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

Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1997

November 1999

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

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Abstract

Objective

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

Methods

The data presented in this report are from the 1997 National Ambulatory Medical Care Survey (NAMCS) and the 1997 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 health care providers. 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 1997, an estimated 959.3 million visits were made to physician offices, hospital outpatient departments, and hospital emergency departments in the United States, an overall rate of 3.6 visits per person. Visits to office-based physicians accounted for 82.1 percent of ambulatory care utilization, followed by visits to emergency departments (9.9 percent) and outpatient departments (8.0 percent). Utilization varied by patient age, sex, and race. 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. White persons utilized physician offices at a higher rate compared with black persons. There were an estimated 123.8 million injury-related ambulatory care visits during 1997, or 46.4 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, 1997

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

Introduction

The National Ambulatory Medical Care Survey (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 National Hospital Ambulatory Medical Care Survey (NHAMCS) was inaugurated to expand the scope of data collection to the medical services provided by hospital outpatient departments and emergency departments. Together, the 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 part of the National Health Care Survey (NHCS), which measures health care utilization across a variety of health care providers. Additional information about NHCS is available at the NCHS Internet address, www.cdc.gov/nchswww/about/major/nhcs/nhcs.htm.

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 different 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 comparison. Therefore, this report is not intended to supersede the annual summaries published on the three settings individually. Instead it serves as 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 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 1997 National Ambulatory Medical Care Survey (NAMCS) and the 1997 National Hospital Ambulatory Medical Care Survey (NHAMCS). These are national probability sample surveys conducted by the Division of Health Care Statistics of the National Center for Health Statistics, Centers for Disease Control and Prevention. Survey dates for the NAMCS were December 30, 1996, through December 28, 1997, and, for the NHAMCS, December 23, 1996, through December 21, 1997.

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 both NAMCS and NHAMCS.

The target universe of NHAMCS is in-person visits made in the United States to outpatient departments (OPD's) and emergency departments (ED'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 under the supervision of a physician were within the scope of 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. The hospital data presented in this report are representative of 1997 utilization statistics for hospitals existent in 1991.

A multistage probability sample design is used in both surveys; the designs are described elsewhere (4,5). Of 2,498 physicians selected from the master files of AMA and AOA, 1,801 were in scope, or eligible to participate in the survey. 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. The response rate was 69.2 percent, and a total of 24,715 PRF's were collected.

Of the 486 hospitals sampled in the 1997 NHAMCS, 434 were eligible to participate in the survey. Hospital staff were asked to complete Patient Record forms for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period. The overall response rate was 95 percent. A total of 410 hospitals had ED's and 269 had OPD's. A total of 477 emergency service areas (ESA's) were sampled from the former group and 918 clinics from the latter group. Participating in the survey were 395 ED's and 236 OPD's. In all, 22,209 Patient Record forms were received from 475 ESA's, and 30,107 forms were received from 873 OPD clinics.

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 in appendix I include an explanation of sampling errors and guidelines for judging the precision of the estimates and information on the tests of significance used to establish differences between survey estimates.

The Patient Record form (PRF) is produced in three separate versions that have been carefully designed for use in each of the three ambulatory care settings. The outpatient department PRF is, in many respects, identical to NAMCS, while the emergency department PRF differs in ways appropriate to that setting. 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 as readers review the survey findings presented in this document.

Several medical classification systems were used to code data from NAMCS and NHAMCS. Each Patient Record form 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 coded for each survey according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (6).

Each Patient Record form contains an item on the cause of injury for injury-related visits. Up to three external causes of injury were coded according to the ''Supplementary Classification of External Causes of Injury and Poisoning'' of the *International Classification of Diseases, 9th Revision Clinical Modification* (ICD–9–CM) (7). In addition, each form contains an identical item on diagnosis. The respondent was asked to record the primary 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 coded according to the ICD–9–CM (7).

In the medication item, also identical on all three Patient Record forms, 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 the National Center for Health Statistics. A report describing the method and instruments used to collect and process drug information is available (8). Therapeutic classification of the drugs mentioned on the PRF's was determined using the *National Drug Code Directory*, 1995 edition (9).

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. Error rates (which include coding and keying) ranged between 0.0 and 1.7 percent for both surveys.

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, 1997, and have been adjusted for net underenumeration (see Technical Notes).

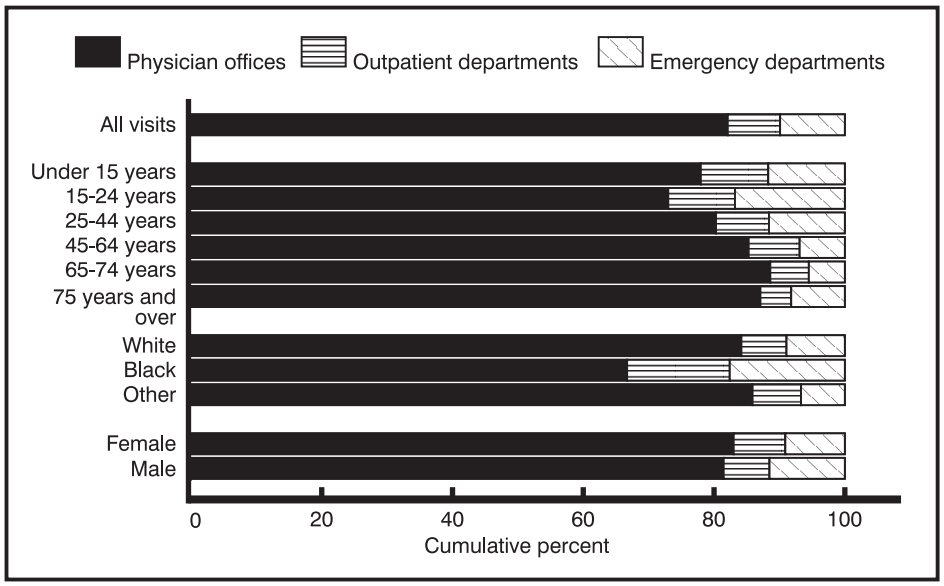


Figure 1. Percent distributions of visits to various ambulatory care providers for selected patient characteristics: United States, 1997

Results

There were an estimated 959.3 million ambulatory care visits made to physician offices, hospital outpatient departments, and hospital emergency departments in 1997, an overall rate of 3.6 visits per person. This rate was not significantly different from the 1996 rate of 3.4 visits per person. Furthermore, visit rates for each of the three settings did not differ significantly from rates observed since the inception of NHAMCS in 1992 (10–20).

Visits to office-based physicians were predominant, accounting for 82.1 percent of combined ambulatory care utilization. Visits to emergency departments represented 9.9 percent of the total, followed by hospital outpatient departments with 8.0 percent (figure 1). Patient and visit characteristics for these ambulatory care encounters are described below.

Patient Characteristics

Ambulatory care visits by patient's age, sex, and race are shown in table 1. The rate for females (4.2 visits) was significantly higher than that for males (3.0 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, 7.5 visits per person.

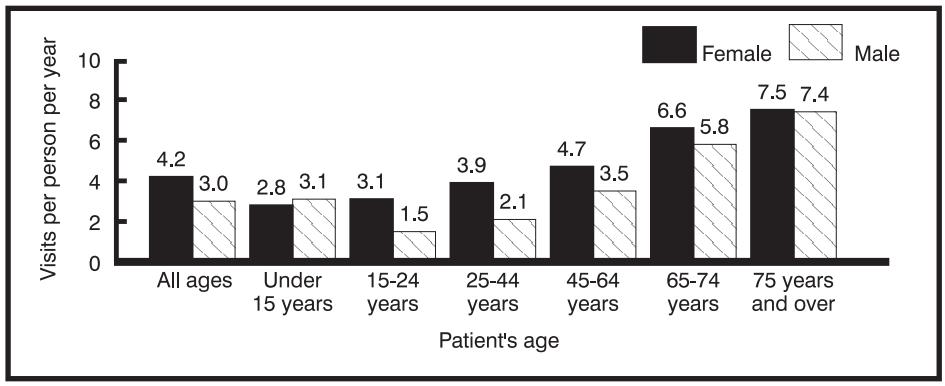


Figure 2. Annual rate of ambulatory care visits by patient's age and sex: United States, 1997

Females made 59.2 percent of the ambulatory care visits during 1997; 8 of every 10 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 (x^2 = 278.1, 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 10.9 percent of all ambulatory medical care visits. Most of these were to physician offices (87.1 percent). However, utilization of the hospital emergency department was also high for this group relative to other age groups—about 62 visits per 100 persons aged 75 years and over during the year. Persons 15–24 years made about 17 percent 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, 3.7 visits per person, was not significantly different than the rate for black persons, 3.4 visits per person. Visit rates for white persons and black persons did not vary by age group (figure 3).

The combined visit rate for Asians/Pacific Islanders and American

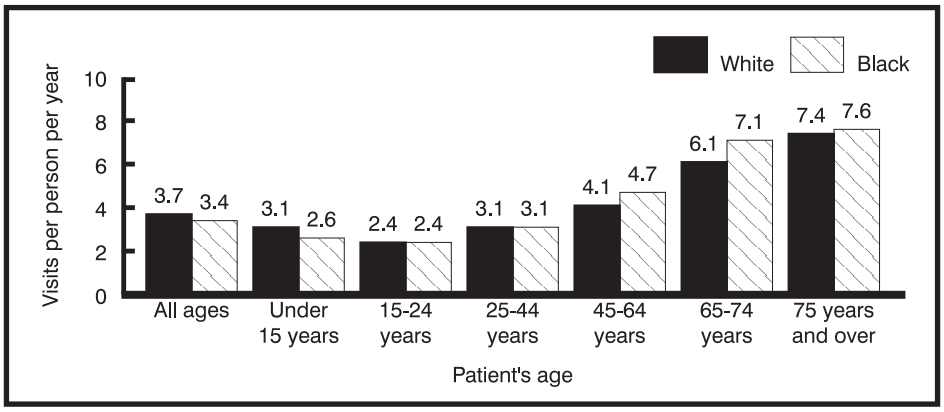


Figure 3. Annual rate of ambulatory care visits by patient's age and race: United States, 1997

Indians/Eskimos/Aleuts was 2.6 visits per person during 1997, as it was in 1996.

Utilization of different ambulatory care settings varied by patient's race (x^2 = 108.1, df = 4, p <0.001), with striking differences evident in the distribution of ambulatory care utilization by white and black persons. White persons accounted for 84.4 percent of all ambulatory care visits, most of which (84.1 percent) were to physician offices. In contrast, two-thirds (66.7 percent) of the ambulatory care visits by black persons were to physician offices while 17.6 percent were to hospital emergency departments, and 15.7 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 higher rate than black persons did (3.1 visits per person compared with 2.3 visits per person). But for hospital OPD's and ED's, the rates of visits by black persons were higher than for white persons (table 1).

