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# Vital and Health Statistics

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From the CENTERS FOR DISEASE CONTROL AND PREVENTION / National Center for Health Statistics

## Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1996

February 1998



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

Hyattsville, Maryland  
February 1998  
DHHS Publication No. (PHS) 98-1795

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## Abstract

### Objective

This report describes ambulatory care visits in the United States across three ambulatory care settings—physician offices, hospital outpatient departments, and hospital emergency departments. Statistics are presented on selected patient and visit characteristics for all ambulatory care visits and separately for each setting.

### Methods

The data presented in this report were collected by means of the 1996 National Ambulatory Medical Care Survey (NAMCS) and the 1996 National Hospital Ambulatory Medical Care Survey (NHAMCS). These surveys are part of the ambulatory care component of the National Health Care Survey that measures health care utilization across a variety of providers. The NAMCS and NHAMCS are national probability sample surveys of visits to office-based physicians (NAMCS) and visits to the outpatient departments and emergency departments of non-Federal, short-stay and general hospitals (NHAMCS) in the United States. Sample data are weighted to produce annual estimates.

### Results

During 1996 an estimated 892 million visits were made to physician offices, hospital outpatient departments, and hospital emergency departments in the United States, an overall rate of 3.4 visits per person. Visits to office-based physicians accounted for 82.3 percent of ambulatory care utilization, followed by visits to emergency departments (10.1 percent) and outpatient departments (7.5 percent). Persons 75 years and over had the highest rate of ambulatory care visits. Females had significantly higher rates of visits to physician offices and hospital outpatient departments than males did. About two-thirds of ambulatory care visits by black persons were to physician offices. There were an estimated 129.3 million injury-related ambulatory care visits during 1996 or 48.9 visits per 100 persons.

**Keywords:** ambulatory care visits • diagnoses • injury • ICD-9-CM

# Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1996

*Susan M. Schappert, M.A., Division of Health Care Statistics*

## Introduction

The NAMCS was begun in 1973 to collect data on the utilization of ambulatory medical care services provided by office-based physicians. It was conducted annually until 1981, again in 1985, and resumed an annual schedule in 1989. Even at its inception, however, it was recognized that there was a need for data on other types of ambulatory care utilization. In 1992 the NHAMCS was inaugurated to expand the scope of data collection to the medical services provided by hospital outpatient departments and emergency departments. Together, NAMCS and NHAMCS data provide an important tool for tracking ambulatory care utilization in the United States. A third survey, the National Survey of Ambulatory Surgery, was launched in 1994 to focus on the rapidly increasing use of ambulatory surgery centers that are not covered in NAMCS and NHAMCS. These surveys are all part of the ambulatory care component of the National Health Care Survey, which measures health care utilization across a variety of providers.

This summary report combines NAMCS and NHAMCS data along a variety of dimensions to obtain a comprehensive picture of ambulatory medical care utilization in the United States. Although three separate survey instruments are used to collect data from

each setting, many of the items are common to each survey. Areas of comparability include patient characteristics, patient's reason for visit, expected source of payment, physician's diagnosis, external cause of injury for injury-related visits, diagnostic services, medication therapy, and type of providers seen. Other items, for example, physician specialty, prior-visit status, nonmedication therapeutic and preventive services, visit duration, and visit disposition, either are not common to all three survey instruments, or are categorized in ways appropriate to the particular setting that do not lend themselves to close comparability. Therefore, this report is not intended to supersede the annual summaries that are published on the three settings individually, but rather to focus on an overview of ambulatory medical care and how it is distributed across physician offices, hospital outpatient departments, and hospital emergency departments. For additional information on ambulatory care utilization that is specific to a particular setting, refer to the annual summary report for that setting (1–3).

## Methods

The data presented in this report are from two national surveys—the 1996 NAMCS and

the 1996 NHAMCS. These are national probability sample surveys conducted by the Division of Health Care Statistics of the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. Survey dates for the NAMCS were January 1, 1996, through December 29, 1996, and, for the NHAMCS, December 25, 1995, through December 22, 1996.

The target universe of NAMCS includes visits made in the United States to the offices of nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who were classified by the American Medical Association (AMA) and the American Osteopathic Association (AOA) as “office-based, patient care.” Visits to private, nonhospital-based clinics and health maintenance organizations (HMO’s) were within the scope of the survey, but those that took place in federally operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the ambulatory care setting were excluded from the NAMCS and NHAMCS.

The target universe of the NHAMCS is in-person visits made in the United States to emergency departments (ED’s) and outpatient departments (OPD’s) of non-Federal, short-stay hospitals (hospitals with an average stay of less than 30 days) or those whose specialty is general (medical or surgical) or children’s general. Only outpatient department clinics that were under the supervision of a physician were within the scope of the NHAMCS. Clinics specializing in radiology, laboratory services, physical rehabilitation, or other ancillary services were out of scope. The NHAMCS sampling frame from 1992 to the present consists of hospitals that were listed in the April 1991 SMG Hospital Database.

A multistage probability sample design is used in both surveys; the designs are described elsewhere (1–3). In the NAMCS, sample physicians were asked to complete Patient Record forms (PRF’s) for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting

period. Of 3,000 physicians selected from the master files of the AMA and the AOA, 2,142 were in scope, or eligible to participate in the survey. The response rate was 70.0 percent, and a total of 29,805 PRF’s were collected.

For the NHAMCS, hospital staff were asked to complete PRF’s for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period. Of the 486 hospitals sampled in 1996, 438 were eligible to participate in the survey. The overall response rate was 95 percent, with 392 ED’s providing 21,902 PRF’s, and 235 OPD’s completing 29,806 forms.

Because the estimates presented in this report are based on a sample rather than on the entire universe of ambulatory visits, they are subject to sampling variability. The [Technical Notes](#) (Appendix I) found at the end of this report include an explanation of sampling errors and guidelines for judging the precision of the estimates, as well as information on the tests of significance used to establish differences between survey estimates.

The PRF is produced in three separate versions that have been carefully designed for use in each of the three ambulatory care settings. The forms are used by medical staff to record information about patient visits. They are shown in [Appendix III](#) and should serve as a reference for readers as they review the survey findings presented in this document. The outpatient department PRF is in many respects identical to the NAMCS, while the emergency department PRF differs in ways appropriate to that setting.

Several medical classification systems were used to code data from the NAMCS and NHAMCS. Each PRF contains an identical item on the patient’s expressed reason for the visit. In this item the respondent was asked to record the patient’s “complaint(s), symptom(s), or other reason(s) for this visit in the patient’s (or patient surrogate’s) own words.” Up to three reasons for visit were classified and coded for each survey according to the *Reason for Visit Classification for Ambulatory Care* (RVC) (4).

Each PRF contains an item on the cause of injury for injury-related visits. Up to three external causes of injury were classified and coded according to the “Supplementary Classification of External Causes of Injury and Poisoning” found in the *International Classification of Diseases, 9th Revision Clinical Modification* (ICD–9–CM)(5). In addition, each form contains an identical item on diagnosis. The respondent was asked to record the principal diagnosis or problem associated with the patient’s most important reason for the current visit as well as any other significant current diagnoses. Up to three diagnoses were classified and coded according to the ICD–9–CM (5).

In the medication item, which is also identical on all three PRF’s, respondents were instructed to record all new or continued medications ordered, supplied, or administered at the visit, including prescription and nonprescription preparations, immunization and desensitizing agents, and anesthetics. Up to six medications, referred to in the surveys as drug mentions, were coded per drug visit according to a classification system developed at NCHS. A report describing the method and instruments used to collect and process drug information is available (6). Therapeutic classification of the drugs mentioned on the PRF’s was determined using the *National Drug Code Directory*, 1995 edition (7).

The U.S. Bureau of the Census, Housing Surveys Branch was responsible for data collection for both surveys. Processing operations and medical coding were performed by Analytic Sciences, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10-percent quality control sample of survey records was independently processed. Coding error rates ranged between 0.1 and 2.7 percent for various survey items within each setting.

Many of the tables in this report present data on rates of ambulatory care visits. The population figures used in calculating these rates are U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1996, and



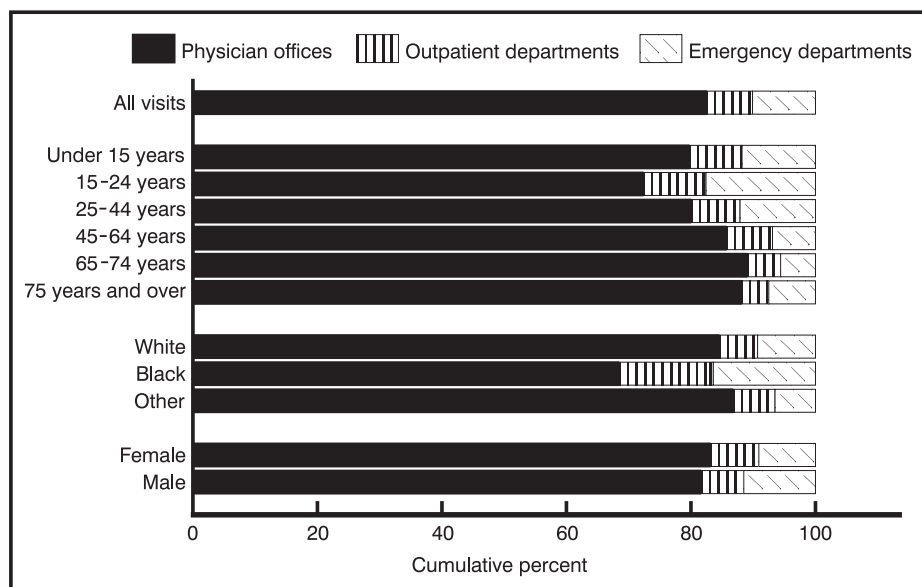


Figure 1. Percent distributions of visits to various ambulatory care providers for selected patient characteristics: United States, 1996

have been adjusted for net under-enumeration (see [Technical Notes](#)).

## Results

There were an estimated 892 million ambulatory care visits made to physician offices, hospital outpatient departments, and hospital emergency departments in 1996, an overall rate of 3.4 visits per person. This was not significantly different than the 1995 rate of 3.3 visits per person. Furthermore, visit rates for each of the three settings did not differ significantly from rates observed in previous years (8–17).

Visits to office-based physicians were predominant, accounting for 82.3 percent of combined ambulatory care utilization. Visits to emergency departments represented 10.1 percent of the total, followed by hospital outpatient departments with 7.5 percent ([figure 1](#)). Patient and visit characteristics for these ambulatory care encounters are described in the next section.

## Patient Characteristics

Ambulatory care visits by patient's age, sex, and race are shown in [table 1](#). The overall visit rate was 3.4 visits per person, but the rate for females (3.9

visits) was significantly higher than that for males (2.9 visits). This was mainly a result of significantly higher visit rates by females in the age groups 15–24 years, 25–44 years, and 45–64 years ([figure 2](#)). Persons 75 years and over had the highest rate of ambulatory care visits, 7.2 visits per person.

Females made 58.7 percent of the ambulatory care visits during 1996; eight of every ten visits made by females were to physician offices. Females had a significantly higher rate of visits to physician offices and hospital outpatient departments than males did overall, but the visit rate to hospital emergency departments did not differ by sex.

Utilization of different ambulatory care settings varied by patient's age

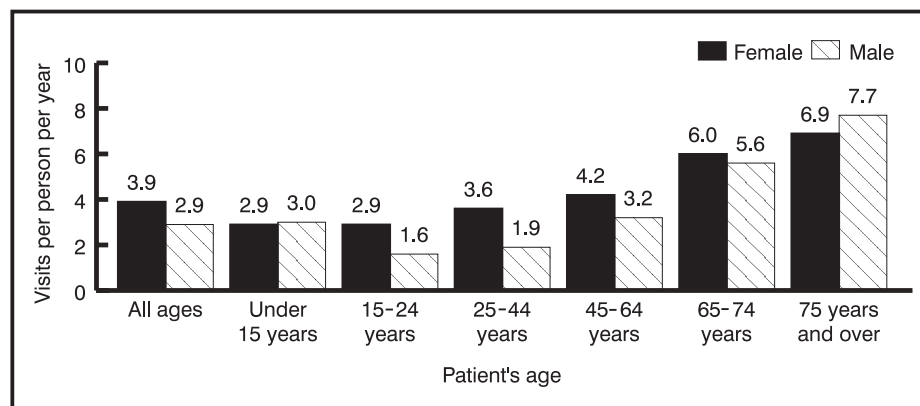


Figure 2. Annual rate of ambulatory care visits by patient's age and sex: United States, 1996

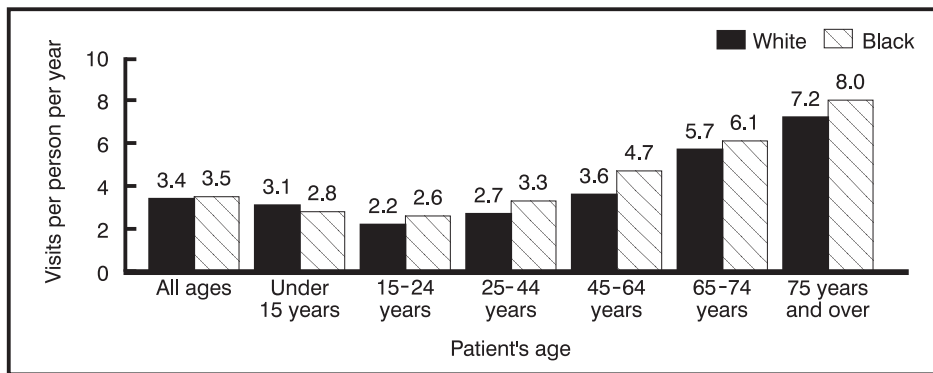
( $\chi^2 = 434.7$ ,  $df = 10$ ,  $p < 0.001$ ).

Although persons 75 years and over had the highest rate of utilization of ambulatory care services, visits by this age group accounted for only 11.0 percent of all ambulatory medical care visits. Most of these were to physician offices (87.9 percent). However, utilization of the hospital emergency department was also high for this group relative to other age groups—about 54 visits per 100 persons 75 years and over during the year. Persons 15–24 years of age made slightly less than one-fifth of their ambulatory care visits to the hospital emergency department, a proportion higher than for any other age group.

The visit rate for white persons, 3.4 visits per person, was not significantly different than the rate for black persons, 3.5 visits per person in 1996. But the latter rate was higher than the rate for black persons in 1995 (2.8 visits per person). The difference between the two years is mainly due to higher rates for black persons in the age groups under 15 years and 75 years and over.

Comparing black and white visit rates by age for 1996, black persons 25–44 years and 45–64 years had higher overall visit rates compared with white persons ([figure 3](#)). No significant differences were found between white persons and black persons in the other age groups. The combined visit rate for Asian/Pacific Islanders and American Indians/ Eskimos/Aleuts was 2.6 visits per person during 1996.

Utilization of different ambulatory care settings varied by patient's race ( $\chi^2 = 61.1$ ,  $df = 4$ ,  $p < 0.001$ ), with



**Figure 3. Annual rate of ambulatory care visits by patient's age and race: United States, 1996**

striking differences evident in the distribution of ambulatory care utilization by white and black persons. White persons accounted for 83.0 percent of all ambulatory care visits, most of which (84.4 percent) were to physician offices. In contrast, about two-thirds (68.3 percent) of the ambulatory care visits by black persons were to physician offices while 16.4 percent were to hospital emergency departments, and 15.3 percent were to hospital outpatient departments.

This contrast is also evident in the rate of ambulatory care visits by setting. White persons visited physician offices at a slightly higher rate than black persons did (2.9 visits per white person compared with 2.4 visits per black person). But for hospital OPD's and ED's, the rates of visits by black persons were higher than those for white persons (table 1).

## Visit Characteristics

### Geographic Region of Visit

Ambulatory care visit rates are presented by geographic region and setting in table 2. Overall, visit rates did not differ significantly by region except that the West had a higher rate than the South. This difference was apparently due to a higher rate of physician office visits and emergency department visits in the West; no differences were noted in the rate for outpatient department visits between the two regions.

### Expected Sources of Payment

Data on expected sources of payment are shown in figures 4 and 5 and table 3. This item underwent substantial revision for the 1995–96 NAMCS. The first part of the new item concerns type of payment (for example, was the visit part of an insured fee-for-service arrangement, Preferred Provider Option, or HMO/other prepaid plan). Other options that could be checked were self-pay, no charge, and “other” type of payment. Respondents were asked to check only one type of payment. If any of the first three options were checked, the respondent was asked to complete part b of the item, expected sources of insurance for the visit. Respondents were asked to check all expected sources of insurance that were applicable.

More than one-third of ambulatory care visits were covered under insured,

fee-for-service arrangements (37.1 percent), and one-quarter (24.7 percent) were part of an HMO/other prepaid plan. An additional 12.2 percent cited Preferred Provider Option (table 3). Table 3 also shows the breakdown, by ambulatory care setting, of type of payment and expected sources of insurance.

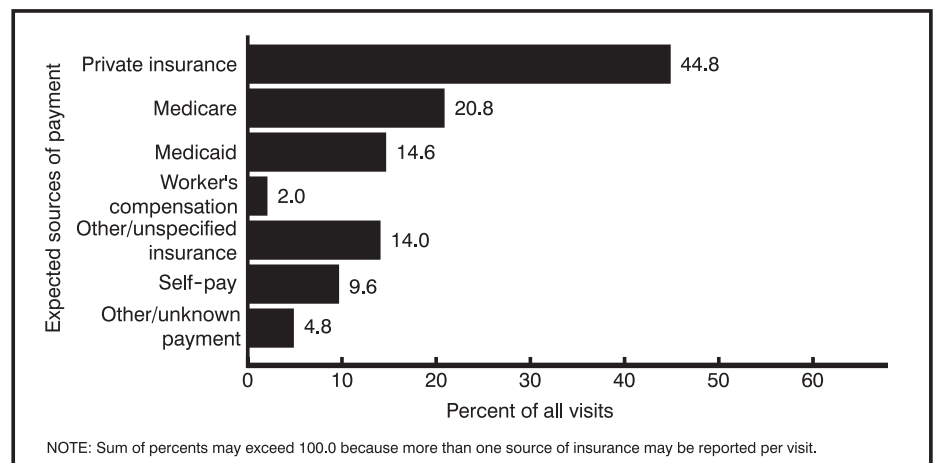
Expected sources of payment are shown for combined settings (figure 4) and separate settings (figure 5). For combined settings, expected sources of payment were most often private insurance (44.8 percent), Medicare (20.8 percent), and Medicaid (14.6 percent).

The percent of visits citing private insurance and Medicare was significantly higher at physician office visits (figure 5). As might be expected, the percent of visits listing Medicaid was significantly higher at hospital outpatient departments and emergency departments.

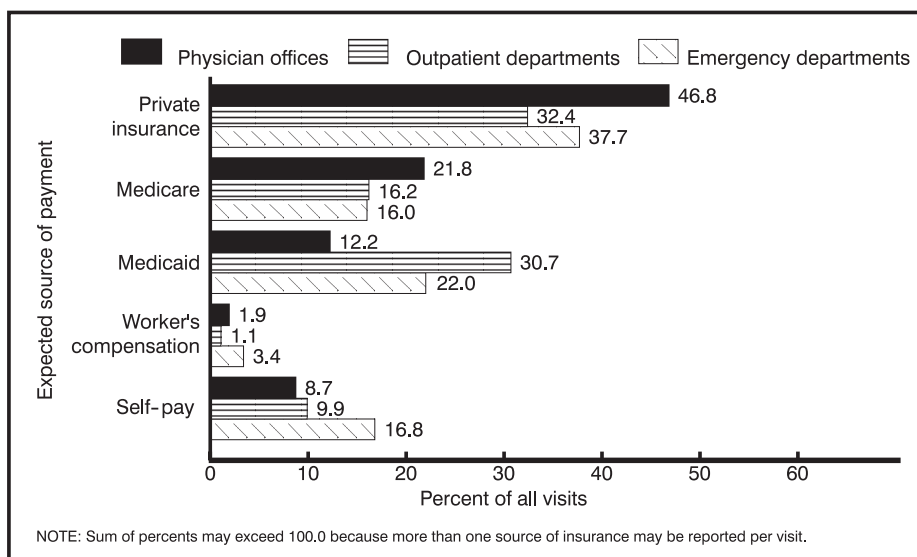
### Patient's Principal Reason for Visit

As described earlier, up to three reasons for visit were classified and coded for each survey according to the RVC (4). The principal reason for visit is the problem, complaint, or reason listed in part a of the item.

