe County, North Carolina), and Ms. Jane Murnaghan, provided inspiration as well as consultation through the several years of the NAMCS development.

The American Medical Association (AMA) and the American Osteopathic Association (AOA) provided constructive consultation during the formative years of planning the survey and shared with the Center their many years of experience in surveying physicians. The AMA and AOA also provided data files from which the NAMCS sample was selected and assisted in the selection process. Mr. Chris Theodore and Mrs. Gene Roback of the AMA and Dr. Edward Crowell of the AOA have provided assistance in these and other activities.

Under contractual arrangements, the National Opinion Research Center has acted as the Center's field agent in the NAMCS. Their survey expertise and, in particular, the professionalism of their interviewing staff have been major factors in the NAMCS success.

A number of individuals with ambulatory care interest and expertise have served as technical advisors to the NAMCS. Providing overall guidance and direction to the NAMCS at key points throughout its development were:

Leland B. Blanchard, M.D.
Lynn P. Carmichael, M.D.
Theodore R. Ervin
Todd M. Frazier
Robert J. Haggerty, M.D.
Jean Louise Harris, M.D.
James Hudson, M.D.
Hugh H. Hussey, M.D.

Charles E. Lewis, M.D.
C. H. Ruhe, M.D.
Herbert Sherman
Patrick B. Storey, M.D.
James B. Tenney, M.D., Dr. P.H.
Kerr L. White, M.D.
John W. Williamson, M.D.

Nineteen major national medical organizations have given their official endorsement to the NAMCS and have actively participated in the survey's development and implementation. Without their assistance and strong support this research would not have been possible. The organizations which have endorsed the NAMCS are:

American Academy of Dermatology
American Academy of Family Physicians
American Academy of Neurology
American Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American Association of Neurological Surgeons
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American College of Surgeons
American Medical Association
American Osteopathic Association
American Proctologic Society
American Psychiatric Association
American Society of Internal Medicine
American Society of Plastic and Reconstructive Surgeons, Inc.
American Urologic Association
Association of American Medical Colleges
National Medical Association

CONTENTS

	Page
Preface	i
Highlights	1
Introduction	1
Background	1
Scope	2
Source and Limitation of Data	2
Survey Findings in Brief	3
Population Utilization Patterns	3
Physician Utilization Patterns	4
Patient Problems, Diagnoses	5
Characteristics of Visits	7
References	9
List of Detailed Tables	10
Appendix I. Technical Notes on Survey Design and Procedures	45
Sample Design	45
Physician Universe and Sample Size	45
Data Collection	46
Data Processing	47
Estimation Procedures	47
Reliability of Estimates	48
Population Figures	50
Systematic Bias	50
Appendix II. Definitions of Certain Terms Used in This Report	52
General Terms Relating to the Survey	52
Selected Terms Used on the Patient Record	53
Appendix III. Survey Instruments	56
Patient Record and Patient Log	57
Induction Interview Form	58

SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision-----	*

NATIONAL AMBULATORY MEDICAL CARE SURVEY

James E. DeLozier, M.S., and Raymond O. Gagnon,
Division of Health Resources Utilization Statistics

HIGHLIGHTS

There were an estimated 644.9 million "encounters", or "visits", in the offices of "office-based" physicians in the United States during the period May 1973-April 1974. By definition, these were visits for the purpose of seeking or receiving care that involved a direct personal exchange between the patient and the physician or a member of his staff. Females accounted for three of every five visits. White persons accounted for nearly 9 of every 10 visits. The average person made 3.1 visits during the 1-year period.

General and family practitioners accounted for 40.4 percent of all visits; medical specialties, 26.3 percent; and surgical specialties, 28.5 percent. More than 60 percent of all visits were by patients seen previously for the same problem; and about 20 percent were for problems considered serious or very serious by the physician. During 63 percent of all visits, the patient expressed a "symptomatic" problem or complaint as the major reason for the visit. "Nonsymptomatic" problems accounted for 18 percent of all visits. Either a disease of the respiratory system or a disease of the circulatory system was the diagnosis in about one of every four visits.

Drug therapy was part of the treatment prescribed at half of all visits. Laboratory tests

were ordered nearly 20 percent of the time as was an injection or immunization. No treatment was considered necessary at 5 percent of all visits. For 61.2 percent of the visits, the patient was instructed to return at a specified time. No followup was planned at 12.7 percent of the visits.

INTRODUCTION

In May 1973, the National Center for Health Statistics inaugurated the National Ambulatory Medical Care Survey (NAMCS) to provide basic national statistics concerning the public's utilization of ambulatory medical services in the United States. As a continuing national probability sample survey of ambulatory medical encounters, the NAMCS represents the first survey of its kind to be conducted successfully. It is also the first major survey to incorporate the dimension of perceived need for seeking medical care as expressed by the patient in his own words. This information, related directly to the physician's diagnosis, treatment, and disposition decision, presents a broad picture of the ambulatory patient, the problems for which he seeks care, and the physician's interpretation and translation of those problems into medical terms and actions.

The NAMCS is the newest of the national surveys conducted by the Division of Health Resources Utilization Statistics (DHRUS) of the National Center for Health Statistics (NCHS) under authority of Public Law 93-393. The DHRUS is responsible for a series of integrated surveys designed to provide data concerning a wide range of health resources. Along with the NAMCS, the DHRUS program includes the National Hospital Discharge Survey, the National Nursing Home Surveys, and the National Family Planning Reporting System. These programs, together with the NCHS Health Interview Survey, Health and Nutrition Examination Survey, and Health Manpower and Facilities Surveys, constitute the National Health Survey program which, since 1956, has been providing basic national statistics measuring and describing the health status of Americans.

It is the purpose of this report to present a broad summary of NAMCS results from the first year (1973) of operation. Additional tabulations and more detailed analysis will follow in subsequent reports.

Background

Until recently, the hospital and the hospital inpatient have provided the principal focus for research into the provision of medical care in this country. The last few years, however, have seen considerable resources invested in the study of the ambulatory care segment of the national health care system. It has been recognized that the sheer volume of ambulatory encounters far exceeds that of inpatient services, and that ambulatory medical care commands a significant share of the total resources expended for health care. In addition, the roles of public clinics and hospital outpatient and emergency departments are being redefined and reorganized, and new and innovative ambulatory facilities are being introduced and tested in a wide range of settings throughout the country.

Greatly increased needs and demands for data have accompanied the increased interest in ambulatory care. As a result, the National Center

for Health Statistics has developed the NAMCS to meet some of these needs by providing basic statistical documentation of the public's utilization of ambulatory services.

Several years of testing and development preceded the inauguration of this survey. Three major field tests and several smaller studies were conducted between 1968 and 1973 to develop and refine survey methods and instruments. A major consideration during that time was the development of procedures which would minimize the time and work required of individual physicians while still obtaining sufficient data to meet a wide range of needs. In this regard, an important aspect of the sample design is the categorical exclusion of physicians selected in a NAMCS sample from possible selection for the succeeding 2 years. In this way, no physician can be selected more frequently than once every 3 years.

Throughout the development of the NAMCS, every effort has been made to make it responsive to the needs of the medical profession and to provide the various interests in the medical community with means for input to the study. Toward this end, practicing physicians, administrators, academicians, and researchers in medical care delivery were (and continue to be) consulted at each step of the survey's development. Liaison was established between survey officials and many major national medical organizations; 19 national organizations were asked for their support and assistance. These organizations have given their strong support, cooperation, and official endorsement to the NAMCS. A complete description of the background and methodological development of the NAMCS has been published.¹

SCOPE

The basic sampling unit for the continuing NAMCS is a physician-patient encounter. Only encounters, or visits, in the offices of physicians classified by the American Medical Association (AMA) or the American Osteopathic Association (AOA) as "office-based, patient care" were included in the 1973 NAMCS. ("Encounter" and "visit" are used interchangeably in this report.) Major ambulatory encounters not included in the

1973 NAMCS were those made by telephone, those made outside of the physician's office (e.g., in the patient's home), those made in hospital and institutional settings, and those made with physicians not classified by the AMA or AOA as described above. Though the scope of the 1973 NAMCS included an estimated 70 percent of all ambulatory encounters, important segments of ambulatory care were obviously omitted.

According to the Health Interview Survey, more than 10 percent of all ambulatory encounters occur in hospital outpatient departments and emergency rooms, and 13 percent occur by telephone. It is planned to extend the NAMCS to include these encounters in the future though some very complex methodological and sampling problems must be resolved first.

The precise definitions of office, physician, and patient eligible for the NAMCS are presented in appendix II.

Source and Limitations of Data

The data presented in this report were provided by a national probability sample of office-based physicians. A sample of 1,695 physicians were contacted during the period May 1, 1973, through April 30, 1974, of which 1,441 were found to be eligible for the NAMCS and were asked to participate. A total of 1,103 physicians (76.5 percent) participated in the study, providing data concerning a random sample of about 30,000 patient visits.

During a randomly assigned 7-day period, the sample physicians maintained a listing of all patient visits in their offices. For a systematic random sample of visits, data were recorded on an encounter form provided for that purpose. Specially trained interviewers visited the physicians prior to their designated week, provided survey materials, and thoroughly instructed each physician and staff member in the methods and definitions to be used.

Since the information in this report is derived from a sample survey, readers are urged to review the three appendixes to this report which provide information necessary for proper interpretation of the statistics presented. Appendix I contains a general description of the survey methods, the sample design used, and the data collection and

processing procedures. Imputation methods, estimation techniques, and estimates of sampling variation are also presented. Since the statistics in this report are based on a sample of ambulatory visits rather than on all visits, they are subject to sampling errors. Therefore, particular attention should be paid to the section in appendix I entitled "Reliability of Estimates." The sample size from the first year of data collection is relatively small and, therefore, many of the estimates shown in the detailed tables have somewhat high relative standard errors. Charts of relative standard errors and instructions for their use are given in appendix I.

Definitions of the terms used in this report and in the survey operation are presented in appendix II. A thorough review and understanding of this information is also essential for the full understanding and interpretation of these data. The letters and questionnaires used in the NAMCS are reproduced in appendix III.

The National Center for Health Statistics has collected and published data on physician visits since the initiation of the Health Interview Survey in 1957.² There are basic differences in the ambulatory care statistics available from that Survey and in those from the National Ambulatory Medical Care Survey. The Health Interview Survey collects information from a national sample of individuals concerning their ambulatory visits during a prior 2-week period. The NAMCS collects medical statistics on physician visits directly from the attending physician. There are also differences in the physician populations covered, in data collection techniques, and in the definitions of terms used in the two surveys. As a result, there are differences in the estimates of patient visits derived from both surveys, but the differences are not substantial and are reconcilable.

SURVEY FINDINGS IN BRIEF

Population Utilization Patterns

There were an estimated total of 644.9 million patient visits in the United States to office-based physicians, or 3.1 visits per person, during the period May 1973 through April 1974. Visits by females accounted for 60 percent of all visits,

with more visits by females than males at all ages except under 15 years (table 2). Visits by females predominated for all specialties except pediatrics (table 4).

The utilization or visit rate for females, 3.7 visits per person, was 50 percent higher than the rate for males (table 1). An examination of visit rates by age and sex shows that this difference exists largely because the rate for females in the age group 15-45 years is almost double the corresponding rate for males. These rates, it should be remembered, represent only visits to office-based physicians. Other studies, including the Health Interview Survey (HIS), indicate an annual rate of about 4.5 visits per person to all ambulatory care sources (exclusive of telephone contacts).

The visit rates for both sexes generally increase with age, as do the rates for the white and all other groups. The rate for white persons is higher than that of all other persons (3.2 and 2.6, respectively). When age is considered, however, the higher rate for the white group exists only for persons under 15 and for persons over 64. There is no significant difference in the visit rates between the white and all other groups in any other age category. Data from the HIS show that 23 percent of visits to hospital outpatient clinics and emergency rooms are by persons other than white as compared with 10 percent of visits to office-based physicians. The visit rates by age and color, therefore, may change substantially when the full universe of ambulatory care is considered.

Although the South Region had the largest total number of visits and the West had the fewest (table 2), the overall utilization rates show no differences among regions. Table 3 shows that for each region, there were about three visits per person per year. This similarity in utilization among regions is consistent among all age groups. There is a difference in rates, however, between the Northeast and all other regions when physician specialty is considered (table 7). The rates among the North Central, South, and West are not significantly different for any specialty. In the Northeast, however, the rate for general and family practice is significantly lower and the rate for medical specialists is higher than the corresponding rates in the other regions.

There was also a difference in the visit rates for metropolitan and nonmetropolitan areas, with the rate being one-third greater in metropolitan areas. The higher visit rate for metropolitan areas is generally true for all age and sex categories (table 3).

Physician Utilization Patterns

General practice physicians accounted for 260 million, or 40 percent of all office visits during the survey year (table A). Pediatricians and general practitioners on the average had larger practices than physicians in other specialties (table 8). Pediatricians had an average of 139 office patient visits per week. General and family practitioners averaged 118 visits while the average for all office-based physicians was 91 office visits per week. The average number of visits per week varied somewhat by type of practice as well. For nearly all specialties, physicians in solo practice averaged fewer patient visits than physicians in partnership or group practice.

Table A. Number and percent distribution of visits to office-based physicians by physician specialty: United States, May 1973-April 1974

Physician Specialty	Number visits in thousands	Percent distribution
All specialties . . .	644,893	100.0
General/Family practice . .	260,310	40.4
Medical Specialties . . .	169,316	26.3
Internal Medicine . . .	74,693	11.6
Pediatrics	53,659	8.3
Dermatology	15,681	2.4
Other medical specialties .	25,283	3.9
Surgical Specialties	183,788	28.5
General surgery	44,846	7.0
Obstetrics and Gynecology .	50,715	7.9
Ophthalmology	28,014	4.3
Orthopedic surgery	22,179	3.4
Otorhinolaryngology	20,484	3.2
Urology	11,074	1.7
Other surgical specialties .	6,476	1.0
Psychiatry	20,300	3.1
All other specialties	11,180	1.7

It should be noted that no attempt has been made to examine such factors as size and composition of staff, hours spent seeing patients,

and certain other factors which are important considerations when analyzing differences between types of practices. The weekly visit rates presented here are generally consistent with those from other sources, including the American Medical Association (AMA), though these figures are generally lower than those of the AMA. Most of the differences are likely the result of different data collection methods, different definitions of visit, and sampling variability.

Patient Problems, Diagnoses

There were two major sources of information concerning the conditions which caused patients to make office visits. The first is the "patient's principal problem, complaint, or symptom" as reported in the patient's own words. The second is the "principal diagnosis" representing the physician's best description of the patient's condition at the time of the visit. It may be a working, provisional, or definitive diagnosis.

Patients' problems, complaints, or symptoms (these terms hereafter used interchangeably) have been coded and classified according to a system specifically developed for the NAMCS.³ Principal diagnoses have been coded and classified according to the *Eighth Revision of the International Classification of Diseases Adapted for Use in the United States* (ICDA).⁴ A maximum of three problems and three diagnoses were coded for each patient visit. On the average there were slightly less than 1.5 diagnostic codes and 1.5 problem codes assigned for each visit. The data presented in this report represent only the first listed or principal problems and principal diagnoses. Tabulations and analysis of second and third listed problems and diagnoses will be included in subsequent reports.

Patient problem data are presented in tables 9 through 15. In table 9 are listed the 60 most frequent problem categories. Though they are listed in order of the estimated total number of visits, the ranking is somewhat superficial since many estimates are not statistically different from other near estimates because of sampling variability.

As shown in table 9, the first 16 listed problem categories account for half of all visits, and the first 40 account for 75 percent of the visits. Prominent among the most frequent

symptoms presented by patients are problems (pain, sprain, swelling, fracture, and so forth) of the upper extremities, lower extremities, and back, which are three of the first six problem categories. There were 63.7 million visits for these three problems, which is nearly 10 percent of all visits. The common complaints of sore throat, cough, and cold were also prominent among the most frequent problem categories, accounting for 52.5 million visits, or more than 8 percent of all visits.

The first listed problem category, progress visit, contains 75 million visits and includes those visits for which the patient's principal problem was recorded as a followup or progress visit. There were, however, a total of 396.7 million followup visits. This figure may be derived from table 22 which shows that 61.5 percent of the 644.9 million visits were by patients seen before for the current problem. For all but 75 million of these, the patient's problem was expressed in terms of a symptom, complaint or other reason for visit and was coded and classified as a symptomatic or nonsymptomatic problem.

In tables 10 through 15 are shown the 27 most frequent problem categories grouped according to "symptomatic," "nonsymptomatic" and "other" problems. Because progress visits cannot be categorized as either symptomatic or nonsymptomatic, they are included in the "other problems" category. Also contained in the "other" category is problem code 990, "Problems, complaints, symptoms, and reasons for visit, not elsewhere classified." There were 37.1 million visits in this category (out of the 40.2 million shown in the 30th category of tables 10-15). These were largely diagnostic terms given by the patients as their problems which the NAMCS Classification System was not designed to code with specificity. As shown in table 12, these were some of the most seriously ill persons. This deficiency in the coding system has been rectified somewhat by modifications introduced for the 1975 NAMCS.

Symptomatic problems accounted for 63.5 percent of all visits, the remainder being evenly divided between nonsymptomatic problems and the somewhat amorphous "other problems" category (table B). The predominance of female visits holds for nearly all of the most frequent

patient problem categories, with male visits more frequent only for three symptomatic and three nonsymptomatic problems (table 10).

Nonsymptomatic problems, consisting largely of routine examinations, were usually considered not serious while symptomatic problems were more frequently considered serious or very serious (table 12). More than 30 percent of visits for high blood pressure and fatigue were considered serious or very serious, as were 40 percent of visits for chest pain. Cold, allergic skin reaction, and earache were least often serious.