The question,''Is patient pregnant?'' was added to the 1997–98 NAMCS and NHAMCS PRF's. Results are discussed in terms of visits by women 15–44 years of age. For combined settings, data were unavailable for one-fifth of the visits (19.7 percent), but the proportion of missing responses varied by setting. Data were missing for 46.0 percent of ED visits, compared with 17.4 percent of office visits and 27.2 percent of outpatient department visits. Overall, at least 16.9 percent of the visits were made by pregnant women, and 63.4 percent were made by women who were not pregnant. The proportions of visits by pregnant females within each setting were at least 17.4 percent (physician offices), 23.7 percent (outpatient departments), and 7.9 percent (emergency departments) (data not shown).

Visit Characteristics

Geographic Region of Visit

Ambulatory care visit rates are presented by geographic region and setting in table 2. The overall visit rate was higher in the Northeast than in the Midwest and the South. By setting, the rate of visits to physician offices was higher in the Northeast than in the Midwest. The OPD visit rate was higher in the Northeast and Midwest compared with the West. No other statistically significant differences were noted.

Primary Expected Source of Payment

Data on the primary expected source of payment for the visit are shown in figures 4 and 5 and table 3. This item was revised for the 1997/1998 NAMCS PRF. In 1995–96, a two-part question concerning type of payment and all expected sources of insurance was used. The 1997–98 item asks only for the primary expected source of payment for the current visit. Payment sources include private insurance, Medicare, Medicaid, Worker's Compensation, self-pay, no charge, other, and unknown. A separate item was added to each of the three Patient Record forms asking whether the patient belongs to a health maintenance organization (HMO). Results from this item are also shown in table 3.

One-half of all ambulatory care visits were expected to be paid for by private insurance. This proportion was higher for visits to physician offices than for hospital outpatient departments or emergency department visits. Medicare was cited as the primary source of payment at one-fifth of ambulatory care visits, followed by Medicaid at more than one-tenth of the visits. However, the proportion of outpatient department visits covered by Medicaid was higher (27.8 percent of all OPD visits) than for visits to physician offices (8.1 percent) or emergency departments (17.9 percent). Self-payment was cited at 16.2 percent of ED visits compared with

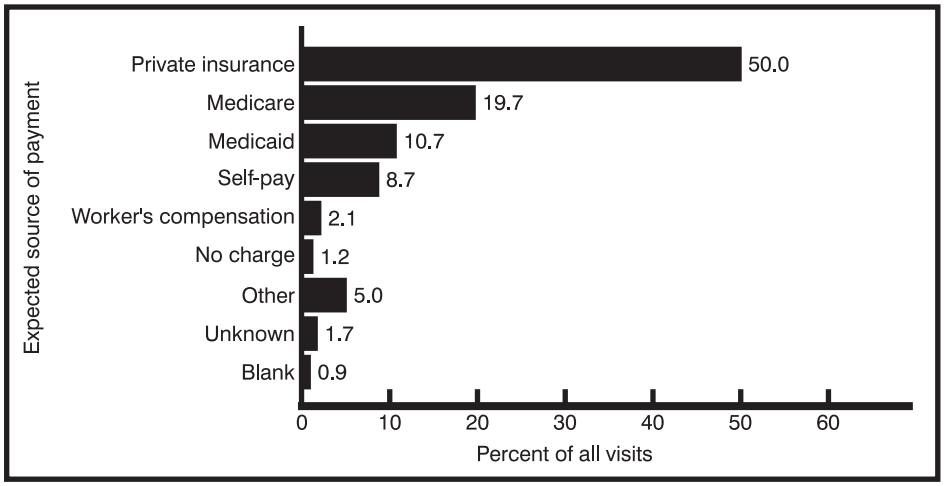


Figure 4. Percent distribution of ambulatory care visits by primary expected sources of payment: United States, 1997

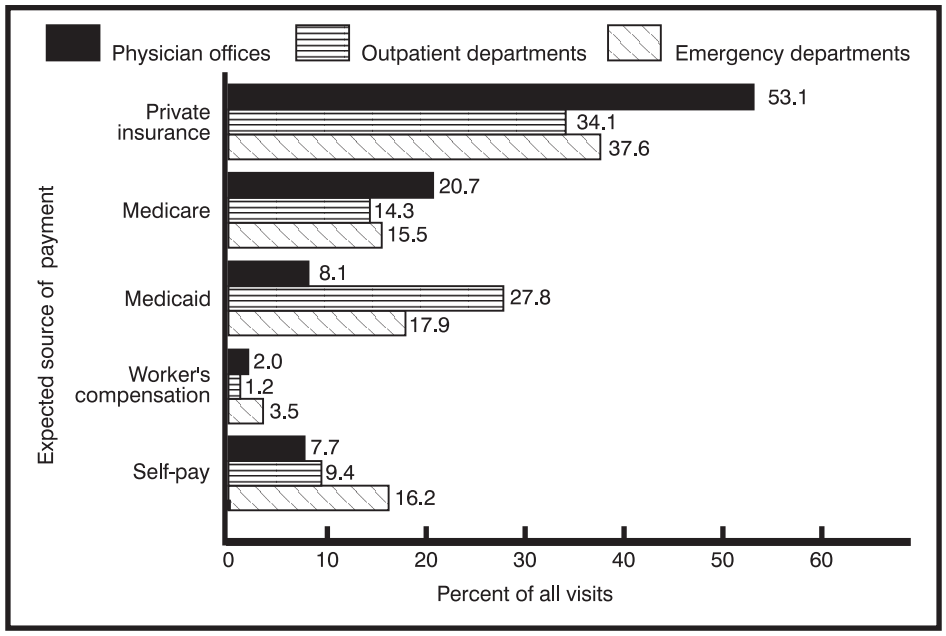


Figure 5. Percent of ambulatory care visits by selected expected sources of payment and setting: United States, 1997

7.7 percent of office visits and 9.4 percent of OPD visits.

More than one-quarter of ambulatory care visits were made by patients who belong to an HMO, but this information was not available for 13.5 percent of visits overall. The proportion of visits by patients who were HMO members was highest for physician offices (28.0 percent). However, more than one-fifth of outpatient department visits and about one-third of emergency department visits lacked information on the patient's HMO status.

Patient's Principal Reason for Visit

As described earlier, up to three reasons for visit were coded for each survey according to the *Reason for Visit Classification for Ambulatory Care* (RVC) (6). 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 half of the combined ambulatory visits were made for reasons classified as symptoms (54.2 percent). Respiratory symptoms accounted for 10.7 percent of all visits, and musculoskeletal symptoms accounted for 10.1 percent. This distribution parallels that which has been shown using NAMCS data because physician office visits comprise the great majority of ambulatory care visit data. The distribution is also displayed across the three settings in table 4. Although emergency department visits represented only 9.9 percent of all ambulatory visits, they accounted for 44.8 percent of all visits made for injuries and adverse effects and one-quarter of all visits for digestive symptoms (24.3 percent). This setting also received a disproportionate number of visits for symptoms related to the nervous system (19.4 percent) and for general symptoms (21.3 percent), which include 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 (53.6 percent) of ambulatory care visits, are shown in table 5. General medical examination was the most frequently mentioned reason for visit (6.8 percent of the total), while cough was the most frequently mentioned reason having to do with illness or injury (3.1 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 (38.1 percent of the total), shortness of breath (36.1 percent), stomach and abdominal pain (29.4 percent), and fever (24.0 percent). In general, however, the ranking shown in table 5 is weighted heavily towards 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 123.8 million injury-related ambulatory care visits in 1997, representing 12.9 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 Patient Record form, 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 increased by about 20 percent compared to what the result would have been had the injury checkbox been used as the sole determinant.

Two-thirds of all injury visits were made to physician offices. More than one-quarter were to emergency departments and 5.7 percent were to outpatient departments. Combining the three settings, there were 46.4 injury visits per 100 persons during 1997, which is not statistically different than the 1996 rate of 48.9.

One-third of injury visits (33.0 percent) were made by persons

25–44 years old. Persons under 15 years and 15–24 years of age showed a disproportionate utilization of the ED for injury visits compared with other age groups. About 40 percent of the injury visits by these two age groups were to the ED, compared with a range of between 17 percent and 29 percent for other age groups.

The rate of injury visits to combined ambulatory settings was highest for persons 75 years and over, with 67.4 visits per 100 persons. Persons under the age of 15 years had the lowest rate, 34.4 visits per 100. However, no significant differences were noted in the overall rates for the other age groups (15–24 years, 25–44 years, 45–64 years, and 65–74 years), which ranged between 47.1 and 49.1 visits per 100 persons. Interestingly, the rate of ED injury visits among persons 15–24 years (17.8 visits per 100 persons), while not statistically different than the corresponding rate for persons 75 years and over (15.6 visits per 100 persons), was significantly higher than the ED injury visit rates for all other age groups.

No significant difference was found between the overall injury visit rates for males and females. Among females, the injury visit rate ranged from 28.4 visits per 100 females under 15 years to 74.6 visits per 100 females 75 years and over. The rate for those 75 years and over was significantly higher than the rates for all other age groups except those 65–74 years. Females in the youngest group (under 15 years) had an injury visit rate significantly lower than the rates for all other age groups. For males, the injury visit rate for those under 15 years was lower than for those in the age groups 15–24 years, 25–44 years, and 75 years and over. In general, injury visit rates did not differ statistically among the age groups over age 14, with the exception of those aged 65–74 years. The rate for this group was lower than for those 15–24 years and 25–44 years in 1997.

There was no significant difference between the overall injury visit rate for black persons (43.2 visits per 100) and white persons (47.3 visits per 100). However, about one-half (47.4 percent) of the injury visits made by black persons were to physician offices compared with two-thirds (67.9 percent) of the injury visits made by white persons.

All three surveys collected information about the place of occurrence of the injury, whether it was work related, and whether it was intentional. (The latter question was added to the NAMCS and the NHAMCS-OPD survey in 1997.) Work-related injuries include those 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 are high rates of nonresponse associated with these items; 48.0 percent of the combined injury visits did not specify a place of occurrence, and 38.2 percent did not specify whether the injury was work related. Intentionality could not be determined for 23.5 percent of the injury visits. More complete reporting could change the distributions. Furthermore, it should be noted that the data on intentionality of injury in table 8 reflect responses to the direct question regarding intentionality on the Patient Record form. In contrast, the intentionality data in table 9 are based on the reported cause of injury and subsequent assignment of ICD–9–CM external cause of injury codes and may vary somewhat from data in table 8 as a result.

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 are in appendix I. Cause of injury data were not reported for 19.3 percent of the injury visits. Unintentional falls were the leading cause of injury at combined injury visits (15.3 percent of the total). The majority of these visits were made to physician offices (61.0 percent). In comparison, about half (56.3 percent) of intentional injury visits 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 (48.6 percent of the total).

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 Patient Record forms. However, a number of categories were common to all three forms or could be aggregated to facilitate comparability. These are shown in table 10.

Nearly three-quarters of all ambulatory care visits (74.2 percent) included one or more diagnostic services. Visits to emergency departments were more likely to report diagnostic services (86.7 percent of ED visits) compared with office visits (73.0 percent) and OPD visits (71.4 percent). Blood pressure was checked at nearly three-quarters (72.4 percent) of ED visits compared with less than half (45.8 percent) of office visits and half (49.9 percent) of outpatient department visits. More than one-third of ED visits (35.4 percent) included an x ray, compared with 8 percent or less of office visits and outpatient department visits. About 15 percent of ED visits included an electrocardiogram (EKG) compared with 3 percent or less of physician office and outpatient department visits. Pregnancy tests were cited at 2.8 percent of ED visits, compared with 1 percent or less of other visits. 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.

