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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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No. 134

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Contents

Abstract	1
Introduction	1
Methods	1
Results	3
Patient Characteristics	3
Visit Characteristics	4
References	8
Appendix I	27
Technical Notes	27
Appendix II	34
Definition of Terms	34
Appendix III	35
Survey Instruments	35

Figures

1. Percent distributions of visits to various ambulatory care providers for selected patient characteristics: United States, 1996	3
2. Annual rate of ambulatory care visits by patient's age and sex: United States, 1996	3
3. Annual rate of ambulatory care visits by patient's age and race: United States, 1996	4
4. Percent of ambulatory care visits by expected sources of payment: United States, 1996	4
5. Percent of ambulatory care visits by selected expected sources of payment and setting: United States, 1996	5
6. Percent distribution of drug mentions at ambulatory care visits by therapeutic classification: United States, 1996	7

Detailed Tables

1. Number, percent distribution, and annual rate of ambulatory care visits by setting, according to patient's age, sex, and race: United States, 1996	9
2. Number, percent distribution, and annual rate of ambulatory care visits by geographic region of visit and setting: United States, 1996	9
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	10
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	11
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	12
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	13
7. Number, percent distribution, and annual rate of injury-related ambulatory care visits by patient's age, sex, and race: United States, 1996	14
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	15

9.	Number, percent distribution, and annual rate of injury-related ambulatory care visits, according to intent, mechanism, and ambulatory care setting: United States, 1996.....	16
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.....	17
11.	Number and percent distribution of ambulatory care visits by principal diagnosis, using major disease categories, and ambulatory care setting: United States, 1996.....	17
12.	Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1996.....	18
13.	Number and percent distribution of ambulatory care visits by selected principal diagnosis groups and ambulatory care setting: United States, 1996.....	22
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.....	23
15.	Number of drug visits, drug mentions, and drug utilization rate by ambulatory care setting: United States, 1996.....	23
16.	Number and percent distribution of drug mentions by therapeutic classification, according to ambulatory care setting: United States, 1996.....	24
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.....	25
18.	Number and percent of ambulatory care visits by type of providers seen, according to ambulatory care setting: United States, 1996.....	26

Appendix Tables

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.....	27
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.....	27
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.....	28
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.....	28
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.....	29
VI.	Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data.....	30
VII.	Reclassification of cause of injury codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data.....	33
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.....	34

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

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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

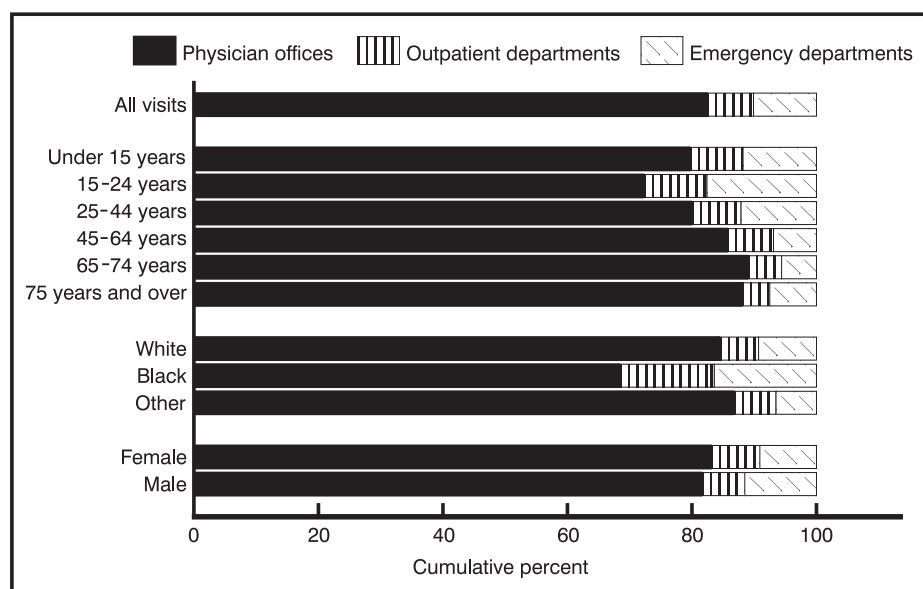


Figure 1. Percent distributions of visits to various ambulatory care providers for selected patient characteristics: United States, 1996