The RVC is divided into the eight modules or groups of reasons displayed in table 4. More than one-half of the combined ambulatory visits were made



**Figure 4. Percent of ambulatory care visits by expected sources of payment: United States, 1996**



**Figure 5. Percent of ambulatory care visits by selected expected sources of payment and setting: United States, 1996**

for reasons classified as symptoms (53.7 percent). Respiratory symptoms accounted for 10.6 percent of all visits, and musculoskeletal symptoms accounted for 9.8 percent. This distribution parallels that which has been shown using NAMCS data, as physician office visits comprise the majority of ambulatory care visit data. The distribution is also shown across all three settings in table 4. Although emergency department visits represent only 10.1 percent of all ambulatory visits, they account for about one-half (46.9 percent) of all visits made for injuries and adverse effects and about one-fifth of all visits for digestive symptoms (22.1 percent). This setting also receives a disproportionate number of visits for symptoms related to the nervous system (20.9 percent) and for general symptoms (21.4 percent), including reasons such as fever and chest pain. Outpatient departments received a relatively high share of visits in the treatment module, referring mainly to followup or “progress” visits, which is likely indicative of the fact that most outpatient visits are made by previously seen patients returning for care of previously treated problems (3).

The 35 most frequently mentioned principal reasons for visit, representing more than one-half (52.6 percent) of ambulatory care visits, are shown in table 5. General medical examination was the most frequently mentioned

reason for visit (6.1 percent of the total), while cough was the most frequently mentioned reason having to do with illness or injury (2.9 percent). As in table 4, distributions are also shown across ambulatory care settings, reflecting the patterns mentioned in the previous paragraph. Emergency departments accounted for disproportionately high shares of the total visits for chest pain (35.0 percent of the total), shortness of breath (34.7 percent), stomach pain (28.4 percent), and fever (26.7 percent). In general, however, the ranking shown in table 5 is weighted heavily toward NAMCS data, because office visits comprise the bulk of ambulatory care utilization. For rankings specific to each setting, see other published reports (1–3). It should also be noted that estimates that differ in ranked order may not be significantly different from each other.

### Injury-Related Visits

Injury-related visits are presented in terms of patient’s age, sex, and race in tables 6 and 7. There were an estimated 129.3 million injury-related ambulatory care visits in 1996, representing 14.5 percent of the total number of visits. Visits were considered to be injury related if “yes” was checked in response to the question, “Is this visit

injury related?” on the PRF, or if an injury reason for visit or injury diagnosis was recorded, or if a cause of injury was specified on the form. The results from any one of these items, each of which measures a unique aspect of injury, would underestimate the number of injury-related visits. Using the above definition, the number of injury visits was 5.1 percent greater for combined ambulatory care data, compared with what the result would have been had the injury checkbox been used as the sole determinant. This is not as large an increase as resulted from use of the broader definition in 1995; the difference may be attributed to improved reporting and coding of data in 1996.

Roughly 7 of 10 injury visits were made to physician offices compared with 3 of 10 to emergency departments and less than 1 of 10 to outpatient departments. Combining the three settings, there were 48.9 injury visits per 100 persons during 1996, not statistically different than the 1995 rate. There was no significant difference in percent distribution by sex. About one-third of the visits (34.8 percent) were made by persons 25–44 years of age. Persons in the two youngest age groups (under 15 and 15–24 years of age) showed a disproportionate utilization of the hospital emergency department for injury visits compared with other age groups. About 4 in 10 of the injury visits made by these age groups were to hospital ED’s compared with a range of 16 to 27 percent for the other age groups. The rate of ED injury visits was higher for persons 15–24 years (17.8 visits per 100 persons) than for all other age groups with the exception of those 75 years and over.

No significant difference was found between the overall injury visit rates for males and females. Among females the injury visit rate ranged from 32.2 visits per 100 females under 15 years of age to 68.1 visits per 100 females 75 years and over. However, the rate for those 75 years and over was not significantly different from the rates for females 25–44, 45–64, and 65–74 years. Females in the youngest age group (under 15 years) had an injury visit rate that was significantly lower than the

rates for all other age groups except 15–24 years.

Males 25–44 years had an injury visit rate that was significantly higher than the rate for those under 15 years of age, while the rate for males 75 years and over was higher than for those under 15 years and 65–74 years. No other statistically significant differences were noted by age for males.

The combined injury visit rate for black persons was 56.4 visits per 100 persons in 1996, compared with 48.3 visits per 100 white persons. More than one-half (59.7 percent) of the injury visits made by black persons were to physician offices compared with two-thirds (68.6 percent) of the injury visits made by white persons.

All three survey instruments asked about the place of occurrence of the injury and whether it was work related. Work-related injuries include those that were sustained while the patient was engaged in work activities on or off the employer premises. Results from these items are shown in [table 8](#). It should be kept in mind, however, that there were very high rates of nonresponse associated with these items; 43.6 percent of the combined injury visits did not specify a place of occurrence, and 34.6 percent did not specify whether the injury was work related. More complete reporting could change the distribution.

Based on the available data, the following patterns were observed. One-fifth (19.1 percent) of ambulatory care injury visits resulted from injuries occurring in the home. Schools were indicated as the place of occurrence at 13.0 percent of the visits. At least 17.5 percent of the injury visits were work related. For persons between the ages of 18 and 64, at least one-quarter of the injury visits were work related (data not shown).

In [table 9](#) data on the intent and mechanism of injury are shown across ambulatory care settings, based on ICD–9–CM groupings of the first-listed external cause of injury code (E-code). A description of the groupings can be found in the [Technical Notes](#). Cause of injury data were not reported for 13.5 percent of the injury visits. Unintentional falls were the leading cause of injury at combined injury visits

(16.8 percent of the total). The majority of these visits were made to physician offices (63.1 percent). In comparison, about two-thirds of intentional injury visits (64.4 percent) were made to hospital ED's. (Intentional injuries include those caused by the patient, by persons other than the patient, and by legal interventions.) ED's also received a comparatively high proportion of visits for unintentional injuries caused by cutting and piercing instruments (55.5 percent of the total), poisonings (53.1 percent), and pedal cycle accidents (49.8 percent).

### Diagnostic and Screening Services

This item was designed to reflect the type of services offered in each of the three ambulatory care settings, so it was not identical on each of the three PRF's. However, a number of categories were common to all three forms or could be aggregated to facilitate comparability.

Slightly less than three-quarters of all ambulatory care visits (73.2 percent) included one or more diagnostic services ([table 10](#)). Visits to emergency departments were more likely to report diagnostic services (88.0 percent of ED visits) compared with office visits (71.5 percent) and OPD visits (72.9 percent). Blood pressure was taken at nearly three-quarters (74.5 percent) of ED visits compared with less than one-half (44.0 percent) of office visits and one-half (50.7 percent) of outpatient department visits. More than one-third of ED visits (36.4 percent) included an x ray compared with 8 percent or less of office visits and outpatient department visits. The percent of visits with a mental status exam was also substantially higher at ED visits, 14.4 percent, compared with office visits and OPD visits (2.7 percent for each setting). The proportion of visits with HIV serology remained low, as it has in previous years, at less than 1 percent of ambulatory care visits overall.

### Principal Diagnosis

Principal diagnoses were analyzed across ambulatory care settings. [Table 11](#) shows the distribution of visits across

the three settings for each of the principal diagnosis categories, using the major disease categories from the ICD–9–CM (5). Emergency departments accounted for more than one-third (34.6 percent) of all ambulatory care visits with a diagnosis of injury and poisoning. While outpatient departments accounted for just 7.5 percent of all ambulatory care visits, they reported a somewhat higher relative share of visits with diagnoses in the categories of mental disorders (12.1 percent) and endocrine, nutritional and metabolic diseases, and immunity disorders (11.4 percent).

Displayed in [table 12](#) are ambulatory care visits by principal diagnosis using the major disease categories specified by the ICD–9–CM in conjunction with more detailed diagnostic groupings within each major category. These data are shown for combined settings as well as single settings. The diagnostic groupings were developed for use specifically with NAMCS and NHAMCS data. A complete description of the ICD–9–CM codes used for each group is included in the [Technical Notes](#).

The supplementary classification of the ICD–9–CM, used for diagnoses that are not classifiable to injury or illness (for example, general medical examination, routine prenatal examination, and health supervision of an infant or child), accounted for 15.7 percent of all ambulatory care visits. Once again, this mainly reflects the distribution of diagnoses at physician office visits, which comprise the majority of ambulatory care utilization. Diseases of the respiratory system (12.6 percent), injury and poisoning (9.2 percent), and diseases of the nervous system and sense organs (9.0 percent) were also prominent on the list.

A selection of the most frequently reported principal diagnoses for 1996 are featured in [table 13](#). The categories shown in this table are based on the ICD–9–CM reclassification (shown in the [Technical Notes](#)) that has been discussed previously. But in this table, several of the categories have been combined to better summarize the ambulatory care visit data. The

diagnosis groupings in [table 13](#) accounted for more than one-half of all ambulatory care visits made during the year. The three most frequent illness diagnoses were acute upper respiratory infections, essential hypertension, and malignant neoplasms. Most of the visits for these conditions were made to physician offices.

## Medication Therapy

The medication item was identical on all three PRF's. Other types of therapeutic services included in the survey were designed to reflect the individual setting and have not been included in this report because of lack of comparability. Up to six medications, called drug mentions, were coded per visit.

As used in the NAMCS and NHAMCS, the term "drug" is interchangeable with the term "medication" and the term "prescribing" is used broadly to mean ordering or providing any medication, whether prescription or over the counter. Visits with one or more drug mentions are termed "drug visits" in the surveys.

Data on medication therapy are shown in [tables 14–17](#). Medication therapy was reported at 6 of 10 ambulatory care visits in 1996 overall, and 7 of 10 emergency department visits ([table 14](#)). Slightly less than one-half of all visits (46.5 percent) included one or two medications ordered or provided.

There were 1.2 billion drug mentions at ambulatory care visits during 1996. This yields an average of 1.4 drug mentions per visit, or 2.1 drug mentions per drug visit ([table 15](#)). As would be expected, physician office visits accounted for the majority of drug mentions, 983.7 million, or 80.3 percent of the total. The drug utilization rate was 1.6 mentions per ED visit compared with 1.3 mentions per office visit, but this difference was not significant.

Drug mentions are displayed by therapeutic class in [table 16](#) and [figure 6](#). This classification is based on the therapeutic categories used in the *National Drug Code Directory*, 1995 edition (7). It should be noted that some drugs have more than one therapeutic

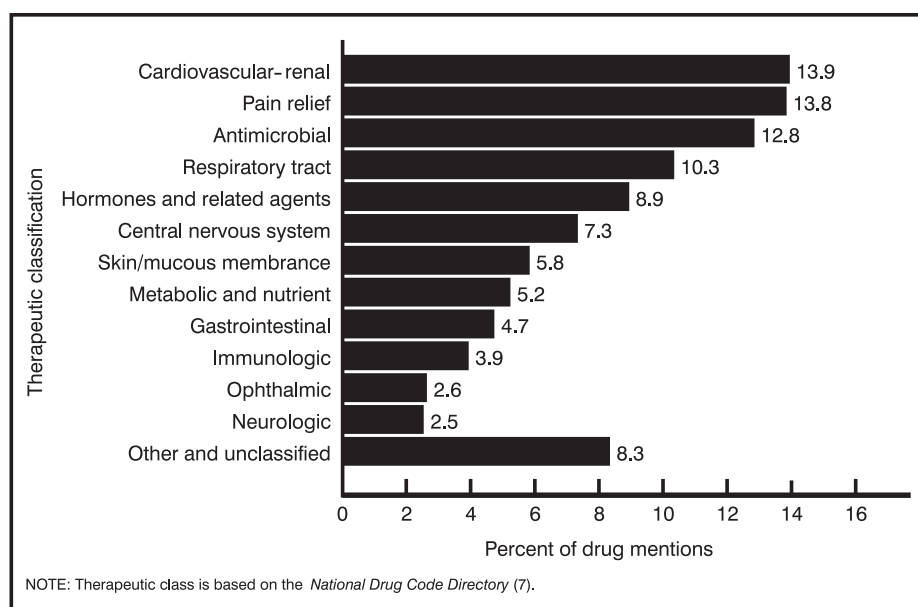
application. In cases of this type, the drug was listed under its primary therapeutic use. Cardiovascular-renal drugs (13.9 percent), drugs used for pain relief (13.8 percent), and antimicrobial agents (12.8 percent) were listed most frequently. One-quarter of the mentions of pain relief drugs occurred at ED visits (24.6 percent). The utilization rate for this class of drug was 46.1 mentions per 100 ED visits compared with 15.5 mentions per 100 office visits. Utilization of antimicrobials was also substantially higher at ED visits, with 24.3 mentions per 100 ED visits compared with 16.9 mentions per 100 office visits.

The 35 most frequently used generic substances for 1996 are shown in [table 17](#). Drug products containing more than one ingredient (combination products) are included in the data for each ingredient. For example, acetaminophen with codeine is included in the count for acetaminophen and the count for codeine. Acetaminophen was the generic ingredient most frequently used in drugs ordered or provided at ambulatory care visits overall in 1996, occurring in 5.0 percent of drug mentions. Three of every ten of these occurrences (30.8 percent) took place at emergency department visits.

Amoxicillin occurred in 3.3 percent of all drug mentions, followed by ibuprofen (2.4 percent). Thirty percent of the ibuprofen occurrences were at ED visits.

## Providers Seen

This item appeared on the PRF's for each of the three ambulatory care settings, but with slight variations in categories. However, it is possible to aggregate the data to facilitate comparability. These data are presented in [table 18](#). Physicians were seen at 95.3 percent of ambulatory visits, but the percent for outpatient department visits was significantly less, 83.8 percent, than for physician office visits or for ED visits. Registered nurses were seen at slightly less than one-quarter of combined ambulatory care visits, but at about 8 of 10 ED visits (85.2 percent) and 4 of 10 OPD visits (42.7 percent). Medical assistants were seen at slightly less than one-quarter of ambulatory visits, but this was due mainly to their presence at office visits, where they were reported at 26.3 percent of the total. Licensed practical nurses were seen more often at physician office visits (9.3 percent) than at ED visits (4.4 percent).



**Figure 6. Percent distribution of drug mentions at ambulatory care visits by therapeutic classification: United States, 1996**

Previous years of ambulatory care visit and drug data from the NAMCS and NHAMCS are available in a variety of formats including public use data tape, CD-ROM, and as downloadable datafiles accessed through the NCHS homepage on the Internet. Microdata files for 1996 are available on the Internet and should be available in other formats in early 1998. For additional information concerning NAMCS and NHAMCS data, contact the Ambulatory Care Statistics Branch at (301) 436-7132.

## References

1. Woodwell DA. National Ambulatory Medical Care Survey: 1996 Summary. Advance data from vital and health statistics; no. 295. Hyattsville, Maryland: National Center for Health Statistics. 1997.
2. McCaig LF, Stussman BJ. National Hospital Ambulatory Medical Care Survey: 1996 emergency department summary. Advance data from vital and health statistics; no. 293. Hyattsville, Maryland: National Center for Health Statistics. 1997.
3. McCaig LF. National Hospital Ambulatory Medical Care Survey: 1996 outpatient department summary. Advance data from vital and health statistics; no. 294. Hyattsville, Maryland: National Center for Health Statistics. 1997.
4. Schneider D, Appleton L, McLemore T. A reason for visit classification for ambulatory care. National Center for Health Statistics. Vital and Health Stat 2(78). 1979.
5. Public Health Service and Health Care Financing Administration. International Classification of Diseases, 9th Revision, clinical modification. Washington: Public Health Service. 1980.
6. Koch H, Campbell W. The collection and processing of drug information. National Ambulatory Medical Care Survey, 1980. National Center for Health Statistics. Vital Health Stat 2(90). 1982.
7. Food and Drug Administration. National Drug Code Directory, 1995 Edition. Washington: Public Health Service. 1995.
8. Schappert SM. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments: United States, 1995. National Center for Health Statistics. Vital Health Stat 13(129). 1997.
9. Schappert SM. National Ambulatory Medical Care Survey: 1992 summary. Advance data from vital and health statistics; no. 253. Hyattsville, Maryland: National Center for Health Statistics. 1994.
10. Woodwell DA, Schappert SM. National Ambulatory Medical Care Survey: 1993 summary. Advance data from vital and health statistics; no. 270. Hyattsville, Maryland: National Center for Health Statistics. 1995.
11. Schappert SM. National Ambulatory Medical Care Survey: 1994 summary. Advance data from vital and health statistics; no. 273. Hyattsville, Maryland: National Center for Health Statistics. 1995.
12. McCaig LF. National Hospital Ambulatory Medical Care Survey: 1992 emergency department summary. Advance data from vital and health statistics; no. 245. Hyattsville, Maryland: National Center for Health Statistics. 1994.
13. Stussman BJ. National Hospital Ambulatory Medical Care Survey: 1993 emergency department summary. Advance data from vital and health statistics; no. 271. Hyattsville, Maryland: National Center for Health Statistics. 1996.
14. Stussman BJ. National Hospital Ambulatory Medical Care Survey: 1994 emergency department summary. Advance data from vital and health statistics; no. 275. Hyattsville, Maryland: National Center for Health Statistics. 1996.
15. McCaig LM. National Hospital Ambulatory Medical Care Survey: 1992 outpatient department summary. Advance data from vital and health statistics; no. 248. Hyattsville, Maryland: National Center for Health Statistics. 1994.
16. Lipkind KL. National Hospital Ambulatory Medical Care Survey: 1993 outpatient department summary. Advance data from vital and health statistics; no. 268. Hyattsville, Maryland: National Center for Health Statistics. 1995.
17. Lipkind KL. National Hospital Ambulatory Medical Care Survey: 1994 outpatient department summary. Advance data from vital and health statistics; no. 276. Hyattsville, Maryland: National Center for Health Statistics. 1996.
18. Shah BV, Barnwell BG, Hunt PN, La Vange LM. SUDAAN User's Manual, Release 5.50. Research Triangle Park: North Carolina: Research Triangle Institute. 1991.