Table B. Number and percent distribution of visits to office-based physicians, by patient's principal problem: United States, May 1973-April 1974

Patient's principal problem	Number of visits in thousands	Percent distribution
All problems	644,893	100.0
Symptomatic	409,840	63.5
Nonsymptomatic	119,230	18.5
Other	115,823	18.0

Broad classes of treatment and disposition decisions for the most frequent patient problems are presented in tables 14 and 15. Drug therapy was the most frequent method of treatment, being all or part of the treatment at about half of the visits. For nearly all of the leading symptomatic problems, drugs were prescribed more than half the time. In 9 of the first 19 symptomatic problem categories, drug therapy was prescribed more than 70 percent of the time. For only three problems were drugs ordered less than half the time.

Laboratory tests were ordered or provided most often for fatigue and chest pain. An injection or immunization was most frequently provided for sore throat, cold, fatigue and skin wounds (about 30 percent of the visits for each).

Information concerning physician principal diagnosis is shown in tables 16 through 21. The 60 most frequent diagnoses classified in ICDA 3-digit categories are shown in table 16. As with table 9, the ordering shown is superficial because sample variation makes the differences between many adjacent positions in the list statistically insignificant.

In table 16, the first 23 diagnoses account for half of all visits. The next 37 categories add only

17.5 percent to the cumulative distribution. The major classifications of principal diagnoses are presented in table C. These data are consistent with the patient problem data and provide detail and insight into the sometimes indeterminate problem expressions. As might be predicted from the problem data, the largest group of diagnoses is "special conditions and examinations without illness," which constitutes 17 percent of all visits. Of the remaining major classification groups, diseases of the respiratory, circulatory, and nervous systems are the three most frequent diagnostic categories, being the categories of diagnosis for 32 percent of the visits.

Table C. Number and percent distribution of visits to office-based physicians by principal diagnosis: United States, May 1973-April 1974

Principal diagnosis classified by major ICDA category ¹	Number visits in 1,000's	Percent distribution
All diagnoses	644,893	100.0
Infective and parasitic diseases 000-136	25,233	3.9
Neoplasms 140-239	12,713	2.0
Endocrine, nutritional and metabolic diseases 240-279	26,099	4.0
Mental disorders 290-315	29,064	4.5
Diseases of nervous system and sense organs 320-389	50,841	7.9
Diseases of circulatory system 390-458	59,240	9.2
Diseases of respiratory system 460-519	97,383	15.1
Diseases of digestive system 520-577	23,826	3.7
Diseases of genitourinary system 580-629	37,744	5.9
Diseases of skin and subcutaneous tissue 680-709	34,099	5.3
Diseases of musculoskeletal system 710-738	34,370	5.3
Symptoms and ill-defined conditions 780-796	34,251	5.3
Accidents, poisoning and violence 800-999	47,609	7.4
Special conditions and examinations without sickness Y00-Y13	110,203	17.1
Other and unknown	22,218	3.4

¹Diagnostic groupings and code number inclusions are based on the *Eighth Revision, International Classification of Diseases, Adapted for Use in the United States, 1965*.

As with the data concerning patient problems, table 17 shows that visits by females predominate in all but a few diagnosis categories. This table also shows the major ICDA classes and selected specific diagnosis categories. There were more male than female visits only for diagnoses of otitis media and the broad category of accidents, poisonings, and violence.

Treatment and disposition decisions for the 20 most frequent diagnosis categories (3-digit ICDA categories) are shown in tables 20 and 21.

Laboratory tests were ordered most frequently when the diagnosis was diabetes (67.5 percent of visits) and chronic ischemic heart disease (40.3 percent of visits). Visits for hay fever, other eczema and acute tonsillitis most often resulted in an injection or immunization. Drug therapy was part of the treatment prescribed for 80 percent or more of visits for acute upper respiratory infection, acute pharyngitis, acute tonsillitis, and bronchitis.

Disposition decision generally follows predictable lines. No followup was planned most frequently when the patient was diagnosed as having an acute, self-limiting condition or a "nonillness" condition such as a routine examination. Instructions to return at a specified time were given for diagnoses of chronic conditions and conditions which are often serious.

Characteristics of Visits

The majority of visits (61 percent) concerned problems or conditions for which the patient had previously been seen by the same physician. Only 16 percent were visits by "new" patients — i.e., first visits to physicians who had never treated the patient before (table 22). Males were more frequently new patients than were females, and persons other than white were new patients more often than white persons. The proportion of new patient visits varied among the four major specialty groups as may be seen in table 23, although the pattern for general and family practice physicians was similar to that for medical specialists. Surgical specialties have a higher proportion of new patients than any of the other specialty groups.

For about 81 percent of the visits, physicians evaluated the patients' problems as not serious or as slightly serious in terms of the extent of impairment that might result if no care were given. Proportionally more visits by males were considered serious than by females, and the proportion of serious problems increased with age of patient (table 24).

During nearly all visits, one or more treatment or service was ordered or provided to the patient. In only 5 percent of the visits was no treatment or service considered appropriate by the physician

(table 26). (See appendixes II and III for complete listing and definitions of Treatment and Service Categories.) Drug therapy, the provision of a prescription or nonprescription drug, was the most frequent treatment. It was ordered or provided at 49.4 percent of visits. Medical counseling and laboratory tests were each provided about 20 percent of the time as was an injection or immunization.

The average (median) length of time that a patient spent under the direct care of his physician was 12 minutes (table D). It is important to understand that "duration of visit" represents the time spent by the patient in face-to-face contact with the physician. This time it is estimated by the physician after the visit, and it does not include "waiting" time, time spent in the care of the patient by the physician's staff without the presence of the physician, or time spent by the physician in the care of the patient before or after the face-to-face contact (e.g., time spent reviewing charts and test results, writing instructions, or maintaining records). The category, "zero minutes" represents those visits for which the physician spent no time with the patient and care was provided by a staff member under the physician's direct supervision. In many instances (75 percent of the visits) the duration of visit was reported in 5-minute intervals (5, 10, 15 minutes) since precise measurements of time were not possible. Despite the lack of absolute precision in the estimated time figures, the relative values are thought to provide useful and valuable information. In tables 13 and 19, for example, time spent during visits for various problems and diagnostic conditions provides an indication of their seriousness and complexity.

Table D. Percent and cumulative percent distribution of visits to office-based physicians by duration of visit: United States, May 1973-April 1974

Duration of visit	Percent distribution	Cumulative percent
Total visits . . .	100.0	100.0
Zero minutes	2.0	2.0
1-5 minutes	15.0	17.0
6-10 minutes	32.3	49.3
11-15 minutes	25.7	75.0
16-30 minutes	18.9	93.9
31 minutes or more . . .	6.1	100.0

¹Median duration of visit: 12 minutes; mean, 14 minutes.

Table 28 shows time spent according to physician specialty. Nearly half of all visits were completed in 10 minutes or less and only a small proportion lasted more than 30 minutes. Shorter visits predominate in general and family practice, longer ones in specialty practices.

Disposition and followup plans after the visit are shown in tables 30 and 31. Appointments for return visits at specified times were arranged following 61 percent of the visits, and less specific

directions to return if necessary (PRN) were given at one-fifth of the visits. The instruction to return at a specified time was given more frequently by physicians in specialty practice than by those in general and family practice. This specific followup instruction was also more frequently given to older patients than to younger ones. No followup or telephone followup was planned after 12 and 3 percent of the visits, respectively, and patients were referred for admission to a hospital after 2 percent of the visits.

REFERENCES

¹National Center for Health Statistics: National ambulatory medical care survey: background and methodology, United States. *Vital and Health Statistics*. Series 2, No. 61. DHEW Pub. No. (HRA) 74-1335. Health Resources Administration. Washington. U. S. Government Printing Office, Mar. 1974.

²National Center for Health Statistics: Physician visits, volume and interval since last visit, United States, 1971. *Vital and Health Statistics*. Series 10, No. 97. DHEW Pub. No. (HRA) 75-1524. Health Resources Administration. Washington. U. S. Government Printing Office, Mar. 1975.

³National Center for Health Statistics: The National ambulatory medical care survey: Symptom Classification, United States. *Vital and Health Statistics*. Series 2, No. 63. DHEW Pub. No. (HRA) 74-1337. Health Resources Administration. Washington. U. S. Government Printing Office, May 1974.

⁴National Center for Health Statistics: *Eighth Revision International Classification of Diseases. Adapted for Use in the United States*. PHS Pub. No. 1693. Public Health Service. Washington. U. S. Government Printing Office, 1967.

LIST OF DETAILED TABLES

Table		Page
1.	Number, percent distribution, and annual rate of office visits by age of patient, according to patient's sex and color: United States, May 1973-April 1974	11
2.	Number and percent distribution of office visits by geographic region and metropolitan and nonmetropolitan areas, according to age, sex, and color of patient: United States, May 1973-April 1974	12
3.	Annual rate of office visits by age of patient, according to geographic region, metropolitan and nonmetropolitan areas, and sex of patient: United States, May 1973-April 1974	13
4.	Number and percent distribution of office visits by sex, color, and age of patient, according to physician specialty and type of practice: United States, May 1973-April 1974	14
5.	Annual rate of office visits by sex, color, and age of patient, according to physician specialty, and type of practice: United States, May 1973-April 1974	15
6.	Number and percent distribution of office visits by geographic region and metropolitan and nonmetropolitan areas, according to physician specialty and type of practice: United States, May 1973-April 1974	16
7.	Annual rate of office visits by geographic region, metropolitan and nonmetropolitan areas, according to physician specialty, and type of practice: United States, May 1973-April 1974	17
8.	Mean number of office visits per week, by type of practice and physician specialty: United States, May 1973-April 1974	18
9.	Number, percent distribution, and cumulative percent of visits to office-based physicians for the 60 most frequent patient problems: United States, May 1973-April 1974	19
10.	Number and percent distribution of office visits by sex, color, and age of patient, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974	20
11.	Number and percent distribution of office visits by physician specialty and type of practice, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974	21
12.	Number and percent distribution of office visits by seriousness of patient's principal problem, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974	22
13.	Number and percent distribution of office visits by time actually spent with physician, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974	23
14.	Number and percent of office visits by treatments and services ordered or provided, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974	24
15.	Number and percent of office visits by disposition of visit, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974	25
16.	Number, percent distribution, and cumulative percent of visits to office-based physicians, by the 60 most common ICDA three-digit categories containing the principal diagnosis: United States, May 1973-April 1974	26
17.	Number and percent distribution of office visits by sex, color, and age of patient, according to principal diagnosis: United States, May 1973-April 1974	27
18.	Number and percent distribution of office visits by physician specialty, according to principal diagnosis: United States, May 1973-April 1974	29
19.	Number and percent distribution of office visits by time actually spent with physician, according to principal diagnosis: United States, May 1973-April 1974	31
20.	Number and percent of office visits by treatments and services ordered or provided, according to the 20 most frequent diagnoses: United States, May 1973-April 1974	32

List of Detailed Tables—Con.

Table 21. Number and percent of office visits by disposition of visit, according to the 20 most frequent diagnoses: United States, May 1973-April 1974	33
22. Number and percent distribution of office visits by prior visit status, according to age, sex, and color of patient: United States, May 1973-April 1974	34
23. Number and percent distribution of office visits by prior visit status, according to physician specialty and type of practice: United States, May 1973-April 1974	35
24. Number and percent distribution of office visits by seriousness of patient's principal problem, according to sex, color, and age of patient: United States, May 1973-April 1974	36
25. Number and percent distribution of office visits by seriousness of patient's principal problem, according to physician specialty and type of practice: United States, May 1973-April 1974	37
26. Number and percent of office visits by treatments and services ordered or provided, according to sex, color, and age of patient: United States, May 1973-April 1974	38
27. Number and percent of office visits by treatments and services ordered or provided, according to physician specialty, and type of practice: United States, May 1973-April 1974	39
28. Number and percent distribution of office visits by time actually spent with physician, according to physician specialty and type of practice: United States, May 1973-April 1974	40
29. Number and percent distribution of office visits by time actually spent with physician, according to age, sex, and color of patient: United States, May 1973-April 1974	41
30. Number and percent of office visits by disposition of visit, according to sex, color, and age of patient: United States, May 1973-April 1974	42
31. Number and percent of office visits by disposition of visit, according to physician specialty, and type of practice: United States, May 1973-April 1974	43

Table 1. Number, percent distribution, and annual rate of office visits by age of patient, according to patient's sex and color: United States, May 1973-April 1974

Sex and color	Number of visits in thousands	Total, all ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	
			Percent distribution					
All patients	644,893	100.0	19.4	15.4	24.7	24.9	15.5	
Male	253,285	100.0	26.1	13.6	20.1	25.4	14.9	
Female	391,608	100.0	15.1	16.6	27.8	24.6	16.0	
White	575,881	100.0	19.5	15.1	24.1	25.1	16.2	
Male	228,577	100.0	26.2	13.6	19.7	25.2	15.2	
Female	347,304	100.0	15.0	16.1	27.1	25.0	16.8	
All other	69,013	100.0	18.6	18.2	29.8	22.9	10.4	
Male	24,709	100.0	24.4	13.7	23.5	26.7	11.7	
Female	44,304	100.0	15.4	20.8	33.4	20.7	9.7	
			Number of visits per person per year					
All patients	644,893	3.1	2.3	2.6	3.2	3.8	4.9	
Male	253,285	2.5	2.3	1.9	2.1	3.2	4.5	
Female	391,608	3.7	2.2	3.4	4.2	4.3	5.2	
White	575,881	3.2	2.4	2.7	3.1	3.8	5.0	
Male	228,577	2.6	2.5	2.0	2.1	3.2	4.6	
Female	347,304	3.7	2.3	3.4	4.1	4.3	5.3	
All other	69,013	2.6	1.5	2.4	3.4	3.7	4.0	
Male	24,709	2.0	1.4	1.3	2.1	3.4	3.7	
Female	44,304	3.2	1.6	3.3	4.3	4.0	4.2	

Table 2. Number and percent distribution of office visits by geographic region and metropolitan and nonmetropolitan areas, according to age, sex, and color of patient: United States, May 1973-April 1974

Age, sex, and color	Number of visits in thousands	Total, all regions	Northeast	North central	South	West	Metropolitan areas	Nonmetropolitan areas	
			Percent distribution						
<u>All patients</u>									
All ages	644,893	100.0	23.8	26.6	31.5	18.1	74.7	25.3	
Under 15 years	125,077	100.0	23.9	27.3	34.3	14.6	70.7	29.3	
15-24 years	99,581	100.0	23.9	26.9	31.4	17.9	74.1	25.9	
25-44 years	159,551	100.0	24.3	25.6	31.2	18.9	79.9	20.1	
45-64 years	160,435	100.0	24.4	26.1	30.5	19.1	76.1	23.9	
65 years and over	100,249	100.0	22.0	27.7	30.5	19.8	70.0	30.0	
<u>Sex</u>									
Male	253,285	100.0	23.9	26.2	32.3	17.7	73.1	26.9	
Under 15 years	66,007	100.0	24.7	26.0	35.0	14.2	69.5	30.5	
15-24 years	34,419	100.0	25.6	27.0	31.5	16.0	72.1	27.9	
25-44 years	50,825	100.0	22.6	26.6	31.8	19.0	78.1	21.9	
45-64 years	64,282	100.0	24.5	24.7	31.2	19.6	75.2	24.8	
65 years and over	37,752	100.0	21.5	27.5	30.8	20.3	69.8	30.2	
Female	391,608	100.0	23.8	26.8	31.0	18.4	75.8	24.2	
Under 15 years	59,070	100.0	23.0	28.6	33.5	14.9	72.0	28.0	
15-24 years	65,161	100.0	23.0	26.8	31.3	18.9	75.1	24.9	
25-44 years	108,726	100.0	25.2	25.1	30.9	18.9	80.7	19.3	
45-64 years	96,153	100.0	24.3	27.1	29.9	18.7	76.7	23.3	
65 years and over	62,497	100.0	22.4	27.9	30.3	19.4	70.1	29.9	
<u>Color</u>									
White	575,881	100.0	24.8	27.5	30.3	17.5	74.3	25.7	
Under 15 years	112,229	100.0	24.7	28.8	33.1	13.4	70.5	30.0	
15-24 years	87,003	100.0	25.1	28.4	28.8	17.8	74.0	26.0	
25-44 years	138,960	100.0	25.1	26.0	30.6	18.3	79.2	20.9	
45-64 years	144,645	100.0	25.3	26.7	29.4	18.6	75.6	24.4	
65 years and over	93,044	100.0	23.0	28.8	29.1	19.1	69.9	30.1	
All other	69,013	100.0	16.1	18.4	42.2	23.3	78.2	21.8	
Under 15 years	12,848	100.0	16.5	13.7	44.6	25.2	72.8	27.2	
15-24 years	12,578	100.0	15.4	16.4	49.2	19.0	74.4	25.6	
25-44 years	20,592	100.0	19.0	22.5	35.3	23.2	85.0	15.1	
45-64 years	15,790	100.0	15.7	20.6	40.5	23.2	80.2	19.9	
65 years and over	7,204	100.0	*	*	49.0	27.9	70.8	29.2	

Table 3. Annual rate of office visits by age of patient, according to geographic region, metropolitan and nonmetropolitan areas, and sex of patient: United States, May 1973-April 1974

Geographic region, location of physician's practice and sex of patient	Total, all ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
	Number of visits per person per year					
All regions	3.1	2.3	2.6	3.2	3.8	4.9
Northeast	3.1	2.4	2.8	3.3	3.6	4.3
North central	3.0	2.2	2.6	3.0	3.6	4.9
South	3.1	2.4	2.6	3.2	3.8	4.8
West	3.2	1.9	2.6	3.3	4.2	6.2
<u>Location and sex</u>						
Metropolitan area	3.4	2.3	2.8	3.6	4.2	5.4
Male	2.7	2.4	2.0	2.3	3.5	5.0
Female	4.0	2.3	3.7	4.7	4.8	5.6
Nonmetropolitan area	2.5	2.1	2.2	2.2	2.9	4.1
Male	2.2	2.2	1.6	1.6	2.5	3.6
Female	2.9	1.9	2.8	2.8	3.2	4.5

Table 4. Number and percent distribution of office visits by sex, color, and age of patient, according to physician specialty and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Number of visits in thousands	Total, all persons	Sex		Color		Age				
			Male	Female	White	All other	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
All specialties	644,893	100.0	39.3	60.7	89.3	10.7	19.3	15.4	24.7	24.9	15.5
Percent distribution											
General and family practice	260,310	100.0	40.8	59.2	88.0	12.0	16.6	16.8	23.5	26.4	16.8
Medical specialties	169,316	100.0	44.4	55.6	88.4	11.6	34.5	11.1	15.7	22.7	16.0
Internal medicine	74,693	100.0	39.6	60.4	87.3	12.7	2.6	10.6	21.4	36.1	29.3
Pediatrics	53,659	100.0	52.9	47.1	89.9	10.1	93.5	4.4	*	*	*
Other	40,964	100.0	41.8	58.2	88.6	11.4	15.0	20.6	25.0	27.0	12.4
Surgical specialties	183,787	100.0	31.6	68.4	91.1	8.9	10.0	18.0	32.5	25.4	14.0
General surgery	44,846	100.0	39.4	60.6	90.9	9.1	9.3	13.4	25.7	33.6	18.0
Obstetrics and gynecology	50,715	100.0	—	100.0	87.9	12.1	*	31.6	54.2	11.2	*
Other	88,227	100.0	45.2	54.8	92.9	7.1	15.5	12.6	23.4	29.4	19.2
Other specialties	31,481	100.0	44.0	56.0	94.3	5.7	16.4	12.9	38.2	20.9	11.8
Psychiatry	20,300	100.0	43.8	56.2	95.7	*	17.8	13.9	48.0	17.6	*
Other	11,180	100.0	44.3	55.7	91.7	*	13.4	11.0	20.3	27.1	28.3
<u>Type of practice</u>											
Solo	386,208	100.0	39.1	60.9	88.3	11.7	17.2	15.5	25.0	26.2	16.2
Other ¹	258,685	100.0	39.6	60.4	90.8	9.2	22.8	15.4	24.3	22.9	14.6

¹Includes partnership and group practices.