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

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

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

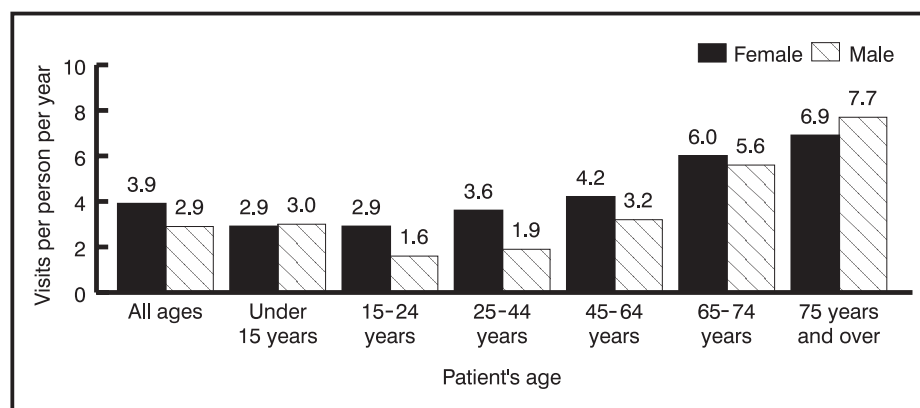


Figure 2. Annual rate of ambulatory care visits by patient's age and sex: United States, 1996

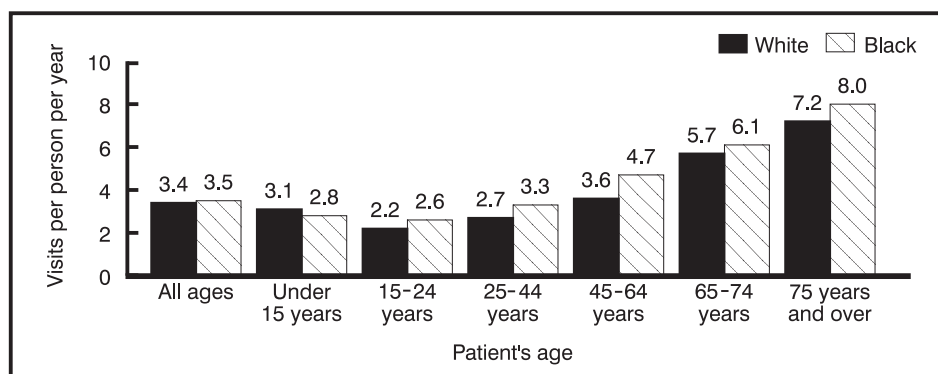


Figure 3. Annual rate of ambulatory care visits by patient's age and race: United States, 1996

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

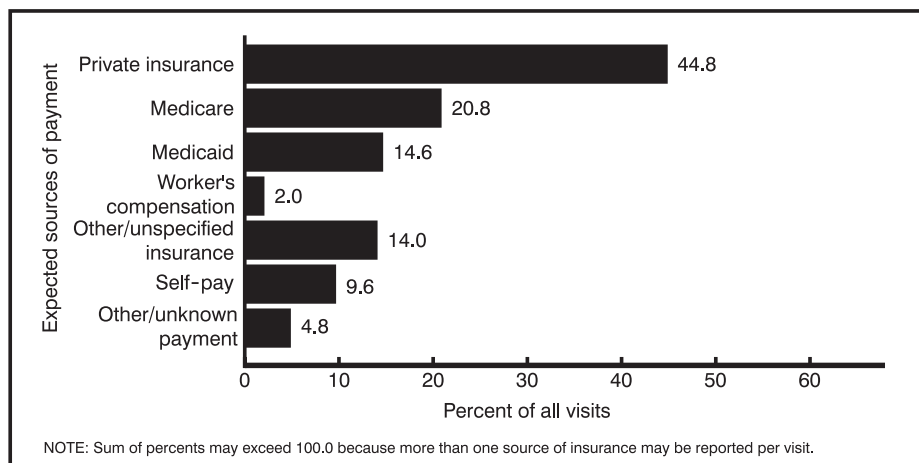


Figure 4. Percent of ambulatory care visits by expected sources of payment: United States, 1996