**Table 1. Number, percent distribution, and annual rate of ambulatory care visits by setting, according to patient's age, sex, and race: United States, 1996**

Ambulatory care setting	Total	Age						Sex		Race		
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male	White	Black	Other
Number of visits in thousands												
Combined settings . . . . .	892,025	176,919	81,762	231,031	198,885	105,624	97,803	523,681	368,345	740,818	119,794	31,413
Physician offices . . . . .	734,493	140,851	59,086	184,449	170,229	93,879	85,999	434,509	299,984	625,472	81,813	27,208
Outpatient departments . . . . .	67,186	15,196	8,310	18,547	14,911	5,799	4,422	41,298	25,888	46,644	18,377	2,164
Emergency departments . . . . .	90,347	20,872	14,366	28,036	13,745	5,945	7,382	47,873	42,473	68,702	19,604	2,041
Percent distribution												
Combined settings . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Physician offices . . . . .	82.3	79.6	72.3	79.8	85.6	88.9	87.9	83.0	81.4	84.4	68.3	86.6
Outpatient departments . . . . .	7.5	8.6	10.2	8.0	7.5	5.5	4.5	7.9	7.0	6.3	15.3	6.9
Emergency departments . . . . .	10.1	11.8	17.6	12.1	6.9	5.6	7.5	9.1	11.5	9.3	16.4	6.5
Number of visits per 100 persons <sup>1</sup>												
Combined settings . . . . .	337.3	297.5	224.5	276.7	373.7	579.3	718.7	386.8	285.4	339.2	354.3	257.5
Physician offices . . . . .	277.8	236.9	162.2	220.9	319.9	514.9	632.0	321.0	232.5	286.4	242.0	223.0
Outpatient departments . . . . .	25.4	25.6	22.8	22.2	28.0	31.8	32.5	30.5	20.1	21.4	54.4	17.7
Emergency departments . . . . .	34.2	35.1	39.4	33.6	25.8	32.6	54.2	35.4	32.9	31.5	58.0	16.7

<sup>1</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990-1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

**Table 2. Number, percent distribution, and annual rate of ambulatory care visits by geographic region of visit and setting: United States, 1996**

Geographic region	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands				
All visits . . . . .	892,025	734,493	67,186	90,347
Northeast . . . . .	181,393	143,902	19,704	17,786
Midwest . . . . .	211,954	163,930	25,056	22,968
South . . . . .	282,741	236,036	14,105	32,600
West . . . . .	215,939	190,625	8,320	16,993
Percent distribution				
All visits . . . . .	100.0	100.0	100.0	100.0
Northeast . . . . .	20.3	19.6	29.3	19.7
Midwest . . . . .	23.8	22.3	37.3	25.4
South . . . . .	31.7	32.1	21.0	36.1
West . . . . .	24.2	26.0	12.4	18.8
Number of visits per 100 persons <sup>1</sup>				
All visits . . . . .	338.0	278.3	25.5	34.2
Northeast . . . . .	333.3	264.4	36.2	32.7
Midwest . . . . .	347.9	269.1	41.4	37.7
South . . . . .	310.0	258.8	15.5	35.7
West . . . . .	376.3	332.2	14.5	29.6

<sup>1</sup>Regional estimates were provided by the Division of Health Interview Statistics (DHIS), NCHS, and are based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. DHIS estimates differ slightly from monthly postcensal estimates because of differences in the adjustment process.

NOTE: Numbers may not add to totals because of rounding.

**Table 3. Number and percent distribution of ambulatory care visits by type of payment and expected sources of insurance for this visit, according to ambulatory care setting: United States, 1996**

Type of payment and expected sources of insurance <sup>1</sup>	Combined settings	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution			
All visits . . . . .	892,025	100.0	100.0	100.0	100.0
Insurance <sup>2</sup> . . . . .	762,851	85.5	87.0	79.3	78.0
Insured, fee-for-service . . . . .	331,326	37.1	35.9	41.9	43.5
Private insurance . . . . .	180,107	20.2	20.5	16.3	20.5
Medicare . . . . .	114,080	12.8	13.1	11.6	10.9
Medicaid . . . . .	62,627	7.0	5.0	19.0	14.1
Worker's compensation . . . . .	10,737	1.2	1.1	0.6	2.2
Other . . . . .	18,352	2.1	2.2	1.2	1.6
Unknown . . . . .	8,068	0.9	1.0	0.5	0.5
HMO/other prepaid <sup>3</sup> . . . . .	219,993	24.7	26.0	21.4	16.4
Private insurance . . . . .	114,745	12.9	13.6	10.2	8.6
Medicare . . . . .	21,426	2.4	2.6	1.4	1.9
Medicaid . . . . .	26,230	2.9	2.6	5.4	3.9
Worker's compensation . . . . .	1,122	*0.1	0.1	*	0.3
Other . . . . .	40,209	4.5	5.0	2.8	1.8
Unknown . . . . .	27,414	3.1	3.4	*2.8	1.0
Preferred Provider Option . . . . .	109,141	12.2	13.4	5.5	7.9
Private insurance . . . . .	76,862	8.6	9.4	3.6	5.6
Medicare . . . . .	13,128	1.5	1.6	0.4	1.1
Medicaid . . . . .	5,385	0.6	0.5	*1.1	0.7
Worker's compensation . . . . .	449	*	*	*	0.2
Other . . . . .	13,311	1.5	1.7	0.4	0.6
Unknown . . . . .	6,508	0.7	0.8	*0.3	0.3
Unspecified type of payment . . . . .	102,391	11.5	11.7	10.5	10.3
Private insurance . . . . .	27,654	3.1	3.2	*2.3	3.0
Medicare . . . . .	37,047	4.2	4.5	2.8	2.1
Medicaid . . . . .	35,865	4.0	4.0	5.2	3.3
Worker's compensation . . . . .	5,471	0.6	0.6	*0.3	0.7
Other . . . . .	6,963	0.8	0.8	*0.8	0.7
Unknown . . . . .	4,499	0.5	0.4	*0.7	1.5
Self-pay . . . . .	85,826	9.6	8.7	9.9	16.8
No charge . . . . .	11,137	1.2	1.1	2.8	1.2
Other . . . . .	16,192	1.8	1.5	4.6	2.1
No answer <sup>4</sup> . . . . .	16,019	1.8	1.6	3.4	1.9

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Only one type of payment (Preferred Provider Option, insured fee-for-service, HMO/other prepaid, self-pay, no charge, or other) was coded for each visit. These figures may not always add to totals because of rounding. For payment types of Preferred Provider Option, insured fee-for-service, and HMO/other prepaid, respondents were also asked to check all of the applicable expected sources of insurance (private, Medicare, Medicaid, Worker's compensation, or other sources). As a result expected sources of insurance will not add to totals because more than one source could be reported per visit.<sup>2</sup>Includes insured, fee-for-service; HMO/other prepaid; Preferred Provider Option; and unspecified type of payment but source of insurance listed.<sup>3</sup>HMO is health maintenance organization.<sup>4</sup>Neither type of payment nor source of insurance was reported.



**Table 4. Number, percent distribution, and annual rate of ambulatory care visits by patient's principal reason for visit, according to ambulatory care setting: United States, 1996**

Principal reason for visit and RVC code <sup>1</sup>	Combined settings		Total	Physician	Outpatient	Emergency	Total	Physician	Outpatient	Emergency
	Number of visits in thousands	Percent distribution		offices	departments	departments		offices	departments	departments
				Percent distribution				Number of visits per 100 persons <sup>2</sup>		
All visits . . . . .	892,025	100.0	100.0	82.3	7.5	10.1	337.3	277.8	25.4	34.2
Symptom module . . . . . S001–S999	478,848	53.7	100.0	81.5	5.4	13.1	181.1	147.6	9.8	23.7
General symptoms . . . . . S001–S099	65,513	7.3	100.0	74.1	4.5	21.4	24.8	18.4	1.1	5.3
Symptoms referable to psychological/mental disorders . . . . . S100–S199	24,311	2.7	100.0	85.5	8.9	5.6	9.2	7.9	*0.8	0.5
Symptoms referable to the nervous system (excluding sense organs) . . . . . S200–S259	25,750	2.9	100.0	74.3	4.8	20.9	9.7	7.2	0.5	2.0
Symptoms referable to the cardiovascular/lymphatic system . . . . . S260–S299	4,487	0.5	100.0	81.8	5.5	12.7	1.7	1.4	0.1	0.2
Symptoms referable to the eyes and ears . . . . . S300–S399	49,057	5.5	100.0	88.8	4.7	6.5	18.6	16.5	0.9	1.2
Symptoms referable to the respiratory system . . . . . S400–S499	94,491	10.6	100.0	84.2	4.6	11.1	35.7	30.1	1.7	4.0
Symptoms referable to the digestive system . . . . . S500–S639	47,504	5.3	100.0	71.1	6.8	22.1	18.0	12.8	1.2	4.0
Symptoms referable to the genitourinary system . . . . . S640–S829	33,665	3.8	100.0	84.1	7.6	8.3	12.7	10.7	1.0	1.1
Symptoms referable to the skin, hair, and nails . . . . . S830–S899	46,223	5.2	100.0	90.8	4.6	4.6	17.5	15.9	0.8	0.8
Symptoms referable to the musculoskeletal system . . . . . S900–S999	87,848	9.8	100.0	80.9	5.3	13.8	33.2	26.9	1.7	4.6
Disease module . . . . . D001–D999	89,203	10.0	100.0	88.6	7.6	3.7	33.7	29.9	2.6	1.2
Diagnostic, screening, and preventive module . . . . . X100–X599	147,370	16.5	100.0	91.3	8.1	0.6	55.7	50.9	4.5	0.3
Treatment module . . . . . T100–T899	98,573	11.1	100.0	82.1	15.9	2.0	37.3	30.6	5.9	0.8
Injuries and adverse effects module . . . . . J001–J999	43,545	4.9	100.0	47.4	5.7	46.9	16.5	7.8	0.9	7.7
Test results module . . . . . R100–R700	12,522	1.4	100.0	88.5	9.8	1.7	4.7	4.2	0.5	0.1
Administrative module . . . . . A100–A140	8,542	1.0	100.0	91.4	7.4	1.2	3.2	3.0	0.2	0.0
Other <sup>3</sup> . . . . . U990–U999	13,422	1.5	100.0	74.9	19.0	6.1	5.1	3.8	1.0	0.3

\* Figure does not meet standard of reliability or precision.

0,0 Quantity more than zero but less than 0.05.

<sup>1</sup>Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (4).<sup>2</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990–1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.<sup>3</sup>Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

**Table 5. Number, percent distribution, and annual rate of ambulatory care visits by the 35 principal reasons for visit most frequently mentioned by patients, and setting: United States, 1996**

Principal reason for visit and RVC code <sup>1</sup>	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution								
All visits . . . . .	892,025	100.0	100.0	82.3	7.5	10.1	337.3	277.8	25.4	34.2
General medical examination . . . . . X100	54,714	6.1	100.0	92.6	7.2	*	20.7	19.2	1.5	*
Progress visit, not otherwise specified . . . . . T800	37,533	4.2	100.0	76.7	22.9	*	14.2	10.9	3.2	*
Routine prenatal examination . . . . . X205	27,057	3.0	100.0	88.5	10.8	0.7	10.2	9.1	1.1	0.1
Cough . . . . . S440	25,804	2.9	100.0	88.4	4.2	7.5	9.8	8.6	0.4	0.7
Symptoms referable to throat . . . . . S455	21,009	2.4	100.0	85.5	5.6	8.9	7.9	6.8	0.4	0.7
Postoperative visit . . . . . T205	20,043	2.2	100.0	93.1	6.0	0.9	7.6	7.1	0.5	0.1
Stomach and abdominal pain, cramps, and spasms . . . . . S545	17,970	2.0	100.0	65.2	6.3	28.4	6.8	4.4	0.4	1.9
Well baby examination . . . . . X105	16,464	1.8	100.0	92.5	7.4	*	6.2	5.8	0.5	*
Fever . . . . . S010	15,440	1.7	100.0	69.4	3.9	26.7	5.8	4.1	0.2	1.6
Back symptoms . . . . . S905	14,162	1.6	100.0	80.8	4.9	14.3	5.4	4.3	0.3	0.8
Skin rash . . . . . S860	13,985	1.6	100.0	85.8	5.9	8.3	5.3	4.5	0.3	0.4
Earache or ear infection . . . . . S355	13,776	1.5	100.0	82.2	5.5	12.3	5.2	4.3	0.3	0.6
Chest pain and related symptoms . . . . . S050	13,328	1.5	100.0	61.4	3.6	35.0	5.0	3.1	0.2	1.8
Nasal congestion . . . . . S400	12,325	1.4	100.0	91.2	3.5	5.3	4.7	4.3	0.2	0.2
Knee symptoms . . . . . S925	11,241	1.3	100.0	87.4	4.8	7.8	4.3	3.7	0.2	0.3
Headache, pain in head . . . . . S210	10,994	1.2	100.0	73.9	4.5	21.6	4.2	3.1	0.2	0.9
Vision dysfunctions . . . . . S305	10,810	1.2	100.0	96.3	3.0	*	4.1	3.9	0.1	*
Hypertension . . . . . D510	10,801	1.2	100.0	90.0	7.8	2.2	4.1	3.7	0.3	0.1
Depression . . . . . S110	9,142	1.0	100.0	89.4	7.9	2.8	3.5	3.1	*0.3	0.1
Blood pressure test . . . . . X320	8,865	1.0	100.0	96.5	3.2	*	3.4	3.2	0.1	*
Medications, other and unspecified kinds . . . . . T115	8,605	1.0	100.0	87.7	9.0	3.3	3.3	2.9	0.3	0.1
Neck symptoms . . . . . S900	8,465	0.9	100.0	82.7	4.0	13.3	3.2	2.6	0.1	0.4
Head cold, upper respiratory infection (coryza) . . . . . S445	7,884	0.9	100.0	85.5	8.1	6.4	3.0	2.5	*0.2	0.2
Shoulder symptoms . . . . . S940	7,847	0.9	100.0	86.8	3.7	9.5	3.0	2.6	0.1	0.3
Diabetes mellitus . . . . . D205	7,261	0.8	100.0	91.3	7.4	*	2.7	2.5	0.2	*
Low back symptoms . . . . . S910	7,248	0.8	100.0	79.0	5.3	15.7	2.7	2.2	0.1	0.4
Leg symptoms . . . . . S920	6,990	0.8	100.0	80.4	7.1	12.5	2.6	2.1	0.2	0.3
Vertigo-dizziness . . . . . S225	6,840	0.8	100.0	75.9	4.9	19.1	2.6	2.0	0.1	0.5
Shortness of breath . . . . . S415	6,684	0.7	100.0	62.6	2.7	34.7	2.5	1.6	0.1	0.9
Physical exam required for school or employment . . . . . A100	6,556	0.7	100.0	92.8	6.7	*	2.5	2.3	0.2	*
Skin lesion . . . . . S865	6,184	0.7	100.0	91.4	5.0	3.7	2.3	2.1	0.1	0.1
Foot and toe symptoms . . . . . S935	5,994	0.7	100.0	77.7	5.6	16.7	2.3	1.8	0.1	0.4
Hand and finger symptoms . . . . . S860	5,851	0.7	100.0	77.4	4.3	18.3	2.2	1.7	0.1	0.4
Acne or pimples . . . . . S830	5,711	0.6	100.0	98.1	1.8	*	2.2	2.1	0.0	*
Other and unspecified symptoms referable to ears . . . . . S365	5,587	0.6	100.0	91.0	6.8	2.2	2.1	1.9	0.1	0.0
All other reasons . . . . .	422,854	47.4	100.0	79.9	7.8	12.2	159.9	127.8	12.5	19.6

\* Figure does not meet standard of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (5).<sup>2</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990–1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

**Table 6. Number, percent distribution, and annual rate of injury-related ambulatory care visits by patient's age, sex, and race, according to ambulatory care setting: United States, 1996**

Ambulatory care setting	Total	Age						Sex		Race		
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male	White	Black	Other
Number of injury visits in thousands												
Combined settings . . . . .	129,284	21,390	17,114	44,999	27,543	9,032	9,207	64,534	64,750	105,504	19,064	4,716
Physician offices . . . . .	87,582	11,889	9,516	30,708	21,685	7,095	6,690	45,108	42,475	72,415	11,378	3,789
Outpatient departments . . . . .	6,761	1,234	*1,127	2,384	1,360	366	291	3,522	3,239	4,985	1,576	200
Emergency departments . . . . .	34,941	8,267	6,471	11,907	4,498	1,571	2,226	15,905	19,036	28,104	6,109	727
Percent distribution												
Combined settings . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Physician offices . . . . .	67.7	55.6	55.6	68.2	78.7	78.6	72.7	69.9	65.6	68.6	59.7	80.3
Outpatient departments . . . . .	5.2	5.8	*6.6	5.3	4.9	4.0	3.2	5.5	5.0	4.7	8.3	4.2
Emergency departments . . . . .	27.0	38.6	37.8	26.5	16.3	17.4	24.2	24.6	29.4	26.6	32.0	15.4
Number of injury visits per 100 persons <sup>1</sup>												
Combined settings . . . . .	48.9	36.0	47.0	53.9	51.8	49.5	67.7	47.7	50.2	48.3	56.4	38.7
Physician offices . . . . .	33.1	20.0	26.1	36.8	40.7	38.9	49.2	33.3	32.9	33.2	33.7	31.1
Outpatient departments . . . . .	2.6	2.1	*3.1	2.9	2.6	2.0	2.1	2.6	2.5	2.3	4.7	1.6
Emergency departments . . . . .	13.2	13.9	17.8	14.3	8.5	8.6	16.4	11.7	14.8	12.9	18.1	6.0

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990-1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

**Table 7. Number, percent distribution, and annual rate of injury-related ambulatory care visits by patient's age, sex, and race: United States, 1996**

Patient characteristic	Number of visits in thousands <sup>1</sup>	Percent distribution	Number of visits per 100 persons <sup>2</sup>
All injury visits . . . . .	129,284	100.0	48.9
Age			
Under 15 years . . . . .	21,390	16.5	36.0
15–24 years . . . . .	17,114	13.2	47.0
25–44 years . . . . .	44,999	34.8	53.9
45–64 years . . . . .	27,543	21.3	51.8
65–74 years . . . . .	9,032	7.0	49.5
75 years and over . . . . .	9,207	7.1	67.7
Sex and age			
Female . . . . .	64,534	49.9	47.7
Under 15 years . . . . .	9,347	7.2	32.2
15–24 years . . . . .	7,266	5.6	40.3
25–44 years . . . . .	21,555	16.7	50.9
45–64 years . . . . .	15,020	11.6	54.7
65–74 years . . . . .	5,616	4.3	55.8
75 years and over . . . . .	5,730	4.4	68.1
Male . . . . .	64,750	50.1	50.2
Under 15 years . . . . .	12,042	9.3	39.6
15–24 years . . . . .	9,848	7.6	53.5
25–44 years . . . . .	23,444	18.1	57.0
45–64 years . . . . .	12,523	9.7	48.7
65–74 years . . . . .	3,416	2.6	41.9
75 years and over . . . . .	3,477	2.7	66.9
Race and age			
White . . . . .	105,504	81.6	48.3
Under 15 years . . . . .	16,958	13.1	36.3
15–24 years . . . . .	13,401	10.4	46.2
25–44 years . . . . .	35,556	27.5	51.8
45–64 years . . . . .	23,144	17.9	50.8
65–74 years . . . . .	7,944	6.1	49.3
75 years and over . . . . .	8,502	6.6	69.2
Black . . . . .	19,064	14.7	56.4
Under 15 years . . . . .	3,700	2.9	38.7
15–24 years . . . . .	3,228	2.5	58.8
25–44 years . . . . .	7,316	5.7	69.0
45–64 years . . . . .	3,419	2.6	61.9
65–74 years . . . . .	838	0.6	52.8
75 years and over . . . . .	562	0.4	54.3
Other races . . . . .	4,716	3.6	38.7

<sup>1</sup>Includes visits to physician offices, hospital outpatient departments, and emergency departments.