Primary Diagnosis

Table 11 shows the distribution of visits across the three settings for each of the primary diagnosis categories, using the major disease categories from the ICD–9–CM (7). Emergency departments accounted for one-third (34.1 percent) of all ambulatory care visits with a diagnosis of injury and poisoning. While outpatient departments accounted for just 8.0 percent of all ambulatory care visits, they reported a

proportionately higher share of visits with diagnoses in the categories of mental disorders (13.3 percent).

Displayed in table 12 are ambulatory care visits by primary 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 appendix I.

The supplementary classification, 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 15.5 percent of all ambulatory care visits. Once again, this mainly reflects the distribution of visit diagnoses at physician office visits, which comprise the majority of ambulatory care utilization. Diseases of the respiratory system (11.9 percent) and diseases of the nervous system and sense organs (9.1 percent) were also prominent on the list.

A selection of the most frequently reported primary diagnoses for 1997 are featured in table 13. The categories shown in this table are based on the ICD–9–CM reclassification (shown in appendix I), but with several of the categories combined to better summarize the ambulatory care visit data. The diagnosis groupings in table 13 accounted for more than half of all ambulatory care visits made during the year. The three most frequent illness diagnoses were acute upper respiratory infections, essential hypertension, and otitis media. Most of the visits for these conditions were made to physician offices.

Medication Therapy

The medication item was identical on all three Patient Record forms. 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 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.

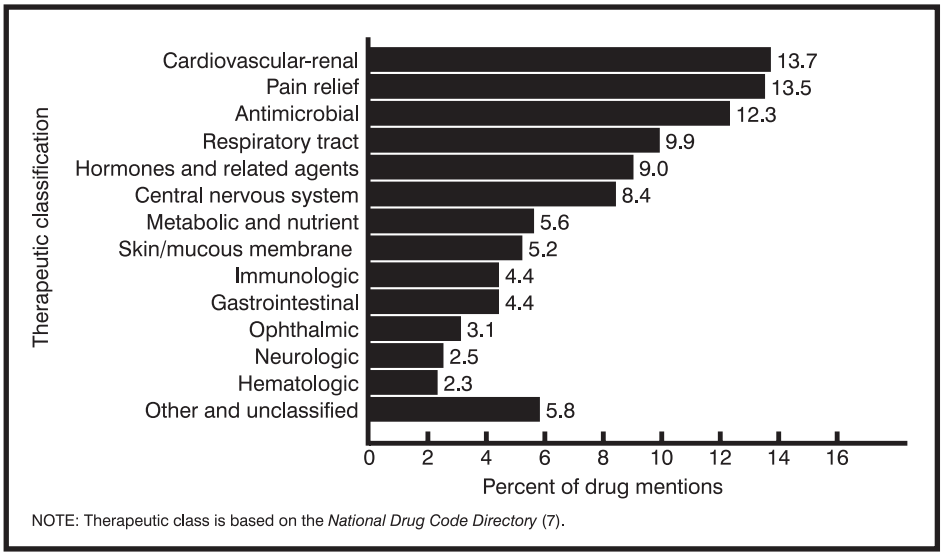
Data on medication therapy are shown in tables 14–17. Medication therapy was reported at more than 6 of every 10 ambulatory care visits in 1997 and 7 of every 10 emergency department visits (table 14). Nearly half of all visits (46.5 percent) included one or two medications ordered or provided.

There were 1.3 billion drug mentions at ambulatory care visits during 1997. This yields an average of 1.3 drug mentions per visit (table 15) or 2.1 drug mentions per drug visit. As would be expected, physician office visits accounted for the majority of drug mentions, 1.0 billion, or 80.3 percent of the total. The drug utilization rate was 1.5 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* (NDC) (9). 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 (13.7 percent), drugs used for pain relief (13.5 percent), and antimicrobial agents (12.3 percent) were listed most frequently. About one-quarter of the mentions of pain relief drugs occurred at ED visits (26.0 percent). The utilization rate for this class of drug was 47.5 mentions per 100 ED visits compared with 14.6 mentions per 100 office visits. Utilization of antimicrobials was also substantially higher at ED visits, with 23.3 mentions per 100 ED visits, compared with 15.6 mentions per 100 office visits.

The 35 most frequently used generic substances for 1997 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 both 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 in 1997, occurring in 4.9 percent of drug mentions. Three of every 10 of these occurrences (32.0 percent) took place at emergency department visits. Amoxicillin occurred in 3.0 percent of all drug mentions, followed by



NOTE: Therapeutic class is based on the *National Drug Code Directory* (7).

Figure 6. Percent distribution of drug mentions at ambulatory care visits by therapeutic classification of drug: United States, 1997

ibuprofen (2.2 percent). Thirty-six percent of the ibuprofen occurrences were at ED visits.

Providers Seen

This item appeared on the Patient Record forms 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 95.2 percent of ambulatory visits in general, but the percent for outpatient department visits was significantly less, 80.2 percent, than for physician office visits or for ED visits. At the same time, registered nurses were seen at less than one-quarter of ambulatory care visits in general, but at 87.2 percent of ED visits and 40.7 percent of OPD visits. Medical and nursing assistants were seen at one-fifth of the visits overall, but this was due mainly to their presence at office visits (22.1 percent of the total) and outpatient department visits (17.3 percent).

Additional Information

Ambulatory care visit and drug data from NAMCS and NHAMCS are available in a variety of formats including public use data tape, CD-ROM, and downloadable data files accessed through the NCHS homepage on the Internet. 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, 1997

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	959,300	176,294	85,653	253,775	226,064	112,593	104,922	567,880	391,421	809,388	117,108	32,804
Physician offices	787,372	137,361	62,488	203,701	192,753	99,714	91,355	471,481	315,891	681,085	78,106	28,181
Outpatient departments	76,993	18,240	8,753	20,677	17,682	6,677	4,963	46,112	30,880	56,138	18,432	2,423
Emergency departments	94,936	20,693	14,412	29,397	15,629	6,201	8,604	50,286	44,649	72,165	20,570	2,200
	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	82.1	77.9	73.0	80.3	85.3	88.6	87.1	83.0	80.7	84.1	66.7	85.9
Outpatient departments	8.0	10.3	10.2	8.1	7.8	5.9	4.7	8.1	7.9	6.9	15.7	7.4
Emergency departments	9.9	11.7	16.8	11.6	6.9	5.5	8.2	8.9	11.4	8.9	17.6	6.7
	Number of visits per 100 persons[1]											
Combined settings	359.6	295.4	233.0	304.6	411.6	623.1	749.6	415.9	300.6	367.9	342.2	262.1
Physician offices	295.2	230.1	170.0	244.5	351.0	551.8	652.6	345.3	242.6	309.6	228.2	225.1
Outpatient departments	28.9	30.6	23.8	24.8	32.2	37.0	35.5	33.8	23.7	25.5	53.9	19.4
Emergency departments	35.6	34.7	39.2	35.3	28.5	34.3	61.5	36.8	34.3	32.8	60.1	17.6

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

Table 2. Number, percent distribution, and annual rate of ambulatory care visits by geographic region of visit, according to setting: United States, 1997

Geographic region	Combined settings	Physician offices	Outpatient departments	Emergency departments
		Number of visits in thousands		
All visits	959,300	787,372	76,993	94,936
Northeast	215,653	172,777	23,719	19,157
Midwest	225,900	177,840	22,976	25,084
South	325,581	270,728	21,793	33,060
West	192,166	166,026	8,505	17,635
		Percent distribution		
All visits	100.0	100.0	100.0	100.0
Northeast	22.5	21.9	30.8	20.2
Midwest	23.5	22.6	29.8	26.4
South	33.9	34.4	28.3	34.8
West	20.0	21.1	11.0	18.6
		Number of visits per 100 persons[1]		
All visits	359.6	295.2	28.9	35.6
Northeast	411.3	329.5	45.2	36.5
Midwest	343.7	270.6	35.0	38.2
South	342.1	284.4	22.9	34.7
West	360.5	311.5	16.0	33.1

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997.

Table 3. Number and percent distribution of ambulatory care visits by primary expected source of payment for this visit and patient's health maintenance organization status, according to ambulatory care setting: United States, 1997

Visit characteristic	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	959,300	100.0	787,372	100.0	76,993	100.0	94,936	100.0
Primary expected source of payment								
Private insurance	479,699	50.0	417,744	53.1	26,289	34.1	35,666	37.6
Medicare	188,972	19.7	163,263	20.7	11,026	14.3	14,684	15.5
Medicaid	102,496	10.7	64,047	8.1	21,439	27.8	17,010	17.9
Worker's Compensation	19,834	2.1	15,595	2.0	945	1.2	3,293	3.5
Self-pay	83,450	8.7	60,869	7.7	7,245	9.4	15,336	16.2
No charge	11,698	1.2	8,225	1.0	*2,432	*3.2	1,041	1.1
Other	48,162	5.0	41,000	5.2	4,329	5.6	2,833	3.0
Unknown	16,723	1.7	9,966	1.3	2,424	3.1	4,333	4.6
Blank	8,266	0.9	6,662	0.8	864	1.1	739	0.8
Does patient belong to an HMO?[1]								
All visits	959,300	100.0	787,372	100.0	76,993	100.0	94,936	100.0
Yes	251,750	26.2	220,478	28.0	15,492	20.1	15,779	16.6
No	578,605	60.3	488,291	62.0	43,963	57.1	46,351	48.8
Unknown	116,779	12.2	68,171	8.7	16,806	21.8	31,801	33.5
Blank	12,166	1.3	10,431	1.3	731	0.9	1,004	1.1

* Figure does not meet standard of reliability or precision.

[1]HMO is health maintenance organization.