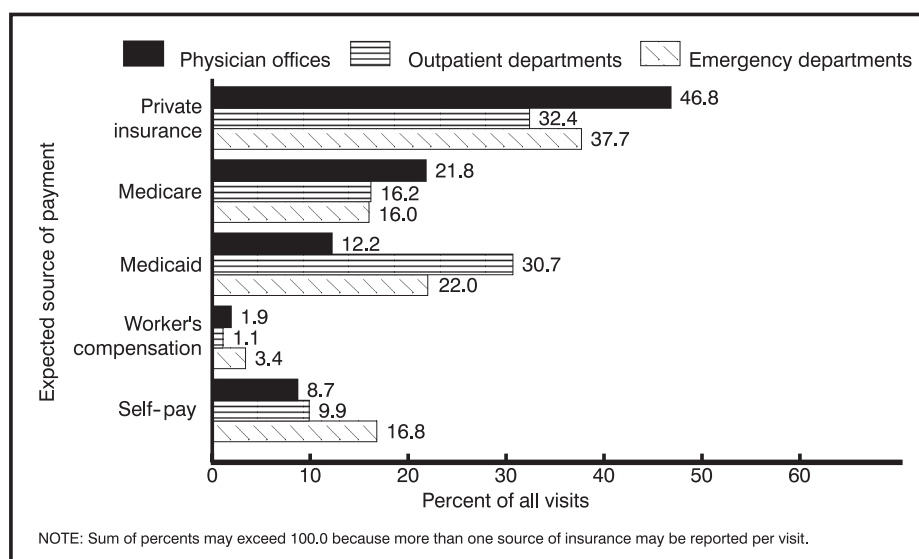


Figure 5. Percent of ambulatory care visits by selected expected sources of payment and setting: United States, 1996

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).

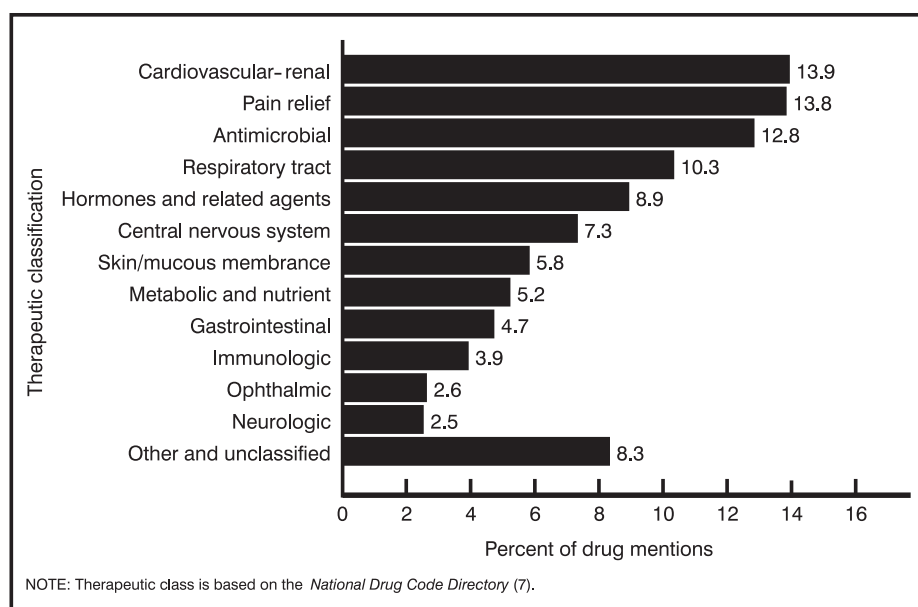


Figure 6. Percent distribution of drug mentions at ambulatory care visits by therapeutic classification: United States, 1996

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.

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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 ¹												
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

¹Based 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 ¹				
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

¹Regional 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 ¹	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 ²	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 ³	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 ⁴	16,019	1.8	1.6	3.4	1.9

* Figure does not meet standard of reliability or precision.

¹Only 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.²Includes insured, fee-for-service; HMO/other prepaid; Preferred Provider Option; and unspecified type of payment but source of insurance listed.³HMO is health maintenance organization.⁴Neither 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 ¹	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 ²		
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 ³ 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.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (4).²Based 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.³Includes 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 ¹	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution	Percent distribution				Number of visits per 100 persons ²			
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.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (5).²Based 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 ¹												
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.

¹Based 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 ¹	Percent distribution	Number of visits per 100 persons ²
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

¹Includes visits to physician offices, hospital outpatient departments, and emergency departments.²Based 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	Percent distribution				Number of visits per 1,000 persons ¹			
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

¹Based 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 ¹	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution	Percent distribution				Number of visits per 1,000 persons ²			
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.