Table 5. Annual rate of office visits by sex, color, and age of patient, according to physician specialty, and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Total, all persons	Sex		Color		Age				
		Male	Female	White	All other	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
Number of visits per person per year										
All specialties	3.1	2.5	3.7	3.2	2.6	2.3	2.6	3.2	3.8	4.9
General and family practice	1.3	1.1	1.4	1.3	1.2	0.8	1.2	1.2	1.6	2.1
Medical specialties	0.8	0.8	0.9	0.8	0.7	1.1	0.5	0.5	0.9	1.3
Internal medicine	0.4	0.3	0.4	0.4	0.4	0.0	0.2	0.3	0.6	1.1
Pediatrics	0.3	0.3	0.2	0.3	0.2	0.9	0.1	*	*	*
Other	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.3	0.2
Surgical specialties	0.9	0.6	1.2	0.9	0.6	0.3	0.9	1.2	1.1	1.3
General surgery	0.2	0.2	0.3	0.2	0.2	0.1	0.2	0.2	0.4	0.4
Obstetrics and gynecology	0.2	0.0	0.5	0.2	0.2	*	0.4	0.5	0.1	*
Other	0.4	0.4	0.5	0.5	0.2	0.2	0.3	0.4	0.6	0.8
Other specialties	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2
Psychiatry	0.1	0.1	0.1	0.1	*	0.1	0.1	0.2	0.1	0.0
Other	0.1	0.0	0.1	0.1	*	0.0	0.0	0.0	0.1	0.2
Type of practice										
Solo	1.9	1.5	2.2	1.9	1.7	1.2	1.6	1.9	2.4	3.1
Other ¹	1.3	1.0	1.5	1.3	0.9	1.1	1.1	1.2	1.4	1.9

¹Includes partnership and group practices

Table 6. Number and percent distribution of office visits by geographic region and metropolitan and nonmetropolitan areas, according to physician specialty and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Number of visits in thousands	Total, all regions	Percent distribution				Metropolitan areas	Nonmetropolitan areas
			Northeast	North Central	South	West		
All specialties	644,893	100.0	23.8	26.6	31.5	18.1	74.7	25.3
General and family practice	260,310	100.0	17.3	30.4	34.1	18.3	62.1	37.9
Medical specialties	169,316	100.0	33.3	25.1	26.0	15.6	83.2	16.9
Internal medicine	74,693	100.0	35.3	24.2	24.6	15.9	83.1	16.9
Pediatrics	53,659	100.0	26.9	30.0	30.2	13.0	75.0	25.1
Other	40,964	100.0	37.8	20.5	23.3	18.4	94.0	6.0
Surgical specialties	183,787	100.0	22.6	23.2	33.3	20.9	82.6	17.4
General surgery	44,846	100.0	15.5	33.3	31.5	19.7	74.0	26.0
Obstetrics and gynecology	50,715	100.0	29.8	21.7	32.5	16.0	89.9	10.1
Other	88,227	100.0	22.1	19.0	34.7	24.3	82.7	17.3
Other specialties	31,481	100.0	34.3	22.4	29.8	13.5	87.6	12.4
Psychiatry	20,300	100.0	42.2	11.8	29.4	16.6	96.4	*
Other	11,180	100.0	19.9	41.5	30.6	*	71.7	28.3
<u>Type of practice</u>								
Solo	386,208	100.0	28.5	25.3	31.6	14.7	74.0	26.0
Other ¹	258,685	100.0	16.9	28.5	31.5	23.2	75.8	24.2

¹Includes partnership and group practices

Table 7. Annual rate of office visits by geographic region, metropolitan and nonmetropolitan areas, according to physician specialty, and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Total, all regions	Northeast	North Central	South	West	Metropolitan areas	Nonmetropolitan areas
	Number of visits per person per year						
All specialties	3.1	3.1	3.0	3.1	3.2	3.4	2.5
General and family practice	1.3	0.9	1.4	1.4	1.3	1.1	1.5
Medical specialties	0.8	1.2	0.7	0.7	0.7	1.0	0.4
Internal medicine	0.4	0.5	0.3	0.3	0.3	0.4	0.2
Pediatrics	0.3	0.3	0.3	0.2	0.2	0.3	0.2
Other	0.2	0.3	0.1	0.1	0.2	0.3	0.0
Surgical specialties	0.9	0.8	0.7	0.9	1.1	1.1	0.5
General surgery	0.2	0.1	0.3	0.2	0.2	0.2	0.2
Obstetrics and gynecology	0.2	0.3	0.2	0.3	0.2	0.3	0.1
Other	0.4	0.4	0.3	0.5	0.6	0.5	0.2
Other specialties	0.2	0.2	0.1	0.1	0.1	0.2	0.1
Psychiatry	0.1	0.2	0.0	0.1	0.1	0.1	*
Other	0.1	0.0	0.1	0.1	*	0.1	0.0
<u>Type of practice</u>							
Solo	1.9	2.3	1.7	1.9	1.6	2.0	1.5
Other ¹	1.3	0.9	1.3	1.3	1.7	1.4	1.0

¹Includes partnership and group practices.

Table 8. Mean number of office visits per week, by type of practice and physician specialty: United States, May 1973-April 1974

Physician specialty	Total, all practices	Solo	Other ¹
All specialties ²	91	88	95
General and family practice	118	113	132
Medical specialties	99	95	103
Internal medicine	82	81	83
Pediatrics	139	133	142
Other	100	101	99
Surgical specialties	72	68	77
General surgery	60	57	65
Obstetrics and gynecology	88	82	95
Other	72	70	74
Other specialties	52	50	59
Psychiatry	44	40	56
Other	82	91	66

¹Includes partnership and group practices.

²Includes those physicians who saw one or more patients during their week of participation in the survey.

Table 9. Number, percent distribution, and cumulative percent of visits to office-based physicians for the 60 most frequent patient problems: United States, May 1973-April 1974

Patient's principal problem classified by NAMCS symptom classification ¹		Number of visits in thousands	Percent of visits	Cumulative percent
Total, all problems		644,893	100.0	100.0
1.	Progress visits 980,985	75,673	11.7	11.7
2.	Problems of lower extremity 400	25,944	4.0	15.8
3.	Pregnancy examination 905	25,942	4.0	19.8
4.	Throat soreness 520	20,726	3.2	23.0
5.	Problems of upper extremity 405	18,956	2.9	25.9
6.	Problems of back 415	18,824	2.9	28.9
7.	Cough 311	18,347	2.8	31.7
8.	Abdominal pain 540	16,418	2.5	34.2
9.	General physical examination 900	15,022	2.3	36.6
10.	Cold 312	13,460	2.1	38.7
11.	Gynecologic examination 904	13,154	2.0	40.7
12.	Visit for medication 910	13,103	2.0	42.7
13.	None 997	13,043	2.0	44.8
14.	Headache 056	12,314	1.9	46.7
15.	Fatigue 004	11,768	1.8	48.5
16.	Pain in chest 322	11,350	1.8	50.3
17.	Required physical examination 901	11,095	1.7	52.0
18.	Well-baby examination 906	10,699	1.7	53.6
19.	Fever 002	9,822	1.5	55.2
20.	Allergic skin reaction 112	9,458	1.5	56.6
21.	Problems of face, neck 410	9,327	1.4	58.1
22.	Vision dysfunction, except blindness 701	9,219	1.4	59.5
23.	Weight gain 010	8,999	1.4	60.9
24.	Vertigo 069	7,606	1.2	62.1
25.	Earache 735	7,466	1.2	63.2
26.	Wounds 116	7,391	1.1	64.4
27.	High blood pressure 205	7,014	1.1	65.5
28.	Shortness of breath 306	6,858	1.1	66.5
29.	Nasal congestion 301	6,675	1.0	67.6
30.	Swelling, mass of skin 115	6,158	1.0	68.5
31.	Skin irritation (nonallergic) 113	6,144	1.0	69.5
32.	Anus, rectal problems 560	5,254	0.8	70.3
33.	Symptoms of nervousness 810	4,767	0.7	71.0
34.	Symptoms of depression 807	4,761	0.7	71.8
35.	Vaginal discharge 662	4,687	0.7	72.5
36.	Nausea 572	4,269	0.7	73.2
37.	Pain, irritation of eye 705	4,182	0.7	73.8
38.	Menstrual disorders 653	4,178	0.7	74.5
39.	Acne 100	4,061	0.6	75.1
40.	Painful urination 604	3,582	0.6	75.6
41.	Diarrhea 555	3,092	0.5	76.1
42.	Hearing dysfunction, except deafness 731	2,954	0.5	76.6
43.	Menopausal symptoms 650	2,729	0.4	77.0
44.	Situational problems 941	2,488	0.4	77.4
45.	Symptoms of anxiety 800	2,369	0.4	77.8
46.	Nocturia 601	2,309	0.4	78.1
47.	Laboratory testing 920	2,279	0.4	78.5
48.	Swelling or mass, site unspecified 015	2,234	0.4	78.8
49.	Stomach upset 570	2,212	0.3	79.2
50.	Pain, site unspecified 013	2,150	0.3	79.5
51.	Lump in breast 680	2,146	0.3	79.8
52.	Skin moles 109	2,026	0.3	80.1
53.	Irregular heartbeat 200	1,971	0.3	80.4
54.	Warts 111	1,891	0.3	80.7
55.	Sinus problem 304	1,814	0.3	81.0
56.	Pelvic disorder 660	1,712	0.3	81.3
57.	Weakness, numbness of extremity 420	1,652	0.3	81.5
58.	Hoarseness 325	1,643	0.3	81.8
59.	Blocked feeling of ear 737	1,559	0.2	82.0
60.	Vulvar disorder 663	1,503	0.2	82.3
61.	All other problems Residual	114,445	17.7	100.0

¹Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

Table 10. Number and percent distribution of office visits by sex, color, and age of patient, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974

Patient's principal problem classified by NAMCS symptom classification ¹		Number of visits in thousands	Total, all persons	Sex		Color		Age					
				Male	Female	White	All other	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	
Total, all problems		644,893	100.0	39.3	60.7	89.3	10.7	19.3	15.4	24.7	24.9	15.5	
Percent distribution													
<u>Symptomatic Problems - 001-899</u>													
1.	Problems of lower extremity	400	25,944	100.0	44.3	55.7	91.6	8.4	10.9	14.9	18.8	35.9	19.6
2.	Throat soreness	520	20,726	100.0	44.8	55.2	91.6	8.4	36.9	24.7	22.5	11.7	*
3.	Problems of upper extremity	405	18,956	100.0	52.5	47.5	90.7	9.3	13.8	17.5	21.9	32.1	14.6
4.	Problems of back	415	18,824	100.0	45.5	54.5	88.3	11.7	*	11.2	36.3	33.9	17.4
5.	Cough	311	18,347	100.0	46.9	53.1	91.2	8.8	41.0	8.1	18.7	22.6	9.7
6.	Abdominal pain	540	16,418	100.0	32.1	67.9	85.7	14.3	11.5	16.9	28.1	26.3	17.3
7.	Cold	312	13,460	100.0	40.5	59.5	82.4	17.6	37.8	17.7	19.6	18.1	*
8.	Headache	056	12,314	100.0	29.0	71.0	83.1	16.9	9.6	12.8	30.5	31.6	15.6
9.	Fatigue	004	11,768	100.0	32.0	68.0	92.8	7.2	*	8.8	23.3	35.0	30.5
10.	Pain in chest	322	11,350	100.0	50.4	49.6	90.5	9.5	*	*	24.4	40.9	25.5
11.	Fever	002	9,822	100.0	47.9	52.1	86.3	13.7	80.2	*	*	*	*
12.	Allergic skin reaction	112	9,458	100.0	43.0	57.0	87.6	12.5	36.2	23.1	22.2	11.2	*
13.	Problems of face, neck	410	9,327	100.0	42.9	57.2	92.8	*	15.9	14.4	29.3	24.9	15.6
14.	Vision dysfunction (except blindness)	701	9,219	100.0	36.4	63.6	91.1	*	11.1	11.8	14.1	35.2	27.9
15.	Weight gain	010	8,999	100.0	10.3	89.7	88.4	11.6	*	17.3	49.7	29.0	*
16.	Vertigo-dizziness	069	7,606	100.0	38.0	62.0	85.5	14.5	*	*	17.3	35.6	41.6
17.	Earache	735	7,466	100.0	52.5	47.5	97.0	*	57.4	*	14.2	*	*
18.	Wounds of skin	116	7,391	100.0	59.4	40.6	87.2	*	30.6	21.7	22.7	16.3	*
19.	High blood pressure	205	7,014	100.0	35.5	64.5	87.9	*	*	*	*	43.1	41.8
20.	Other symptomatic problems	Residual	165,431	100.0	38.4	61.6	89.3	10.7	15.1	15.2	26.2	27.3	16.2
<u>Nonsymptomatic Problems - 900-979</u>													
21.	Pregnancy exam	905	25,942	100.0	—	100.0	85.7	14.3	*	47.2	51.0	*	*
22.	General medical exam	900	15,022	100.0	45.8	54.2	89.5	10.5	45.3	9.5	17.1	19.0	9.0
23.	Gynecologic exam	904	13,154	100.0	—	100.0	90.9	9.1	*	25.9	54.3	17.4	*
24.	Visit for medication	910	13,103	100.0	40.3	59.7	93.1	*	38.0	9.9	19.2	21.8	10.9
25.	None	997	13,043	100.0	43.5	56.5	92.4	*	12.1	16.9	23.7	29.7	17.6
26.	Required physical exam	901	11,095	100.0	63.7	36.3	87.2	12.8	25.3	38.5	23.6	10.8	*
27.	Well-baby exam	906	10,699	100.0	51.1	48.9	91.1	*	100.0	—	—	—	—
28.	Other nonsymptomatic problems	Residual	17,172	100.0	65.1	34.5	93.0	7.0	14.4	20.8	30.2	20.6	13.9
<u>Other problems - 000, 980-999</u>													
29.	Progress visits	980, 985	75,673	100.0	44.6	55.4	90.6	9.4	16.2	10.0	19.8	29.4	24.7
30.	All other problems	000, 990, 998, 999	40,151	100.0	42.8	57.2	85.5	14.5	19.2	10.4	20.9	28.1	21.5

¹Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

Table 11. Number and percent distribution of office visits by physician specialty and type of practice, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974

Patient's principal problem classified by NAMCS symptom classification ¹	Number of visits in thousands	Total	Physician specialty				Type of practice		
			General practice	Medical specialties	Surgical specialties	Other specialties	Solo	Other ²	
			Percent distribution						
Total, all problems	644,893	100.0	40.4	26.3	28.5	4.9	59.9	40.1	
<u>Symptomatic Problems - 001-899</u>									
1. Problems of lower extremity	400	25,944	100.0	43.0	17.7	37.3	*	55.0	45.0
2. Throat soreness	520	20,726	100.0	60.4	24.1	14.0	*	61.7	38.3
3. Problems of upper extremity	405	18,956	100.0	44.5	15.1	38.1	*	54.7	45.4
4. Problems of back	415	18,824	100.0	51.6	14.1	29.7	*	62.7	37.2
5. Cough	311	18,347	100.0	54.1	37.1	7.5	*	67.2	32.8
6. Abdominal pain	540	16,418	100.0	45.0	31.8	21.7	*	60.2	39.8
7. Cold	312	13,460	100.0	63.0	28.5	*	*	68.0	32.0
8. Headache	056	12,314	100.0	48.6	25.9	19.0	*	63.4	36.6
9. Fatigue	004	11,768	100.0	59.6	29.1	*	*	66.9	33.1
10. Pain in chest	322	11,350	100.0	50.7	40.1	*	*	63.7	36.3
11. Fever	002	9,822	100.0	39.8	53.1	*	*	50.3	49.7
12. Allergic skin reaction	112	9,458	100.0	42.4	49.6	*	*	66.4	33.6
13. Problems of face, neck	410	9,327	100.0	46.5	19.2	30.2	*	66.9	33.1
14. Vision dysfunction (except blindness)	701	9,219	100.0	*	*	93.4	*	51.1	48.9
15. Weight gain	010	8,999	100.0	69.2	23.6	*	*	82.9	17.1
16. Vertigo-dizziness	069	7,606	100.0	53.9	25.8	16.8	*	73.1	28.9
17. Earache	735	7,466	100.0	35.8	39.0	23.9	*	47.6	52.4
18. Wounds of skin	116	7,391	100.0	63.7	15.7	19.5	*	48.7	51.3
19. High blood pressure	205	7,014	100.0	57.8	33.7	*	*	73.9	26.1
20. Other symptomatic problems	Residual	165,431	100.0	32.8	28.3	29.1	9.8	61.3	38.7
<u>Nonsymptomatic Problems - 900-979</u>									
21. Pregnancy exam	905	25,942	100.0	30.1	*	68.1	*	51.6	48.4
22. General medical exam	900	15,022	100.0	34.3	52.0	11.7	*	53.4	46.6
23. Gynecologic exam	904	13,154	100.0	23.0	*	73.8	*	54.6	45.4
24. Visit for medication	910	13,103	100.0	51.3	29.4	14.7	*	66.0	34.0
25. None	997	13,043	100.0	31.7	30.4	35.1	*	62.1	37.9
26. Required physical exam	901	11,095	100.0	72.8	17.8	*	*	68.2	31.8
27. Well-baby exam	906	10,699	100.0	22.6	71.8	*	*	46.3	53.7
28. Other nonsymptomatic problems	Residual	17,172	100.0	19.9	15.4	51.3	13.4	57.3	42.7
<u>Other Problems - 000, 980-999</u>									
29. Progress visits	980, 985	75,673	100.0	35.4	22.1	37.9	4.6	54.9	45.1
30. All other problems	000, 990, 998, 999	40,151	100.0	44.2	31.3	20.7	3.8	60.9	39.1

¹Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

²Includes partnership and group practices.