<sup>2</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990–1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

**Table 8. Number, percent distribution, and annual rate of injury-related ambulatory care visits by place of occurrence and whether injury is work related, according to ambulatory care setting: United States, 1996**

Characteristic	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution								
All injury visits . . . . .	129,284	100.0	100.0	67.7	5.2	27.0	488.9	331.2	25.6	132.1
Place of occurrence										
Home . . . . .	24,656	19.1	100.0	56.5	4.4	39.2	93.2	52.7	4.1	36.5
Street or highway . . . . .	16,800	13.0	100.0	65.7	3.8	30.6	11.0	7.0	2.4	3.4
Sports or athletic area . . . . .	7,495	5.8	100.0	76.8	2.6	20.5	28.3	2.2	0.7	5.8
School . . . . .	2,919	2.3	100.0	63.4	6.2	30.5	63.5	41.7	2.4	19.4
Other . . . . .	21,102	16.3	100.0	71.4	3.9	24.7	79.8	57.0	3.1	19.7
Unknown . . . . .	56,311	43.6	100.0	70.9	6.9	22.2	213.0	151.1	14.6	47.3
Work related										
Yes . . . . .	22,673	100.0	100.0	77.5	4.1	18.4	85.7	66.4	3.5	15.8
No . . . . .	61,859	47.8	100.0	61.3	3.5	35.2	233.9	143.4	8.1	82.4
Unknown . . . . .	44,752	34.6	100.0	71.7	8.3	20.0	169.2	121.4	14.0	33.9

<sup>1</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990-1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTES: These findings should be interpreted with caution. The place of occurrence of the injury was not reported for 43.6 percent of injury visits overall; whether the injury was work related was not reported for 34.6 percent of visits. Numbers may not add to totals because of rounding.

**Table 9. Number, percent distribution, and annual rate of injury-related ambulatory care visits, according to intent, mechanism, and ambulatory care setting: United States, 1996**

Intent and mechanism <sup>1</sup>	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution								
All injury visits . . . . .	129,284	100.0	100.0	67.7	5.2	27.0	488.9	331.2	25.6	132.1
Unintentional injuries . . . . .	102,105	79.0	100.0	65.3	5.3	29.4	386.1	252.1	20.4	113.6
Falls . . . . .	21,712	16.8	100.0	63.1	3.6	33.2	82.1	51.9	3.0	27.3
Motor vehicle, traffic . . . . .	13,129	10.2	100.0	62.9	4.3	32.9	49.7	31.2	2.1	16.3
Striking against or struck accidentally by objects or persons . . . . .	7,929	6.1	100.0	49.8	5.7	44.5	30.0	14.9	1.7	13.4
Overexertion and strenuous movements . . . . .	8,540	6.6	100.0	78.9	4.2	16.9	32.3	25.5	1.4	5.5
Cutting or piercing instruments or objects . . . . .	4,797	3.7	100.0	39.3	5.2	55.5	18.1	7.1	0.9	10.1
Natural and environmental factors . . . . .	3,698	2.9	100.0	57.3	6.4	36.3	14.0	8.0	0.9	5.1
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors . . . . .	1,335	1.0	100.0	*	*5.5	53.1	5.0	*	*0.3	2.7
Fire and flames, hot substance or object, caustic or corrosive material, and steam . . . . .	1,746	1.4	100.0	57.9	7.5	34.6	6.6	3.8	0.5	2.3
Machinery . . . . .	1,145	0.9	100.0	53.2	*	42.3	4.3	2.3	*	1.8
Pedal cycle, nontraffic and other . . . . .	1,026	0.8	100.0	*	*4.6	49.8	3.9	*	*0.2	1.9
Motor vehicle, nontraffic . . . . .	604	0.5	100.0	*	*	37.8	2.3	*	*	0.9
Other transportation . . . . .	482	0.4	100.0	*	*	30.2	1.8	*	*	0.6
Firearm missile . . . . .	262	0.2	100.0	*	39.5	*	1.0	*	0.4	*
Other and not elsewhere classified . . . . .	5,939	4.6	100.0	56.2	7.4	36.3	22.5	12.6	1.7	8.2
Mechanism unspecified . . . . .	29,761	23.0	100.0	78.1	6.2	15.6	112.6	87.9	7.0	17.6
Intentional injuries . . . . .	3,604	2.8	100.0	27.9	7.7	64.4	13.6	3.8	1.0	8.8
Assault . . . . .	3,110	2.4	100.0	27.1	8.1	64.9	11.8	3.2	0.9	7.6
Self-inflicted . . . . .	428	0.3	100.0	*	*	59.2	1.6	*	*	1.0
Other violence . . . . .	*	*	100.0	*	*	*	*	*	*	*
Injuries of undetermined intent . . . . .	*	*	100.0	*	*	*	*	*	*	*
Adverse effects . . . . .	6,052	4.7	100.0	73.9	7.6	18.6	22.9	16.9	1.7	4.3
Blank cause . . . . .	17,438	13.5	100.0	88.4	3.6	8.0	65.9	58.3	2.4	5.3

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Intent and mechanism are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*, "Supplementary Classification of External Causes of Injury and Poisoning" (5). A detailed description of the ICD-9-CM E-codes used to create the groupings in this table is provided in the [Technical Notes](#).<sup>2</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990-1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

**Table 10. Number and percent of ambulatory care visits by selected diagnostic and screening services ordered or provided, according to ambulatory care setting: United States, 1996**

Diagnostic and screening services	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands				
All visits . . . . .	892,025	734,493	67,186	90,347
Percent distribution				
Yes . . . . .	73.2	71.5	72.9	88.0
No . . . . .	26.8	28.5	27.1	12.0
Percent of visits in each setting <sup>5</sup>				
Blood pressure . . . . .	47.6	44.0	50.7	74.5
Urinalysis . . . . .	13.2	13.1	11.1	15.6
HIV serology <sup>2</sup> . . . . .	0.3	0.3	0.8	0.3
Mental status examination . . . . .	3.9	2.7	2.7	14.4
X ray . . . . .	8.3	7.3	8.4	36.4
CAT scan <sup>3</sup> . . . . .	0.9	0.6	1.1	3.2
MRI <sup>4</sup> . . . . .	0.6	0.6	0.9	0.2
Ultrasound . . . . .	2.0	2.0	2.6	1.4
Other imaging . . . . .	0.6	0.5	0.6	1.3

<sup>1</sup>Only services that were listed on each of the three survey instruments are included in this table, representing a subset of all of the service categories on the three Patient Record forms. The emergency department form included check box categories for chest x ray, extremity x ray, and all other x rays, which have been aggregated for this table. The other two forms included only a single check box for x rays.

<sup>2</sup>HIV is human immunodeficiency virus.

<sup>3</sup>CAT is computerized axial tomography.

<sup>4</sup>MRI is magnetic resonance imaging.

<sup>5</sup>Sum of percents may exceed 100.0 because more than one service may be reported per visit.

**Table 11. Number and percent distribution of ambulatory care visits by principal diagnosis, using major disease categories, and ambulatory care setting: United States, 1996**

Major disease category and ICD-9-CM code range <sup>1</sup>	Number of visits in thousands		Percent distribution			Number of visits per 100 persons <sup>2</sup>			
	Combined settings	Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
All visits . . . . .	892,025	100.0	82.3	7.5	10.1	337.3	277.8	25.4	34.2
Infectious and parasitic diseases . . . . . 001-139	28,511	100.0	82.7	7.2	10.1	10.8	8.9	0.8	1.1
Neoplasms . . . . . 140-239	31,793	100.0	89.6	9.7	0.7	12.0	10.8	1.2	0.1
Endocrine, nutritional and metabolic diseases, and immunity disorders . . . . . 240-279	35,061	100.0	85.3	11.4	3.3	13.3	11.3	1.5	0.4
Mental disorders . . . . . 290-319	39,167	100.0	81.2	12.1	6.7	14.8	12.0	1.8	1.0
Diseases of the nervous system and sense organs . . . . . 320-389	80,003	100.0	87.5	6.0	6.5	30.3	26.5	1.8	2.0
Diseases of the circulatory system . . . . . 390-459	66,703	100.0	86.6	7.3	6.1	25.2	21.8	1.9	1.5
Diseases of the respiratory system . . . . . 460-519	112,624	100.0	84.8	5.0	10.3	42.6	36.1	2.1	4.4
Diseases of the digestive system . . . . . 520-579	36,589	100.0	77.1	9.1	13.8	13.8	10.7	1.3	1.9
Diseases of the genitourinary system . . . . . 580-629	47,935	100.0	85.5	6.5	8.0	18.1	15.5	1.2	1.5
Diseases of the skin and subcutaneous tissue . . . . . 680-709	48,058	100.0	89.9	5.5	4.7	18.2	16.3	1.0	0.9
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	56,516	100.0	86.3	6.8	6.9	21.4	18.4	1.4	1.5
Symptoms, signs, and ill-defined conditions . . . . . 780-799	55,505	100.0	71.7	6.7	21.6	21.0	15.1	1.4	4.5
Injury and poisoning . . . . . 800-999	82,450	100.0	60.5	4.9	34.6	31.2	18.9	*1.5	10.8
Supplementary classification . . . . . V01-V82	139,751	100.0	88.1	9.7	2.2	52.9	46.6	5.1	1.2
All other diagnoses <sup>3</sup> . . . . .	11,551	100.0	72.5	15.4	12.2	4.4	3.2	0.7	0.5
Unknown <sup>4</sup> . . . . .	19,807	100.0	76.1	10.6	13.3	7.5	5.7	*0.8	1.0

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (5).

<sup>2</sup>Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990-1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

<sup>3</sup>Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-676); congenital anomalies (740-759); and certain conditions originating in the perinatal period (760-779).

<sup>4</sup>Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

**Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1996**

Diagnosis group <sup>1</sup>	Combined settings		Physician offices		Outpatient departments		Emergency departments	
	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution
All visits . . . . .	892,025	100.0	734,493	100.0	67,186	100.0	90,347	100.0
Infectious and parasitic diseases . . . . .	28,511	3.2	23,580	3.2	2,045	3.0	2,886	3.2
Streptococcal sore throat . . . . .	2,816	0.3	2,408	0.3	110	0.2	299	0.3
HIV infection <sup>2</sup> . . . . .	1,153	0.1	772	0.1	356	0.5	*	*
Viral warts . . . . .	3,829	0.4	3,600	0.5	211	0.3	*	*
Unspecified viral and chlamydial infections . . . . .	4,394	0.5	3,215	0.4	227	0.3	952	1.1
Dermatophytosis . . . . .	2,835	0.3	2,587	0.4	188	0.3	*	*
Candidiasis . . . . .	1,840	0.2	1,629	0.2	134	0.2	*	*
Other infectious and parasitic diseases . . . . .	11,644	1.3	9,370	1.3	819	1.2	1,454	1.6
Neoplasms . . . . .	31,793	3.6	28,487	3.9	3,093	4.6	213	0.2
Malignant neoplasm of colon and rectum . . . . .	2,739	0.3	2,418	0.3	313	0.5	*	*
Malignant neoplasm of skin . . . . .	3,579	0.4	3,402	0.5	173	0.3	*	*
Malignant neoplasm of breast . . . . .	4,375	0.5	3,870	0.5	487	0.7	*	*
Malignant neoplasm of prostate . . . . .	2,475	0.3	2,401	0.3	*75	*0.1	—	—
Malignant neoplasm of lymphatic and hematopoietic tissue . . . . .	4,592	0.5	4,160	0.6	415	0.6	*	*
Other malignant neoplasms . . . . .	6,130	0.7	5,182	0.7	821	1.2	128	0.1
Benign neoplasm of skin . . . . .	2,772	0.3	2,667	0.4	105	0.2	—	—
Other benign neoplasm . . . . .	3,355	0.4	2,873	0.4	456	0.7	*	*
Neoplasm of uncertain behavior and unspecified nature . . . . .	1,776	0.2	1,516	0.2	249	0.4	*	*
Endocrine, nutritional and metabolic diseases, and immunity disorders . . . . .	35,061	3.9	29,905	4.1	3,986	5.9	1,170	1.3
Acquired hypothyroidism . . . . .	2,219	0.2	2,031	0.3	162	0.2	*	*
Other disorders of the thyroid gland . . . . .	1,678	0.2	1,539	0.2	132	0.2	*	*
Diabetes mellitus . . . . .	18,910	2.1	15,896	2.2	2,684	4.0	330	0.4
Disorders of lipid metabolism . . . . .	4,602	0.5	4,239	0.6	363	0.5	—	—
Obesity . . . . .	3,093	0.3	2,915	0.4	178	0.3	—	—
Other endocrine, nutritional, and metabolic diseases, and immunity disorders . . . . .	4,559	0.5	3,285	0.4	468	0.7	806	0.9
Diseases of the blood and blood-forming organs . . . . .	4,245	0.5	3,542	0.5	348	0.5	356	0.4
Anemias . . . . .	2,909	0.3	2,405	0.3	268	0.4	236	0.3
Other diseases of the blood and blood-forming organs . . . . .	1,336	0.1	1,137	0.2	*79	*0.1	*	*
Mental disorders . . . . .	39,167	4.4	31,805	4.3	4,755	7.1	2,607	2.9
Schizophrenic disorders . . . . .	2,439	0.3	1,883	0.3	446	0.7	110	0.1
Major depressive disorder . . . . .	5,582	0.6	4,769	0.6	689	1.0	125	0.1
Other psychoses . . . . .	3,541	0.4	2,728	0.4	422	0.6	390	0.4
Anxiety states . . . . .	5,061	0.6	4,371	0.6	246	0.4	444	0.5
Neurotic depression . . . . .	2,897	0.3	2,680	0.4	204	0.3	*	*
Alcohol dependence syndrome . . . . .	601	0.1	*	*	351	0.5	*	*
Drug dependence and nondependent use of drugs . . . . .	2,225	0.2	1,125	0.2	433	0.6	667	0.7
Acute reaction to stress and adjustment reaction . . . . .	1,863	0.2	1,371	0.2	420	0.6	73	0.1
Depressive disorder, not elsewhere classified . . . . .	6,008	0.7	5,189	0.7	611	0.9	209	0.2
Attention deficit disorder . . . . .	3,585	0.4	3,092	0.4	487	0.7	*	*
Other mental disorders . . . . .	5,363	0.6	4,453	0.6	446	0.7	465	0.5
Diseases of the nervous system and sense organs . . . . .	80,003	9.0	70,036	9.5	4,792	7.1	5,175	5.7
Migraine . . . . .	3,987	0.4	3,105	0.4	143	0.2	739	0.8
Other disorders of the central nervous system . . . . .	4,401	0.5	3,424	0.5	774	1.2	203	0.2
Carpal tunnel syndrome . . . . .	2,393	0.3	2,180	0.3	148	0.2	*	*
Other disorders of the nervous system . . . . .	3,067	0.3	2,671	0.4	300	0.4	*	*
Retinal detachment and other retinal disorders . . . . .	3,139	0.4	2,988	0.4	151	0.2	—	—
Glaucoma . . . . .	6,461	0.7	6,194	0.8	267	0.4	—	—
Cataract . . . . .	6,564	0.7	6,223	0.8	335	0.5	*	*
Disorders of refraction and accommodation . . . . .	4,300	0.5	4,169	0.6	131	0.2	—	—
Conjunctivitis . . . . .	4,267	0.5	3,591	0.5	209	0.3	467	0.5
Disorders of eyelids . . . . .	2,335	0.3	2,211	0.3	*93	*0.1	*	*
Other disorders of the eye and adnexa . . . . .	7,749	0.9	7,037	1.0	414	0.6	298	0.3
Disorders of external ear . . . . .	3,810	0.4	3,279	0.4	223	0.3	309	0.3
Otitis media and Eustachian tube disorders . . . . .	22,750	2.6	18,848	2.6	1,201	1.8	2,701	3.0
Other diseases of the ear and mastoid process . . . . .	4,781	0.5	4,118	0.6	403	0.6	260	0.3

See footnotes at end of table.



**Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1996—Con.**

Diagnosis group <sup>1</sup>	Combined settings		Physician offices		Outpatient departments		Emergency departments	
	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution
Diseases of the circulatory system . . . . .	66,703	7.5	57,753	7.9	4,895	7.3	4,055	4.5
Angina pectoris . . . . .	2,317	0.3	1,985	0.3	112	0.2	221	0.2
Coronary atherosclerosis . . . . .	6,407	0.7	5,840	0.8	537	0.8	*	*
Other ischemic heart disease . . . . .	3,259	0.4	2,392	0.3	169	0.3	698	0.8
Cardiac dysrhythmias . . . . .	4,480	0.5	3,651	0.5	160	0.2	669	0.7
Congestive heart failure . . . . .	3,711	0.4	2,714	0.4	369	0.5	629	0.7
Other heart disease . . . . .	3,940	0.4	3,496	0.5	327	0.5	*	*
Essential hypertension . . . . .	30,610	3.4	27,690	3.8	2,456	3.7	465	0.5
Cerebrovascular disease . . . . .	3,158	0.4	2,251	0.3	192	0.3	714	0.8
Diseases of the arteries, arterioles, and capillaries . . . . .	2,602	0.3	2,349	0.3	178	0.3	*	*
Hemorrhoids . . . . .	2,004	0.2	1,684	0.2	186	0.3	133	0.1
Other diseases of the circulatory system . . . . .	4,215	0.5	3,702	0.5	208	0.3	305	0.3
Diseases of the respiratory system . . . . .	112,624	12.6	95,453	13.0	5,609	8.3	11,562	12.8
Acute sinusitis . . . . .	1,407	0.2	1,059	0.1	136	0.2	212	0.2
Acute pharyngitis . . . . .	12,295	1.4	10,065	1.4	759	1.1	1,472	1.6
Acute tonsillitis . . . . .	2,734	0.3	2,105	0.3	*78	*0.1	550	0.6
Acute bronchitis and bronchiolitis . . . . .	3,567	0.4	2,680	0.4	139	0.2	749	0.8
Other acute respiratory infections . . . . .	24,845	2.8	21,219	2.9	1,431	2.1	2,196	2.4
Chronic sinusitis . . . . .	15,411	1.7	14,295	1.9	532	0.8	584	0.6
Allergic rhinitis . . . . .	8,789	1.0	8,376	1.1	332	0.5	*	*
Pneumonia . . . . .	4,525	0.5	3,146	0.4	180	0.3	1,198	1.3
Chronic and unspecified bronchitis . . . . .	12,312	1.4	10,253	1.4	476	0.7	1,584	1.8
Asthma . . . . .	11,889	1.3	9,051	1.2	903	1.3	1,935	2.1
Other chronic obstructive pulmonary disease and allied conditions . . . . .	4,055	0.5	3,652	0.5	218	0.3	185	0.2
Other diseases of the respiratory system . . . . .	10,794	1.2	9,551	1.3	425	0.6	818	0.9
Diseases of the digestive system . . . . .	36,589	4.1	28,219	3.8	3,336	5.0	5,034	5.6
Diseases of the teeth and supporting structures . . . . .	1,637	0.2	926	0.1	138	0.2	573	0.6
Gastritis and duodenitis . . . . .	2,753	0.3	2,002	0.3	265	0.4	486	0.5
Esophagitis . . . . .	1,165	0.1	956	0.1	143	0.2	*	*
Ulcer of stomach and small intestine . . . . .	2,192	0.2	1,888	0.3	195	0.3	*	*
Hernia of abdominal cavity . . . . .	3,887	0.4	2,917	0.4	820	1.2	150	0.2
Noninfectious enteritis and colitis . . . . .	6,537	0.7	4,740	0.6	323	0.5	1,474	1.6
Diverticula of intestine . . . . .	1,480	0.2	1,296	0.2	116	0.2	*	*
Constipation . . . . .	1,633	0.2	1,263	0.2	136	0.2	234	0.3
Irritable colon . . . . .	1,475	0.2	1,304	0.2	138	0.2	*	*
Anal and rectal diseases . . . . .	2,360	0.3	2,029	0.3	170	0.3	161	0.2
Disorders of the gallbladder and biliary tract . . . . .	2,419	0.3	2,030	0.3	117	0.2	272	0.3
Gastrointestinal hemorrhage . . . . .	897	0.1	*	*	*	*	351	0.4
Other diseases of the digestive system . . . . .	8,155	0.9	6,355	0.9	743	1.1	1,058	1.2
Diseases of the genitourinary system . . . . .	47,935	5.4	40,988	5.6	3,100	4.6	3,847	4.3
Calculus of kidney and ureter . . . . .	1,223	0.1	878	0.1	*28	*0.0	316	0.3
Cystitis and other disorders of the bladder . . . . .	2,172	0.2	1,789	0.2	150	0.2	233	0.3
Urinary tract infection, site not specified . . . . .	6,665	0.7	4,938	0.7	371	0.6	1,357	1.5
Other diseases of the urinary system . . . . .	4,794	0.5	3,939	0.5	297	0.4	558	0.6
Hyperplasia of prostate . . . . .	3,311	0.4	3,194	0.4	110	0.2	*	*
Other disorders of male genital organs . . . . .	3,797	0.4	3,398	0.5	218	0.3	180	0.2
Disorders of breast . . . . .	4,953	0.6	4,480	0.6	370	0.6	*	*
Inflammatory disorders of female pelvic organs . . . . .	3,755	0.4	3,152	0.4	285	0.4	318	0.4
Noninflammatory disorders of female genital organs . . . . .	3,151	0.4	2,530	0.3	354	0.5	268	0.3
Disorders of menstruation and abnormal bleeding . . . . .	3,962	0.4	3,568	0.5	221	0.3	172	0.2
Menopausal and postmenopausal disorders . . . . .	5,078	0.6	4,866	0.7	205	0.3	*	*
Other disorders of the female genital tract . . . . .	5,073	0.6	4,254	0.6	490	0.7	329	0.4
Complications of pregnancy, childbirth, and the puerperium . . . . .	3,875	0.4	2,179	0.3	701	1.0	995	1.1

See footnotes at end of table.

**Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1996—Con.**

Diagnosis group <sup>1</sup>	Combined settings		Physician offices		Outpatient departments		Emergency departments	
	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution
Diseases of the skin and subcutaneous tissue . . . . .	48,058	5.4	43,183	5.9	2,622	3.9	2,254	2.5
Cellulitis and abscess . . . . .	4,158	0.5	3,105	0.4	276	0.4	777	0.9
Other infection of the skin and subcutaneous tissue . . . . .	2,557	0.3	2,144	0.3	169	0.3	245	0.3
Contact dermatitis and other eczema . . . . .	8,114	0.9	7,153	1.0	430	0.6	530	0.6
Psoriasis and similar disorders . . . . .	2,250	0.3	2,012	0.3	219	0.3	*	*
Other inflammatory conditions of skin and subcutaneous tissue . . . . .	5,642	0.6	5,170	0.7	341	0.5	131	0.1
Corns, callosities, and other hypertrophic and atrophic skin conditions . . . . .	2,259	0.3	2,101	0.3	147	0.2	*	*
Actinic and seborrheic keratosis . . . . .	5,046	0.6	4,940	0.7	*	*	*	*
Acne . . . . .	6,135	0.7	5,968	0.8	165	0.2	*	*
Sebaceous cyst . . . . .	3,674	0.4	3,435	0.5	186	0.3	*	*
Urticaria . . . . .	1,298	0.1	955	0.1	*	*	270	0.3
Other disorders of the skin and subcutaneous tissue . . . . .	6,927	0.8	6,200	0.8	514	0.8	213	0.2
Diseases of the musculoskeletal system and connective tissue . . . . .	56,516	6.3	48,759	6.6	3,833	5.7	3,923	4.3
Rheumatoid arthritis . . . . .	781	0.1	*	*	189	0.3	*	*
Osteoarthritis and allied disorders . . . . .	6,825	0.8	6,218	0.8	539	0.8	*	*
Other arthropathies and related disorders . . . . .	4,726	0.5	4,212	0.6	349	0.5	*	*
Derangements and other and unspecified joint disorders . . . . .	6,183	0.7	5,273	0.7	332	0.5	578	0.6
Intervertebral disc disorders . . . . .	4,117	0.5	3,914	0.5	109	0.2	*	*
Lumbago . . . . .	3,123	0.4	2,282	0.3	317	0.5	524	0.6
Other dorsopathies . . . . .	9,650	1.1	8,102	1.1	617	0.9	931	1.0
Peripheral enthesopathies and allied disorders . . . . .	5,451	0.6	4,967	0.7	284	0.4	200	0.2
Synovitis and tenosynovitis . . . . .	2,080	0.2	1,923	0.3	*71	*0.1	*	*
Myalgia and myositis, unspecified . . . . .	2,577	0.3	2,035	0.3	264	0.4	279	0.3
Other rheumatism, excluding back . . . . .	6,252	0.7	5,139	0.7	391	0.6	721	0.8
Disorders of bone and cartilage . . . . .	2,978	0.3	2,581	0.4	190	0.3	207	0.2
Other diseases of the musculoskeletal system and connective tissue . . . . .	1,773	0.2	1,572	0.2	181	0.3	*	*
Congenital anomalies . . . . .	2,953	0.3	2,293	0.3	641	1.0	*	*
Certain conditions originating in the perinatal period . . . . .	479	0.1	*	*	*86	0.1	*	*
Symptoms, signs, and ill-defined conditions . . . . .	55,505	6.2	39,808	5.4	3,691	5.5	12,006	13.3
Syncope and collapse . . . . .	1,003	0.1	*	*	*	*	547	0.6
Convulsions . . . . .	2,276	0.3	1,556	0.2	146	0.2	574	0.6
Dizziness and giddiness . . . . .	2,306	0.3	1,774	0.2	121	0.2	411	0.5
Pyrexia of unknown origin . . . . .	1,543	0.2	*	*	*	*	912	1.0
Symptoms involving skin and other integumentary tissue . . . . .	3,777	0.4	3,170	0.4	323	0.5	284	0.3
Headache . . . . .	4,136	0.5	2,871	0.4	179	0.3	1,087	1.2
Epistaxis . . . . .	945	0.1	*	*	*	*	303	0.3
Abnormal heart sounds . . . . .	1,151	0.1	887	0.1	*654	*0.1	210	0.2
Dyspnea and respiratory abnormalities . . . . .	1,307	0.1	*	*	*91	*0.1	488	0.5
Cough . . . . .	1,005	0.1	899	0.1	*	*	*	*
Chest pain . . . . .	5,726	0.6	3,012	0.4	234	0.3	2,480	2.7
Symptoms involving urinary system . . . . .	2,653	0.3	2,073	0.3	166	0.2	415	0.5
Abdominal pain . . . . .	7,264	0.8	4,296	0.6	504	0.8	2,464	2.7
Other symptoms, signs, and ill-defined conditions . . . . .	20,412	2.3	16,909	2.3	1,731	2.6	1,772	2.0
Injury and poisoning . . . . .	82,450	9.2	49,902	6.8	4,034	6.0	28,514	31.6
Fracture of radius and ulna . . . . .	2,990	0.3	2,139	0.3	211	0.3	640	0.7
Fracture of hand and fingers . . . . .	2,944	0.3	1,983	0.3	152	0.2	809	0.9
Fracture of lower limb . . . . .	6,183	0.7	4,406	0.6	455	0.7	1,322	1.5
Other fractures . . . . .	3,700	0.4	2,435	0.3	269	0.4	996	1.1
Sprains and strains of wrist and hand . . . . .	2,013	0.2	1,362	0.2	111	0.2	540	0.6
Sprains and strains of knee and leg . . . . .	2,655	0.3	2,141	0.3	*93	*0.1	421	0.5
Sprains and strains of ankle . . . . .	2,808	0.3	1,546	0.2	97	0.1	1,165	1.3
Sprains and strains of neck . . . . .	5,275	0.6	4,049	0.6	102	0.2	1,123	1.2
Other sprains and strains of back . . . . .	6,015	0.7	4,614	0.6	250	0.4	1,151	1.3
Other sprains and strains . . . . .	5,319	0.6	3,672	0.5	235	0.3	1,412	1.6
Intracranial injury, excluding those with skull fracture . . . . .	1,336	0.1	*	*	*	*	758	0.8

See footnotes at end of table.

**Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1996—Con.**

Diagnosis group <sup>1</sup>	Combined settings		Physician offices		Outpatient departments		Emergency departments	
	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution	Number of visits in thousands	Percent distribution
<b>Injury and poisoning—Con.</b>								
Open wound of head . . . . .	3,460	0.4	740	0.1	134	0.2	2,585	2.9
Open wound of hand and fingers . . . . .	3,528	0.4	1,263	0.2	140	0.2	2,125	2.4
Other open wound . . . . .	5,684	0.6	2,815	0.4	338	0.5	2,530	2.8
Superficial injury of cornea . . . . .	958	0.1	*	*	*	*	361	0.4
Other superficial injury . . . . .	2,678	0.3	1,505	0.2	136	0.2	1,036	1.1
Contusions with intact skin surfaces . . . . .	8,480	1.0	3,203	0.4	365	0.5	4,913	5.4
Other injuries . . . . .	8,564	1.0	5,590	0.8	378	0.6	2,596	2.9
Poisonings . . . . .	1,097	0.1	*	*	*	*	786	0.9
Other and unspecified effects of external causes . . . . .	4,840	0.5	3,842	0.5	172	0.3	826	0.9
Complications of surgical and medical care, not elsewhere classified . . . . .	1,922	0.2	1,260	0.2	243	0.4	419	0.5
<b>Supplementary classification of factors influencing health status and contact with health services . . . . .</b>								
Potential health hazards related to communicable diseases . . . . .	4,951	0.6	4,233	0.6	564	0.8	154	0.2
Potential health hazards related to personal and family history . . . . .	9,433	1.1	7,793	1.1	1,220	1.8	419	0.5
Routine infant or child health check . . . . .	27,579	3.1	25,275	3.4	2,269	3.4	*	*
Normal pregnancy . . . . .	28,360	3.2	24,530	3.3	3,428	5.1	402	0.4
Postpartum care and examination . . . . .	1,798	0.2	1,626	0.2	157	0.2	*	*
Encounter for contraceptive management . . . . .	2,868	0.3	2,412	0.3	438	0.7	*	*
Other encounter related to reproduction . . . . .	544	0.1	*305	*0.0	234	0.3	*	*
Lens replaced by pseudophakos . . . . .	1,460	0.2	1,447	0.2	*	*	—	—
Artificial opening status and other postsurgical states . . . . .	5,326	0.6	4,586	0.6	666	1.0	*	*
Attention to surgical dressing and sutures . . . . .	1,640	0.2	1,075	0.1	135	0.2	431	0.5
Follow-up examination . . . . .	7,698	0.9	7,145	1.0	499	0.7	*	*
General medical examination . . . . .	21,039	2.4	19,708	2.7	1,142	1.7	189	0.2
Observation and evaluation for suspected conditions not found . . . . .	5,764	0.6	4,759	0.6	508	0.8	498	0.6
Gynecological examination . . . . .	5,006	0.6	4,729	0.6	277	0.4	0.0	0.0
Other factors influencing health status and contact with health services . . . . .	16,284	1.8	13,546	1.8	1,972	2.9	765	0.8
Blank and illegible . . . . .	19,807	2.2	15,076	2.1	2,095	3.1	2,636	2.9

0.0 Quantity more than zero but less than 0.05.

\* Figure does not meet standard of reliability of precision.

— Quantity zero.

<sup>1</sup>These groups are based on the principal diagnosis coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (5). A complete list of the ICD-9-CM codes used to formulate the groupings in this table is shown in the [Technical Notes](#). The intent of this table is to provide a more detailed breakdown of the diagnostic content of ambulatory care visits than would be possible using only the major disease categories, or chapter headings, used in the ICD-9-CM.

<sup>2</sup>HIV is human immunodeficiency virus.

NOTE: Numbers may not add to totals because of rounding.

**Table 13. Number and percent distribution of ambulatory care visits by selected principal diagnosis groups and ambulatory care setting: United States, 1996**

Principal diagnosis group and ICD-9-CM code(s) <sup>1</sup>	Combined settings					
	Number of visits in thousands	Percent distribution	Total	Physician offices	Outpatient departments	Emergency departments
All visits . . . . .	892,025	100.0	100.0	82.3	7.5	10.1
Acute upper respiratory infections, excluding pharyngitis . . . . . 460-461,463-466	32,553	3.6	100.0	83.1	5.5	11.4
Essential hypertension . . . . . 401	30,610	3.4	100.0	90.5	8.0	1.5
Normal pregnancy . . . . . V22	28,360	3.2	100.0	86.5	12.1	1.4
Routine infant or child health check . . . . . V20.2	27,579	3.1	100.0	91.6	8.2	*
Malignant neoplasms . . . . . 140-208	23,890	2.7	100.0	89.7	9.6	0.7
Otitis media and Eustachian tube disorders . . . . . 381-382	22,750	2.6	100.0	82.8	5.3	11.9
General medical examination . . . . . V70	21,039	2.4	100.0	93.7	5.4	0.9
Diabetes mellitus . . . . . 250	18,910	2.1	100.0	84.1	14.2	1.7
Arthropathies and related disorders . . . . . 710-719	18,514	2.1	100.0	87.7	7.6	4.7
Dorsopathies . . . . . 720-724	16,891	1.9	100.0	84.7	6.2	9.2
Rheumatism, excluding back . . . . . 725-729	16,360	1.8	100.0	86.0	6.2	7.9
Chronic sinusitis . . . . . 473	15,411	1.7	100.0	92.8	3.5	3.8
Chronic and unspecified bronchitis . . . . . 490-491	12,312	1.4	100.0	83.3	3.9	12.9
Acute pharyngitis . . . . . 462	12,295	1.4	100.0	81.9	6.2	12.0
Heart disease, excluding ischemic . . . . . 391-392.0, 393-398, 402, 404, 415-416, 420-429	12,131	1.4	100.0	81.3	7.1	11.7
Ischemic heart disease . . . . . 410-414	11,983	1.3	100.0	85.3	6.8	7.9
Asthma . . . . . 493	11,889	1.3	100.0	76.1	7.6	16.3
Sprains and strains of back . . . . . 846-847	11,290	1.3	100.0	76.7	3.1	20.1
Fractures, excluding lower limb . . . . . 800-819	9,635	1.1	100.0	68.1	6.6	25.4
Potential health hazards related to personal and family history . . . . . V10-V19	9,433	1.1	100.0	82.6	12.9	4.4
Open wound, excluding head . . . . . 874-897	9,213	1.0	100.0	44.3	5.2	50.5
Allergic rhinitis . . . . . 477	8,789	1.0	100.0	95.3	3.8	*
Contusion with intact skin surface . . . . . 920-924	8,480	1.0	100.0	37.8	4.3	57.9
Contact dermatitis and other eczema . . . . . 692	8,114	0.9	100.0	88.2	5.3	6.5
Neoplasms of benign, uncertain, or unspecified nature . . . . . 210-239	7,903	0.9	100.0	89.3	10.2	*
Follow-up examination . . . . . V67	7,698	0.9	100.0	92.8	6.5	*
Abdominal pain . . . . . 789.0	7,264	0.8	100.0	59.1	6.9	33.9
Urinary tract infection, site not specified . . . . . 599.0	6,665	0.7	100.0	74.1	5.6	20.4
Cataract . . . . . 366	6,564	0.7	100.0	94.8	5.1	*
Noninfectious enteritis and colitis . . . . . 555-558	6,537	0.7	100.0	72.5	4.9	22.5
Glaucoma . . . . . 365	6,461	0.7	100.0	95.9	4.1	*
Fracture of lower limb . . . . . 820-829	6,183	0.7	100.0	71.3	7.4	21.4
Acne . . . . . 706.0	6,135	0.7	100.0	97.3	2.7	*
Depressive disorder, not elsewhere classified . . . . . 311	6,008	0.7	100.0	86.4	10.2	3.5
Psychoses, excluding major depressive disorder . . . . . 290-296.1, 296.4-299	5,980	0.7	100.0	77.1	14.5	8.4
Observation and evaluation for suspected conditions not found . . . . . V71	5,764	0.6	100.0	82.6	8.8	8.6
Chest pain . . . . . 786.5	5,726	0.6	100.0	52.6	4.1	43.3
Major depressive disorder . . . . . 296.2, 296.3	5,582	0.6	100.0	85.4	12.3	2.2
Artificial opening and other postsurgical status . . . . . V44-V45	5,326	0.6	100.0	86.1	12.5	*
Menopausal and postmenopausal disorders . . . . . 627	5,078	0.6	100.0	95.8	4.0	*
All other . . . . .	392,718	44.0	100.0	80.8	7.8	11.4

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>These groups are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (5). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

NOTE: Numbers may not add to totals because of rounding.

**Table 14. Number and percent distribution of ambulatory care visits by medication therapy and number of medications prescribed or provided, according to ambulatory care setting: United States, 1996**

Medication therapy	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands				
All visits . . . . .	892,025	734,493	67,186	90,347
Medication therapy provided or prescribed				
Yes . . . . .	576,129	469,134	40,714	66,281
No . . . . .	315,897	265,359	26,472	24,066
Number of medications provided or prescribed				
None . . . . .	315,897	265,359	26,472	24,066
1 . . . . .	251,907	208,128	16,124	27,654
2 . . . . .	162,927	134,182	9,118	19,627
3 . . . . .	75,088	59,599	5,858	9,630
4 . . . . .	38,007	29,903	3,742	4,362
5 . . . . .	19,597	15,118	2,220	2,258
6 . . . . .	28,603	22,205	3,651	2,748
Percent distribution				
All visits . . . . .	100.0	100.0	100.0	100.0
Medication therapy provided or prescribed				
Yes . . . . .	64.6	63.9	60.6	73.4
No . . . . .	35.4	36.1	39.4	26.6
Number of medications provided or prescribed				
None . . . . .	35.4	36.1	39.4	26.6
1 . . . . .	28.2	28.3	24.0	30.6
2 . . . . .	18.3	18.3	13.6	21.7
3 . . . . .	8.4	8.1	8.7	10.7
4 . . . . .	4.3	4.1	5.6	4.8
5 . . . . .	2.2	2.1	3.3	2.5
6 . . . . .	3.2	3.0	5.4	3.0

NOTE: Numbers may not add to totals because of rounding.

**Table 15. Number of drug visits, drug mentions, and drug utilization rate by ambulatory care setting: United States, 1996**

Ambulatory care setting	All visits	Drug visits <sup>1</sup>	Drug mentions	Drug utilization rate <sup>2</sup>
Number in thousands				
Combined settings . . . . .	892,025	576,129	1,224,656	1.4
Physician offices . . . . .	734,493	469,134	983,718	1.3
Outpatient departments . . . . .	67,186	40,714	99,910	1.5
Emergency departments . . . . .	90,347	66,281	141,028	1.6

<sup>1</sup>Visits at which one or more drugs were provided or prescribed.<sup>2</sup>Number of drug mentions divided by number of visits.

NOTE: Numbers may not add to totals because of rounding.