¹Intent 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](#).²Based 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 ⁵				
Blood pressure	47.6	44.0	50.7	74.5
Urinalysis	13.2	13.1	11.1	15.6
HIV serology ²	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 ³	0.9	0.6	1.1	3.2
MRI ⁴	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

¹Only 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.

²HIV is human immunodeficiency virus.

³CAT is computerized axial tomography.

⁴MRI is magnetic resonance imaging.

⁵Sum 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 ¹	Combined settings	Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands		Percent distribution				Number of visits per 100 persons ²			
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 ³	11,551	100.0	72.5	15.4	12.2	4.4	3.2	0.7	0.5
Unknown ⁴	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.

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

²Based 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.

³Includes 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).

⁴Includes 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 ¹	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 ²	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 ¹	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 ¹	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 ¹	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
Injury and poisoning—Con.								
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
Supplementary classification of factors influencing health status and contact with health services	139,751	15.7	123,169	16.8	13,522	20.1	3,060	3.4
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.

¹These 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.

²HIV 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) ¹	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution				
Percent distributon						
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.

¹These 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 ¹	Drug mentions	Drug utilization rate ²
Number in thousands				Number of drug mentions per visit
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

¹Visits at which one or more drugs were provided or prescribed.²Number 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 ¹	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 ²	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.

¹Based on the standard drug classification used in the *National Drug Code Directory*, 1995 edition (7).²Includes 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 ¹	Percent of all drug mentions ²				
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.

¹Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.²Based 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 ¹				
All visits	892,025	734,493	67,186	90,347
Physician ²	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 ²	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.

¹Numbers do not add to totals because more than one category may be reported per visit.²The 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 ¹				
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

¹Estimates 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 ¹				
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

¹Estimates 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 ¹
	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

¹Estimates 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](#).

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.

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

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 ¹
Infectious and parasitic diseases	001-139
Streptococcal sore throat	034.0
HIV infection ²	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 ¹
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	460–519
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	520–579
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	580–629
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	680–709
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 ¹
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 ¹
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

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (5).²HIV 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 ¹
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

¹Based 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.

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		A	
1. DATE OF VISIT _____ / _____ / _____ <small>Month Day Year</small>		2. ZIP CODE _____ <small>Patient's</small>	NATIONAL AMBULATORY MEDICAL CARE SURVEY 1995-96 PATIENT RECORD		OMB NO. 0920-0234 Expires: 06-30-97 CDC 64.109A
3. DATE OF BIRTH _____ / _____ / _____ <small>Month Day Year</small>	5. SEX 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male	8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT a. Type of payment 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		b. Expected sources of insurance 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	9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT Use patient's own words. Most important: _____ b. Other: _____ c. Other: _____
4. RACE 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	6. ETHNICITY 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic	7. DOES PATIENT SMOKE CIGARETTES ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		10. IS THIS VISIT INJURY RELATED ? 1 <input type="checkbox"/> Yes (Answer a, b, and c.) 2 <input type="checkbox"/> No (Skip to Item 11.) 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. Is this injury work related ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown c. Cause of injury Describe events that preceded injury (e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, etc.). _____ _____ _____	
11. PHYSICIAN'S DIAGNOSES As specifically as possible, list up to 3 current diagnoses including those unrelated to this visit. a. Principal diagnosis or problem associated with Item 9a: _____ b. Other: _____ c. Other: _____		12. DOES PATIENT HAVE: Check all that apply regardless of entry in Item 11. 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		13. AMBULATORY SURGICAL PROCEDURES <input type="checkbox"/> NONE List up to 2 surgical procedures performed at this visit. 1. _____ 2. _____	
14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. EXAMINATIONS: 1 <input type="checkbox"/> NONE 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: _____ TESTS: 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: _____ IMAGING: 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: _____ ALL OTHER: (specify) 22 <input type="checkbox"/> _____		15. THERAPEUTIC AND PREVENTIVE SERVICES Check all ordered or provided at this visit. Exclude medications. 1 <input type="checkbox"/> NONE COUNSELING / EDUCATION: 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: _____ OTHER THERAPY: 12 <input type="checkbox"/> Psychotherapy 13 <input type="checkbox"/> Corrective lenses 14 <input type="checkbox"/> Physiotherapy 15 <input type="checkbox"/> Other: _____			
16. MEDICATIONS / INJECTIONS 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. _____		17. PROVIDERS SEEN THIS VISIT Check all that apply. 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: _____	18. HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE ? 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	19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20. VISIT DISPOSITION Check all that apply. 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: _____ 21. VISIT DURATION _____ 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