Table 12. Number and percent distribution of office visits by seriousness of patient's principal problem, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974.

Patient's principal problem classified by NAMCS symptom classification ¹	Number of visits in thousands	Seriousness of patient's principal problem				
		Total	Serious and very serious	Slightly serious	Not serious	
Total, all problems	644,893	100.0	19.2	30.4	50.5	
<u>Symptomatic problems - 001-899</u>						
1. Problems of lower extremity	400	25,944	100.0	20.5	40.2	39.3
2. Throat soreness	520	20,726	100.0	11.4	38.9	49.7
3. Problems of upper extremity	405	18,956	100.0	18.7	38.8	42.6
4. Problems of back	415	18,824	100.0	18.8	42.5	38.8
5. Cough	311	18,347	100.0	16.9	38.8	44.3
6. Abdominal pain	540	16,418	100.0	27.0	41.2	31.8
7. Cold	312	13,460	100.0	7.1	32.7	60.3
8. Headache	056	12,314	100.0	18.9	37.5	43.6
9. Fatigue	004	11,768	100.0	30.6	33.2	36.2
10. Pain in chest	322	11,350	100.0	40.4	32.6	27.1
11. Fever	002	9,822	100.0	15.4	41.8	42.8
12. Allergic skin reaction	112	9,458	100.0	*	35.6	56.4
13. Problems of face, neck	410	9,327	100.0	20.0	39.2	40.8
14. Vision dysfunction (except blindness)	701	9,219	100.0	22.2	23.9	53.9
15. Weight gain	010	8,999	100.0	11.5	38.7	49.8
16. Vertigo-dizziness	069	7,606	100.0	24.0	41.1	35.0
17. Earache	735	7,466	100.0	*	51.0	36.9
18. Wounds of skin	116	7,391	100.0	19.6	39.2	41.2
19. High blood pressure	205	7,014	100.0	33.0	41.5	25.4
20. Other symptomatic problems	Residual	165,431	100.0	23.6	35.3	41.1
<u>Nonsymptomatic problems - 900-979</u>						
21. Pregnancy exam	905	25,942	100.0	*	*	93.7
22. General medical exam	900	15,022	100.0	*	8.1	86.2
23. Gynecologic exam	904	13,154	100.0	*	*	94.9
24. Visit for medication	910	13,103	100.0	7.6	11.6	80.8
25. None	997	13,043	100.0	13.7	14.6	71.6
26. Required physical exam	901	11,095	100.0	*	*	97.4
27. Well-baby exam	906	10,699	100.0	*	*	98.5
28. Other nonsymptomatic problems	Residual	17,172	100.0	18.8	17.9	63.3
<u>Other problems - 000, 980-999</u>						
29. Progress visits	980,985	75,673	100.0	19.6	28.6	51.8
30. All other problems	000, 990, 998, 999	40,151	100.0	35.6	31.0	33.4

¹Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

Table 13. Number and percent distribution of office visits by time actually spent with physician, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974

Patient's principal problem classified by NAMCS symptom classification ¹	Number of visits in thousands	Total	Time actually spent with physician				
			Under 6 minutes	6-10 minutes	11-15 minutes	16 minutes and over	
Total, all problems	644,893	100.0	17.0	32.3	25.7	25.0	
Symptomatic problems - 001-899							
1. Problems of lower extremity	400	25,944	100.0	13.6	31.6	28.0	26.8
2. Throat soreness	520	20,726	100.0	21.2	46.3	23.2	9.3
3. Problems of upper extremity	405	18,956	100.0	14.1	34.9	27.5	23.4
4. Problems of back	415	18,824	100.0	9.5	30.6	26.4	33.5
5. Cough	311	18,347	100.0	16.3	40.3	28.5	14.9
6. Abdominal pain	540	16,418	100.0	8.2	29.4	31.7	30.6
7. Cold	312	13,460	100.0	25.1	37.9	24.0	13.1
8. Headache	056	12,314	100.0	9.3	32.2	30.3	28.2
9. Fatigue	004	11,768	100.0	12.9	27.2	29.8	30.1
10. Pain in chest	322	11,350	100.0	*	27.7	27.9	36.5
11. Fever	002	9,822	100.0	19.2	44.4	26.2	*
12. Allergic skin reaction	112	9,458	100.0	25.7	35.4	25.4	13.5
13. Problems of face, neck	410	9,327	100.0	*	32.3	27.6	31.5
14. Vision dysfunction (except blindness)	701	9,219	100.0	*	20.5	22.5	53.4
15. Weight gain	010	8,999	100.0	16.1	39.5	17.3	27.2
16. Vertigo-dizziness	069	7,606	100.0	14.4	26.7	33.5	25.3
17. Earache	735	7,466	100.0	15.7	41.9	29.8	*
18. Wounds of skin	116	7,391	100.0	26.7	29.3	23.5	20.5
19. High blood pressure	205	7,014	100.0	*	38.9	26.1	22.7
20. Other symptomatic problems	Residual	165,431	100.0	14.0	31.0	25.3	29.6
Nonsymptomatic problems - 900-979							
21. Pregnancy exam	905	25,942	100.0	27.5	42.6	17.6	12.4
22. General medical exam	900	15,022	100.0	*	22.3	36.4	35.8
23. Gynecologic exam	904	13,154	100.0	*	23.5	34.2	36.6
24. Visit for medication	910	13,103	100.0	70.2	18.7	*	*
25. None	997	13,043	100.0	20.0	26.8	24.9	28.3
26. Required physical exam	901	11,095	100.0	14.9	29.6	27.3	28.2
27. Well-baby exam	906	10,699	100.0	*	47.4	37.6	*
28. Other nonsymptomatic problems	Residual	17,172	100.0	18.4	16.9	19.6	45.1
Other problems - 000, 980-999							
29. Progress visits	980, 985	75,673	100.0	22.7	34.3	25.6	17.3
30. All other problems	000, 990, 998, 999	40,151	100.0	18.8	30.4	23.9	26.9

¹Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

Table 14. Number and percent of office visits, by treatments and services ordered or provided, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974

Patient's principal problem classified by NAMCS symptom classification ¹	Number of visits in thousands	Treatments and services ordered or provided						
		General history and exam	Lab procedure or test	Injection or immunization	Drug therapy ²	Medical counseling and advice	Other ³	
Total, all problems	644,893	35.9	19.6	18.6	49.4	19.7	34.4	
Percent ⁴								
Symptomatic problems - 001-899								
1. Problems of lower extremity	400	25,944	35.7	10.8	15.2	40.9	29.4	55.4
2. Throat soreness	520	20,726	39.3	20.4	32.6	81.6	10.6	5.7
3. Problems of upper extremity	405	18,956	30.3	*	16.7	35.8	22.5	73.1
4. Problems of back	415	18,824	31.7	13.3	15.2	55.5	23.9	54.9
5. Cough	311	18,347	42.2	9.2	21.2	85.4	12.5	17.1
6. Abdominal pain	540	16,418	45.7	28.2	11.0	64.4	18.8	30.5
7. Cold	312	13,460	46.4	12.3	32.6	86.3	8.0	*
8. Headache	056	12,314	37.8	17.4	20.2	72.8	18.9	23.1
9. Fatigue	004	11,768	37.0	36.3	30.0	56.0	22.6	21.3
10. Pain in chest	322	11,350	49.8	36.0	14.4	62.1	24.0	16.9
11. Fever	002	9,822	49.1	27.2	23.4	83.5	16.0	*
12. Allergic skin reaction	112	9,458	35.8	*	25.5	83.9	15.8	*
13. Problems of face, neck	410	9,327	36.3	*	15.0	51.7	22.3	45.7
14. Vision dysfunction (except blindness)	701	9,219	37.4	*	*	12.1	14.0	68.9
15. Weight gain	010	8,999	31.2	15.2	15.4	78.1	43.3	12.4
16. Vertigo-dizziness	069	7,606	41.4	22.0	18.3	72.1	22.8	*
17. Earache	735	7,466	38.8	*	21.2	80.9	*	13.5
18. Wounds of skin	116	7,391	20.7	*	30.3	28.4	*	63.1
19. High blood pressure	205	7,014	40.1	14.6	15.3	76.5	18.7	*
20. Other symptomatic problems	Residual	165,431	32.1	18.3	16.9	55.0	20.1	35.8
Nonsymptomatic problems - 900-979								
21. Pregnancy exam	905	25,942	39.6	36.8	*	21.8	25.9	29.8
22. General medical exam	900	15,022	59.5	36.1	24.2	25.0	21.7	26.9
23. Gynecologic exam	904	13,154	51.6	69.3	*	49.9	17.0	14.9
24. Visit for medication	910	13,103	8.4	*	88.5	10.4	*	*
25. None	997	13,043	27.7	25.3	15.7	21.9	16.9	49.2
26. Required physical exam	901	11,095	65.4	33.2	9.2	*	*	29.2
27. Well-baby exam	906	10,699	58.9	10.7	53.4	11.4	34.1	*
28. Other nonsymptomatic problems	Residual	17,172	25.4	23.5	*	25.1	19.2	53.2
Other problems - 000, 980-999								
29. Progress visits	980,985	75,673	32.4	16.8	8.3	37.0	21.0	44.1
30. All other problems	000, 990, 998, 999	40,151	29.8	21.3	30.1	49.6	17.9	27.3

¹Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

²Includes prescription and nonprescription drugs.

³Includes x-ray, office surgical treatments, psychotherapy/therapeutic listening services, visits where no treatments or services were ordered, and all other treatments/services provided.

⁴Percents will not add to 100 because most patient visits required the provision of more than one treatment or service.

Table 15. Number and percent of office visits by disposition of visit, according to patient's principal problem, complaint, or symptom: United States, May 1973-April 1974

Patient's principal problem classified by NAMCS symptom classification ¹		Number of visits in thousands	Disposition of visit				
			No followup planned	Return at specified time	Return if needed	Other ²	
Total, all problems		644,893	12.7	61.2	21.4	9.4	
<u>Symptomatic problems - 001-899</u>							
				Percent ³			
1.	Problems of lower extremity	400	25,944	7.0	63.0	21.7	14.1
2.	Throat soreness	520	20,726	16.6	30.5	47.3	9.1
3.	Problems of upper extremity	405	18,956	10.7	62.7	21.1	8.7
4.	Problems of back	415	18,824	5.9	59.3	28.6	9.6
5.	Cough	311	18,347	14.3	36.1	45.6	12.7
6.	Abdominal pain	540	16,418	8.8	54.5	24.6	17.3
7.	Cold	312	13,460	23.9	28.5	44.8	*
8.	Headache	056	12,314	10.9	58.6	25.1	12.5
9.	Fatigue	004	11,768	*	76.1	12.6	10.0
10.	Pain in chest	322	11,350	*	62.9	24.6	11.6
11.	Fever	002	9,822	12.9	30.7	47.9	12.7
12.	Allergic skin reaction	112	9,458	13.9	45.5	38.2	*
13.	Problems of face, neck	410	9,327	13.2	52.1	24.4	13.9
14.	Vision Dysfunction (except blindness)	701	9,219	23.1	46.6	24.3	*
15.	Weight gain	010	8,999	*	92.3	*	*
16.	Vertigo-dizziness	069	7,606	3.1	72.4	20.9	9.3
17.	Earache	735	7,466	13.7	48.7	32.5	9.1
18.	Wounds of skin	116	7,391	22.2	56.5	17.5	*
19.	High blood pressure	205	7,014	3.2	88.9	10.1	1.7
20.	Other symptomatic problems	Residual	165,431	10.2	61.1	21.7	12.3
<u>Nonsymptomatic problems - 900-979</u>							
21.	Pregnancy exam	905	25,942	*	92.0	7.3	3.9
22.	General medical exam	900	15,022	24.0	54.7	17.4	7.3
23.	Gynecologic exam	904	13,154	14.5	63.8	19.4	*
24.	Visit for medication	910	13,103	26.2	60.9	12.9	*
25.	None	997	13,043	20.5	65.2	12.9	*
26.	Required physical exam	901	11,095	80.1	10.5	*	*
27.	Well-baby exam	906	10,699	*	90.2	*	*
28.	Other nonsymptomatic problems	Residual	17,172	14.9	60.9	15.6	11.3
<u>Other problems - 000, 980-999</u>							
29.	Progress visits	980, 985	75,673	13.3	71.8	13.8	4.6
30.	All other problems	000, 990, 988, 999	40,151	7.8	70.1	16.7	9.7

¹Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS.

²Includes telephone followup planned, referred to other physician, returned to referring physician, admit to hospital, and all other dispositions.

³Percents will not add to 100 because some patient visits had more than one disposition.

Table 16. Number, percent distribution, and cumulative percent of visits to office-based physicians, by the 60 most common ICDA three-digit categories containing the principal diagnosis: United States, May 1973-April 1974

60 most common ICDA 3-digit categories ¹		Number of visits in thousands	Percent of visits	Cumulative Percent
All visits		644,893	100.0	100.0
1.	Medical or special examination Y00	39,613	6.1	6.1
2.	Medical and surgical after care Y10	32,345	5.0	11.2
3.	Prenatal care Y06	25,359	3.9	15.1
4.	Essential benign hypertension 401	22,752	3.5	18.6
5.	Acute upper respiratory infection, site unspecified 465	21,514	3.3	22.0
6.	Neuroses 300	16,570	2.6	24.5
7.	Observation, without need for medical care 793	15,893	2.5	27.0
8.	Chronic ischemic heart disease 412	15,487	2.4	29.4
9.	Hay fever 507	12,166	1.9	31.3
10.	Otitis media 381	10,523	1.6	32.9
11.	Acute pharyngitis 462	10,415	1.6	34.5
12.	Obesity 277	10,136	1.6	36.1
13.	Refractive errors 370	9,175	1.4	37.5
14.	Other eczema and dermatitis 692	9,152	1.4	38.9
15.	Diabetes mellitus 250	8,904	1.4	40.3
16.	Acute tonsillitis 463	8,234	1.3	41.6
17.	Diagnosis given as "None" ---	8,019	1.2	42.8
18.	Diseases of sebaceous glands 706	7,968	1.2	44.1
19.	Other viral diseases 079	6,957	1.1	45.2
20.	Bronchitis, unqualified 490	6,912	1.1	46.2
21.	Osteoarthritis 713	6,403	1.0	47.2
22.	Synovitis, bursitis 731	6,212	1.0	48.2
23.	Asthma 493	6,117	0.9	49.1
24.	Inoculations and vaccinations Y02	6,034	0.9	50.1
25.	Sprains and strains of back, unspecified 847	5,912	0.9	51.0
26.	Diarrheal diseases 009	5,296	0.8	51.8
27.	Cystitis 595	5,182	0.8	52.6
28.	Menopausal symptoms 627	5,154	0.8	53.4
29.	Influenza, unqualified 470	4,976	0.8	54.2
30.	Other rheumatism 717	4,837	0.8	54.9
31.	Acute bronchitis 466	4,245	0.7	55.6
32.	Chronic sinusitis 503	4,079	0.6	56.2
33.	Disorders of menstruation 626	4,049	0.6	56.8
34.	Arthritis, unspecified 715	3,632	0.6	57.4
35.	Sprains, strains of sacroiliac region 846	3,538	0.5	58.0
36.	Symptomatic heart disease 427	3,522	0.5	58.5
37.	Infective diseases of uterus, vagina, vulva 622	3,261	0.5	59.0
38.	Conjunctivitis and ophthalmia 360	2,966	0.5	59.5
39.	Acute nasopharyngitis (common cold) 460	2,850	0.4	59.9
40.	Rheumatoid arthritis 712	2,840	0.4	60.4
41.	Open wound of finger 883	2,755	0.4	60.8
42.	Cataract 374	2,723	0.4	61.2
43.	Hemorrhoids 455	2,711	0.4	61.6
44.	Displacement of intervertebral disc 725	2,699	0.4	62.0
45.	Otitis externa 380	2,668	0.4	62.5
46.	Emphysema 492	2,627	0.4	62.9
47.	Streptococcal sore throat 034	2,508	0.4	63.2
48.	Personality disorders 301	2,487	0.4	63.6
49.	Schizophrenia 295	2,471	0.4	64.0
50.	Gastritis and duodenitis 535	2,461	0.4	64.4
51.	Nervousness and debility 790	2,310	0.4	64.8
52.	Functional disorder of intestines 564	2,278	0.4	65.1
53.	Diseases of parametrium 616	2,139	0.3	65.4
54.	Chronic cystic disease of breast 610	1,959	0.3	65.7
55.	Ulcer of duodenum 532	1,959	0.3	66.1
56.	Glaucoma 375	1,941	0.3	66.4
57.	Postpartum Observation Y07	1,916	0.3	66.6
58.	Acute Sinusitis 461	1,886	0.3	66.9
59.	Myxedema 244	1,813	0.3	67.2
60.	Chronic pharyngitis 502	1,715	0.3	67.5
61.	All other diagnosis Residual	209,667	32.5	100.0

¹Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, 1965*.