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

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, 1997

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		959,300	100.0	100.0	82.1	8.0	9.9	359.6	295.2	28.9	35.6
Symptom module	S001–S999	519,907	54.2	100.0	81.1	6.1	12.8	194.9	158.1	11.9	24.9
General symptoms	S001–S099	71,226	7.4	100.0	73.5	5.2	21.3	26.7	19.6	1.4	5.7
Symptoms referable to psychological/mental disorders	S100–S199	31,097	3.2	100.0	82.8	11.6	5.7	11.7	9.6	1.3	0.7
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	28,167	2.9	100.0	74.6	6.0	19.4	10.6	7.9	0.6	2.0
Symptoms referable to the cardiovascular/lymphatic system	S260–S299	5,001	0.5	100.0	81.3	5.5	13.2	1.9	1.5	0.1	0.2
Symptoms referable to the eyes and ears	S300–S399	55,196	5.8	100.0	88.8	4.8	6.3	20.7	18.4	1.0	1.3
Symptoms referable to the respiratory system	S400–S499	102,438	10.7	100.0	83.0	6.3	10.7	38.4	31.9	2.4	4.1
Symptoms referable to the digestive system	S500–S639	46,613	4.9	100.0	69.0	6.6	24.3	17.5	12.1	1.2	4.3
Symptoms referable to the genitourinary system	S640–S829	37,677	3.9	100.0	85.3	7.0	7.7	14.1	12.0	1.0	1.1
Symptoms referable to the skin, hair, and nails	S830–S899	45,478	4.7	100.0	90.5	4.7	4.7	17.0	15.4	0.8	0.8
Symptoms referable to the musculoskeletal system	S900–S999	97,013	10.1	100.0	81.5	5.7	12.8	36.4	29.6	2.1	4.6
Disease module	D001–D999	88,092	9.2	100.0	87.1	9.2	3.7	33.0	28.8	3.0	1.2
Diagnostic/screening and preventive module	X100–X599	156,976	16.4	100.0	90.0	9.6	0.4	58.8	53.0	5.6	0.2
Treatment module	T100–T899	103,281	10.8	100.0	83.2	14.5	2.3	38.7	32.2	5.6	0.9
Injuries and adverse effects module	J001–J999	46,021	4.8	100.0	49.5	5.7	44.8	17.3	8.5	1.0	7.7
Test results module	R100–R700	14,811	1.5	100.0	89.9	8.9	1.3	5.6	5.0	0.5	0.1
Administrative module	A100–A140	8,193	0.9	100.0	90.7	7.7	1.5	3.1	2.8	0.2	0.0
Other[3]	U990–U999	22,018	2.3	100.0	82.2	11.7	6.1	8.3	6.8	*1.0	0.5

* Figure does not meet standard of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (6).

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[3]Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

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

Table 5. Number, percent distribution, and annual rate of ambulatory care visits by the 35 principal reasons for visit most frequently mentioned by patients, according to setting: United States, 1997

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		959,300	100.0	100.0	82.1	8.0	9.9	359.6	295.2	28.9	35.6
General medical examination	X100	64,804	6.8	100.0	92.3	7.6	*	24.3	22.4	1.8	*
Progress visit, not otherwise specified	T800	36,670	3.8	100.0	77.9	21.8	*	13.7	10.7	3.0	*
Cough	S440	29,603	3.1	100.0	86.9	5.6	7.5	11.1	9.6	0.6	0.8
Routine prenatal examination	X205	26,165	2.7	100.0	87.8	11.9	*	9.8	8.6	1.2	*
Symptoms referable to throat	S455	20,734	2.2	100.0	82.7	7.9	9.4	7.8	6.4	0.6	0.7
Postoperative visit	T205	20,443	2.1	100.0	92.3	6.6	1.1	7.7	7.1	0.5	0.1
Stomach and abdominal pain, cramps, and spasms	S545	18,785	2.0	100.0	64.3	6.3	29.4	7.0	4.5	0.4	2.1
Fever	S010	17,580	1.8	100.0	70.4	5.7	24.0	6.6	4.6	0.4	1.6
Well baby examination	X105	17,148	1.8	100.0	90.5	9.4	*	6.4	5.8	0.6	*
Earache or ear infection	S355	16,134	1.7	100.0	82.8	6.8	10.4	6.0	5.0	0.4	0.6
Back symptoms	S905	15,775	1.6	100.0	81.5	5.3	13.1	5.9	4.8	0.3	0.8
Skin rash	S860	14,382	1.5	100.0	85.6	6.3	8.1	5.4	4.6	0.3	0.4
Knee symptoms	S925	14,012	1.5	100.0	88.4	5.1	6.4	5.3	4.6	0.3	0.3
Chest pain and related symptoms	S050	13,962	1.5	100.0	58.4	3.5	38.1	5.2	3.1	0.2	2.0
Vision dysfunctions	S305	13,873	1.4	100.0	96.9	2.0	1.1	5.2	5.0	0.1	0.1
Headache, pain in head	S210	12,733	1.3	100.0	75.3	4.9	19.8	4.8	3.6	0.2	0.9
Depression	S110	12,003	1.3	100.0	87.4	8.2	4.5	4.5	3.9	*0.4	0.2
Hypertension	D510	11,928	1.2	100.0	91.2	6.8	2.1	4.5	4.1	0.3	0.1
Nasal congestion	S400	11,820	1.2	100.0	89.4	5.5	5.2	4.4	4.0	0.2	0.2
Head cold, upper respiratory infection (coryza)	S445	10,262	1.1	100.0	87.4	7.5	5.1	3.8	3.4	0.3	0.2
Medications, other and unspecified kinds	T115	10,196	1.1	100.0	88.8	8.9	2.3	3.8	3.4	0.3	0.1
Blood pressure test	X320	9,152	1.0	100.0	94.1	5.7	*	3.4	3.2	0.2	*
Low back symptoms	S910	8,797	0.9	100.0	80.4	6.4	13.2	3.3	2.7	0.2	0.4
Neck symptoms	S900	8,652	0.9	100.0	80.2	5.2	14.5	3.2	2.6	0.2	0.5
Leg symptoms	S920	8,511	0.9	100.0	81.2	6.0	12.7	3.2	2.6	0.2	0.4
Shoulder symptoms	S940	8,273	0.9	100.0	83.4	5.9	10.7	3.1	2.6	0.2	0.3
Entry of ‘‘none’’ or ‘‘no complaint’’	U997	7,594	0.8	100.0	92.7	7.0	*	2.8	2.6	0.2	*
Foot and toe symptoms	S935	7,374	0.8	100.0	82.2	5.1	12.7	2.8	2.3	0.1	0.4
Anxiety and nervousness	S100	7,168	0.7	100.0	91.4	6.1	2.4	2.7	2.5	0.2	0.1
Sinus problems	S410	7,022	0.7	100.0	90.5	6.8	2.6	2.6	2.4	0.2	0.1
Vertigo-dizziness	S225	7,004	0.7	100.0	75.7	5.9	18.4	2.6	2.0	0.2	0.5
Hand and finger symptoms	S960	6,770	0.7	100.0	81.0	5.2	13.8	2.5	2.1	0.1	0.4
Diabetes mellitus	D205	6,673	0.7	100.0	82.4	16.5	*	2.5	2.1	*0.4	*
Shortness of breath	S415	6,217	0.6	100.0	59.3	4.6	36.1	2.3	1.4	0.1	0.8
Pain, specified site not referable to general body system	S055	6,193	0.6	100.0	61.8	5.2	32.9	2.3	1.4	0.1	0.8
All other reasons		444,889	46.4	100.0	80.0	8.2	11.8	166.8	133.4	13.7	19.6

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (6).

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) 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 ambulatory care setting, according to patient's age, sex, and race: United States, 1997

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	123,820	20,543	17,588	40,866	26,886	8,506	9,432	60,167	63,653	103,964	14,777	5,079
Physician offices	81,655	11,132	9,936	26,838	20,091	6,678	6,980	40,995	40,661	70,621	7,003	4,031
Outpatient departments	7,054	1,548	1,105	2,365	1,430	344	262	3,284	3,771	5,437	1,448	169
Emergency departments	35,111	7,862	6,547	11,662	5,365	1,484	2,190	15,888	19,222	27,906	6,326	879
						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	65.9	54.2	56.5	65.7	74.7	78.5	74.0	68.1	63.9	67.9	47.4	79.4
Outpatient departments	5.7	7.5	6.3	5.8	5.3	4.0	2.8	5.5	5.9	5.2	9.8	3.3
Emergency departments	28.4	38.3	37.2	28.5	20.0	17.4	23.2	26.4	30.2	26.8	42.8	17.3
						Number of injury visits per 100 persons[1]						
Combined settings	46.4	34.4	47.8	49.1	49.0	47.1	67.4	44.1	48.9	47.3	43.2	40.6
Physician offices	30.6	18.7	27.0	32.2	36.6	37.0	49.9	30.0	31.2	32.1	20.5	32.2
Outpatient departments	2.6	2.6	3.0	2.8	2.6	1.9	1.9	2.4	2.9	2.5	4.2	1.4
Emergency departments	13.2	13.2	17.8	14.0	9.8	8.2	15.6	11.6	14.8	12.7	18.5	7.0

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) 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, 1997

Patient characteristic	Number of visits in thousands[1]	Percent distribution	Number of visits per 100 persons[2]
All injury visits	123,820	100.0	46.4
Age			
Under 15 years	20,543	16.6	34.4
15–24 years	17,588	14.2	47.8
25–44 years	40,866	33.0	49.1
45–64 years	26,886	21.7	49.0
65–74 years	8,506	6.9	47.1
75 years and over	9,432	7.6	67.4
Sex and age			
Female	60,167	48.6	44.1
Under 15 years	8,276	6.7	28.4
15–24 years	7,682	6.2	42.2
25–44 years	19,009	15.4	45.0
45–64 years	13,344	10.8	47.1
65–74 years	5,428	4.4	54.5
75 years and over	6,428	5.2	74.6
Male	63,653	51.4	48.9
Under 15 years	12,267	9.9	40.2
15–24 years	9,906	8.0	53.3
25–44 years	21,857	17.7	53.3
45–64 years	13,542	10.9	51.0
65–74 years	3,078	2.5	38.0
75 years and over	3,004	2.4	55.9
Race and age			
White	103,964	84.0	47.3
Under 15 years	17,207	13.9	36.7
15–24 years	14,575	11.8	49.8
25–44 years	33,104	26.7	48.4
45–64 years	23,061	18.6	49.1
65–74 years	7,514	6.1	47.1
75 years and over	8,503	6.9	67.3
Black	14,777	11.9	43.2
Under 15 years	2,792	2.3	29.1
15–24 years	2,070	1.7	37.3
25–44 years	5,558	4.5	52.0
45–64 years	3,087	2.5	53.8
65–74 years	695	0.6	43.4
75 years and over	576	0.5	54.4
Other races	5,079	4.1	40.6

[1]Includes visits to physician offices, hospital outpatient departments, and emergency departments.

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) 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 selected characteristics, according to ambulatory care setting: United States, 1997

Characteristic	Combined settings		Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution	Number of visits in thousands			Percent distribution				Number of visits per 1,000 persons[1]			
All injury visits	123,820	100.0	81,655	7,054	35,111	100.0	65.9	5.7	28.4	464.2	306.1	26.4	131.6
Place of occurrence													
Residence	24,401	19.7	13,088	1,333	9,980	100.0	53.6	5.5	40.9	91.5	49.1	5.0	37.4
Recreation/sports area	8,612	7.0	6,023	381	2,209	100.0	69.9	4.4	25.6	32.3	22.6	1.4	8.3
Street or highway	14,101	11.4	8,308	612	5,180	100.0	58.9	4.3	36.7	52.9	31.1	2.3	19.4
School	2,560	2.1	1,680	191	689	100.0	65.6	7.5	26.9	9.6	6.3	0.7	2.6
Other public building	2,599	2.1	1,455	149	995	100.0	56.0	5.7	38.3	9.7	5.5	0.6	3.7
Industrial places	12,173	9.8	9,676	506	1,991	100.0	79.5	4.2	16.4	45.6	36.3	1.9	7.5
Other and unknown[2]	59,374	48.0	41,424	3,883	14,067	100.0	69.8	6.5	23.7	222.6	155.3	14.6	52.7
Intentional injury?													
Yes, self-inflicted	990	0.8	*	*	610	100.0	36.5	*	*	3.7	*	*	2.3
Yes, assault	3,383	2.7	1,348	189	1,846	100.0	39.8	5.6	54.6	12.7	5.1	0.7	6.9
No, unintentional	90,362	73.0	57,099	5,039	28,224	100.0	63.2	5.6	31.2	338.8	214.1	18.9	105.8
Unknown	29,085	23.5	22,847	1,808	4,431	100.0	78.6	6.2	15.2	109.0	85.6	6.8	16.6
Work related?													
Yes	21,612	17.5	16,575	1,003	4,034	100.0	76.7	4.6	18.7	81.0	62.1	3.8	15.1
No	54,950	44.4	31,399	2,855	20,696	100.0	57.1	5.2	37.7	206.0	117.7	10.7	77.6
Unknown	47,258	38.2	33,681	3,197	10,381	100.0	71.3	6.8	22.0	177.2	126.3	12.0	38.9

* Figure does not meet standard of reliability or precision.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Due to a data processing problem, entries of ''other'' were combined with ''unknown'' for this item in 1997.