**Table 16. Number and percent distribution of drug mentions by therapeutic classification, according to ambulatory care setting: United States, 1996**

Therapeutic classification <sup>1</sup>	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of drug mentions in thousands	Percent distribution								
All drug mentions . . . . .	1,224,656	100.0	100.0	80.3	8.2	11.5	137.3	133.9	148.7	156.1
Cardiovascular-renal drugs . . . . .	170,464	13.9	100.0	84.7	8.8	6.4	19.1	19.7	22.4	12.2
Drugs used for relief of pain . . . . .	168,996	13.8	100.0	67.6	7.8	24.6	18.9	15.5	19.7	46.1
Antimicrobial agents . . . . .	156,221	12.8	100.0	79.5	6.4	14.1	17.5	16.9	14.8	24.3
Respiratory tract drugs . . . . .	125,812	10.3	100.0	80.7	6.6	12.7	14.1	13.8	12.4	17.6
Hormones and agents										
affecting hormonal mechanisms . . . . .	109,372	8.9	100.0	84.5	9.3	6.2	12.3	12.6	15.1	7.5
Central nervous system . . . . .	88,920	7.3	100.0	81.5	10.1	8.5	10.0	9.9	13.3	8.3
Skin/mucous membrane . . . . .	71,318	5.8	100.0	88.3	6.6	5.1	8.0	8.6	7.0	4.0
Metabolic and nutrient agents . . . . .	63,778	5.2	100.0	83.7	9.4	6.9	7.1	7.3	8.9	4.9
Gastrointestinal agents . . . . .	57,338	4.7	100.0	77.1	9.3	13.6	6.4	6.0	8.0	8.6
Immunologic agents . . . . .	47,246	3.9	100.0	84.1	8.8	7.2	5.3	5.4	6.2	3.7
Ophthalmic drugs . . . . .	32,260	2.6	100.0	92.2	4.4	3.4	3.6	4.0	2.1	1.2
Neurologic drugs . . . . .	30,530	2.5	100.0	76.8	9.3	14.0	3.4	3.2	4.2	4.7
Hematologic agents . . . . .	22,302	1.8	100.0	79.3	12.0	8.8	2.5	2.4	4.0	2.2
Radiopharmaceutical/contrast media . . . . .	8,554	0.7	100.0	94.1	4.7	*	1.0	1.1	0.6	*
Other and unclassified <sup>2</sup> . . . . .	71,541	5.8	100.0	77.1	9.5	13.4	8.0	7.5	10.1	10.6

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Based on the standard drug classification used in the *National Drug Code Directory*, 1995 edition (7).<sup>2</sup>Includes anesthetics, antidotes, oncolytics, otologics, antiparasitics, homeopathic products, and unclassified/miscellaneous drugs.

NOTE: Numbers may not add to totals because of rounding.

**Table 17. Number of occurrences, percent of all drug mentions, and percent distribution by ambulatory care setting of the 35 generic substances most frequently used at ambulatory care visits: United States, 1996**

Generic substance	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments
	Number of occurrences in thousands <sup>1</sup>	Percent of all drug mentions <sup>2</sup>				
				Percent distribution		
All occurrences . . . . .	1,471,276	...	100.0	80.7	7.9	11.4
Acetaminophen . . . . .	61,556	5.0	100.0	61.5	7.7	30.8
Amoxicillin . . . . .	40,838	3.3	100.0	82.3	6.1	11.6
Ibuprofen . . . . .	29,629	2.4	100.0	61.9	8.0	30.1
Albuterol . . . . .	21,779	1.8	100.0	73.1	7.6	19.3
Aspirin . . . . .	21,474	1.8	100.0	82.8	8.8	8.4
Hydrochlorothiazide . . . . .	19,232	1.6	100.0	89.1	8.5	2.4
Furosemide . . . . .	15,741	1.3	100.0	79.1	10.6	10.3
Estrogens . . . . .	15,558	1.3	100.0	88.3	7.6	4.1
Guaifenesin . . . . .	15,040	1.2	100.0	85.4	6.5	8.1
Hydrocodone . . . . .	14,895	1.2	100.0	67.4	3.2	29.4
Codeine . . . . .	14,002	1.1	100.0	71.3	7.2	21.5
Cephalexin . . . . .	13,428	1.1	100.0	76.4	5.3	18.3
Phenylephrine . . . . .	12,681	1.0	100.0	90.6	4.9	4.5
Erythromycin . . . . .	12,536	1.0	100.0	81.9	5.1	13.1
Trimethoprim . . . . .	12,141	1.0	100.0	74.9	8.2	16.9
Levothyroxine . . . . .	12,074	1.0	100.0	86.2	10.5	3.4
Insulin . . . . .	11,895	1.0	100.0	74.8	18.4	6.8
Digoxin . . . . .	11,787	1.0	100.0	86.0	6.9	7.1
Sulfamethoxazole . . . . .	11,396	0.9	100.0	73.8	8.6	17.6
Triamcinolone . . . . .	11,246	0.9	100.0	89.9	6.9	3.2
Prednisone . . . . .	10,939	0.9	100.0	77.8	10.3	11.9
Naproxen . . . . .	10,876	0.9	100.0	77.5	9.8	12.6
Pseudoephedrine . . . . .	10,734	0.9	100.0	88.2	5.2	6.6
Promethazine . . . . .	10,481	0.9	100.0	58.4	2.9	38.7
Nifedipine . . . . .	10,429	0.9	100.0	77.4	12.5	10.1
Potassium replacement solutions . . . . .	10,244	0.8	100.0	84.2	6.8	9.0
Vitamin A . . . . .	10,203	0.8	100.0	89.0	9.2	1.8
Estradiol . . . . .	9,906	0.8	100.0	91.9	6.7	1.4
Thiamine . . . . .	9,851	0.8	100.0	84.0	10.0	6.1
Pyridoxine . . . . .	9,842	0.8	100.0	87.4	10.2	2.5
Riboflavin . . . . .	9,604	0.8	100.0	87.6	10.0	2.4
Phenylpropanolamine . . . . .	9,454	0.8	100.0	89.2	4.9	5.9
Ergocalciferol . . . . .	9,213	0.8	100.0	88.5	9.4	2.0
Atenolol . . . . .	9,113	0.7	100.0	88.6	7.7	3.7
Diltiazem . . . . .	8,952	0.7	100.0	85.4	9.4	5.2

. . . Category not applicable.

<sup>1</sup>Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.<sup>2</sup>Based on an estimated 1,224,656,000 drug mentions at physician office visits, hospital outpatient departments, and hospital emergency department visits in 1996.

NOTE: Numbers may not add to totals because of rounding.

**Table 18. Number and percent of ambulatory care visits by type of providers seen, according to ambulatory care setting: United States, 1996**

Providers seen	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands <sup>1</sup>				
All visits . . . . .	892,025	734,493	67,186	90,347
Physician <sup>2</sup> . . . . .	849,805	706,733	56,316	86,756
Registered nurse . . . . .	208,260	102,602	28,674	76,984
Medical assistant . . . . .	205,457	193,159	9,171	3,126
Licensed practical nurse . . . . .	72,140	68,181	*9,785	3,959
Physician assistant . . . . .	23,353	20,233	*1,946	3,121
Nurse practitioner . . . . .	11,820	6,615	3,734	1,471
Other . . . . .	46,616	32,948	8,012	5,655
Percent of visits in each setting				
All visits . . . . .	...	...	...	...
Physician <sup>2</sup> . . . . .	95.3	96.2	83.8	96.0
Registered nurse . . . . .	23.3	14.0	42.7	85.2
Medical assistant . . . . .	23.0	26.3	13.7	3.5
Licensed practical nurse . . . . .	8.1	9.3	*14.6	4.4
Physician assistant . . . . .	2.6	2.8	*2.9	3.5
Nurse practitioner . . . . .	1.3	0.9	5.6	1.6
Other . . . . .	5.2	4.5	11.9	6.3

\* Figure does not meet standard of reliability or precision.

... Category not applicable.

<sup>1</sup>Numbers do not add to totals because more than one category may be reported per visit.<sup>2</sup>The outpatient and emergency department Patient Record forms used categories of "physician," "resident/intern," and "other physician." These have been collapsed into one category for comparability with data from physician offices.



# Appendix I

## Technical Notes

### Sampling Errors

The standard error is primarily a measure of the sampling variability that occurs by chance when only a sample, rather than an entire universe, is surveyed. The standard error also reflects part of the measurement error, but does not measure any systematic biases in the data. The chances are 95 in 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than twice the standard error.

The standard errors that were used in tests of significance for this report were calculated using generalized linear models for predicting the relative standard error (RSE) for estimates based on the linear relationship between the actual standard error, as approximated using SUDAAN software, and the size of the estimate. SUDAAN computes standard errors by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (18). The RSE of an estimate is obtained by dividing the standard error by the estimate itself. The result is then expressed as a percent of the estimate.

Approximate RSE's for combined NAMCS and NHAMCS visits and for each setting are shown in [table I](#); approximate RSE's for estimated numbers of drug mentions are presented in [table II](#). Multiplying the estimate by the RSE will provide an estimate of the standard error for the estimate.

[Tables III](#) and [IV](#) present approximate standard errors for estimated percents of combined visits and drug mentions. Corresponding tables for NAMCS data are published elsewhere (10), and similar tables for NHAMCS data can be computed using the following formulas with the appropriate coefficients from [table V](#).

Approximate relative standard errors for aggregate estimates may be calculated using the following general

**Table I. Approximate relative standard errors for estimated numbers of ambulatory care visits by ambulatory care setting: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey: 1996**

Estimated numbers of ambulatory care visits in thousands	Combined settings	Physician offices	Outpatient departments	Emergency departments
Relative standard error in percent <sup>1</sup>				
100	54.9	78.0	29.5	25.5
200	38.9	55.2	21.9	18.3
500	24.9	35.1	15.7	12.0
1,000	17.8	25.0	13.0	8.9
2,000	13.0	17.9	11.4	6.9
5,000	8.9	11.8	10.4	5.3
10,000	7.0	8.9	10.0	4.7
20,000	5.9	7.0	9.8	4.4
50,000	5.0	5.5	9.7	4.1
100,000	4.7	4.9	9.6	4.1
200,000	4.6	4.6	9.6	4.0
500,000	4.5	4.4	9.6	4.0
1,000,000	4.4	4.4	9.6	4.0

<sup>1</sup>Estimates with relative standard errors that are greater than 30 percent are considered unreliable. Lowest reliable estimates for each setting are shown in [table V](#).

NOTE: Example of use of table: An estimate of 10 million ambulatory care visits (combined settings) has an approximate relative standard error of 7.0 percent or a standard error of 700,000 visits (7.0 percent of 10 million).

**Table II. Approximate relative standard errors for estimated numbers of drug mentions at ambulatory care visits by ambulatory care setting: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey: 1996**

Estimated numbers of drug mentions in thousands	Combined settings	Physician offices	Outpatient departments	Emergency departments
Relative standard error in percent <sup>1</sup>				
100	68.9	117.8	36.6	38.4
200	48.9	83.4	26.8	27.4
500	31.3	52.9	18.5	17.9
1,000	22.5	37.6	14.8	13.2
2,000	16.5	26.9	12.5	10.1
5,000	11.4	17.5	10.9	7.7
10,000	9.1	13.0	10.3	6.7
20,000	7.7	9.9	10.0	6.1
50,000	6.7	7.6	9.8	5.8
100,000	6.3	6.6	9.7	5.6
200,000	6.1	6.0	9.7	5.6
500,000	6.0	5.7	9.7	5.5
1,000,000	6.0	5.5	9.7	5.5

<sup>1</sup>Estimates with relative standard errors that are greater than 30 percent are considered unreliable. Lowest reliable estimates for each setting are shown in [table V](#).

NOTE: Example of use of table: An estimate of 20 million ambulatory care drug mentions (combined settings) has an approximate relative standard error of 7.7 percent or a standard error of 1,540,000 visits (7.7 percent of 20 million).

formula, where  $x$  is the aggregate of interest in thousands, and  $A$  and  $B$  are the appropriate coefficients from [table V](#).

$$RSE(x) = \sqrt{A + \frac{B}{x}} \cdot 100$$

Similarly, approximate RSE's for estimates of percents may be calculated using the following general formula, where  $p$  is the percent of interest expressed as a proportion, and  $x$  is the denominator of the percent in thousands, using the appropriate coefficient from [table V](#).

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

The standard error for a rate may be obtained by multiplying the RSE of the total estimate by the rate.

### Published and Flagged Estimates

Estimates are not presented unless a reasonable assumption regarding their probability distributions is possible on the basis of the Central Limit Theorem.

**Table III. Approximate standard errors of percents of estimated numbers of ambulatory care visits: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey: 1996**

Base of percent (visits in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
100	5.4	11.9	16.4	21.9	25.1	26.8	27.4
200	3.9	8.4	11.6	15.5	17.7	18.9	19.3
500	2.4	5.3	7.3	9.8	11.2	12.0	12.2
1,000	1.7	3.8	5.2	6.9	7.9	8.5	8.7
2,000	1.2	2.7	3.7	4.9	5.6	6.0	6.1
5,000	0.8	1.7	2.3	3.1	3.5	3.8	3.9
10,000	0.5	1.2	1.6	2.2	2.5	2.7	2.7
20,000	0.4	0.8	1.2	1.6	1.8	1.9	1.9
50,000	0.2	0.5	0.7	1.0	1.1	1.2	1.2
100,000	0.2	0.4	0.5	0.7	0.8	0.9	0.9
200,000	0.1	0.3	0.4	0.5	0.6	0.6	0.6
500,000	0.1	0.2	0.2	0.3	0.4	0.4	0.4
1,000,000	0.1	0.1	0.2	0.2	0.3	0.3	0.3

NOTES: Example of use of table: An estimate of 30 percent based on an aggregate estimate of 10 million visits has an approximate standard error of 2.5 percent or a relative standard error of 8.3 percent (2.5 percent divided by 30 percent). Approximate standard errors for estimated percents of visits by type of setting (i.e., physician offices, outpatient departments, and emergency departments) are shown or described elsewhere (1-3).

**Table IV. Approximate standard errors of percents of estimated numbers of drug mentions at ambulatory care visits: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey: 1996**

Base of percent (mentions in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
100	6.8	15.0	20.6	27.5	31.5	33.6	34.3
200	4.8	10.6	14.6	19.4	22.3	23.8	24.3
500	3.1	6.7	9.2	12.3	14.1	15.0	15.4
1,000	2.2	4.7	6.5	8.7	10.0	10.6	10.9
2,000	1.5	3.4	4.6	6.1	7.0	7.5	7.7
5,000	1.0	2.1	2.9	3.9	4.5	4.8	4.9
10,000	0.7	1.5	2.1	2.8	3.2	3.4	3.4
20,000	0.5	1.1	1.5	1.9	2.2	2.4	2.4
50,000	0.3	0.7	0.9	1.2	1.4	1.5	1.5
100,000	0.2	0.5	0.7	0.9	1.0	1.1	1.1
200,000	0.2	0.3	0.5	0.6	0.7	0.8	0.8
500,000	0.1	0.2	0.3	0.4	0.4	0.5	0.5
1,000,000	0.1	0.2	0.2	0.3	0.3	0.3	0.4

NOTES: Example of use of table: An estimate of 30 percent based on an aggregate estimate of 10 million drug mentions at ambulatory care visits has an approximate standard error of 3.2 percent or a relative standard error of 10.7 percent (3.2 percent divided by 30 percent). Approximate standard errors for estimated percents of drug mentions by type of setting (i.e., physician offices, outpatient departments, and emergency departments) are shown or described elsewhere (1-3).

The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

In this report estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk appears in the tables. Estimates based on 30 or more cases are asterisked only if the RSE of the estimate exceeds 30 percent.

Approximate RSE's were computed using a generalized variance curve and the computed curve coefficients as described previously.

### Adjustments for Nonresponse

Estimates from NAMCS data were adjusted to account for sample physicians who were in scope but did not participate in the study. Likewise, estimates from NHAMCS data were adjusted to account for sample hospitals,

ED's, and OPD's that were in scope but did not participate. This adjustment was calculated to minimize the impact of response on final estimates by imputing to nonresponding physicians, hospitals, and clinics data from visits to similar physicians, hospitals, and clinics, respectively. For this purpose physicians were judged similar if they had the same specialty designation and practiced in the same primary sampling unit. Hospitals were judged similar if they were in the same region, ownership control group, and metropolitan statistical area control group. ED's or OPD's were judged similar if they were in the same ED or clinic group within the hospital.

### Tests of Significance and Rounding

In this report the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. Terms relating to differences such as "greater than" or "less than" indicate that the difference is statistically significant. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant. Chi-square tests were performed using the SUDAAN routine PROC CROSSTAB that takes into account the complex sample designs used in the NAMCS and NHAMCS.

In the tables estimates of visits have been rounded to the nearest thousand. Consequently, estimates will not always add to totals. Rates and percents were calculated from original unrounded figures and do not necessarily agree with percents calculated from rounded data.

### Diagnosis and Injury Groupings

Physicians' diagnoses, shown in [table 12](#) of this report, are grouped according to a classification system

**Table V. Coefficients appropriate for determining approximate relative standard errors by type of estimate and ambulatory care setting: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey: 1996**

Setting and type of estimate	Coefficient for use with estimates in thousands		Lowest reliable estimate in thousands <sup>1</sup>
	A	B	
Combined settings			
Visits . . . . .	0.001939	29.909	340
Drug mentions . . . . .	0.003546	47.156	546
Physician offices			
Visits . . . . .	0.001839	60.586	688
Drug mentions . . . . .	0.002934	138.391	1,590
Outpatient departments			
Visits . . . . .	0.009174	7.775	97
Drug mentions . . . . .	0.009344	12.477	155
Emergency departments			
Visits . . . . .	0.001583	6.359	72
Drug mentions . . . . .	0.003028	14.442	167

<sup>1</sup>Estimates with relative standard errors greater than 30 percent are considered to be unreliable. The lowest reliable estimates shown here were determined by approximating relative standard errors from the generalized variance curves for each data set. However, estimates based on fewer than 30 cases are considered to be unreliable regardless of the size of the relative standard error and have been indicated in this report with an asterisk (no number shown).

developed for use with NAMCS and NHAMCS data. This grouping is based on the ICD-9-CM (5), but also reflects the frequency of particular diagnoses occurring in NAMCS and NHAMCS data. It is meant to provide additional detail on the diagnostic content of ambulatory care as characterized by the surveys. [Table VI](#) shows the groupings used to categorize data in [table 12](#).

[Table 9](#) of this report presents data on the intent and mechanism producing the injuries that resulted in ambulatory care visits to physician offices, ED's, and OPD's. Cause of injury is collected for each sampled visit in the NAMCS and NHAMCS and is coded according to the ICD-9-CM's "Supplementary Classification of External Causes of Injury and Poisoning." For [table 9](#), however, the first-listed cause-of-injury data were regrouped to highlight the interaction between intentionality of the injury and the mechanism that actually produced the injury. [Table VII](#) displays the groupings used in [table 9](#).

## Population Figures and Rate Calculation

The population figures used in computing annual visit rates by age, sex, and race for this report are shown in [table VIII](#). The figures represent U.S. Bureau of the Census estimates of the civilian noninstitutionalized population

as of July 1, 1996. Figures are based on monthly postcensal estimates and are consistent with an unpublished hard copy national estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990-1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. Regional U.S. population estimates were obtained from the Division of Health Interview Statistics, NCHS.