Table 17. Number and percent distribution of office visits by sex, color, and age of patient, according to principal diagnosis: United States, May 1973-April 1974

Principal diagnosis classified by ICDA category ¹	Number of visits in thousands	Total	Sex		Color		Age					
			Male	Female	White	All other	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	
Percent distribution												
All diagnoses	644,893	100.0	39.3	60.7	89.3	10.7	19.3	15.4	24.7	24.9	15.5	
Infective and parasitic diseases	000-136	25,233	100.0	43.6	56.4	88.6	11.4	34.5	20.9	22.3	15.6	6.7
Neoplasms	140-239	12,713	100.0	36.2	63.8	90.5	9.5	*	*	18.2	39.0	31.4
Endocrine, nutritional and metabolic diseases	240-279	26,099	100.0	26.8	73.2	87.1	12.9	*	9.4	30.5	37.7	18.9
Diabetes mellitus	250	8,904	100.0	42.3	57.7	82.9	17.1	*	*	11.8	40.8	43.8
Obesity	277	10,136	100.0	12.3	87.7	88.3	11.7	*	17.0	46.6	31.7	*
Mental disorders	290-315	29,064	100.0	35.8	64.2	91.5	8.5	5.2	12.4	45.0	29.7	7.7
Neuroses	300	16,570	100.0	28.0	72.0	90.9	9.1	2.7	11.4	45.7	32.5	7.7
Diseases of nervous system and sense organs	320-389	50,841	100.0	44.3	55.7	92.9	7.1	27.6	9.7	15.9	26.4	20.4
Diseases and conditions of the eye	360-379	15,248	100.0	39.9	60.1	90.5	9.5	17.7	7.6	9.3	29.5	36.0
Refractive errors	370	9,175	100.0	35.1	64.9	92.6	*	18.8	19.0	17.9	32.7	11.6
Otitis media	381	10,523	100.0	57.5	42.5	94.6	*	72.1	*	*	*	*
Diseases of circulatory system	390-458	59,240	100.0	42.1	57.9	88.5	11.5	0.8	1.8	11.0	41.6	44.7
Essential benign hypertension	401	22,752	100.0	35.7	64.3	87.1	12.9	0.6	1.6	11.6	47.6	38.6
Chronic ischemic heart disease	412	15,487	100.0	49.1	50.9	85.8	14.2	*	*	*	40.2	54.9
Diseases of respiratory system	460-519	97,383	100.0	45.8	54.2	88.7	11.3	36.9	14.0	20.3	19.9	9.0
Acute respiratory infections (except influenza)	460-466	50,859	100.0	45.5	54.5	88.8	11.2	44.9	15.6	18.5	15.5	5.5
Influenza	470-474	5,199	100.0	45.8	54.2	76.6	23.4	31.7	19.7	*	*	*
Hay fever	507	12,166	100.0	47.1	52.9	93.0	*	29.7	15.7	29.1	20.6	*
Diseases of digestive system	520-577	23,826	100.0	46.5	53.5	88.7	11.3	7.7	9.9	26.4	34.9	21.2
Diseases of genitourinary system	580-629	37,744	100.0	18.0	82.0	88.6	11.4	3.5	17.9	37.4	28.8	12.5
Diseases of male genital organs	600-607	3,596	100.0	100.0	-	92.0	8.0	*	*	31.1	33.2	*
Diseases of female genital organs	610-629	21,895	100.0	-	100.0	86.7	13.3	*	21.2	43.4	29.4	*
Diseases of skin and subcutaneous tissue	680-709	34,099	100.0	43.3	56.7	89.7	10.3	23.4	27.3	21.9	17.0	10.3

Table 17. Number and percent distribution of office visits by sex, color, and age of patient, according to principal diagnosis: United States, May 1973-April 1974--Con.

Principal diagnosis classified by ICDA category ¹	Number of visits in thousands	Total	Sex		Color		Age					
			Male	Female	White	All other	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	
			Percent distribution									
Diseases of musculoskeletal system	710-738	34,370	100.0	36.8	63.2	89.2	10.8	5.9	8.1	19.0	39.7	27.2
Arthritis and rheumatism	710-718	18,463	100.0	31.8	68.2	86.3	13.7	*	*	13.0	42.2	36.5
Symptoms and ill-defined conditions	780-796	34,251	100.0	36.9	63.1	90.4	9.6	20.2	17.3	31.9	21.0	9.6
Accidents, poisoning, and violence	800-999	47,609	100.0	57.4	42.6	87.6	12.4	19.6	21.3	26.9	22.7	9.4
Fracture	800-829	7,984	100.0	54.4	45.6	92.1	*	23.2	17.7	19.2	24.1	15.8
Dislocation, sprain	830-848	15,408	100.0	55.0	45.0	85.6	14.4	*	23.8	38.0	26.2	7.1
Lacerations	870-907	9,131	100.0	65.5	34.5	84.6	15.4	34.4	25.1	19.1	14.9	*
Special conditions and examinations without illness	Y00-Y13	110,203	100.0	31.9	68.1	88.9	11.1	25.1	24.0	29.8	13.4	7.7
Medical and special exams	Y00	39,613	100.0	42.3	57.7	89.4	10.6	48.7	17.2	21.6	9.4	3.1
Prenatal care	Y06	25,359	100.0	—	100.0	84.1	15.9	*	48.3	50.4	*	*
Medical and surgical after care	Y10	32,345	100.0	45.1	54.9	92.4	7.6	15.7	13.6	24.2	28.4	18.1
Other diagnoses ²		8,630	100.0	34.1	65.9	91.7	*	25.4	14.9	22.5	19.5	17.6
Diagnosis given as "None"		8,019	100.0	36.7	63.3	92.5	*	28.5	24.7	23.7	15.2	*
Diagnosis unknown ³		5,569	100.0	35.1	64.9	87.6	*	23.3	*	25.1	23.8	*

¹Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, 1965*.

²280-289, Diseases of the blood and blood-forming organs; 630-678, Complications of pregnancy, childbirth, and the puerperium; 740-759, Congenital anomalies;

³760-779, Certain causes of perinatal morbidity and mortality.

³Blank diagnosis; noncodable diagnosis; illegible diagnosis.

Table 18. Number and percent distribution of office visits by physician specialty, according to principal diagnosis: United States, May 1973-April 1974

Principal diagnosis classified by ICDA category ¹	Number of visits in thousands	Total	Physician specialty				
			General practice	Medical specialties	Surgical specialties	Other specialties	
			Percent distribution				
All diagnoses	644,893	100.0	40.4	26.3	28.5	4.9	
Infective and parasitic diseases	000-136	25,233	100.0	35.2	35.9	17.1	*
Neoplasms	140-239	12,713	100.0	21.3	22.7	54.0	*
Endocrine, nutritional and metabolic diseases	240-279	26,099	100.0	58.2	30.0	10.3	*
Diabetes mellitus	250	8,904	100.0	55.2	34.6	*	*
Obesity	277	10,136	100.0	64.4	25.1	9.9	*
Mental disorders	290-315	29,064	100.0	25.2	15.9	4.7	54.2
Neuroses	300	16,570	100.0	29.9	18.2	*	48.0
Diseases of nervous system and sense organs	320-389	50,841	100.0	20.3	17.7	58.3	3.7
Diseases and conditions of the eye	360-379	15,248	100.0	11.3	*	82.7	*
Refractive errors	370	9,175	100.0	*	*	99.3	*
Otitis media	381	10,523	100.0	25.5	47.5	24.6	*
Diseases of circulatory system	390-458	59,240	100.0	50.0	37.1	9.8	3.1
Essential benign hypertension	401	22,752	100.0	54.0	35.2	8.2	*
Chronic ischemic heart disease	412	15,487	100.0	50.5	45.2	*	*
Diseases of respiratory system	460-519	97,383	100.0	49.9	36.0	12.1	2.0
Acute respiratory infections (except influenza)	460-466	50,859	100.0	57.9	29.1	10.9	2.1
Influenza	470-474	5,199	100.0	75.4	*	*	*
Hay fever	507	12,166	100.0	18.7	63.2	16.1	*
Diseases of digestive system	520-577	23,826	100.0	43.0	30.4	25.0	*
Diseases of genitourinary system	580-629	37,744	100.0	41.9	10.4	47.1	*
Diseases of male genital organs	600-607	3,596	100.0	45.6	*	47.0	*
Diseases of female genital organs	610-629	21,895	100.0	40.6	9.2	49.7	*
Diseases of skin and subcutaneous tissue	680-709	34,099	100.0	36.6	47.5	11.5	4.4

Table 18. Number and percent distribution of office visits by physician specialty, according to principal diagnosis: United States, May 1973-April 1974—Con.

Principal diagnosis classified by ICD-A category ¹	Number of visits in thousands	Total	Physician specialty			
			General practice	Medical specialties	Surgical specialties	Other specialties
			Percent distribution			
Diseases of musculoskeletal system	710-738	34,370	45.7	22.0	29.9	*
Arthritis and rheumatism	710-718	18,463	52.9	27.3	16.8	*
Symptoms and ill-defined conditions	780-796	34,251	33.6	26.4	33.2	6.8
Accidents, poisoning, and violence	800-999	47,609	51.1	13.2	33.7	2.1
Fracture	800-829	7,984	40.3	*	54.3	*
Dislocation, sprain	830-848	15,408	53.8	10.6	32.2	*
Lacerations	870-907	9,131	58.4	17.3	24.1	*
Special conditions and examinations without illness	Y00-Y13	110,203	32.8	20.6	44.4	2.2
Medical and special exams	Y00	39,613	39.1	39.7	18.9	*
Prenatal care	Y06	25,359	30.5	*	67.1	*
Medical and surgical aftercare	Y10	32,345	23.6	11.2	62.7	*
Other diagnoses ²		8,630	42.1	27.3	29.8	*
Diagnosis given as "None"		8,019	37.3	27.0	33.4	*
Diagnosis unknown ³		5,569	39.6	26.7	31.5	*

¹Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, 1965*.

²280-289, Diseases of the blood and blood-forming organs; 630-678, Complications of pregnancy, childbirth, and the puerperium; 740-759, Congenital anomalies; 760-779, Certain causes of perinatal morbidity and mortality.

³Blank diagnosis; noncodable diagnosis; illegible diagnosis.

Table 19. Number and percent distribution of office visits by time actually spent with physician, according to principal diagnoses: United States, May 1973-April 1974

Principal diagnosis classified by ICDA category ¹	Number of visits in thousands	Total	Time actually spent with physician			
			Under 6 minutes	6-10 minutes	11-15 minutes	16 minutes and over
			Percent distribution			
All diagnoses	644,893	100.0	17.0	32.3	25.7	25.0
Infective and parasitic diseases	000-136	25,233	17.2	38.0	26.0	18.7
Neoplasms	140-239	12,713	19.6	23.3	23.7	33.4
Endocrine, nutritional and metabolic diseases	240-279	26,099	14.9	33.4	23.7	27.9
Diabetes mellitus	250	8,904	14.4	32.0	27.1	26.6
Obesity	277	10,136	17.6	37.9	16.8	27.7
Mental disorders	290-315	29,064	5.5	14.6	16.3	63.6
Neuroses	300	16,570	*	16.6	18.7	59.5
Diseases of nervous system and sense organs	320-389	50,841	12.4	31.5	26.4	29.9
Diseases and conditions of the eye	360-379	15,248	15.6	32.2	26.7	25.5
Refractive errors	370	9,175	*	17.5	22.2	58.6
Otitis media	381	10,523	18.7	42.7	28.3	10.2
Diseases of circulatory system	390-458	59,240	11.4	30.8	31.2	26.6
Essential benign hypertension	401	22,752	14.1	36.4	29.3	20.2
Chronic ischemic heart disease	412	15,487	10.2	26.4	30.6	32.8
Diseases of respiratory system	460-519	97,383	22.2	39.4	23.5	15.0
Acute respiratory infection (except influenza)	460-466	50,859	100.0	45.6	24.4	9.1
Influenza	470-474	5,199	100.0	44.4	25.7	*
Hay fever	507	12,138	100.0	42.8	21.3	21.7
Diseases of digestive system	520-577	23,826	12.7	27.1	32.5	27.8
Diseases of genitourinary system	580-629	37,744	11.8	31.1	29.0	28.2
Diseases of female genital organs	610-629	21,895	100.0	11.4	30.1	27.6
Diseases of skin and subcutaneous tissue	680-709	34,099	100.0	22.8	36.9	23.6
Diseases of musculoskeletal system	710-738	34,370	100.0	12.4	30.9	26.4
Arthritis and rheumatism	710-718	18,463	100.0	13.1	30.2	25.7
Symptoms and ill-defined conditions	780-796	34,251	100.0	8.7	25.8	31.6
Accidents, poisoning, and violence	800-999	47,609	100.0	19.2	32.3	24.2
Fracture	800-829	7,984	100.0	15.5	27.2	27.2
Dislocation, sprain	830-848	15,408	100.0	11.3	37.7	24.3
Lacerations	870-907	9,131	100.0	27.9	29.8	20.9
Special conditions and examinations without illness	Y00-Y13	110,203	100.0	22.6	34.4	25.1
Medical and special exams	Y00	39,613	100.0	10.5	32.7	33.7
Prenatal care	Y06	25,359	100.0	29.1	42.0	15.9
Medical and surgical aftercare	Y10	32,345	100.0	25.3	35.0	24.1
Other diagnoses ²		8,630	100.0	17.7	34.1	24.2
Diagnosis given as "None"		8,019	100.0	37.6	23.7	17.8
Diagnosis unknown ³		5,569	100.0	28.2	29.8	21.3

¹Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, 1965*.

²280-289, Diseases of the blood and blood-forming organs; 630-678, Complications of pregnancy, childbirth, and the puerperium; 740-759, Congenital anomalies; 760-779, Certain causes of perinatal morbidity and mortality.

³Blank diagnosis, noncodable diagnosis, illegible diagnosis.

Table 20. Number and percent of office visits, by treatments and services ordered or provided, according to the 20 most frequent diagnoses: United States
May 1973-April 1974

20 most frequent diagnoses classified by ICDA category ¹		Number of visits in thousands	Treatments and services ordered or provided					
			General history and exam	Lab procedure or test	Injection or immunization	Drug therapy ²	Medical counseling and advice	Other ³
All diagnoses		644,893	35.9	19.6	18.6	49.4	19.7	34.4
			Percent ⁴					
1.	Medical and special exams Y00	39,613	56.3	33.1	24.6	18.2	18.7	18.9
2.	Medical and surgical aftercare Y10	32,345	23.7	7.9	6.0	18.6	22.2	62.2
3.	Prenatal care Y06	25,359	39.5	34.9	*	22.5	24.8	29.2
4.	Essential benign hypertension 401	22,752	42.0	18.8	10.2	75.0	20.1	15.5
5.	Acute upper respiratory infection 465	21,514	44.5	14.0	21.3	90.9	10.8	6.3
6.	Neuroses 300	16,570	19.5	11.3	8.2	49.7	19.5	65.5
7.	Observation 793	15,893	46.2	35.0	7.9	23.2	20.0	47.3
8.	Chronic ischemic heart disease 412	15,487	48.7	40.3	15.5	69.0	26.1	16.8
9.	Hay fever 507	12,166	23.9	8.7	69.0	28.0	10.8	14.5
10.	Otitis media 381	10,523	43.5	*	20.5	71.9	19.0	14.2
11.	Acute pharyngitis 462	10,415	43.6	23.1	30.1	82.2	11.0	14.9
12.	Obesity 277	10,136	32.1	19.0	17.6	71.1	41.0	51.7
13.	Refractive errors 370	9,175	31.0	*	*	*	*	15.3
14.	Other eczema 692	9,152	36.3	*	37.5	75.3	15.5	19.6
15.	Diabetes 250	8,904	36.7	67.5	15.5	54.1	29.6	*
16.	Acute tonsillitis 463	8,234	40.1	18.9	36.4	88.4	*	*
17.	Diagnosis given as "None" ---	8,019	34.7	26.8	29.4	16.0	*	36.6
18.	Diseases of sebaceous glands 706	7,968	25.0	*	14.9	54.1	16.2	57.8
19.	Other viral diseases 079	6,957	23.2	*	17.3	47.8	17.1	42.0
20.	Bronchitis, unqualified 490	6,912	38.8	*	27.8	79.8	21.7	20.4
Other		346,800	33.9	18.0	19.0	51.9	20.3	39.4

¹Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, 1965*.

²Includes prescription and nonprescription drugs.

³Includes: X-ray, office surgical treatments, psychotherapy and therapeutic listening services, visits where no treatments and services were ordered, and all other treatments and services provided.