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

Table 9. Number, percent distribution, and annual rate of injury-related ambulatory care visits by intent and mechanism, according to ambulatory care setting: United States, 1997

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	123,820	100.0	100.0	65.9	5.7	28.4	464.2	306.1	26.4	131.6
Unintentional injuries	89,085	71.9	100.0	63.1	5.6	31.4	334.0	210.6	18.6	104.8
Falls	18,902	15.3	100.0	61.0	5.2	33.8	70.9	43.2	3.7	23.9
Motor vehicle, traffic	12,667	10.2	100.0	62.7	3.6	33.8	47.5	29.8	1.7	16.0
Striking against or struck accidentally by objects or persons	11,823	9.5	100.0	54.0	5.3	40.6	44.3	24.0	2.4	18.0
Overexertion and strenuous movements	8,559	6.9	100.0	77.8	5.8	16.4	32.1	25.0	1.9	5.3
Cutting or piercing instruments or objects	5,727	4.6	100.0	45.6	5.8	48.6	21.5	9.8	1.2	10.4
Natural and environmental factors	4,298	3.5	100.0	67.3	4.8	28.0	16.1	10.8	0.8	4.5
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors	1,360	1.1	100.0	*	*	38.4	5.1	*	*	2.0
Fire and flames, hot substance or object, caustic or corrosive material, and steam	1,720	1.4	100.0	*	5.0	40.4	6.4	*	0.3	2.6
Machinery	1,302	1.1	100.0	*	*	36.2	4.9	*	*	1.8
Pedal cycle, nontraffic and other	1,052	0.8	100.0	*	*6.9	47.5	3.9	*	*0.3	1.9
Motor vehicle, nontraffic	992	0.8	100.0	*	*	29.9	3.7	*	*	1.1
Other transportation	560	0.5	100.0	*	*	27.2	2.1	*	*	0.6
Other and not elsewhere classified	7,342	5.9	100.0	65.6	6.4	28.0	27.5	18.1	1.8	7.7
Mechanism unspecified	12,782	10.3	100.0	73.2	8.0	18.8	47.9	35.1	3.8	9.0
Intentional injuries	3,831	3.1	100.0	38.8	4.9	56.3	14.4	5.6	0.7	8.1
Assault	3,135	2.5	100.0	40.4	5.8	53.8	11.8	4.8	0.7	6.3
Self-inflicted	582	0.5	100.0	*	*	68.8	2.2	*	*	1.5
Other violence	114	*	100.0	*	*	*	*	*	*	*
Injuries of undetermined intent	1,140	0.9	100.0	*	*	31.7	4.3	*	*	1.4
Adverse effects	5,806	4.7	100.0	73.4	6.2	20.4	21.8	16.0	1.3	4.4
Blank cause	23,958	19.3	100.0	79.3	6.3	14.4	89.8	71.2	5.7	12.9

*Figure does not meet standard of reliability or precision.

[1]Intent and mechanism are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM), ''Supplementary Classification of External Causes of Injury and Poisoning'' (7). A detailed description of the ICD–9–CM E-codes used to create the groupings in this table is provided in appendix I.

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) 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, 1997

Diagnostic and screening services	Combined settings	Physician offices	Outpatient departments	Emergency departments
		Number of visits in thousands		
All visits	959,300	787,372	76,993	94,936
Services ordered or provided		Percent distribution		
Yes	74.2	73.0	71.4	86.7
No	25.8	27.0	28.6	13.3
Selected services[1]		Percent of visits[2]		
Blood pressure	48.7	45.8	49.9	72.4
Urinalysis	11.3	11.0	9.3	15.7
Pregnancy test	0.9	0.6	0.8	2.8
HIV serology[3]	0.4	0.3	*1.0	0.2
Other STD test[4]	0.5	0.4	0.9	0.7
EKG[5]	4.0	2.8	2.5	14.9
X ray	9.4	6.5	7.5	35.4
CAT scan/MRI[6]	1.4	1.0	1.7	3.7
Ultrasound	2.3	2.4	2.5	1.7

* Figure does not meet standard of reliability or precision.

[1]Only services that were listed on each of the three survey instruments are included in this table, representing a subset of all of the service categories on the three Patient Record forms. The emergency department (ED) 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 ED form also included separate checkboxes for MRI and CAT scan. Results from these have been combined to parallel the format used on the Patient Record forms for physician offices and outpatient departments.

[2]Sum of percents may exceed 100.0 because more than one service may be reported per visit.

[3]HIV is human immunodeficiency virus.

[4]STD is sexually transmitted disease.

[5]EKG is electrocardiogram.

[6]CAT is computerized axial tomography, and MRI is magnetic resonance imaging.

Table 11. Number, percent distribution, and annual rate of ambulatory care visits by setting, according to primary diagnosis, using major disease categories: United States, 1997

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	959,300	100.0	82.1	8.0	9.9	359.6	295.2	28.9	35.6
Infectious and parasitic diseases 001–139	29,162	100.0	79.7	10.5	9.8	10.9	8.7	1.1	1.1
Neoplasms 140–239	28,739	100.0	88.7	10.3	1.1	10.8	9.6	1.1	0.1
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	45,822	100.0	87.5	9.9	2.6	17.2	15.0	1.7	0.4
Mental disorders 290–319	49,163	100.0	80.3	13.3	6.4	18.4	14.8	2.4	1.2
Diseases of the nervous system and sense organs 320–389	87,973	100.0	88.4	5.5	6.1	33.0	29.2	1.8	2.0
Diseases of the circulatory system 390–459	69,738	100.0	86.3	7.3	6.4	26.1	22.6	1.9	1.7
Diseases of the respiratory system 460–519	115,266	100.0	82.8	6.9	10.4	43.2	35.8	3.0	4.5
Diseases of the digestive system 520–579	34,859	100.0	74.9	8.7	16.4	13.1	9.8	1.1	2.1
Diseases of the genitourinary system 580–629	55,292	100.0	86.7	6.3	7.0	20.7	18.0	1.3	1.5
Diseases of the skin and subcutaneous tissue 680–709	45,020	100.0	89.0	5.6	5.4	16.9	15.0	0.9	0.9
Diseases of the musculoskeletal system and connective tissue 710–739	68,221	100.0	85.5	7.3	7.2	25.6	21.9	1.9	1.8
Symptoms, signs, and ill-defined conditions 780–799	62,279	100.0	71.2	7.2	21.6	23.3	16.6	1.7	5.0
Injury and poisoning 800–999	83,148	100.0	60.4	5.4	34.1	31.2	18.8	1.7	10.6
Supplementary classification V01–V82	147,708	100.0	87.6	10.4	2.0	55.4	48.5	5.8	1.1
All other diagnoses[3]	15,815	100.0	75.6	14.5	9.9	5.9	4.5	0.9	0.6
Unknown[4]	21,096	100.0	81.8	6.9	11.3	7.9	6.5	0.5	0.9

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7).

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

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

[4]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

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

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group, according to ambulatory care setting: United States, 1997

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	959,300	100.0	787,372	100.0	76,993	100.0	94,936	100.0
Infectious and parasitic diseases	29,162	3.0	23,251	3.0	3,050	3.8	2,861	3.0
Streptococcal sore throat	3,119	0.3	2,502	0.3	276	0.4	342	0.4
HIV infection	1,186	0.1	*	*	658	0.9	*	*
Viral warts	3,949	0.4	3,732	0.5	200	0.3	*	*
Unspecified viral and chlamydial infections	5,316	0.6	3,975	0.5	412	0.5	928	1.0
Dermatophytosis	1,928	0.2	1,656	0.2	159	0.2	*	*
Candidiasis	1,491	0.2	1,180	0.1	148	0.2	164	0.2
Other infectious and parasitic diseases	12,172	1.3	9,703	1.2	1,197	1.6	1,272	1.3
Neoplasms	28,739	3.1	25,479	3.2	2,947	4.6	313	0.3
Malignant neoplasm of colon and rectum	1,982	0.2	1,666	0.2	298	0.4	*	*
Malignant neoplasm of skin	3,700	0.4	3,432	0.4	244	0.3	*	*
Malignant neoplasm of breast	3,188	0.3	2,877	0.4	295	0.4	*	*
Malignant neoplasm of prostate	2,509	0.3	2,384	0.3	111	0.1	*	*
Malignant neoplasm of lymphatic and hematopoietic tissue	1,598	0.2	1,134	0.1	429	0.6	*	*
Other malignant neoplasms	6,087	0.6	5,098	0.6	868	1.1	122	0.1
Benign neoplasm of skin	3,756	0.4	3,543	0.4	213	0.3	–	–
Other benign neoplasm	4,479	0.5	4,060	0.5	370	0.5	*	*
Neoplasm of uncertain behavior and unspecified nature	1,440	0.2	1,285	0.2	121	0.2	*	*
Endocrine, nutritional and metabolic diseases, and immunity disorders	45,822	4.8	40,097	5.1	4,536	5.9	1,189	1.3
Acquired hypothyroidism	2,508	0.3	2,201	0.3	297	0.4	*	*
Other disorders of the thyroid gland	2,397	0.2	2,175	0.3	203	0.3	*	*
Diabetes mellitus	20,976	2.2	17,878	2.3	2,799	3.6	299	0.3
Disorders of lipoid metabolism	6,796	0.7	6,422	0.8	363	0.5	*	*
Obesity	7,765	0.8	7,366	0.9	399	0.5	–	–
Other endocrine, nutritional and metabolic diseases, immunity disorders	5,380	0.6	4,056	0.5	475	0.6	849	0.9
Diseases of the blood and blood-forming organs	4,387	0.5	3,526	0.4	544	0.7	317	0.3
Anemias	3,109	0.3	2,484	0.3	409	0.5	216	0.2
Other diseases of the blood and blood-forming organs	1,278	0.1	1,043	0.1	135	0.2	*	*
Mental disorders	49,163	5.1	39,491	5.0	6,533	8.0	3,139	3.3
Schizophrenic disorders	2,701	0.3	2,105	0.3	347	0.5	249	0.3
Major depressive disorder	8,275	0.9	7,216	0.9	*866	*1.1	193	0.2
Other psychoses	4,990	0.5	3,940	0.5	554	0.7	496	0.5
Anxiety states	5,709	0.6	4,771	0.6	403	0.5	535	0.6
Neurotic depression	3,691	0.4	3,248	0.4	395	0.5	*	*
Alcohol dependence syndrome	941	0.1	*	*	630	0.8	108	0.1
Drug dependence and nondependent use of drugs	2,694	0.3	818	0.1	*1,227	*1.6	649	0.7
Acute reaction to stress and adjustment reaction	2,508	0.3	2,058	0.3	332	0.4	117	0.1
Depressive disorder, not elsewhere classified	7,468	0.8	6,406	0.8	649	0.8	413	0.4
Attention deficit disorder	3,468	0.4	2,955	0.4	501	0.7	*	*
Other mental disorders	6,719	0.7	5,770	0.7	629	0.8	320	0.3
Diseases of the nervous system and sense organs	87,973	9.1	77,766	9.9	4,842	6.0	5,365	5.7
Migraine	3,624	0.4	2,680	0.3	158	0.2	785	0.8
Other disorders of the central nervous system	4,616	0.5	4,004	0.5	437	0.6	175	0.2
Carpal tunnel syndrome	2,063	0.2	1,890	0.2	145	0.2	*	*
Other disorders of the nervous system	2,196	0.2	1,929	0.2	155	0.2	*	*
Retinal detachment and other retinal disorders	2,299	0.2	2,175	0.3	123	*	*	*
Glaucoma	7,010	0.7	6,721	0.9	286	0.4	*	*
Cataract	9,378	1.0	9,087	1.2	287	0.4	*	*
Disorders of refraction and accommodation	5,198	0.5	5,097	0.6	102	0.1	–	–
Conjunctivitis	4,149	0.4	3,301	0.4	325	0.4	523	0.6
Disorders of eyelids	2,987	0.3	2,820	0.4	106	0.1	*	*
Other disorders of the eye and adnexa	9,252	1.0	8,673	1.1	303	0.4	276	0.3
Disorders of external ear	5,175	0.5	4,521	0.6	235	0.3	418	0.4
Otitis media and Eustachian tube disorders	24,472	2.6	20,009	2.5	1,802	2.3	2,661	2.8
Other diseases of the ear and mastoid process	5,552	0.6	4,858	0.6	378	0.5	316	0.3