1. DATE OF VISIT _____ <small>Month Day Year</small>		4. SEX 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male		6. ETHNICITY 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic		8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT a. Type of payment <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. Expected sources of insurance <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		9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT <i>Use patient's own words.</i> Most a. Important: _____ b. Other: _____ c. Other: _____	
2. ZIP CODE _____ <small>Patient's</small>		5. RACE 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		7. DOES PATIENT SMOKE CIGARETTES ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		10. IS THIS VISIT INJURY RELATED ? 1 <input type="checkbox"/> Yes (Answer a, b, and c.) 2 <input type="checkbox"/> No (Skip to item 11.) a. Cause of Injury 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. 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 c. Is this injury work related ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		11. PHYSICIAN'S DIAGNOSES As specifically as possible, list up to 3 current diagnoses. Include those unrelated to this visit. a. Principal diagnosis or problem associated with item 9a: _____ b. Other: _____ c. Other: _____		12. DOES PATIENT HAVE: <i>Check all that apply regardless of entry in item 11.</i> 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	
13. AMBULATORY SURGICAL PROCEDURES <input type="checkbox"/> NONE <i>List up to 2 surgical procedures performed at this visit.</i> 1. _____ 2. _____		14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. <div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> NONE EXAMINATIONS: 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: _____ </div> <div> TESTS: 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: _____ </div> <div> IMAGING: 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: _____ ALL OTHER: (specify) 22 <input type="checkbox"/> _____ </div> </div>				15. THERAPEUTIC AND PREVENTIVE SERVICES Check all ordered or provided at this visit. Exclude medications. <div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> NONE COUNSELING / EDUCATION: 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 </div> <div> 8 <input type="checkbox"/> Growth/development 9 <input type="checkbox"/> Mental health 10 <input type="checkbox"/> Other: _____ OTHER THERAPY: 11 <input type="checkbox"/> Psychotherapy 12 <input type="checkbox"/> Corrective lenses 13 <input type="checkbox"/> Physiotherapy 14 <input type="checkbox"/> Other: _____ </div> </div>					
16. MEDICATIONS / INJECTIONS 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. _____		17. PROVIDERS SEEN THIS VISIT 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: _____		18. HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE? 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		19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		20. VISIT DISPOSITION 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: _____			

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

1. DATE OF VISIT ____/____/____ Month Day Year		4. ZIP CODE _____ Patient's		6. SEX 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male		9. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT a. Type of payment 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 b. Expected sources of insurance 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		10. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT Use patient's own words. Most a. Important: _____ b. Other: _____ c. Other: _____					
2. TIME OF VISIT: <input type="checkbox"/> Military ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM		5. RACE 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		7. ETHNICITY 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic		8. DOES PATIENT SMOKE CIGARETTES ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown							
3. DATE OF BIRTH ____/____/____ Month Day Year													
11. IS THIS VISIT INJURY RELATED ? 1 <input type="checkbox"/> Yes (Answer a through e.) 2 <input type="checkbox"/> No (Skip to Item 12.) a. Cause of Injury 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. 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						c. Is this injury work related ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown d. Did a firearm produce the injury ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				e. Is this injury violence related ? 1 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes (Suicide / suicide attempt) 2 <input type="checkbox"/> Yes (Interpersonal violence / assault) If interpersonal violence / assault, person who caused the injury is the patient's: 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			
13. IS THIS VISIT ALCOHOL OR DRUG RELATED ? 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		14. DOES PATIENT HAVE: Check all that apply regardless of entry in Item 12. 1 <input type="checkbox"/> Depression 2 <input type="checkbox"/> HIV / AIDS 3 <input type="checkbox"/> None of the above 15. URGENCY OF THIS VISIT Check one. 1 <input type="checkbox"/> Urgent / emergent 2 <input type="checkbox"/> Non-urgent		16. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 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: _____ IMAGING: 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									
18. MEDICATIONS / INJECTIONS 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. _____						19. VISIT DISPOSITION Check all that apply. 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: _____				20. PROVIDERS SEEN THIS VISIT 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"/> 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: _____			

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.
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- 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.
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- SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.
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For answers to questions about this report or for a list of reports published in these series, contact:

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