⁴Percents will not add to 100 because most patient visits required the provision of more than one treatment or service.

Table 21. Number and percent of office visits by disposition of visit, according to the 20 most frequent diagnoses: United States, May 1973-April 1974

20 most frequent diagnoses classified by ICDA category ¹	Number of visits in thousands	Disposition of visit			
		No followup planned	Return at specified time	Return if needed	Other ²
All diagnoses	644,893	12.7	61.2	21.4	9.4
		Percent ³			
1. Medical and special exams Y00	39,613	32.5	54.4	13.1	3.6
2. Medical and surgical aftercare Y10	32,345	16.3	67.0	14.8	5.2
3. Prenatal care Y06	25,359	*	93.4	6.0	4.5
4. Essential benign hypertension 401	22,752	*	87.6	9.2	3.8
5. Acute upper respiratory infection 465	21,514	22.4	24.8	49.2	7.4
6. Neuroses 300	16,570	6.0	74.1	16.6	6.9
7. Observation 793	15,893	37.9	36.3	22.2	8.3
8. Chronic ischemic heart disease 412	15,487	*	90.4	8.7	6.6
9. Hay fever 507	12,166	*	78.1	16.9	*
10. Otitis media 381	10,523	10.6	56.5	27.9	10.9
11. Acute pharyngitis 462	10,415	20.8	29.3	41.8	11.8
12. Obesity 277	10,136	*	87.5	*	*
13. Refractive errors 370	9,175	37.8	33.0	28.0	*
14. Other eczema 692	9,152	12.4	53.8	34.4	*
15. Diabetes 250	8,904	*	91.8	*	*
16. Acute tonsillitis 463	8,234	13.7	28.3	49.6	15.6
17. Diagnosis given as "None" ---	8,019	28.0	58.1	13.3	*
18. Diseases of sebaceous glands 706	7,968	*	72.3	*	*
19. Other viral diseases 079	6,957	18.9	45.0	34.2	*
20. Bronchitis, unqualified 490	6,912	*	38.9	50.5	22.6
Other	346,800	10.4	59.7	22.4	12.2

¹Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, 1965*.

²Includes telephone followup planned, referred to other physician, returned to referring physician, admit to hospital, and all other dispositions.

³Percents will not add to 100 because some patient visits had more than one disposition.

Table 22. Number and percent distribution of office visits by prior visit status, according to age, sex, and color of patient: United States, May 1973-April 1974

Age, sex, and color	Number of visits in thousands	Prior visit status			
		Total	Patient seen for the first time	Patient seen before	
				For current problem	For another problem
Percent distribution					
<u>All patients</u>					
All ages	644,893	100.0	15.6	61.5	22.9
Under 15 years	125,077	100.0	16.7	48.5	34.8
15-24 years	99,581	100.0	22.8	52.3	25.0
25-44 years	159,551	100.0	19.0	59.1	22.0
45-64 years	160,435	100.0	11.8	69.2	19.0
65 years and over	100,249	100.0	7.5	78.8	13.7
<u>Sex</u>					
Male	253,285	100.0	17.5	58.4	24.1
Under 15 years	66,007	100.0	16.4	49.8	33.8
15-24 years	34,419	100.0	25.7	45.5	28.7
25-44 years	50,825	100.0	26.1	53.3	20.7
45-64 years	64,282	100.0	13.3	66.4	20.3
65 years and over	37,752	100.0	7.7	78.5	13.8
Female	391,608	100.0	14.3	63.6	22.1
Under 15 years	59,070	100.0	17.1	47.0	35.9
15-24 years	65,161	100.0	21.3	55.8	23.0
25-44 years	108,726	100.0	15.7	61.8	22.6
45-64 years	96,153	100.0	10.8	71.1	18.1
65 years and over	62,497	100.0	7.5	78.9	13.6
<u>Color</u>					
White	575,881	100.0	14.9	62.4	22.7
Under 15 years	112,229	100.0	16.0	48.8	35.2
15-24 years	87,003	100.0	21.8	53.3	25.0
25-44 years	138,960	100.0	18.2	60.2	21.6
45-64 years	144,645	100.0	11.6	69.7	18.7
65 years and over	93,044	100.0	7.5	78.9	13.6
All other	69,013	100.0	21.0	54.6	24.4
Under 15 years	12,848	100.0	23.0	44.9	32.1
15-24 years	12,578	100.0	30.0	45.2	24.8
25-44 years	20,592	100.0	24.1	51.2	24.7
45-64 years	15,790	100.0	14.0	64.5	21.6
65 years and over	7,204	100.0	*	76.4	15.1

Table 23. Number and percent distribution of office visits by prior visit status, according to physician specialty and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Number of visits in thousands	Prior visit status			
		Total	Patient seen for the first time	Patient seen before	
				For current problem	For another problem
Percent distribution					
All specialties	644,893	100.0	15.6	61.5	22.9
General and family practice	260,310	100.0	12.8	57.3	29.9
Medical specialties	169,316	100.0	13.8	60.4	25.8
Internal medicine	74,693	100.0	14.6	63.0	22.5
Pediatrics	53,659	100.0	10.0	45.7	44.4
Other	40,964	100.0	17.4	75.0	7.7
Surgical specialties	183,787	100.0	21.8	65.5	12.7
General surgery	44,846	100.0	17.7	62.9	19.4
Obstetrics and gynecology	50,715	100.0	14.1	70.6	15.3
Other	88,227	100.0	28.2	64.0	7.8
Other specialties	31,481	100.0	11.9	79.5	8.6
Psychiatry	20,300	100.0	8.6	86.3	5.1
Other	11,180	100.0	18.1	67.0	14.9
<u>Type of practice</u>					
Solo	386,208	100.0	14.6	62.3	23.2
Other ¹	258,685	100.0	17.1	60.5	22.5

¹Includes partnership and group practices.

Table 24. Number and percent distribution of office visits by seriousness of patient's principal problem, according to sex, color, and age of patient: United States, May 1973-April 1974

Sex, color, and age	Number of visits in thousands	Total	Seriousness of patient's principal problem			
			Very serious	Serious	Slightly serious	Not serious
All patients	644,893	100.0	Percent distribution			
			3.2	16.0	30.4	50.5
<u>Sex</u>						
Male	253,285	100.0	3.8	18.1	31.9	46.2
Female	391,608	100.0	2.8	14.6	29.4	53.2
<u>Color</u>						
White	575,881	100.0	3.1	15.7	30.5	50.6
All other	69,013	100.0	3.3	18.2	29.5	49.0
<u>Age</u>						
Under 15 years	125,077	100.0	1.5	10.2	29.4	58.9
15-24 years	99,581	100.0	1.7	10.7	26.0	61.6
25-44 years	159,551	100.0	2.7	14.0	29.4	54.0
45-64 years	160,435	100.0	3.9	20.1	32.2	43.9
65 years and over	100,249	100.0	6.3	25.1	34.7	33.9

Table 25. Number and percent distribution of office visits by seriousness of patient's principal problem, according to physician specialty and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Number of visits in thousands	Total	Seriousness of patient's principal problem			
			Very serious	Serious	Slightly serious	Not serious
			Percent distribution			
All specialties	644,893	100.0	3.2	16.0	30.4	50.5
General and family practice	260,310	100.0	2.3	15.3	32.2	50.1
Medical specialties	169,316	100.0	3.6	17.1	32.7	46.6
Internal medicine	74,693	100.0	5.1	23.4	33.0	38.5
Pediatrics	53,659	100.0	*	7.4	29.9	61.9
Other	40,964	100.0	4.8	18.3	35.6	41.3
Surgical specialties	183,787	100.0	2.6	13.0	25.4	59.0
General surgery	44,846	100.0	3.8	14.7	28.8	52.7
Obstetrics and gynecology	50,715	100.0	*	4.1	15.0	80.1
Other	88,227	100.0	3.2	17.1	29.6	50.1
Other specialties	31,481	100.0	10.5	33.2	32.0	24.3
Psychiatry	20,300	100.0	14.9	42.2	28.1	14.9
Other	11,180	100.0	*	17.0	39.0	41.4
<u>Type of practice</u>						
Solo	386,208	100.0	3.1	16.3	30.3	50.3
Other ¹	258,685	100.0	3.3	15.5	30.4	50.8

¹Includes partnership and group practices.

Table 26. Number and percent of office visits by treatments and services ordered or provided, according to sex, color, and age of patient: United States, May 1973-April 1974

Sex, color, and age	Number of visits in thousands	Treatments and services ordered or provided									
		None	General history and exam	Lab procedure or test	X-rays	Injection or immunization	Office surgical treatment	Drug therapy ¹	Psychotherapy and therapeutic listening	Medical counseling and advice	Other
All patients	644,893	5.3	35.9	19.6	7.1	18.6	8.9	49.4	4.3	19.7	8.8
<u>Sex</u>											
Male	253,285	5.2	36.8	16.0	8.2	19.4	11.0	47.2	3.8	19.1	8.6
Female	391,608	5.4	35.4	22.0	6.4	18.1	7.6	50.8	4.6	20.1	9.0
<u>Color</u>											
White	575,881	5.4	35.8	19.5	7.3	18.5	9.2	48.3	4.5	20.2	9.2
Other	69,013	4.9	37.1	20.8	5.8	19.5	6.6	58.5	2.6	15.3	5.4
<u>Age</u>											
Under 15 years	125,077	6.0	41.2	13.0	4.0	26.0	7.8	46.2	0.8	19.6	5.4
15-24 years	99,581	6.5	35.6	21.3	5.7	14.0	11.0	45.2	3.1	17.3	9.9
25-44 years	159,551	5.7	33.8	21.2	7.6	14.1	1.8	47.6	8.0	19.2	8.9
45-64 years	160,435	4.2	34.6	20.7	9.3	19.6	8.6	51.7	5.0	20.7	10.6
65 years and over	100,249	4.6	35.4	22.0	8.0	19.5	9.1	56.9	2.6	21.4	8.9

¹Includes prescription and nonprescription drugs

²Percents will not add to 100 because most patient visits required the provision of more than one treatment or service.

Table 27. Number and percent of office visits by treatments and services ordered or provided, according to sex, color, and age of patient: United State, May 1973-April 1974

Physician specialty and type of practice	Number of visits in thousands	Treatments and services ordered or provided									
		None	General history and exam	Lab procedure or test	X-rays	Injection or immunization	Office surgical treatment	Drug therapy ¹	Psychotherapy and therapeutic listening	Medical counseling and advice	Other
		Percent ²									
All specialties	644,893	5.3	35.9	19.6	7.1	18.6	8.9	49.4	4.3	19.7	8.8
General and family practice	260,310	4.7	36.3	17.4	5.3	24.8	8.2	58.8	1.8	13.7	5.9
Medical specialties	169,316	3.7	41.1	25.7	9.7	23.9	5.4	52.0	2.9	24.6	4.8
Internal medicine	74,693	2.7	43.7	35.1	15.4	14.6	2.5	57.8	5.3	26.7	4.5
Pediatrics	53,659	5.2	49.8	19.5	3.0	29.7	3.6	45.2	0.7	26.4	1.0
Other	40,964	3.6	25.1	16.8	8.1	33.4	13.0	50.2	1.4	18.6	10.3
Surgical specialties	183,787	8.0	33.0	19.2	8.2	6.1	13.9	34.6	1.5	24.0	16.9
General surgery	44,846	7.4	28.7	13.0	7.8	10.6	23.3	29.7	1.2	16.3	11.8
Obstetrics and gynecology	50,715	8.2	43.6	41.5	1.7	4.0	4.2	41.4	2.1	23.6	11.1
Other	88,227	8.3	29.0	9.5	12.2	5.1	14.6	33.2	1.3	28.1	22.9
Other specialties	31,481	3.2	22.7	7.9	*	11.6	5.3	44.1	48.6	17.4	6.8
Psychiatry	20,300	*	11.1	*	*	10.3	*	36.6	71.9	14.3	3.8
Other	11,180	*	43.8	16.0	*	14.0	10.8	57.6	6.3	22.9	12.1
<u>Type of practice</u>											
Solo ³	386,208	5.3	34.2	17.7	5.1	19.4	7.9	52.3	5.2	18.4	8.7
Other ³	258,685	5.4	38.6	22.5	10.1	17.4	10.4	45.1	2.9	21.6	9.0

¹Includes prescription and nonprescription drugs.

²Percents will not add to 100 because most patient visits required the provision of more than one treatment or service.

³Includes partnership and group practices.

Table 28. Number and percent distribution of office visits by time actually spent with physician, according to physician specialty and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Number of visits in thousands	Time actually spent with physician						
		Total	Zero minutes	1-5 minutes	6-10 minutes	11-15 minutes	16-30 minutes	31 minutes or more
All specialties	644,893	100.0	2.0	15.0	32.3	25.7	18.9	6.1
General and family practice	260,310	100.0	2.0	20.1	35.4	23.7	15.6	3.1
Medical specialties	169,316	100.0	3.8	9.9	31.4	29.5	19.4	6.0
Internal medicine	74,693	100.0	2.9	5.8	24.4	30.9	26.5	9.5
Pediatrics	53,659	100.0	2.7	12.7	42.5	31.6	9.6	*
Other	40,964	100.0	6.9	13.6	29.5	24.1	19.5	6.4
Surgical specialties	183,787	100.0	0.7	13.7	31.9	26.6	23.3	3.8
General surgery	44,846	100.0	*	16.9	35.8	26.4	17.3	2.4
Obstetrics and gynecology	50,715	100.0	*	12.5	32.0	25.5	25.7	3.5
Other	88,227	100.0	*	12.7	29.9	27.2	25.0	4.7
Other specialties	31,481	100.0	*	6.9	13.7	16.9	17.3	44.5
Psychiatry	20,300	100.0	*	*	9.3	14.1	13.0	61.8
Other	11,180	100.0	*	16.4	21.8	22.2	25.2	13.1
<u>Type of practice</u>								
Solo	386,208	100.0	1.7	14.4	32.3	25.6	19.6	6.3
Other ¹	258,685	100.0	2.5	15.7	32.2	25.8	17.9	5.9

¹Includes partnership and group practices.

Table 29. Number and percent distribution of office visits by time actually spent with physician, according to age, sex, and color of patient: United States, May 1973-April 1974

Sex, color, and age	Number of visits in thousands	Time actually spent with physician						
		Total	Zero minutes	1-5 minutes	6-10 minutes	11-15 minutes	16-30 minutes	31 minutes or more
All patients	644,893	100.0	2.0	15.0	32.3	25.7	18.9	6.1
<u>Sex</u>								
Male	253,285	100.0	2.0	16.0	31.5	26.2	17.9	6.4
Female	391,608	100.0	2.0	14.3	32.8	25.4	19.6	6.0
<u>Color</u>								
White	575,881	100.0	2.2	14.9	31.7	25.9	19.1	6.3
Other	69,013	100.0	*	15.7	37.3	24.1	17.2	3.9
<u>Age</u>								
Under 15 years	125,077	100.0	2.5	19.2	39.1	26.4	10.5	2.4
15-24 years	99,581	100.0	1.4	18.1	33.5	23.5	18.6	5.0
25-44 years	159,551	100.0	1.7	14.8	30.1	24.0	20.3	9.2
45-64 years	160,435	100.0	2.2	11.7	29.7	26.7	22.8	6.9
65 years and over	100,249	100.0	2.3	12.0	30.2	28.2	21.3	5.8

Table 30. Number and percent of office visits by disposition of visit, according to sex, color, and age of patient: United States, May 1973-April 1974

Sex, color, and age	Number of visits in thousands	Disposition of visit							
		No followup planned	Return at specified time	Return if needed	Telephone followup planned	Referred to other physician	Returned to referring physician	Admit to hospital	Other
All patients	644,893	12.7	61.2	21.4	2.9	2.7	1.1	2.1	0.6
<u>Sex</u>									
Male	253,285	14.5	58.0	22.4	2.9	3.2	1.2	2.1	0.7
Female	391,608	11.5	63.2	20.7	3.0	2.5	1.1	2.0	0.5
<u>Color</u>									
White	575,881	12.7	61.0	21.4	3.1	2.8	1.1	2.1	0.6
Other	69,013	12.6	62.3	21.0	2.0	2.6	*	2.0	*
<u>Age</u>									
Under 15 years	125,077	18.5	48.0	28.6	4.6	2.3	*	1.2	.. *
15-24 years	99,581	17.5	56.1	21.7	2.9	2.2	*	*	*
25-44 years	159,551	12.4	62.4	20.0	2.7	3.0	1.4	2.3	0.6
45-64 years	160,435	9.3	65.4	20.0	2.6	3.6	1.4	2.2	0.7
65 years and over	100,249	6.5	74.0	16.3	1.9	2.1	1.1	2.6	*

¹Percent will not add to 100 because some patient visits had more than one disposition.

Table 31. Number and percent of office visits by disposition of visit, according to physician specialty, and type of practice: United States, May 1973-April 1974

Physician specialty and type of practice	Number of visits in thousands	Disposition of visit			
		No followup planned	Return at specified time	Return if needed	Other ¹
		Percent ²			
All specialties	644,893	12.7	61.2	21.4	9.4
General and family practice	260,310	16.1	54.8	25.8	6.6
Medical specialties	169,316	10.8	63.4	20.7	12.1
Internal medicine	74,693	10.0	67.0	17.7	14.1
Pediatrics	53,659	13.9	48.1	32.5	12.4
Other	40,964	8.4	77.0	10.9	8.4
Surgical specialties	183,787	10.6	65.3	17.2	11.2
General surgery	44,846	11.2	61.9	17.1	13.9
Obstetrics and gynecology	50,715	4.6	76.1	14.4	9.8
Other	88,227	13.7	60.9	18.9	10.8
Other specialties	31,481	6.3	76.9	12.0	7.9
Psychiatry	20,300	4.9	84.3	7.1	*
Other	11,180	*	63.5	20.9	14.3
<u>Type of practice</u>					
Solo ³	386,208	13.1	60.5	22.0	9.0
Other ³	258,685	12.1	62.1	20.4	10.4

¹Includes telephone followup planned, referred to other physician, returned to referring physician, admit to hospital, and all other dispositions.