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group, according to ambulatory care setting: United States, 1997—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	69,738	7.3	60,199	7.6	5,058	6.8	4,481	4.7
Angina pectoris	1,319	0.1	1,083	0.1	*53	0.1	182	0.2
Coronary atherosclerosis	8,244	0.9	7,832	1.0	354	0.5	*	*
Other ischemic heart disease	2,735	0.3	1,762	0.2	90	0.1	882	0.9
Cardiac dysrhythmias	3,785	0.4	2,871	0.4	210	0.3	704	0.7
Congestive heart failure	3,842	0.4	2,763	0.4	295	0.4	784	0.8
Other heart disease	3,880	0.4	3,585	0.5	178	0.2	*	*
Essential hypertension	33,306	3.5	29,716	3.8	3,071	4.0	519	0.5
Cerebrovascular disease	2,527	0.3	1,684	0.2	203	0.3	639	0.7
Diseases of the arteries, arterioles, and capillaries	2,902	0.3	2,640	0.3	142	0.2	120	*
Hemorrhoids	2,412	0.3	2,130	0.3	161	0.2	121	0.1
Other diseases of the circulatory system	4,786	0.5	4,131	0.5	300	0.4	354	0.4
Diseases of the respiratory system	115,266	11.9	95,421	12.1	7,896	9.6	11,949	12.6
Acute sinusitis	2,851	0.3	2,361	0.3	258	0.3	232	0.2
Acute pharyngitis	9,821	1.0	7,491	1.0	971	1.3	1,358	1.4
Acute tonsillitis	4,229	0.4	3,645	0.5	200	0.3	384	0.4
Acute bronchitis and bronchiolitis	4,015	0.4	2,830	0.4	267	0.3	918	1.0
Other acute respiratory infections	27,097	2.8	23,121	2.9	1,721	2.2	2,255	2.4
Chronic sinusitis	14,907	1.6	13,349	1.7	1,013	1.3	545	0.6
Allergic rhinitis	8,331	0.9	7,763	1.0	509	0.7	*	*
Pneumonia	3,932	0.4	2,445	0.3	221	0.3	1,266	1.3
Chronic and unspecified bronchitis	12,170	1.3	9,727	1.2	740	1.0	1,703	1.8
Asthma	12,848	1.3	9,834	1.2	1,097	1.4	1,917	2.0
Other chronic obstructive pulmonary diseases and allied conditions	4,195	0.4	3,701	0.5	274	0.4	219	0.2
Other diseases of the respiratory system	10,870	1.1	9,153	1.2	624	0.8	1,093	1.2
Diseases of the digestive system	34,859	3.7	26,111	3.3	3,045	4.1	5,704	6.0
Diseases of the teeth and supporting structures	2,272	0.2	1,440	0.2	105	0.1	727	0.8
Gastritis and duodenitis	2,565	0.3	1,854	0.2	177	0.2	534	0.6
Esophagitis	743	0.1	559	*	*79	0.1	*	*
Ulcer of stomach and small intestine	1,372	0.1	1,209	*	*70	0.1	*	*
Hernia of abdominal cavity	3,470	0.4	2,860	0.4	416	0.5	193	0.2
Noninfectious enteritis and colitis	5,263	0.5	3,534	0.4	344	0.4	1,385	1.5
Diverticula of intestine	1,888	0.2	1,615	0.2	171	0.2	*	*
Constipation	1,544	0.2	1,065	0.1	102	0.1	377	0.4
Irritable colon	1,708	0.2	1,499	0.2	186	0.2	*	*
Anal and rectal diseases	2,083	0.2	1,828	0.2	*81	0.1	174	0.2
Disorders of the gallbladder and biliary tract	1,917	0.2	1,424	0.2	168	0.2	325	0.3
Gastrointestinal hemorrhage	870	0.1	*	*	121	0.2	416	0.4
Other diseases of the digestive system	9,165	1.0	6,890	0.9	1,024	1.3	1,251	1.3
Diseases of the genitourinary system	55,292	5.8	47,941	6.1	3,469	4.7	3,882	4.1
Calculus of kidney and ureter	1,325	0.1	773	0.1	118	0.2	434	0.5
Cystitis and other disorders of the bladder	2,675	0.3	2,209	0.3	205	0.3	261	0.3
Urinary tract infection, site not specified	8,318	0.9	6,465	0.8	604	0.8	1,249	1.3
Other diseases of the urinary system	8,602	0.9	7,228	0.9	687	0.9	687	0.7
Hyperplasia of prostate	2,855	0.3	2,730	0.3	124	0.2	*	*
Other disorders of male genital organs	3,462	0.4	3,058	0.4	214	0.3	191	0.2
Disorders of breast	5,326	0.6	4,910	0.6	322	0.4	*	*
Inflammatory disorders of female pelvic organs	4,600	0.5	4,078	0.5	183	0.2	339	0.4
Noninflammatory disorders of female genital organs	3,300	0.3	2,858	0.4	227	0.3	216	0.2
Disorders of menstruation and abnormal bleeding	4,566	0.5	4,161	0.5	253	0.3	152	0.2
Menopausal and postmenopausal disorders	4,469	0.5	4,296	0.5	152	0.2	*	*
Other disorders of the female genital tract	5,793	0.6	5,175	0.7	382	0.5	236	0.2
Complications of pregnancy, childbirth, and the puerperium	7,105	0.7	5,024	0.6	951	1.2	1,130	1.2
Diseases of the skin and subcutaneous tissue	45,020	4.7	40,084	5.1	2,515	3.0	2,422	2.6
Cellulitis and abscess	3,551	0.4	2,355	0.3	276	0.4	920	1.0
Other infection of the skin and subcutaneous tissue	2,255	0.2	1,869	0.2	176	0.2	210	0.2
Contact dermatitis and other eczema	8,508	0.9	7,446	0.9	499	0.6	563	0.6

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group, according to ambulatory care setting: United States, 1997—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—Continued								
Psoriasis and similar disorders	2,129	0.2	2,005	0.3	116	0.2	*	*
Other inflammatory conditions of skin and subcutaneous tissue	4,811	0.5	4,363	0.6	303	0.4	146	0.2
Corns, callosities, and other hypertrophic and atrophic skin conditions	2,541	0.3	2,428	0.3	94	0.1	*	*
Actinic and seborrheic keratosis	5,100	0.5	4,952	0.6	147	0.2	–	–
Acne	5,249	0.5	5,120	0.7	128	0.2	*	*
Sebaceous cyst	2,910	0.3	2,594	0.3	254	0.3	*	*
Urticaria	971	0.1	*	*	94	0.1	306	0.3
Other disorders of the skin and subcutaneous tissue	6,995	0.7	6,380	0.8	427	0.6	189	0.2
Diseases of the musculoskeletal system and connective tissue	68,221	7.1	58,342	7.4	4,952	6.2	4,927	5.2
Rheumatoid arthritis	3,796	0.4	3,503	0.4	271	0.4	*	*
Osteoarthrosis and allied disorders	7,681	0.8	7,101	0.9	480	0.6	*	*
Other arthropathies and related disorders	5,739	0.6	4,934	0.6	616	0.8	189	0.2
Derangements and other and unspecified joint disorders	6,659	0.7	5,321	0.7	640	0.8	698	0.7
Intervertebral disc disorders	3,581	0.4	3,312	0.4	178	0.2	*	*
Lumbago	3,842	0.4	2,810	0.4	376	0.5	657	0.7
Other dorsopathies	11,685	1.2	9,709	1.2	697	0.9	1,279	1.3
Peripheral enthesopathies and allied disorders	6,754	0.7	6,237	0.8	242	0.3	276	0.3
Synovitis and tenosynovitis	1,800	0.2	1,620	0.2	*66	0.1	*	*
Myalgia and myositis, unspecified	2,908	0.3	2,255	0.3	203	0.3	450	0.5
Other rheumatism, excluding back	7,453	0.8	6,303	0.8	394	0.5	756	0.8
Disorders of bone and cartilage	3,543	0.4	2,646	0.3	663	0.9	234	0.2
Other diseases of the musculoskeletal system and connective tissue	2,780	0.3	2,591	0.3	126	0.2	*	*
Congenital anomalies	3,636	0.4	2,887	0.4	678	0.9	*	*
Certain conditions originating in the perinatal period	687	0.1	*	*	126	0.2	*	*
Symptoms, signs, and ill-defined conditions	62,279	6.5	44,358	5.6	4,465	6.1	13,456	14.2
Syncope and collapse	1,385	0.1	*	*	*48	*	697	0.7
Convulsions	2,088	0.2	1,021	0.1	422	0.5	645	0.7
Dizziness and giddiness	2,139	0.2	1,531	0.2	139	0.2	470	0.5
Pyrexia of unknown origin	1,658	0.2	*	*	*75	*	822	0.9
Symptoms involving skin and other integumentary tissue	4,242	0.4	3,600	0.5	287	0.4	356	0.4
Headache	4,006	0.4	2,640	0.3	244	0.3	1,123	1.2
Epistaxis	909	0.1	*	*	*61	*	275	0.3
Abnormal heart sounds	1,273	0.1	987	0.1	*56	0.1	231	0.2
Dyspnea and respiratory abnormalities	1,690	0.2	1,084	0.1	*75	0.1	532	0.6
Cough	2,059	0.2	1,774	0.2	131	0.2	*	*
Chest pain	6,822	0.7	3,723	0.5	285	0.4	2,814	3.0
Symptoms involving urinary system	2,732	0.3	1,983	0.3	268	0.3	481	0.5
Abdominal pain	7,777	0.8	4,590	0.6	427	0.6	2,761	2.9
Other symptoms, signs, and ill-defined conditions	23,498	2.4	19,451	2.5	1,950	2.5	2,097	2.2
Injury and poisoning	83,148	8.6	50,248	6.4	4,527	5.1	28,373	29.9
Fracture of radius and ulna	2,501	0.3	1,612	0.2	270	0.4	618	0.7
Fracture of hand and fingers	2,883	0.3	1,931	0.2	227	0.3	725	0.8
Fracture of lower limb	5,248	0.5	3,485	0.4	505	0.7	1,258	1.3
Other fractures	3,115	0.3	1,979	0.3	234	0.3	902	0.9
Sprains and strains of wrist and hand	1,616	0.2	*	*	127	0.2	588	0.6
Sprains and strains of knee and leg	2,851	0.3	2,207	0.3	*85	0.1	559	0.6
Sprains and trains of ankle	2,399	0.3	1,207	0.2	164	0.2	1,028	1.1
Sprains and strains of neck	4,117	0.4	2,824	0.4	93	0.1	1,199	1.3
Other sprains and strains of back	5,972	0.6	4,626	0.6	268	0.3	1,078	1.1
Other sprains and strains	5,746	0.6	4,184	0.5	304	0.4	1,258	1.3
Intracranial injury, excluding those with skull fracture	1,220	0.1	*	*	96	*	865	0.9
Open wound of head	3,845	0.4	1,093	0.1	165	0.2	2,587	2.7
Open wound of hand and fingers	4,097	0.4	1,630	0.2	210	0.3	2,257	2.4
Other open wound	5,809	0.6	3,017	0.4	284	0.4	2,508	2.6
Superficial injury of cornea	925	0.1	*	*	*74	*	438	0.5
Other superficial injury	3,320	0.3	2,036	0.3	161	0.2	1,123	1.2
Contusions with intact skin surfaces	9,479	1.0	4,663	0.6	339	0.4	4,477	4.7