**Table VI. Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data**

Principal diagnosis	ICD-9-CM code <sup>1</sup>
Infectious and parasitic diseases . . . . .	001-139
Streptococcal sore throat . . . . .	034.0
HIV infection <sup>2</sup> . . . . .	042
Viral warts . . . . .	078.1
Unspecified viral and chlamydial infections . . . . .	079.9
Dermatophytosis . . . . .	110
Candidiasis . . . . .	112
Other infectious and parasitic diseases . . . . .	001-033, 034.1-041.9, 045.0-078.0, 078.2-079.8, 080-104, 111, 114-139
Neoplasms . . . . .	140-239
Malignant neoplasm of colon and rectum . . . . .	153-154, 197.5
Malignant neoplasm of skin . . . . .	172-173, 176.0, 198.2
Malignant neoplasm of breast . . . . .	174-175, 198.81
Malignant neoplasm of prostate . . . . .	185
Malignant neoplasm of lymphatic and hematopoietic tissue . . . . .	176.5, 196, 200-208
Other malignant neoplasms . . . . .	140-152, 155-171, 176.1-176.4, 176.6-184, 186-195, 197.0-197.4, 197.6-198.1, 198.3-198.7, 198.82-199, 230-234
Benign neoplasm of skin . . . . .	216
Other benign neoplasm . . . . .	210-215, 217-229
Neoplasm of uncertain behavior and unspecified nature . . . . .	235-239
Endocrine, nutritional and metabolic diseases, and immunity disorders . . . . .	240-279
Acquired hypothyroidism . . . . .	244
Other disorders of the thyroid gland . . . . .	240-243.245-246
Diabetes mellitus . . . . .	250
Disorders of lipid metabolism . . . . .	272
Obesity . . . . .	278.0
Other endocrine, nutritional and metabolic diseases, and immunity disorders . . . . .	251-271, 273-277, 278.1-279
Diseases of the blood and blood-forming organs . . . . .	280-289
Anemias . . . . .	280-285
Other diseases of the blood and blood-forming organs . . . . .	286-289
Mental disorders . . . . .	290-319
Schizophrenic disorders . . . . .	295
Major depressive disorder . . . . .	296.2-296.3
Other psychoses . . . . .	290-294, 296.0-296.1, 296.4-299
Anxiety states . . . . .	300.0
Neurotic depression . . . . .	300.4
Alcohol dependence syndrome . . . . .	303
Drug dependence and nondependent use of drugs . . . . .	304-305
Acute reaction to stress and adjustment reaction . . . . .	308-309
Depressive reaction, not elsewhere classified . . . . .	311
Attention deficit disorder . . . . .	314.0
Other mental disorders . . . . .	300.1-300.3, 300.5-300.9, 301-302, 306-307, 310, 312-313, 314.1-319
Diseases of the nervous system and sense organs . . . . .	320-389
Migraine . . . . .	346
Other disorders of the central nervous system . . . . .	320-326, 330-337, 340-345, 347-349
Carpal tunnel syndrome . . . . .	354.0
Other disorders of the nervous system . . . . .	350-353, 354.1-359
Retinal detachment and other retinal disorders . . . . .	361-362
Glaucoma . . . . .	365
Cataract . . . . .	366
Disorders of refraction and accommodation . . . . .	367
Conjunctivitis . . . . .	372.0-372.3
Disorders of eyelids . . . . .	373-374
Other disorders of the eye and adnexa . . . . .	360, 363-364, 368-369, 370-371, 372.4-372.9, 375-379
Disorders of external ear . . . . .	380
Otitis media and Eustachian tube disorders . . . . .	381-382
Other diseases of the ear and mastoid process . . . . .	383-389
Diseases of the circulatory system . . . . .	390-459
Angina pectoris . . . . .	413
Coronary atherosclerosis . . . . .	414.0
Other ischemic heart disease . . . . .	410-412, 414.1-414.9
Cardiac dysrhythmias . . . . .	427
Congestive heart failure . . . . .	428.0

See footnotes at end of table.

**Table VI. Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data—Con.**

Principal diagnosis	ICD-9-CM code <sup>1</sup>
Diseases of the circulatory system—Con.	
Other heart disease . . . . .	391–392.0, 393–398, 402, 404, 415–416, 420–426, 428.1–429
Essential hypertension . . . . .	401
Cerebrovascular disease . . . . .	430–438
Diseases of the arteries, arterioles, and capillaries . . . . .	440–448
Hemorrhoids . . . . .	455
Other diseases of the circulatory system . . . . .	390, 392.9, 403, 405, 417, 451–454, 456–459
Diseases of the respiratory system . . . . .	
Acute sinusitis . . . . .	461
Acute pharyngitis . . . . .	462
Acute tonsillitis . . . . .	463
Acute bronchitis and bronchiolitis . . . . .	466
Other acute respiratory infections . . . . .	460, 464–465
Chronic sinusitis . . . . .	473
Allergic rhinitis . . . . .	477
Pneumonia . . . . .	480–486
Chronic and unspecified bronchiolitis . . . . .	490–491
Asthma . . . . .	493
Other chronic obstructive pulmonary disease and allied conditions . . . . .	492, 494–496
Other diseases of the respiratory system . . . . .	470–472, 474–476, 478, 487, 500–519
Diseases of the digestive system . . . . .	
Diseases of the teeth and supporting structures . . . . .	520–525
Gastritis and duodenitis . . . . .	535
Esophagitis . . . . .	530.1
Ulcer of stomach and small intestine . . . . .	531–534
Hernia of abdominal cavity . . . . .	550–553
Noninfectious enteritis and colitis . . . . .	555–558
Diverticula of intestine . . . . .	562
Constipation . . . . .	564.0
Irritable colon . . . . .	564.1
Anal and rectal diseases . . . . .	565–566, 569.0–569.4
Disorders of the gallbladder and biliary tract . . . . .	574–576
Gastrointestinal hemorrhage . . . . .	578
Other diseases of the digestive system . . . . .	526.0–530.0, 530.2–530.9, 536–543, 560, 564.2–564.9, 576–568, 569.5–573.9, 577, 579
Diseases of the genitourinary system . . . . .	
Calculus of kidney and ureter . . . . .	592
Cystitis and other disorders of the bladder . . . . .	595–596
Urinary tract infection, site not specified . . . . .	599.0
Other diseases of the urinary system . . . . .	580–589, 590–591, 593–594, 597–598, 599.1–599.9
Hyperplasia of prostate . . . . .	600
Other disorders of male genital organs . . . . .	601–608
Disorders of breast . . . . .	610–611
Inflammatory disorders of female pelvic organs . . . . .	614–616
Noninflammatory disorders of female genital organs . . . . .	620, 622–624
Disorders of menstruation and abnormal bleeding . . . . .	626
Menopausal and postmenopausal disorders . . . . .	627
Other disorders of the female genital tract . . . . .	617–619, 621, 625, 628, 629
Complications of pregnancy, childbirth, and the puerperium . . . . .	
630–677	
Diseases of the skin and subcutaneous tissue . . . . .	
Cellulitis and abscess . . . . .	681–682
Other infection of the skin and subcutaneous tissue . . . . .	680, 683–686
Contact dermatitis and other eczema . . . . .	692
Psoriasis and similar disorders . . . . .	696
Other inflammatory conditions of skin and subcutaneous tissue . . . . .	690–691, 693–695, 697–698
Corns, callosities, and other hypertrophic and atrophic skin conditions . . . . .	700–701
Actinic and seborrheic keratosis . . . . .	702.0–702.1
Acne . . . . .	706.0–706.1
Sebaceous cyst . . . . .	706.2
Urticaria . . . . .	708
Other disorders of the skin and subcutaneous tissue . . . . .	702.8, 703–705, 706.3–707.9, 709

See footnotes at end of table.

**Table VI. Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data—Con.**

Principal diagnosis	ICD-9-CM code <sup>1</sup>
Diseases of the musculoskeletal system and connective tissue . . . . .	710-739
Rheumatoid arthritis . . . . .	714.0
Osteoarthritis and allied disorders . . . . .	715
Other arthropathies and related disorders . . . . .	710-713, 714.1-714.9, 716
Derangements and other and unspecified joint disorders . . . . .	717-719
Intervertebral disc disorders . . . . .	722
Lumbago . . . . .	724.2
Other dorsopathies . . . . .	720-721, 723.0-724.1, 724.3-724.9
Peripheral enthesopathies and allied disorders . . . . .	726
Synovitis and tenosynovitis . . . . .	727.0
Myalgia and myositis, unspecified . . . . .	729.1
Other rheumatism, excluding back . . . . .	725, 727.1-727.9, 728, 729.0, 729.2-729.9
Disorders of bone and cartilage . . . . .	730-733
Other diseases of the musculoskeletal system and connective tissue . . . . .	734-739
Congenital anomalies . . . . .	740-759
Certain conditions originating in the perinatal period . . . . .	760-779
Symptoms, signs, and ill-defined conditions . . . . .	780-799
Syncope and collapse . . . . .	780.2
Convulsions . . . . .	780.3
Dizziness and giddiness . . . . .	780.4
Pyrexia of unknown origin . . . . .	780.6
Symptoms involving skin and other integumentary tissue . . . . .	782
Headache . . . . .	784.0
Epistaxis . . . . .	784.7
Abnormal heart sounds . . . . .	785.0-785.3
Dyspnea and respiratory abnormalities . . . . .	786.0
Cough . . . . .	786.2
Chest pain . . . . .	786.5
Symptoms involving urinary system . . . . .	788
Abdominal pain . . . . .	789.0
Other symptoms, signs, and ill-defined conditions . . . . .	780.0-780.1, 780.5, 780.7-780.9, 781, 783, 784.1-784.6, 784.8-784.9, 785.4-785.9, 786.1, 786.3-786.4, 786.6-787, 789.1-799.9
Injury and poisoning . . . . .	800-999
Fracture of radius and ulna . . . . .	813
Fracture of hand and fingers . . . . .	814-817
Fracture of lower limb . . . . .	820-829
Other fractures . . . . .	800-812, 818-819
Sprains and strains of wrist and hand . . . . .	842
Sprains and strains of knee and leg . . . . .	844
Sprains and strains of ankle . . . . .	845.0
Sprains and strains of neck . . . . .	847.0
Other sprains and strains of back . . . . .	846, 847.1-847.9
Other sprains and strains . . . . .	840-841, 843, 845.1, 848
Intracranial injury, excluding those with skull fracture . . . . .	850-854
Open wound of head . . . . .	870-873
Open wound of hand and fingers . . . . .	882-883
Other open wound . . . . .	874-881, 884-897
Superficial injury of cornea . . . . .	918.1
Other superficial injury . . . . .	910.0-918.0, 918.2, 919.9
Contusions with intact skin surfaces . . . . .	920-924
Other injuries . . . . .	830-839, 860-869, 900-909, 925-959
Poisonings . . . . .	960-989
Other and unspecified effects of external causes . . . . .	990-995
Complications of surgical and medical care, not elsewhere classified . . . . .	996-999
Supplementary classification of factors influencing health status and contact with health services . . . . .	V01-V82
Potential health hazards related to communicable diseases . . . . .	V01-V09
Potential health hazards related to personal and family history . . . . .	V10-V19
Routine infant or child health check . . . . .	V20.2
Normal pregnancy . . . . .	V22
Postpartum care and examination . . . . .	V24
Encounter for contraceptive management . . . . .	V25

See footnotes at end of table.

**Table VI. Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data—Con.**

Principal diagnosis	ICD-9-CM code <sup>1</sup>
Supplementary classification of factors influencing health status and contact with health services—Con.	
Other encounter related to reproduction . . . . .	V23–V24, V26–V28
Lens replaced by pseudophakos . . . . .	V43.1
Artificial opening status and other postsurgical states . . . . .	V44–V45
Attention to surgical dressing and sutures . . . . .	V58.3
Follow-up examination . . . . .	V67
General medical examination . . . . .	V70
Observation and evaluation for suspected conditions not found . . . . .	V71
Gynecological examination . . . . .	V72.3
Other factors influencing health status and contact with health services . . . . .	V20.0–V20.1, V21, V29.0–V43.0, V43.2–V43.8, V46–V66, V68–V69, V72.0–V72.2, V72.4–V82.9

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (5).

<sup>2</sup>HIV is human immunodeficiency virus.

**Table VII. Reclassification of cause of injury codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data**

Intent and mechanism of injury	Cause of injury code <sup>1</sup>
Unintentional injuries . . . . .	E800–E869, E880–E929
Falls . . . . .	E880.0–E886.9, E888
Motor vehicle, traffic . . . . .	E810–E819
Striking against or struck accidentally by objects or persons . . . . .	E916–E917
Overexertion and strenuous movements . . . . .	E927
Cutting or piercing instruments or objects . . . . .	E920
Natural and environmental factors . . . . .	E900–E909, E928.0–E928.2
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors . . . . .	E850–E869
Fire and flames, hot substance or object, caustic or corrosive material, and steam . . . . .	E890–E899, E924
Machinery . . . . .	E919
Pedal cycle, nontraffic and other . . . . .	E800–E807(.3), E820–E825(.6), E826.1, E826.9
Motor vehicle, nontraffic . . . . .	E820–E825 (.0, .5, .7, .9)
Other transportation . . . . .	E800–807(.0–.2, .8–.9), E826 (.0, .2–.8), E827–E829, E831, E833–E845
Firearm missile . . . . .	E922
Other and not elsewhere classified . . . . .	E846–E848, E911–E915, E918, E921, E923, E925–E926, E928.8, E929.0–E929
Mechanism unspecified . . . . .	E887, E928.9, E929.8, E929.9
Intentional injuries . . . . .	E950–E959, E960–E969, E970–E978, E990–E999
Assault . . . . .	E960–E969
Self-inflicted . . . . .	E950–E959
Other causes of violence . . . . .	E970–E978, E990–E999
Injuries of undetermined intent . . . . .	E980–E989
Adverse effects of medical treatment . . . . .	E870–E879, E930–E949

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification*, "Supplementary Classification of External Causes of Injury and Poisoning" (5).

**Table VIII. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey, by age, race, and sex: July 1, 1996**

Race and sex	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over
All races . . . . .	264,422,982	59,466,328	36,417,640	83,480,771	53,218,417	18,231,545	13,608,281
Male . . . . .	129,041,351	30,432,739	18,396,374	41,120,730	25,735,575	8,160,145	5,195,788
Female . . . . .	135,381,631	29,033,589	18,021,266	42,360,041	27,482,842	10,071,400	8,412,493
White . . . . .	218,417,222	46,762,625	28,983,572	68,694,399	45,560,901	16,129,914	12,285,811
Male . . . . .	107,348,824	23,984,629	14,778,049	34,322,034	22,283,516	7,274,932	4,705,664
Female . . . . .	111,068,398	22,777,996	14,205,523	34,372,365	23,277,385	8,854,982	7,580,147
Black . . . . .	33,807,197	9,566,417	5,491,137	10,605,636	5,522,360	1,586,931	1,034,716
Male . . . . .	15,737,036	4,847,278	2,620,807	4,789,436	2,448,762	663,140	367,613
Female . . . . .	18,070,161	4,719,139	2,870,330	5,816,200	3,073,598	923,791	667,103
Other . . . . .	12,198,563	3,137,286	1,942,931	4,180,736	2,135,156	514,700	287,754
Male . . . . .	5,955,491	1,600,832	997,518	2,009,260	1,003,297	222,073	122,511
Female . . . . .	6,243,072	1,536,454	945,413	2,171,476	1,131,859	292,627	165,243

SOURCE: Based on the U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1996. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-57 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990–1996) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

## Appendix II

### Definition of Terms

**Ambulatory patient**—An ambulatory patient is an individual seeking personal health services who is not currently admitted to any health care institution on the premises.

**Drug mention**—A drug mention is the physician’s entry on the Patient Record form of a pharmaceutical agent—by any route of administration—for prevention, diagnosis, or treatment. Generic as well as brand-name drugs are included, as are nonprescription and prescription drugs. Along with all new drugs, the physician also records continued medications if the patient was specifically instructed during the visit to continue the medication. Physicians may report up to six medications per visit.

**Drug visit**—A drug visit is a visit at which medication was prescribed or provided by the physician.

**Emergency department**—Hospital facility for the provision of unscheduled outpatient services to patients whose conditions require immediate care and that is staffed 24 hours a day. If an ED provided emergency services in different areas of the hospital, all of these areas were selected with certainty into the sample. Off-site emergency departments that are open less than 24 hours are

included if staffed by the hospital’s emergency department.

**Hospital**—All hospitals with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty is general (medical or surgical) or children’s general. Excludes Federal hospitals, hospital units of institutions, and hospitals with less than six beds staffed for patient use.

**Injury-related visit**—A visit is considered related to an injury if “yes” was checked on the Patient Record form in response to the question, “Is this visit injury related?” or if any of the following information was provided on the form—place of injury, cause of injury, an injury-related reason for visit, or a nature of injury diagnosis.

**Office**—An office is the space identified by a physician as a location for his or her ambulatory practice. Offices customarily include consultation, examination, or treatment spaces that patients associate with the particular physician.

**Office-based physician**—A physician is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is currently in office-based practice and who spends some time caring for ambulatory patients. Excluded from NAMCS are physicians who are hospital based; who specialize in anesthesiology, pathology, or radiology; who are

federally employed; who treat only institutionalized patients; or who are employed full time by an institution and spend no time seeing ambulatory patients.

**Outpatient department**—Hospital facility where nonurgent and ambulatory medical care is provided under the supervision of a physician.

**Visit**—For NAMCS, a visit is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician’s supervision, for the purpose of seeking care and rendering personal health services. Excluded from NAMCS are visits where medical care was not provided, such as visits made to drop off specimens, pay bills, make appointments, and walkouts. For NHAMCS, a visit is a direct, personal exchange between a patient and a physician or other health care provider working under the physician’s supervision, for the purpose of seeking care and receiving personal health services.