²Percents will not add to 100 because some patient visits had more than one disposition.

³Includes partnership and group practices.

APPENDIX I

TECHNICAL NOTES ON SURVEY DESIGN AND PROCEDURES

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 physician practices. The first stage sample, consisting of 87 PSU's, was selected by the National Opinion Research Center (NORC), the organization responsible for field operations under contract to the National Center for Health Statistics (NCHS). A PSU is generally a county, a group of adjacent counties, or a standard metropolitan statistical area. The United States is divided into approximately 1,900 PSU's. The details of the methodology used in selecting this sample are contained in an unpublished technical memorandum prepared by the NORC.

The second stage consists of a probability sample of practicing physicians selected from the master physician files maintained by the American Medical Association and the American Osteopathic Association. Within each PSU, all eligible physicians were arranged by four broad specialty groups: general and family practice, medical specialties, surgical specialties, and "other" specialties. Within each specialty group, the file was arranged by specific individual specialty. 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 final stage was the selection of patient visits within the annual practices of 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 one of the 52 weeks in the survey year. Second, a systematic random sample of visits was selected by the physicians 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 as determined in a presurvey interview. (The method by which the sampling rate was determined is described in the Induction Interview Form displayed in appendix III.)

Physician Universe and Sample Size

Table I shows the distribution of physicians in the universe used for selection of the 1973 NAMCS sample, and the distribution of the sample by physician specialty. The total universe (184,386) was composed of all physicians contained in the master files maintained by the American Medical Association (AMA) and American Osteopathic Association (AOA) as of November 1, 1972, who met the following criteria:

- a. Office based, as defined by AMA and AOA
- b. Principally engaged in patient care activities
- c. Nonfederally employed
- d. Not in the specialties of anesthesiology, pathology, clinical pathology, forensic pathology, radiology, diagnostic radiology, pediatric radiology and therapeutic radiology.

Physicians selected in the sample were further screened to assure that they met all of the above criteria at the time of the survey. Of the 1,695 physicians selected in the 1973 NAMCS gross sample, 254 did not meet all of the above criteria and were, consequently, ruled out-of-scope (ineligible) for the study. The most frequent reasons for being out-of-scope were that the physician was retired, deceased, and employed in teaching, research, or administration and consequently no longer in practice. Of the 1,441 sample physicians in-scope (eligible) for the survey, 1,103 (76.5 percent) participated in the survey while the remaining 338 declined to do so. The response patterns by specialty are shown in table I.

III). The Patient Log, a sequential listing of patients, served as a sampling frame to indicate the visit for which data were to be recorded. The Patient Record is an encounter form on which 12 items of data about the visit were recorded.

Physicians recorded, in sequence on the log, all patients seen in their offices from Monday morning through Sunday night of their assigned survey week. Based on the physician's own estimate of the number of patients expected to visit his office(s) during the survey period, the physician was assigned a patient sampling ratio. These sampling ratios were designed so that about 10 Patient Records were completed each participating physician: The Patient Log (appendix III) and the Patient Record (appendix

Table I. Distribution of physicians in the universe (AMA and AOA) and in the 1973 National Ambulatory Medical Care Survey sample by physician specialty, United States, May 1973-April 1974

Physician specialty	Universe	Gross total	Out of scope	Net Total	Non-Response	Response	Response Rate
All specialties	184,386	1695	254	1441	338	1103	76.5
General and family practice	55,530	507	82	425	114	311	73.2
Medical specialties	47,036	439	68	371	82	289	77.9
Internal medicine	24,817	223	30	193	48	145	75.1
Pediatrics	11,634	103	23	80	15	65	81.3
Other	10,585	113	15	98	19	79	80.6
Surgical specialties	63,498	579	61	518	125	393	75.9
General surgery	19,406	178	15	163	42	121	74.2
Obstetrics and gynecology	14,672	140	15	125	32	93	74.4
Other	29,420	261	31	230	51	179	77.8
Other specialties	18,322	170	43	127	17	110	86.6
Psychiatry	12,243	106	16	90	44	76	84.4
Other	6,079	64	27	37	3	34	91.9

Of the 1,103 physicians who participated in the NAMCS, 146 (10 percent) saw no patients during their assigned reporting period because of vacations, illness or other reason for being temporarily not in practice.

Data Collection

The actual data collection for the 1973 NAMCS was carried out by physicians aided by their office assistants when possible. Two data collection forms were employed by the

day of practice. Physicians expecting 10 or fewer visits each day recorded data for all of them, while those expecting more than 10 visits per day recorded data for every second, third, or fifth visit, based upon the predetermined sampling interval. These procedures were designed to minimize the workload of data collection and maintain somewhat equal reporting levels among sample physicians regardless of the size of their practice. For physicians assigned a patient-sampling procedure, a random start was provided on the first page of the log.

Predesignated sample visits on each succeeding page of the log provided a systematic random sample of patient visits during the reporting period.

Data Processing

All Patient Records were clerically edited for completeness and consistency. To the extent possible, missing information was obtained from participating physicians by telephone follow-back. Nonresponse rates for data items on the Patient Records are considered insignificant, less than 2 percent for all items except "color or race" which was 5 percent.

Information contained in item 5 of the Patient Record (patient's problem) was coded according to a special classification system developed for that purpose.³ Diagnosis information, item 9 of the Patient Record, was coded according to the *Eighth Revision of the International Classification of Diseases, Adapted for Use in the United States [ICDA]*. A maximum of three problems and three diagnoses were coded. All coding was verified 100 percent by independent coding and differences were adjudicated by the National Center for Health Statistics. The medical coding and verification were performed by the American Medical Records Association under contract to the National Opinion Research Center (NORC).

All information was keypunched (with 100-percent verification, and subsequently converted to computer tape for further edit and consistency checks.

Estimation Procedures

Statistics produced from the 1973 National Ambulatory Medical Care Survey (NAMCS) were derived by a complex estimating procedure. The procedure used produces essentially unbiased national estimates and has basically three components: (1) inflation by reciprocals of the probabilities of selection, (2) adjustment for nonresponse, and (3) a ratio adjustment to fixed totals. Each of these is described briefly below. Exact formulae and estimation procedures are available in unpublished form upon request.

Inflation by reciprocals of sampling probabilities — Since the survey utilizes a three-stage

sample design, there were three probabilities: (a) the probability of selecting the PSU, (b) the probability of selecting a physician within the PSU, and (c) the probability of selecting a patient visit within the physician's practice. The last probability was defined to be the number of Patient Records completed divided by the exact number of office visits during the physician's specified reporting week. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

Adjustment for nonresponse — All estimates from 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 nonrespondent physicians the practice characteristics of similar respondents. For this purpose, similar physicians were judged to be physicians having the same specialty designation and residing in the same PSU.

Ratio adjustment — A post-stratification adjustment was used in the estimation process to bring the number of physicians estimated from survey results into close agreement with the number of physicians in each of nine specialty groups known from the AMA and AOA data. The adjustment is made by using a multiplier factor obtained by taking the difference between the universe total number of physicians and the total estimated to be out-of-scope and dividing that difference by the estimated in-scope physicians for the particular specialty group.

Reliability of Estimates

Since the statistics presented in this report are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, interviewing personnel and procedures. As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into the survey procedures.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any systematic biases which might 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 of the estimate by the estimate itself, and is expressed as a percentage of the estimate. For this report, asterisks are shown for any data table cell with more than a 25 percent relative standard error. In order to derive standard errors that would be applicable to a wide variety of statistics and could be prepared at a moderate cost, several approximations were required. As a result, the relative standard errors shown in figure I and the standard errors of percentages shown in table II should be interpreted as approximate rather than precise for any specific estimate.

The standard errors (and 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. Although it is only a rough approximation in most other cases, this formula will represent the standard error quite accurately for the difference between separate and uncorrelated characteristics.

The precision of an estimated rate or percentage computed by using sample data for both numerator and denominator depends upon the sampling variability of both the numerator and denominator. Table II shows approximate standard errors of estimated percentages when the characteristic used to form the numerator of the percentage is a subclass of the denominator. The reliability of an estimated rate where the denominator is the total U.S. population can be determined by using the relative standard error of the numerator obtained from figure I.

Population Figures

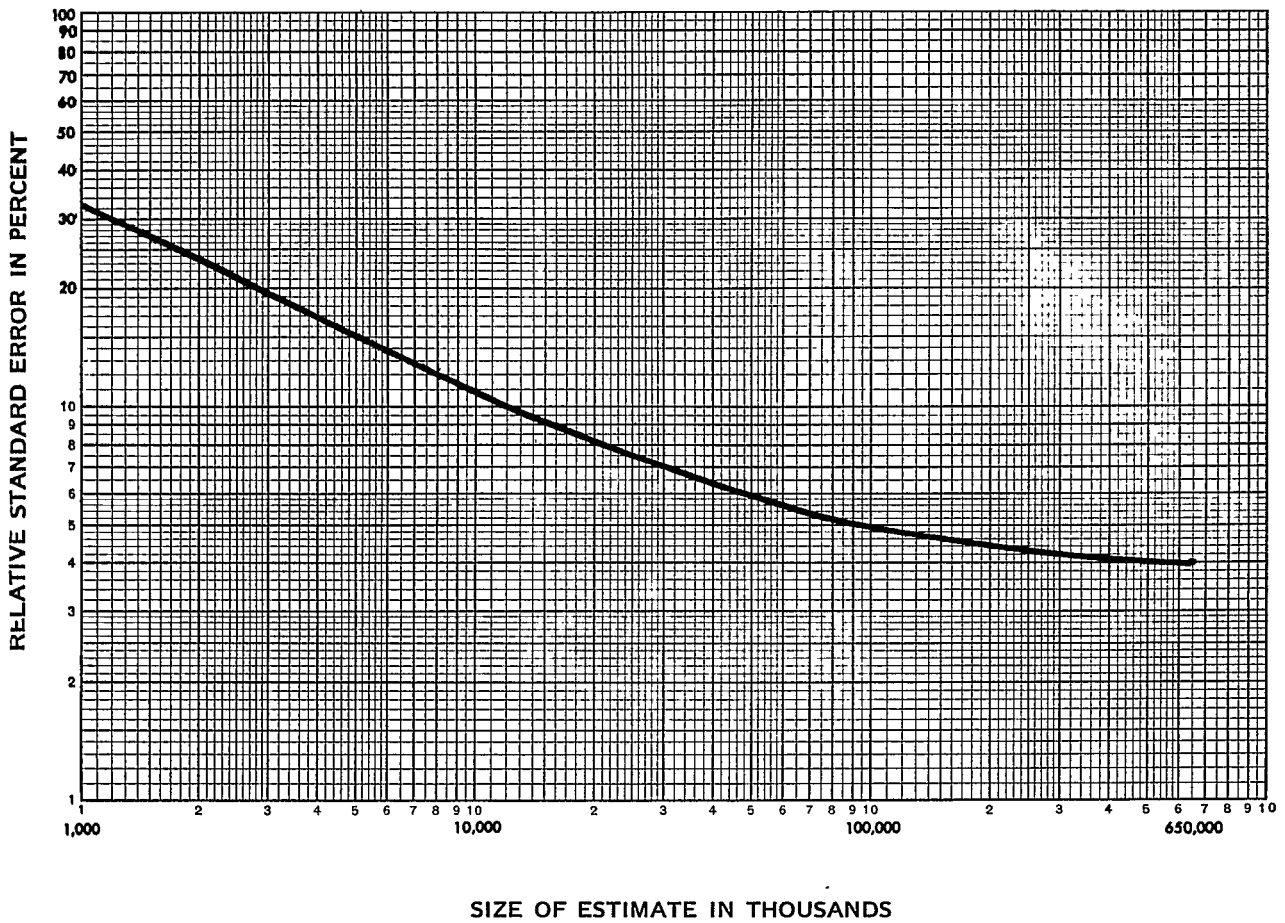
The base populations used in computing annual national visit rates are provisional estimates for the civilian, noninstitutional population as of October 1, 1973, provided by the

Table II. Approximate standard errors of percentages for estimated numbers of patient visits

Base of percent (Number of patient visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error expressed in percentage points					
1000	3.3	7.1	9.8	13.1	15.0	16.4
2000	2.3	5.0	6.9	9.3	10.6	11.6
3000	1.9	4.1	5.7	7.5	8.7	9.4
4000	1.6	3.6	4.9	6.5	7.5	8.2
5000	1.5	3.2	4.4	5.9	6.7	7.3
10000	1.0	2.3	3.1	4.1	4.7	5.2
20000	0.7	1.6	2.2	2.9	3.4	3.7
30000	0.6	1.3	1.8	2.4	2.7	3.0
40000	0.5	1.1	1.6	2.1	2.4	2.6
50000	0.5	1.0	1.4	1.9	2.1	2.3
100000	0.3	0.7	1.0	1.3	1.5	1.6
600000	0.1	0.3	0.4	0.5	0.6	0.7

Example of use of Table II: An estimate of 20 percent (read at top of table) based on an estimate of 10 million (read from left side of table) has a standard error of 4.1 percent. The relative standard error is equal to 4.1 percent ÷ 20 percent or 20.5 percentage points. For estimated percents not shown on table, linear interpolation will provide a good approximation to the standard error.

Figure 1. Approximate relative standard error of estimated numbers of patient visits shown in this report.



Example of use of figure 1: An estimate of 10,000,000 patient visits (read from scale at bottom of chart) has a relative standard error of 11 percent (read from scale at left side of figure) or a standard error of 1.1 million (11 percent of 10,000,000).

U.S. Bureau of the Census (table III and IV). Although these estimates are consistent with estimates of the civilian resident population published in *Current Population Reports* by the Bureau of the Census, they are presented here solely for the purpose of providing denominators for rate computations and are not to be considered as official population estimates.

Rounding of Numbers

Estimates relating to patient visits have been rounded to the nearest thousand. Percents and rates were calculated on the basis of original, unrounded figures and, therefore, will not necessarily agree with rates and percents which might be calculated from rounded data.

Systematic Bias

There have been no attempts to determine systematic biases in the data reported here or to measure the impact of any biases. There are several factors, however, that the user of these data should understand, all of which indicate that these data underrepresent the total office visits to office-based physicians. These factors are:

1. The sampling universe for the 1973 NAMCS was the files of "office-based, patient-care" physicians maintained by the AMA and AOA. There are certainly physicians not so classified which, at the time of the survey, would have met the criteria for that

Table III. Estimates of the civilian noninstitutional population of the United States by age, color and sex, as of November 1, 1973

(used in the calculation of rates for tables 1 and 5)

Color and sex	Age					
	All ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
All colors	206,422	55,347	37,643	50,407	42,631	20,395
Male	99,546	28,208	18,385	24,326	20,201	8,426
Female	106,877	27,139	19,257	26,081	22,430	11,969
White	180,222	46,592	32,357	44,280	38,402	18,591
Male	87,224	23,815	15,886	21,598	18,278	7,647
Female	92,998	22,776	16,472	22,682	20,124	10,943
All other	26,201	8,755	5,285	6,127	4,229	1,804
Male	12,322	4,393	2,500	2,728	1,923	778
Female	13,879	4,362	2,786	3,399	2,306	1,026

classification. Visits to these physicians are not represented in these data.

2. A frequent reason for not participating in the NAMCS was given as "too busy" or "too busy right now." This is an indication that the busier physician was not as likely to participate as the less busy physician. An assessment of this problem is underway, but if these indications are correct, some bias would result.
3. Physicians who participated in the NAMCS did a thorough and conscientious job. In keeping the Patient Log, however, the probability a patient 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 could also introduce a slight bias.

Studies to measure the impact of these problems are either planned or underway. The best estimate at this time of underrepresentation of total office visits by the NAMCS comes from a comparison with the national Health Interview Survey (HIS) data. Data from the HIS show total office visits during calendar 1973 to be about 715 million. Although the HIS and NAMCS data are not totally comparable, they are sufficiently compatible to allow rough approximations. Based on this comparison, it is estimated that the 1973 NAMCS data underrepresent the actual total visits to office-based physicians by 60 to 70 million visits, or by about 10 percent of the total visits.

Table IV. Estimates of the civilian noninstitutional population of the United States by geographic region, metropolitan and nonmetropolitan area, and sex and age, as of November 1, 1973

(used in the calculation of rates for tables 3 and 7)

Geographic region, metropolitan and nonmetropolitan area, and sex	Age					
	All ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
	Number in thousands					
All regions	206,422	55,347	37,643	50,407	42,631	20,395
Northeast	48,862	12,521	8,395	11,866	10,949	5,131
North central	56,658	15,480	10,414	13,566	11,516	5,682
South	64,926	17,718	12,095	15,790	12,949	6,374
West	35,977	9,628	6,738	9,186	7,217	3,209
Metropolitan area	141,620	37,814	25,891	35,687	29,194	13,085
Male	67,976	19,254	12,515	17,187	13,774	5,266
Female	73,650	18,560	13,379	18,501	15,421	7,823
Nonmetropolitan area	64,803	17,533	11,751	14,720	13,438	7,310
Male	31,570	8,954	5,870	7,138	6,427	3,160
Female	33,227	8,579	5,878	7,581	7,009	4,146

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

General Terms Relating to the Survey

1. *Office(s)*: Premises which the physician identifies as a location for his ambulatory practice. Responsibility, over time for patient care and professional services rendered there resides with the individual physician rather than with any institution.
2. *Ambulatory patient*: An individual presenting for personal health services, neither bedridden nor currently admitted to any health care institution on the premises.
3. *Physician*:

- a. 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.
- b. 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 V.A., the Ford Motor Company, etc.)

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

4. *Patients*:

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

b. 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 doctor has a *private* office (which fits definition of "office") located in a hospital, the ambulatory patients seen there would be considered "in-scope."