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group, according to ambulatory care setting: United States, 1997—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—Continued								
Other injuries	10,381	1.1	6,945	0.9	468	0.6	2,968	3.1
Poisonings	1,142	0.1	*	*	*70	*	730	0.8
Other and unspecified effects of external causes	4,508	0.5	3,388	0.4	253	0.3	868	0.9
Complications of surgical and medical care, not elsewhere classified	1,974	0.2	1,508	0.2	128	0.2	338	0.4
Supplementary classification of factors influencing health status and contact with health services	147,708	15.5	129,373	16.4	15,408	21.0	2,928	3.1
Potential health hazards related to communicable diseases	3,225	0.3	2,445	0.3	640	0.8	139	0.1
Potential health hazards related to personal and family history	9,857	1.0	8,355	1.1	1,063	1.4	439	0.5
Routine infant or child health check	30,925	3.2	27,585	3.5	3,303	4.3	*	*
Normal pregnancy	26,173	2.7	22,848	2.9	3,153	4.1	172	0.2
Postpartum care and examination	2,334	0.2	2,073	0.3	258	0.3	*	*
Encounter for contraceptive management	3,193	0.3	2,664	0.3	525	0.7	*	*
Other encounter related to reproduction	1,000	0.1	*	*	320	0.4	*	*
Lens replaced by pseudophakos	2,250	0.2	2,216	0.3	*34	*	–	–
Artificial opening status and other postsurgical states	6,189	0.6	5,278	0.7	*856	*1.1	*	*
Attention to surgical dressing and sutures	2,118	0.2	1,461	0.2	137	0.2	521	0.5
Followup examination	11,084	1.2	10,151	1.3	794	1.0	*	*
General medical examination	22,181	2.3	20,804	2.6	1,162	1.5	215	0.2
Observation and evaluation for suspected conditions not found	4,632	0.5	3,656	0.5	443	0.6	532	0.6
Gynecological examination	6,469	0.7	5,881	0.7	587	0.8	*	*
Other factors influencing health status and contact with health services	16,077	1.7	13,286	1.7	2,132	2.8	659	0.7
Blank and illegible	21,096	2.2	17,259	2.2	1,450	1.9	2,387	2.5

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]These groups are based on the principal diagnosis coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7). A complete list of the ICD–9–CM codes used to formulate the groupings in this table is shown in appendix I. 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.

Table 13. Number and percent distribution of ambulatory care visits by selected primary diagnosis groups, according to ambulatory care setting: United States, 1997

Primary 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 distribution			
All visits	959,300	100.0	100.0	82.1	8.0	9.9
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	38,067	4.0	100.0	83.9	6.1	10.0
Essential hypertension 401	33,623	3.5	100.0	88.4	10.1	1.5
Routine infant or child health check V20.2	31,654	3.3	100.0	87.1	12.7	*
Normal pregnancy V22	26,278	2.7	100.0	86.9	12.4	0.7
Otitis media and Eustachian tube disorders 381–382	24,576	2.6	100.0	81.4	7.8	10.8
Arthropathies and related disorders 710–719	23,924	2.5	100.0	87.2	8.6	3.7
General medical examination V70	22,290	2.3	100.0	93.3	5.7	1.0
Diabetes mellitus 250	21,417	2.2	100.0	83.5	15.1	1.4
Malignant neoplasms 140–208	19,990	2.1	100.0	83.0	15.9	0.6
Dorsopathies 720–724	19,425	2.0	100.0	81.5	8.1	10.0
Rheumatism, excluding back 725–729	18,916	2.0	100.0	86.8	4.8	7.8
Chronic sinusitis 473	14,933	1.6	100.0	89.4	7.0	3.7
Asthma 493	12,975	1.4	100.0	75.8	9.4	14.8
Ischemic heart disease 410–414	12,432	1.3	100.0	85.9	5.1	8.6
Chronic and unspecified bronchitis 490–491	12,159	1.3	100.0	80.0	6.0	14.0
Heart disease, excluding ischemic 391–392.0,393–398,402, 404,415–416,420–4	11,545	1.2	100.0	79.9	6.2	12.9
Followup examination V67	11,291	1.2	100.0	89.9	8.9	*
Sprains and strains of back 846–847	10,057	1.0	100.0	74.0	3.4	22.6
Potential health hazards related to personal and family history V10–V19	9,946	1.0	100.0	84.0	11.6	4.4
Open wound, excluding head 874–897	9,832	1.0	100.0	47.3	4.3	48.5
Acute pharyngitis 462	9,718	1.0	100.0	77.1	8.9	14.0
Neoplasms of benign, uncertain, or unspecified nature 210–239	9,713	1.0	100.0	91.5	7.6	–
Contusion with intact skin surface 920–924	9,421	1.0	100.0	49.5	3.0	47.5
Cataract 366	9,416	1.0	100.0	96.5	3.5	*
Fractures, excluding lower limb 800–819	8,555	0.9	100.0	64.6	9.2	26.2
Contact dermatitis and other eczema 692	8,554	0.9	100.0	87.0	6.4	6.6
Allergic rhinitis 477	8,342	0.9	100.0	93.1	6.2	*
Urinary tract infection, site not specified 599.0	8,318	0.9	100.0	77.7	7.3	15.0
Major depressive disorder 296.2,296.3	8,184	0.9	100.0	88.2	9.5	2.4
Abdominal pain 789.0	7,814	0.8	100.0	58.7	5.9	35.3
Obesity 278.0	7,795	0.8	100.0	94.5	5.5	–
Psychoses, excluding major depressive disorder 290–296.1,296.4–299	7,707	0.8	100.0	78.4	11.9	9.7
Depressive disorder, not elsewhere classified 311	7,501	0.8	100.0	85.4	9.1	5.5
Complications of pregnancy, childbirth, and the puerperium 630–677	7,140	0.7	100.0	70.4	13.8	15.8
Glaucoma 365	6,974	0.7	100.0	96.4	3.6	*
Chest pain 786.5	6,850	0.7	100.0	54.4	4.6	41.1
Disorders of lipoid metabolism 272	6,824	0.7	100.0	94.1	5.7	*
Gynecological examination V72.3	6,623	0.7	100.0	88.8	11.2	*
Artificial opening status and other postsurgical states V44–V45	6,389	0.7	100.0	82.6	16.5	*
Anxiety states 300.4	5,747	0.6	100.0	83.0	7.7	9.3
All other diagnoses	416,388	43.4	100.0	80.9	7.3	11.8

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]These groups are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

Table 14. Number and percent distribution of ambulatory care visits by medication therapy and number of medications provided or prescribed, according to ambulatory care setting: United States, 1997

Medication therapy	Combined settings	Physician offices	Outpatient departments	Emergency departments
		Number of visits in thousands		
All visits	959,300	787,372	76,993	94,936
Medication therapy provided or prescribed?				
Yes	613,551	498,930	46,786	67,834
No	345,749	288,442	30,206	27,101
Number of medications provided or prescribed				
None	345,749	288,442	30,206	27,101
1	283,344	235,687	19,219	28,438
2	162,906	131,433	11,471	20,002
3	77,628	60,992	6,786	9,850
4	37,020	28,833	3,593	4,594
5	22,240	17,875	2,087	2,278
6	30,412	24,110	3,629	2,672
		Percent distribution		
All visits	100.0	100.0	100.0	100.0
Medication therapy provided or prescribed?				
Yes	64.0	63.4	60.8	71.5
No	36.0	36.6	39.2	28.5
Number of medications provided or prescribed				
None	36.0	36.6	39.2	28.5
1	29.5	29.9	25.0	30.0
2	17.0	16.7	14.9	21.1
3	8.1	7.7	8.8	10.4
4	3.9	3.7	4.7	4.8
5	2.3	2.3	2.7	2.4
6	3.2	3.1	4.7	2.8

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, 1997

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	959,300	613,551	1,283,795	1.3
Physician offices	787,372	498,930	1,030,897	1.3
Outpatient departments	76,993	46,786	109,105	1.4
Emergency departments	94,936	67,834	143,792	1.5

[1]Visits at which one or more drugs were provided or prescribed.

[2]Number of drug mentions divided by number of visits.