<b>Assurance of Confidentiality</b> —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.		Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention National Center for Health Statistics		<b>A</b>			
<b>1. DATE OF VISIT</b> _____ / _____ / _____ <small>Month Day Year</small>		<b>2. ZIP CODE</b> _____ <small>Patient's</small>		<b>NATIONAL AMBULATORY MEDICAL CARE SURVEY                  1995-96 PATIENT RECORD</b>		OMB NO. 0920-0234 Expires: 06-30-97 CDC 64-109A	
<b>3. DATE OF BIRTH</b> _____ / _____ / _____ <small>Month Day Year</small>		<b>5. SEX</b> 1 <input type="checkbox"/> Female    2 <input type="checkbox"/> Male		<b>8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT</b> a. Type of payment Check one. 1 <input type="checkbox"/> Preferred provider option <i>If checked, answer b.</i> 2 <input type="checkbox"/> Insured, fee-for-service 3 <input type="checkbox"/> HMO / Other prepaid 4 <input type="checkbox"/> Self-pay <i>If checked, skip b.</i> 5 <input type="checkbox"/> No charge 6 <input type="checkbox"/> Other		<b>9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT</b> <i>Use patient's own words.</i>  Most important: _____  b. Other: _____  c. Other: _____	
<b>4. RACE</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian / Pacific Islander 4 <input type="checkbox"/> American Indian / Eskimo / Aleut		<b>6. ETHNICITY</b> 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic		<b>7. DOES PATIENT SMOKE CIGARETTES ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		<b>11. PHYSICIAN'S DIAGNOSES</b> <i>As specifically as possible, list up to 3 current diagnoses including those unrelated to this visit.</i>  a. Principal diagnosis or problem associated with item 9a.: _____  b. Other: _____  c. Other: _____	
<b>10. IS THIS VISIT INJURY RELATED ?</b> 1 <input type="checkbox"/> Yes <i>(Answer a, b, and c.)</i> 2 <input type="checkbox"/> No <i>(Skip to Item 11.)</i>  a. Place of occurrence 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> School 3 <input type="checkbox"/> Sports or athletics area 4 <input type="checkbox"/> Street or highway 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Unknown		<b>b. Is this injury work related ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		<b>c. Cause of injury</b> <i>Describe events that preceded injury (e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, etc.).</i> _____ _____		<b>12. DOES PATIENT HAVE:</b> <i>Check all that apply regardless of entry in Item 11.</i> 1 <input type="checkbox"/> Arthritis 2 <input type="checkbox"/> Arteriosclerosis 3 <input type="checkbox"/> COPD 4 <input type="checkbox"/> Chronic renal failure 5 <input type="checkbox"/> Depression 6 <input type="checkbox"/> Diabetes 7 <input type="checkbox"/> HIV / AIDS 8 <input type="checkbox"/> Hyperactivity / ADD 9 <input type="checkbox"/> Hypertension 10 <input type="checkbox"/> Obesity 11 <input type="checkbox"/> None of the above	
<b>13. AMBULATORY SURGICAL PROCEDURES</b> <input type="checkbox"/> NONE <i>List up to 2 surgical procedures performed at this visit.</i>  1. _____  2. _____		<b>14. DIAGNOSTIC / SCREENING SERVICES</b> <i>Check all ordered or provided at this visit.</i> <input type="checkbox"/> NONE <b>EXAMINATIONS:</b> 2 <input type="checkbox"/> Breast 3 <input type="checkbox"/> Pelvic 4 <input type="checkbox"/> Rectal 5 <input type="checkbox"/> Visual acuity 6 <input type="checkbox"/> Mental status 7 <input type="checkbox"/> Other: _____		<b>TESTS:</b> 8 <input type="checkbox"/> Blood pressure 9 <input type="checkbox"/> Urinalysis 10 <input type="checkbox"/> TB skin test 11 <input type="checkbox"/> Blood lead level 12 <input type="checkbox"/> Cholesterol measure 13 <input type="checkbox"/> PSA 14 <input type="checkbox"/> HIV serology 15 <input type="checkbox"/> Other blood test 16 <input type="checkbox"/> Other: _____		<b>IMAGING:</b> 17 <input type="checkbox"/> X-Ray 18 <input type="checkbox"/> CAT scan 19 <input type="checkbox"/> MRI 20 <input type="checkbox"/> Ultrasound 21 <input type="checkbox"/> Other: _____ <b>ALL OTHER: (specify)</b> 22 <input type="checkbox"/> _____	
<b>16. MEDICATIONS / INJECTIONS</b> <i>List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), Rx and OTC medications, immunizations, allergy shots, and anesthetics.</i> <input type="checkbox"/> NONE  1. _____ 4. _____  2. _____ 5. _____  3. _____ 6. _____		<b>17. PROVIDERS SEEN THIS VISIT</b> <i>Check all that apply.</i> 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Physician assistant 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> R.N. 5 <input type="checkbox"/> L.P.N. 6 <input type="checkbox"/> Medical assistant 7 <input type="checkbox"/> Other: _____		<b>18. HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE ?</b> 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No  ↓ <i>If Yes, for condition in Item 11a.?</i> 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No		<b>15. THERAPEUTIC AND PREVENTIVE SERVICES</b> <i>Check all ordered or provided at this visit. Exclude medications.</i> <input type="checkbox"/> NONE <b>COUNSELING / EDUCATION:</b> 2 <input type="checkbox"/> Diet 3 <input type="checkbox"/> Exercise 4 <input type="checkbox"/> Weight reduction 5 <input type="checkbox"/> Cholesterol reduction 6 <input type="checkbox"/> HIV transmission 7 <input type="checkbox"/> Injury prevention 8 <input type="checkbox"/> Tobacco use / exposure	
				9 <input type="checkbox"/> Growth / development 10 <input type="checkbox"/> Mental health 11 <input type="checkbox"/> Other: _____  <b>OTHER THERAPY:</b> 12 <input type="checkbox"/> Psychotherapy 13 <input type="checkbox"/> Corrective lenses 14 <input type="checkbox"/> Physiotherapy 15 <input type="checkbox"/> Other: _____			
				<b>19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ?</b>  1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No			
				<b>20. VISIT DISPOSITION</b> <i>Check all that apply.</i> 1 <input type="checkbox"/> No followup planned 2 <input type="checkbox"/> Return if needed, P.R.N. 3 <input type="checkbox"/> Return at specified time 4 <input type="checkbox"/> Admit to hospital 5 <input type="checkbox"/> Other: _____  <b>21. VISIT DURATION</b>  _____ Minutes			

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 purpose of the survey and will not be disclosed or released to other persons or used for any other purpose.

Department of Health and Human Services  
Public Health Service  
Centers for Disease Control and Prevention  
National Center for Health Statistics

OMB No. 0920-0278  
Expires: 07-31-97  
CDC 64.111

### NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 1995-96 OUTPATIENT DEPARTMENT PATIENT RECORD

<b>1. DATE OF VISIT</b> ____/____/____ Month Day Year	<b>4. SEX</b> 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male	<b>6. ETHNICITY</b> 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic	<b>8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT</b> <b>a. Type of payment</b> Check one. 1 <input type="checkbox"/> Preferred provider option 2 <input type="checkbox"/> Insured, fee-for-service 3 <input type="checkbox"/> HMO / other prepaid 4 <input type="checkbox"/> Self-pay 5 <input type="checkbox"/> No charge 6 <input type="checkbox"/> Other <i>If checked, answer b.</i> <i>If checked, skip b.</i>	<b>b. Expected sources of insurance</b> Check all that apply. 1 <input type="checkbox"/> Blue Cross / Blue Shield 2 <input type="checkbox"/> Other private insurance 3 <input type="checkbox"/> Medicare 4 <input type="checkbox"/> Medicaid 5 <input type="checkbox"/> Worker's Compensation 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> Unknown	<b>9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT</b> Use patient's own words. Most a. Important: _____ b. Other: _____ c. Other: _____
<b>2. ZIP CODE</b> _____ Patient's	<b>5. RACE</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian / Pacific Islander 4 <input type="checkbox"/> American Indian / Eskimo / Aleut	<b>7. DOES PATIENT SMOKE CIGARETTES ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown			

<b>10. IS THIS VISIT INJURY RELATED ?</b> 1 <input type="checkbox"/> Yes (Answer a, b, and c.) 2 <input type="checkbox"/> No (Skip to Item 11.) <b>a. Cause of Injury</b> Describe events that preceded injury, e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked car, etc. _____ _____ <b>b. Place of occurrence</b> 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> School 3 <input type="checkbox"/> Sports or athletics area 4 <input type="checkbox"/> Street or highway 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Unknown <b>c. Is this injury work related ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	<b>11. PHYSICIAN'S DIAGNOSES</b> As specifically as possible, list up to 3 current diagnoses. Include those unrelated to this visit. <b>a. Principal diagnosis or problem associated with Item 9a:</b> _____ <b>b. Other:</b> _____ <b>c. Other:</b> _____	<b>12. DOES PATIENT HAVE:</b> Check all that apply regardless of entry in Item 11. 1 <input type="checkbox"/> Arthritis 7 <input type="checkbox"/> HIV / AIDS 2 <input type="checkbox"/> Atherosclerosis 8 <input type="checkbox"/> Hyperactivity / ADD 3 <input type="checkbox"/> COPD 9 <input type="checkbox"/> Hypertension 4 <input type="checkbox"/> Chronic renal failure 10 <input type="checkbox"/> Obesity 5 <input type="checkbox"/> Depression 11 <input type="checkbox"/> None of the above 6 <input type="checkbox"/> Diabetes
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<b>13. AMBULATORY SURGICAL PROCEDURES</b> <input type="checkbox"/> NONE List up to 2 surgical procedures performed at this visit. 1. _____ 2. _____	<b>14. DIAGNOSTIC / SCREENING SERVICES</b> Check all ordered or provided at this visit. <input type="checkbox"/> NONE <b>EXAMINATIONS:</b> 2 <input type="checkbox"/> Breast 3 <input type="checkbox"/> Pelvic 4 <input type="checkbox"/> Rectal 5 <input type="checkbox"/> Visual acuity 6 <input type="checkbox"/> Mental status 7 <input type="checkbox"/> Other: _____ <b>TESTS:</b> 8 <input type="checkbox"/> Blood pressure 9 <input type="checkbox"/> Urinalysis 10 <input type="checkbox"/> TB skin test 11 <input type="checkbox"/> Blood lead level 12 <input type="checkbox"/> Cholesterol measure 13 <input type="checkbox"/> PSA 14 <input type="checkbox"/> HIV serology 15 <input type="checkbox"/> Other blood test 16 <input type="checkbox"/> Other: _____ <b>IMAGING:</b> 17 <input type="checkbox"/> X-Ray 18 <input type="checkbox"/> CAT scan 19 <input type="checkbox"/> MRI 20 <input type="checkbox"/> Ultrasound 21 <input type="checkbox"/> Other: _____ <b>ALL OTHER: (specify)</b> 22 <input type="checkbox"/> _____	<b>15. THERAPEUTIC AND PREVENTIVE SERVICES</b> Check all ordered or provided at this visit. Exclude medications. <input type="checkbox"/> NONE <b>COUNSELING / EDUCATION:</b> 2 <input type="checkbox"/> Diet 3 <input type="checkbox"/> Weight reduction 4 <input type="checkbox"/> Cholesterol reduction 5 <input type="checkbox"/> HIV transmission 6 <input type="checkbox"/> Injury prevention 7 <input type="checkbox"/> Tobacco use/exposure 8 <input type="checkbox"/> Growth/development 9 <input type="checkbox"/> Mental health 10 <input type="checkbox"/> Other: _____ <b>OTHER THERAPY:</b> 11 <input type="checkbox"/> Psychotherapy 12 <input type="checkbox"/> Corrective lenses 13 <input type="checkbox"/> Physiotherapy 14 <input type="checkbox"/> Other: _____
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<b>16. MEDICATIONS / INJECTIONS</b> List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), Rx and OTC medications, immunizations, allergy shots, and anesthetics. <input type="checkbox"/> NONE 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	<b>17. PROVIDERS SEEN THIS VISIT</b> Check all that apply. 1 <input type="checkbox"/> Resident / Intern 5 <input type="checkbox"/> Nurse practitioner 2 <input type="checkbox"/> Staff physician 6 <input type="checkbox"/> R.N. 3 <input type="checkbox"/> Other physician 7 <input type="checkbox"/> L.P.N. 4 <input type="checkbox"/> Physician assistant 8 <input type="checkbox"/> Medical assistant 9 <input type="checkbox"/> Other: _____	<b>18. HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ If "Yes," for condition in Item 11a? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>20. VISIT DISPOSITION</b> Check all that apply. 1 <input type="checkbox"/> No followup planned 2 <input type="checkbox"/> Return to clinic, P.R.N. 3 <input type="checkbox"/> Return to clinic—appointment 4 <input type="checkbox"/> Telephone followup planned 5 <input type="checkbox"/> Return to referring physician 6 <input type="checkbox"/> Refer to other physician / clinic 7 <input type="checkbox"/> Admit to hospital 8 <input type="checkbox"/> Other: _____
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**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 purpose of the survey and will not be disclosed or released to other persons or used for any other purpose.

Department of Health and Human Services  
Public Health Service  
Centers for Disease Control and Prevention  
National Center for Health Statistics

OMB No. 0920-0278  
Expires: 07-31-97  
CDC 64.112

## NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 1995-96 EMERGENCY DEPARTMENT PATIENT RECORD

<b>1. DATE OF VISIT</b> _____ / _____ / _____ <small>Month Day Year</small>	<b>4. ZIP CODE</b> _____ <small>Patient's</small>	<b>6. SEX</b> 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male	<b>9. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT</b> <b>a. Type of payment</b> <i>Check one.</i> 1 <input type="checkbox"/> Preferred provider option 2 <input type="checkbox"/> Insured, fee-for-service 3 <input type="checkbox"/> HMO / other prepaid 4 <input type="checkbox"/> Self-pay 5 <input type="checkbox"/> No charge 6 <input type="checkbox"/> Other		<b>10. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT</b> <i>Use patient's own words.</i>  Most a. Important: _____  b. Other: _____  c. Other: _____
<b>2. TIME OF VISIT:</b> <input type="checkbox"/> Military _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>5. RACE</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian / Pacific Islander 4 <input type="checkbox"/> American Indian / Eskimo / Aleut	<b>7. ETHNICITY</b> 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic	<b>b. Expected sources of insurance</b> <i>Check all that apply.</i> 1 <input type="checkbox"/> Blue Cross / Blue Shield 2 <input type="checkbox"/> Other private insurance 3 <input type="checkbox"/> Medicare 4 <input type="checkbox"/> Medicaid 5 <input type="checkbox"/> Worker's Compensation 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> Unknown		
<b>3. DATE OF BIRTH</b> _____ / _____ / _____ <small>Month Day Year</small>	<b>8. DOES PATIENT SMOKE CIGARETTES ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	<b>c. Is this injury work related ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown  <b>d. Did a firearm produce the injury ?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		<b>12. PHYSICIAN'S DIAGNOSES</b> <i>As specifically as possible, list up to 3 current diagnoses. Include those unrelated to this visit.</i>  a. Principal diagnosis or problem associated with Item 10a: _____  b. Other: _____  c. Other: _____	
<b>11. IS THIS VISIT INJURY RELATED ?</b> 1 <input type="checkbox"/> Yes ( <i>Answer a through e.</i> ) 2 <input type="checkbox"/> No ( <i>Skip to Item 12.</i> )  <b>a. Cause of Injury</b> <i>Describe events that preceded injury, e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked car, etc.</i> _____ _____ _____		<b>e. Is this injury violence related ?</b> 1 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes ( <i>Suicide / suicide attempt</i> ) 2 <input type="checkbox"/> Yes ( <i>Interpersonal violence / assault</i> ) <i>If interpersonal violence / assault, person who caused the injury is the patient's:</i> 1 <input type="checkbox"/> Spouse 6 <input type="checkbox"/> Friend /acquaintance 2 <input type="checkbox"/> Other intimate partner 7 <input type="checkbox"/> Stranger 3 <input type="checkbox"/> Parent 8 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Other family 9 <input type="checkbox"/> Other: 5 <input type="checkbox"/> Caretaker		<b>17. PROCEDURES</b> <i>Check all provided at this visit.</i> 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> Endotracheal intubation 7 <input type="checkbox"/> Bladder catheter 3 <input type="checkbox"/> CPR 8 <input type="checkbox"/> Wound care 4 <input type="checkbox"/> IV fluids 9 <input type="checkbox"/> Eye/ENT care 5 <input type="checkbox"/> NG tube/gastric lavage 10 <input type="checkbox"/> Orthopedic care 6 <input type="checkbox"/> Lumbar puncture 11 <input type="checkbox"/> OB / GYN care 12 <input type="checkbox"/> Other: _____	
<b>13. IS THIS VISIT ALCOHOL OR DRUG RELATED ?</b> 1 <input type="checkbox"/> Neither 2 <input type="checkbox"/> Alcohol 3 <input type="checkbox"/> Drug 4 <input type="checkbox"/> Both 5 <input type="checkbox"/> Unknown	<b>14. DOES PATIENT HAVE:</b> <i>Check all that apply regardless of entry in Item 12.</i> 1 <input type="checkbox"/> Depression 2 <input type="checkbox"/> HIV / AIDS 3 <input type="checkbox"/> None of the above  <b>15. URGENCY OF THIS VISIT</b> <i>Check one.</i> 1 <input type="checkbox"/> Urgent / emergent 2 <input type="checkbox"/> Non-urgent	<b>16. DIAGNOSTIC / SCREENING SERVICES</b> <i>Check all ordered or provided at this visit.</i> 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> Mental status exam 7 <input type="checkbox"/> Urinalysis 3 <input type="checkbox"/> Blood pressure 8 <input type="checkbox"/> Pregnancy test 4 <input type="checkbox"/> EKG 9 <input type="checkbox"/> HIV serology 5 <input type="checkbox"/> Cardiac monitor 10 <input type="checkbox"/> Blood alcohol concentration 6 <input type="checkbox"/> Pulse oximetry 11 <input type="checkbox"/> Other blood test 12 <input type="checkbox"/> Other: _____  <b>IMAGING:</b> 13 <input type="checkbox"/> Chest X-Ray 14 <input type="checkbox"/> Extremity X-Ray 15 <input type="checkbox"/> Other X-Ray 16 <input type="checkbox"/> CAT scan 17 <input type="checkbox"/> MRI 18 <input type="checkbox"/> Ultrasound 19 <input type="checkbox"/> Other diagnostic imaging		<b>20. PROVIDERS SEEN THIS VISIT</b> <i>Check all that apply.</i> 1 <input type="checkbox"/> Resident / intern 5 <input type="checkbox"/> Nurse practitioner 2 <input type="checkbox"/> Staff physician 6 <input type="checkbox"/> RN 3 <input type="checkbox"/> Other physician 7 <input type="checkbox"/> LPN 4 <input type="checkbox"/> Physician assistant 8 <input type="checkbox"/> Medical assistant 9 <input type="checkbox"/> Other: _____	
<b>18. MEDICATIONS / INJECTIONS</b> <i>List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), Rx and OTC medications, immunizations, allergy shots, and anesthetics.</i> <input type="checkbox"/> NONE  1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____		<b>19. VISIT DISPOSITION</b> <i>Check all that apply.</i> 1 <input type="checkbox"/> No followup planned 6 <input type="checkbox"/> Admit to hospital 2 <input type="checkbox"/> Return to ED, P.R.N./ appointment 7 <input type="checkbox"/> Admit to ICU / CCU 3 <input type="checkbox"/> Return to referring physician 8 <input type="checkbox"/> Transfer to other facility 4 <input type="checkbox"/> Return to other physician / clinic 9 <input type="checkbox"/> DOA / died in ED 5 <input type="checkbox"/> Left before being seen 10 <input type="checkbox"/> Other: _____			

# Vital and Health Statistics series descriptions

- SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.
- SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.
- SERIES 3. **Analytical and Epidemiological Studies**—These reports present analytical or interpretive studies based on vital and health statistics. These reports carry the analyses further than the expository types of reports in the other series.
- SERIES 4. **Documents and Committee Reports**—These are 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 5. **International Vital and Health Statistics Reports**—These reports are analytical or descriptive reports that compare U.S. vital and health statistics with those of other countries or present other international data of relevance to the health statistics system of the United States.
- SERIES 6. **Cognition and Survey Measurement**—These reports are from the National Laboratory for Collaborative Research in Cognition and Survey Measurement. They use methods of cognitive science to design, evaluate, and test survey instruments.
- SERIES 10. **Data From the National Health Interview Survey**—These reports contain statistics on illness; unintentional injuries; disability; use of hospital, medical, and other health services; and a wide range of special current health topics covering many aspects of health behaviors, health status, and health care utilization. They are based on data collected in a continuing national household interview survey.
- SERIES 11. **Data From the National Health Examination Survey, the National Health and Nutrition Examination Surveys, and the Hispanic Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement on representative samples of the civilian noninstitutionalized population provide the basis for (1) medically defined total prevalence of specific diseases or conditions in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics, and (2) analyses of trends and relationships among various measurements and between survey periods.
- SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.
- SERIES 13. **Data From the National Health Care Survey**—These reports contain statistics on health resources and the public's use of health care resources including ambulatory, hospital, and long-term care services based on data collected directly from health care providers and provider records.
- SERIES 14. **Data on Health Resources: Manpower and Facilities**—Discontinued in 1990. Reports on the numbers, geographic distribution, and characteristics of health resources are now included in Series 13.
- SERIES 15. **Data From Special Surveys**—These reports contain statistics on health and health-related topics collected in special surveys that are not part of the continuing data systems of the National Center for Health Statistics.
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- SERIES 20. **Data on Mortality**—These reports contain statistics on mortality that are not included in regular, annual, or monthly reports. Special analyses by cause of death, age, other demographic variables, and geographic and trend analyses are included.
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- SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys, based on vital records, are now published in Series 20 or 21.
- SERIES 23. **Data From the National Survey of Family Growth**—These reports contain statistics on factors that affect birth rates, including contraception, infertility, cohabitation, marriage, divorce, and remarriage; adoption; use of medical care for family planning and infertility; and related maternal and infant health topics. These statistics are based on national surveys of women of childbearing age.
- SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—These include advance reports of births, deaths, marriages, and divorces based on final data from the National Vital Statistics System that were published as supplements to the *Monthly Vital Statistics Report* (MVSr). These reports provide highlights and summaries of detailed data subsequently published in *Vital Statistics of the United States*. Other supplements to the MVSr published here provide selected findings based on final data from the National Vital Statistics System and may be followed by detailed reports in Series 20 or 21.

For answers to questions about this report or for a list of reports published in these series, contact:

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HEALTH & HUMAN SERVICES**

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