—Patients seen by the physician in any institution (including out-patient clinics of hospitals) for which the institution has the primary responsibility for the care of the patient over time;

—Patients who call on the 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.

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

6. *Physician Specialty*: Principal specialty

(including general practice) as designated by the physicians at the time of the survey. Those physicians for which a specialty was not obtained were assigned the principal specialty recorded in the Master Physician files maintained by the AMA or AOA.

7. *Medical Specialists* — Includes specialists in following and related specialties:

- Allergy
- Cardiovascular diseases
- Dermatology
- Gastroenterology
- Internal Medicine
- Pediatrics
- Pediatric allergy
- Pediatric cardiology
- Pulmonary diseases

8. *Surgical Specialty* — Includes specialists in the following and related specialties:

- General surgery
- Neurological surgery
- Obstetrics and Gynecology
- Ophthalmology
- Otolaryngology
- Plastic Surgery
- Colon and rectal surgery
- Thoracic surgery
- Urology

9. *"Other" Specialty* — Includes specialists in the following and related specialties:

- Psychiatry
- Neurology
- Preventive Medicine
- Geriatrics
- Public health

10. *Geographic region* — The four major regions of the United States (excluding Alaska and Hawaii) as defined by the U.S. Bureau of the Census.

11. *Metropolitan, nonmetropolitan* — Refers to the location of a physician's practice as being within a Standard Metropolitan Statistical Area (SMSA) or not. SMSA's are established

and defined by the U.S. Office of Management and Budget.

Selected Terms Used on the Patient Record

1. *Color or Race*: In this report, 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 upon observation and/or prior knowledge of the patient. "Other" was restricted to Orientals, American Indians, and other nonwhite, non-Negro races.
2. *Patient's Principal Problem[s], Complaint[s], or Symptom[s] — [In Patient's Own Words]*: The patient's principal problem, complaint, symptom or reason for the 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 making the visit.
3. *Seriousness of Problem in Item 5-A*: 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 physician's clinical judgment as to the extent of the patient's impairment that might result if no care was given.
4. *Major reason[s] for this visit*: The physician's classification of the patient's major reason(s) for the visit into one or more of the following categories:
 - a. *Acute problem* — A condition or illness having a relatively sudden or recent onset (i.e., within three months of the visit).
 - b. *Acute problem followup* — A return visit primarily for continued medical care of a previously treated acute problem.
 - c. *Chronic problem-routine* — A visit primarily to receive regular care or examination for a preexisting chronic condition or illness (onset of condition was three months or more before this visit).
 - d. *Chronic problem-flare-up* — A visit

primarily due to a sudden exacerbation of a preexisting chronic condition.

- e. *Prenatal care* — Routine obstetrical care provided prior to delivery.
 - f. *Postnatal care* — Routine obstetrical care or examination provided following delivery or termination of pregnancy.
 - g. *Postoperative care* — A visit primarily for care required following surgical treatment. Includes changing dressing, removing sutures or cast, advising on restriction of activities or routine after surgery checkup.
 - h. *Well adult/child examination* — General health maintenance examinations and routine periodic examinations of presumably healthy persons, both children and adults. Includes annual physicals, well-child checkups, school, camp and insurance examinations.
 - i. *Family planning* — Services or advice which enable patients to determine the number and spacing of their children. Includes both contraception and infertility services.
 - j. *Counseling/advice* — Information of a health nature which would enable the patient to maintain or improve his physical or mental well-being. Included would be advice regarding diet, changing habits or behavior, and general information regarding a specific problem.
 - k. *Immunization* — Administration of any inoculation of specific substances to produce a desired immunity, including oral vaccines. (Allergy shots are not included in this category, but are entered in "Other.")
 - l. *Referred by another physician/agency* — Medical attention prompted by advice or referral for consultation or treatment, from another physician, hospital, clinic, health center, school nurse, minister, pharmacist, etc. *Does not* include self-referral or referral by family or friends.
 - m. *Administrative purpose* — Reasons such as completing insurance forms, school forms, work permits, or discussion of patient's bill.
 - n. *Other* — The reason for this visit is not covered in the preceding list.
5. *Principal diagnosis*: The physician's diagnosis of the patient's principal problem or complaint. In the event of multiple diagnoses,

the physician was instructed to list them in order of decreasing importance, and "principal" refers to the first listed diagnosis. The diagnosis represents the physician's best judgment at the time of the visit and may be tentative, provisional or definitive.

6. "*Other Diagnosis*": The diagnosis of any other condition known to exist for the patient at the time of the visit. Other diagnoses are generally not related to the reason for that visit.
7. *Treatments and Services Ordered or Provided*:
 - a. *General history/exam* — History and/or physician examination of a comprehensive nature including all or most systems.
 - b. *Laboratory procedure/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, pregnancy test, ECG, EKG.
 - c. *X-ray* — Any single or multiple x-ray examination for diagnostic or screening purposes. Does not include radiation therapy.
 - d. *Injection/immunization* — Administration of immunizing, desensitizing or therapeutic substances via any route, e.g., needle, syringe, oral.
 - e. *Office surgical treatment* — Any surgical procedure performed in the office this visit; includes suture of wounds, reduction of fractures, application/removal of casts, incision and draining of abscesses, application of supportive materials for fractures and sprains, and all irrigations, aspirations, dilatations and excisions.
 - f. *Prescription drugs* — Drugs, vitamins, hormones or other medications that may be dispensed only with the authorization of a physician.
 - g. *Nonprescription drug* — Drugs, vitamins, hormones or other medications that may be dispensed *without* the authorization of a physician ("over the counter").
 - h. *Psychotherapy/therapeutic listening* — All *treatments* designed to produce a mental response through suggestion, persuasion, reeducation, reassurance and support. Includes such techniques as hypnosis and psychoanalysis.

- i. *Medical counseling/advice* — Instructions and recommendations regarding any health problems (e.g., diet, changing habits or behavior).
 - j. *Other* — Treatment or services rendered which are not listed or indicated in the preceding categories.
8. *Disposition*: Eight categories are provided to describe the physician's disposition of the case defined as follows:
- a. *No followup planned* — No return visit or telephone contact is scheduled for the patient's problem on this visit.
 - b. *Return at specified time* — The patient was told to schedule an appointment or was instructed to return at a particular time.
 - c. *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 considers it necessary.
 - d. *Telephone followup planned* — The patient was instructed to telephone the physician on a particular day to report on his progress, or if the need arises.
 - e. *Referred to other physician/agency* — The patient was instructed to consult or seek care from another physician or agency. The patient may or may not return to this physician at a later date.
 - f. *Returned to referring physician* — Patient was referred to this physician and was now instructed to consult again with the physician or agency which referred him.
 - g. *Admit to hospital* — Patient was instructed that further care or treatment will be provided in a hospital. No further office visits are expected prior to that admission.
 - h. *Other* — Any other disposition of the case not included in the above categories.
9. *Duration of visit*: Time the physician spent with the patient, but does not include the time patient spent waiting to see the physician, and does not include the time patient spent receiving care from someone other than the doctor without the presence of the physician. In the event a patient was provided care by a member of a physician's staff but did not see the physician during the visit, "duration of visit" was recorded as zero minutes.

APPENDIX III
SURVEY INSTRUMENTS

C 487402

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.

C 487402

PATIENT LOG

PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY

As each patient arrives, record name and time of visit on the log below. For the patient entered on line #3, also complete the patient record to the right.

Table with columns for PATIENT'S NAME and TIME OF VISIT. Rows 1, 2, and 3 are shown. Row 3 includes the instruction 'Record items 1-12 for this patient'.

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. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT (In patient's own words) a. MOST IMPORTANT b. OTHER

6. SERIOUSNESS OF PROBLEM IN ITEM 5a (Check one) 1 VERY SERIOUS 2 SERIOUS 3 SLIGHTLY SERIOUS 4 NOT SERIOUS

7. HAVE YOU EVER SEEN THIS PATIENT BEFORE? 1 YES 2 NO If YES, for the problem indicated in ITEM 5a? 1 YES 2 NO

8. MAJOR REASON(S) FOR THIS VISIT (Check all major reasons) 01 ACUTE PROBLEM 02 ACUTE PROBLEM, FOLLOW-UP 03 CHRONIC PROBLEM, ROUTINE 04 CHRONIC PROBLEM, FLARE-UP 05 PRENATAL CARE 06 POSTNATAL CARE 07 POSTOPERATIVE CARE (Operative procedure) 08 WELL ADULT/CHILD EXAM 09 FAMILY PLANNING 10 COUNSELING/ADVICE 11 IMMUNIZATION 12 REFERRED BY OTHER PHYS/AGENCY 13 ADMINISTRATIVE PURPOSE 14 OTHER (Specify)

9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT a. DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY b. OTHER SIGNIFICANT CURRENT DIAGNOSES (In order of importance)

10. TREATMENT/SERVICE ORDERED OR PROVIDED THIS VISIT (Check all that apply) 01 NONE ORDERED/PROVIDED 02 GENERAL HISTORY/EXAM 03 LAB PROCEDURE/TEST 04 X-RAYS 05 INJECTION/IMMUNIZATION 06 OFFICE SURGICAL TREATMENT (Specify) 07 PRESCRIPTION DRUG 08 NON-PRESCRIPTION DRUG 09 PSYCHOTHERAPY/THERAPEUTIC LISTENING 10 MEDICAL COUNSELING/ADVICE 11 OTHER (Specify)

11. 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/AGENCY 6 RETURNED TO REFERRING PHYSICIAN 7 ADMIT TO HOSPITAL 8 OTHER (Specify)

12. DURATION OF THIS VISIT (Time actually spent with physician) MINUTES

CONTINUE LISTING PATIENTS ON NEXT PAGE

HSM-688-4 REV. 4-73

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

O.M.B. #68-S72106 EXPIRATION DATE 6/30/75

NATIONAL AMBULATORY MEDICAL CARE SURVEY

TIME _____ AM
BEGAN: _____ PM

INDUCTION INTERVIEW

(Phys. ID Number)

BEFORE STARTING INTERVIEW
1. ENTER PHYSICIAN I.D. NUMBER IN BOX TO RIGHT, ABOVE
2. ENTER DATES OF ASSIGNED REPORTING WEEK IN Q. 3, P.2

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

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 has conducted a series of feasibility studies to determine whether a workable data collection method could be developed. In close consultation with representatives of the medical profession, this National Ambulatory Medical Care Survey was designed and tested.

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 the patients 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 1
No . (ASK A) . . . 2

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

(Name of Specialty)

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

2. 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 1
 Partnership . . . (ASK A) . . . 2
 Group . . . (ASK A) 3
 Other . (SPECIFY AND ASK A) . . 4

A. IF PARTNERSHIP, GROUP, OR OTHER: How many other physicians are associated with you?

 (# of Physicians)

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

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

- Yes . . . (GO TO Q. 4) . . . 1
 No (ASK A) . . . 2

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. 10, P. 6.

4. A. At what office location will you be seeing ambulatory patients during that 7-day period? RECORD UNDER A BELOW AND ASK B WHEN INDICATED.
- B. IF HOSPITAL EMERGENCY ROOM, OUT-PATIENT CLINIC, OR OTHER INSTITUTIONAL LOCATION IN A: Thinking about the ambulatory patients you see in (PLACE IN A), do you, yourself, have primary responsibility for their care over time, or does (INSTITUTION IN A) have primary responsibility for their care over time? CODE UNDER B BELOW.

A. Office Location	B.	
	Dr. has prime responsibility (in scope)	Inst. has prime responsibility (out-of-scope)
(1) _____	1	0

(2) _____	1	0

(3) _____	1	0

(4) _____	1	0

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

Yes 1

No 2

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

IF ALL LOCATIONS ARE OUT-OF-SCOPE (CODE "0" IN Q. 4B), THANK THE DOCTOR AND LEAVE.

5. 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 4-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. 5-A. _____		ENTER TOTAL FROM Q. 5-B. _____ DAYS						
			1	2	3	4	5	6	7
A--Patient Record is to be completed for <u>ALL</u> patients listed on Log.	1- 12 PATIENTS		A	A	A	A	A	A	A
B--Patient Record is to be completed for every <u>SECOND</u> patient listed on Log.	13- 25		B	A	A	A	A	A	A
	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
C--Patient Record is to be completed for every <u>THIRD</u> patient listed on Log.	66- 79		D	C	B	B	B	A	A
	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
*D--Patient Record is to be completed for every <u>FIFTH</u> patient listed on Log.	119-131		D	D	C	C	B	B	B
	132-145		D	D	D	C	C	B	B
	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 or line on line 5 on every other page of the two folio pads, starting with page 1 of the pad.

6. FIND PATIENT LOG FOLIO WITH APPROPRIATE LETTER AND ENTER LETTER AND NUMBER OF THIS FORM HERE.

(Folio Number)

7. HAND DOCTOR HIS FOLIO AND EXPLAIN HOW FORMS ARE TO BE FILLED OUT. SHOW DOCTOR THE INSTRUCTIONS ON POCKET OF FOLIO TO WHICH HE CAN REFER AFTER YOU LEAVE.

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

8. 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) FOR THOSE LOCATIONS BELOW, BEFORE DELIVERING FORM(S).

Location	Patient Record Form Letter & Number
_____	_____
_____	_____
_____	_____
_____	_____

9. 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) . . . 1

No 2

A. IF YES: Who would that be?

RECORD NAME, POSITION AND LOCATION.

Name	Position	Location	B. * INTERVIEWER: WAS PERSON BRIEFED BY YOU?	
			Yes	No
_____	_____	_____	1	2
_____	_____	_____	1	2
_____	_____	_____	1	2
_____	_____	_____	1	2

* INTERVIEWER SHOULD BRIEF SUCH PERSON IF POSSIBLE.

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 TOP LINE OF COLUMN A BELOW.

1) How many of these full-time employees are . . . (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 TOP LINE OF COLUMN B BELOW.

1) How many of these part-time employees are . . . (READ CATEGORIES AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN B.)

Employees	A. <u>Full-time</u> (35 or more hours/week)	B. <u>Part-time</u> (Less than 35 hours/week)
	TOTAL: _____	TOTAL: _____
(1) Registered Nurse	_____	_____
(2) Licensed Practical Nurse	_____	_____
(3) Nursing Aide	_____	_____
(4) Physician Assistant	_____	_____
(5) Technician	_____	_____
(6) Secretary or Receptionist	_____	_____
(7) Other (Specify)	_____	_____

BEFORE YOU LEAVE, STRESS THAT EACH AMBULATORY PATIENT SEEN BY THE DOCTOR 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)

COMPLETE ITEMS ON LAST PAGE IMMEDIATELY AFTER THE INTERVIEW
--

I. How much interest do you think the doctor has in the survey?

- Great interest 1
- Some interest 2
- Little interest 3
- No interest 4
- Can't tell 5

II. How confident are you that the doctor will complete the forms?

- Definitely will 1
- Probably will 2
- Doubtful 3

INTERVIEWER NUMBER

--	--	--	--	--

INTERVIEWER'S SIGNATURE

★ U. S. GOVERNMENT PRINTING OFFICE : 1975 210-981/26

VITAL AND HEALTH STATISTICS PUBLICATION SERIES

Originally Public Health Service Publication No. 1000

- Series 1. Programs and collection procedures.*—Reports which describe the general programs of the National Center for Health Statistics and its offices and divisions, data collection methods used, definitions, and other material necessary for understanding the data.
- Series 2. Data evaluation and methods research.*—Studies of new statistical methodology including: experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, contributions to statistical theory.
- Series 3. Analytical studies.*—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.
- Series 4. Documents and committee reports.*—Final reports of major committees concerned with vital and health statistics, and documents such as recommended model vital registration laws and revised birth and death certificates.
- Series 10. Data from the Health Interview Survey.*—Statistics on illness, accidental injuries, disability, use of hospital, medical, dental, and other services, and other health-related topics, based on data collected in a continuing national household interview survey.
- Series 11. Data from the Health Examination Survey.*—Data from direct examination, testing, and measurement of national samples of the civilian, noninstitutional population provide the basis for two types of reports: (1) estimates of the medically defined prevalence of specific diseases in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics; and (2) analysis of relationships among the various measurements without reference to an explicit finite universe of persons.
- Series 12. Data from the Institutional Population Surveys* —Statistics relating to the health characteristics of persons in institutions, and their medical, nursing, and personal care received, based on national samples of establishments providing these services and samples of the residents or patients.
- Series 13. Data from the Hospital Discharge Survey.*—Statistics relating to discharged patients in short-stay hospitals, based on a sample of patient records in a national sample of hospitals.
- Series 14. Data on health resources: manpower and facilities.*—Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.
- Series 20. Data on mortality.*—Various statistics on mortality other than as included in regular annual or monthly reports—special analyses by cause of death, age, and other demographic variables, also geographic and time series analyses.
- Series 21. Data on natality, marriage, and divorce.*—Various statistics on natality, marriage, and divorce other than as included in regular annual or monthly reports—special analyses by demographic variables, also geographic and time series analyses, studies of fertility.
- Series 22. Data from the National Natality and Mortality Surveys.*—Statistics on characteristics of births and deaths not available from the vital records, based on sample surveys stemming from these records, including such topics as mortality by socioeconomic class, hospital experience in the last year of life, medical care during pregnancy, health insurance coverage, etc.

For a list of titles of reports published in these series, write to: Scientific and Technical Information Branch
National Center for Health Statistics
Public Health Service, HRA
Rockville, Md. 20852

**DHEW Publication No. (HRA) 76-1772
Series 13 - No. 21**



U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Resources Administration
5600 Fishers Lane
Rockville, Md. 20852

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF HEW



HEW 390

**THIRD CLASS
BLK. RATE**

OFFICIAL BUSINESS
Penalty for Private Use, \$300

For publications in the
Vital and Health Statistics
Series call 301-443-NCHS.