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

Table 16. Number and percent distribution of drug mentions by therapeutic classification, according to ambulatory care setting: United States, 1997

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	Percent distribution				Number of mentions per 100 visits			
All drug mentions	1,283,795	100.0	100.0	80.3	8.5	11.2	133.8	130.9	141.7	151.5
Cardiovascular-renal drugs	176,382	13.7	100.0	85.7	7.9	6.3	18.4	19.2	18.1	11.8
Drugs used for relief of pain	173,263	13.5	100.0	66.1	7.9	26.0	18.1	14.6	17.7	47.5
Antimicrobial agents	157,724	12.3	100.0	77.9	8.1	14.0	16.4	15.6	16.7	23.3
Respiratory tract drugs	126,549	9.9	100.0	79.2	8.7	12.1	13.2	12.7	14.3	16.2
Hormones and agents affecting hormonal mechanisms	115,928	9.0	100.0	84.9	9.2	5.9	12.1	12.5	13.9	7.2
Central nervous system	107,859	8.4	100.0	84.2	8.7	7.2	11.2	11.5	12.1	8.1
Metabolic and nutrient agents	71,596	5.6	100.0	82.3	10.4	7.3	7.5	7.5	9.7	5.5
Skin/mucous membrane	66,749	5.2	100.0	88.0	6.6	5.3	7.0	7.5	5.8	3.7
Immunologic agents	56,241	4.4	100.0	82.2	12.4	5.4	5.9	5.9	9.0	3.2
Gastrointestinal agents	55,915	4.4	100.0	77.9	8.8	13.3	5.8	5.5	6.4	7.8
Ophthalmic drugs	39,562	3.1	100.0	91.9	5.0	3.0	4.1	4.6	2.6	1.3
Neurologic drugs	32,634	2.5	100.0	78.3	9.0	12.6	3.4	3.2	3.8	4.3
Hematologic agents	29,113	2.3	100.0	84.3	7.8	7.9	3.0	3.1	2.9	2.4
Anesthetic drugs	13,902	1.1	100.0	60.1	9.9	30.0	1.4	1.1	1.8	4.4
Oncolytics	8,765	0.7	100.0	85.1	*	*	0.9	0.9	*	*
Otologic drugs	7,447	0.6	100.0	75.4	9.7	15.0	0.8	0.7	0.9	1.2
Radiopharmaceutical/contrast media	5,281	0.4	100.0	88.5	*	*	0.6	0.6	*	*
Antiparasitics	4,933	0.4	100.0	88.3	*	*	0.5	0.6	*	*
Other and unclassified[2]	33,952	2.6	100.0	83.6	7.3	9.1	3.5	3.6	3.2	3.2

*Figure does not meet standard of reliability or precision.

[1]Based on the standard drug classification used in the National Drug Code Directory, 1995 edition (NDC) (9).

[2]Includes antidotes, 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, according to the 35 generic substances most frequently used at ambulatory care visits: United States, 1997

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	1,536,325	. . .	100.0	79.5	9.5	11.0
Acetaminophen	63,096	4.9	100.0	60.2	7.8	32.0
Amoxicillin	39,025	3.0	100.0	80.3	7.7	12.0
Ibuprofen	28,845	2.2	100.0	55.5	9.0	35.5
Albuterol	21,980	1.7	100.0	68.4	12.2	19.4
Aspirin	20,924	1.6	100.0	79.6	11.4	9.0
Hydrochlorothiazide	19,096	1.5	100.0	88.0	10.0	2.0
Hydrocodone	18,686	1.4	100.0	68.6	4.3	27.1
Estrogens	17,970	1.4	100.0	86.6	10.3	3.1
Furosemide	17,499	1.3	100.0	78.9	10.2	10.9
Guaifenesin	15,818	1.2	100.0	85.7	8.4	5.9
Prednisone	13,605	1.0	100.0	77.0	11.3	11.7
Levothyroxine	13,557	1.0	100.0	85.5	10.9	3.6
Naproxen	12,844	1.0	100.0	82.4	7.3	10.3
Influenza virus vaccine	12,546	1.0	100.0	88.5	11.4	*
Loratadine	12,029	0.9	100.0	91.2	7.1	1.6
Insulin	11,899	0.9	100.0	72.3	20.4	7.3
Trimethoprim	11,747	0.9	100.0	72.0	12.2	15.8
Digoxin	11,670	0.9	100.0	87.7	5.4	6.9
Triamcinolone	11,415	0.9	100.0	87.2	8.7	4.2
Estradiol	11,048	0.9	100.0	92.9	6.5	0.6
Sulfamethoxazole	11,043	0.9	100.0	70.8	12.7	16.5
Atenolol	11,018	0.8	100.0	86.5	10.4	3.1
Cephalexin	10,875	0.8	100.0	70.6	6.7	22.7
Codeine	10,740	0.8	100.0	67.0	6.9	26.1
Potassium replacement solutions	10,566	0.8	100.0	82.8	6.8	10.4
Lisinopril	10,315	0.8	100.0	89.4	7.2	3.4
Phenylephrine	10,050	0.8	100.0	88.6	7.2	4.3
Pseudoephedrine	9,923	0.8	100.0	86.8	8.8	4.4
Alprazolam	9,876	0.8	100.0	90.8	4.3	4.9
Medroxyprogesterone	9,861	0.8	100.0	86.8	11.1	2.1
Lidocaine	9,791	0.8	100.0	71.3	7.5	21.2
Clarithromycin	9,560	0.7	100.0	85.0	6.3	8.7
Warfarin	9,423	0.7	100.0	88.1	7.1	4.8
Fluoxetine hydrocholoride	9,275	0.7	100.0	88.7	8.5	2.8
Nifedipine	9,212	0.7	100.0	83.7	9.2	7.1

. . .Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Frequency of mentions combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

[2]Based on an estimated 1,298,823,000 drug mentions at physician office visits, hospital outpatient department visits, and hospital emergency department visits in 1997.

Table 18. Number and percent of ambulatory care visits by type of providers seen and ambulatory care setting: United States, 1997

Providers seen	Combined settings	Physician offices	Outpatient departments	Emergency departments
		Number of visits in thousands[1]		
All visits	959,300	787,372	76,993	94,936
Physician[2]	913,112	761,907	61,711	89,493
Physician assistant	24,533	19,174	1,629	3,730
Nurse practitioner	14,169	9,212	3,475	1,482
Nurse midwife	1,125	*	*553	. . .
Registered nurse	221,153	107,103	31,303	82,747
Licensed practical nurse	108,277	94,013	8,391	5,873
Medical/nursing assistant	194,591	174,009	13,351	7,232
Emergency medical technician	6,949	. . .	. . .	6,949
Other provider	62,102	42,780	12,366	6,955
No answer	8,358	5,915	1,115	1,328
		Percent of visits		
All visits	. . .	. . .	. . .	. . .
Physician[2]	95.2	96.8	80.2	94.3
Physician assistant	2.6	2.4	2.1	3.9
Nurse practitioner	1.5	1.2	4.5	1.6
Nurse midwife	0.1	*	*0.7	. . .
Registered nurse	23.1	13.6	40.7	87.2
Licensed practical nurse	11.3	11.9	10.9	6.2
Medical/nursing assistant	20.3	22.1	17.3	7.6
Emergency medical technician	0.7	. . .	. . .	7.3
Other provider	6.5	5.4	16.1	7.3
No answer	0.9	0.8	1.4	1.4

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

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

[2]The outpatient and emergency department Patient Record forms used categories of ''physician,'' ''resident/intern,'' and ''other physician.'' These have been collapsed into one category for comparability with data from physician offices which only listed a single physician category.

Appendix I

Technical Notes

Estimation

Statistics from the 1997 NAMCS and NHAMCS were derived by multistage estimation procedures that produce essentially unbiased estimates. The estimation for NAMCS has four basic components: (a) inflation by reciprocals of the probabilities of selection; (b) adjustment for nonresponse; (c) a ratio adjustment to fixed totals; and (d) weight smoothing. The estimation for NHAMCS has three basic components: (a) inflation by reciprocals of the sampling selection probabilities; (b) adjustment for nonresponse; and (c) a population weighting ratio adjustment. Beginning with 1997, the population weighting ratio adjustment for OPD estimates was replaced by an adjustment that controls for effects of rotating hospital sample panels into and out of the sample each year. (The full NHAMCS hospital sample is partitioned into 16 panels that are rotated into the sample over 16 periods of 4 weeks each so that only 13 panels are used in any one year.) Starting with 1997 data, the sampling weights of some OPD's were permanently trimmed to prevent single OPD's from contributing more than 15 percent of their region's total to OPD visit estimates.

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 out of 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 used in tests of significance for this report were calculated using generalized linear models for predicting the relative standard error 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 (21). The relative standard error (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 relative standard errors (RSE's) for combined NAMCS and NHAMCS visits and for each setting are shown in table I; approximate relative standard errors 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.

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: 1997

Estimated numbers of ambulatory care visits in thousands	Combined settings	Physician offices	Outpatient departments	Emergency departments
	Relative standard error in percent[1]			
75	69.4	93.0	32.2	30.6
100	60.2	80.6	28.6	26.6
200	42.6	57.1	22.1	19.1
500	27.1	36.3	17.1	12.6
1,000	19.4	25.8	15.0	9.5
2,000	14.0	18.5	13.9	7.5
5,000	9.4	12.2	13.1	6.0
10,000	7.2	9.1	12.9	5.4
20,000	5.8	7.1	12.7	5.1
50,000	4.8	5.6	12.7	4.9
100,000	4.4	5.0	12.6	4.8
200,000	4.2	4.7	12.6	4.8
500,000	4.1	4.5	12.6	4.7
1,000,000	4.0	4.4	12.6	4.7

[1]Estimates with relative standard errors that are greater than 30 percent are considered unreliable. Lowest reliable estimates for each setting are shown in table V.

NOTE: Example of use of table: An estimate of 50 million ambulatory care visits (combined settings) has an approximate relative standard error of 4.8 percent, or a standard error of 2,400,000 visits (4.8 percent of 50 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: 1997

Estimated numbers of drug mentions in thousands	Combined settings	Physician offices	Outpatient departments	Emergency departments
	Relative standard error in percent[1]			
100	88.5	130.6	44.9	43.3
200	62.7	92.4	33.1	30.9
500	39.8	58.5	23.4	20.0
1,000	28.3	41.5	19.1	14.7
2,000	20.2	29.6	16.5	11.2
5,000	13.2	19.1	14.7	8.3
10,000	9.9	13.9	14.1	7.1
20,000	7.6	10.4	13.8	6.4
50,000	5.9	7.5	13.6	6.0
100,000	5.2	6.3	13.5	5.8
200,000	4.8	5.6	13.5	5.7
500,000	4.6	5.1	13.4	5.7
1,000,000	4.5	4.9	13.4	5.7

[1]Estimates with relative standard errors that are greater than 30 percent are considered unreliable. Lowest reliable estimates for each setting are shown in table V.

NOTE: Example of use of table: An estimate of 50 million ambulatory care drug mentions (combined settings) has an approximate relative standard error of 5.9 percent, or a standard error of 2,950,000 visits (5.9 percent of 50 million).

Tables III and IV present approximate standard errors for estimated percents of combined visits and drug mentions. Similar tables for NAMCS and NHAMCS data can be computed using the formulas shown below with the appropriate coefficients from table V.

Approximate relative standard errors for aggregate estimates may be calculated using the following general formula, where x is the aggregate of interest in thousands, and A and B are the appropriate coefficients from table V.

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

Similarly, approximate relative standard errors 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.

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

The standard error for a rate may be obtained by multiplying the relative standard error of the total estimate (expressed as a proportion) by the rate.

Nonsampling Errors

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, attention was given to the phrasing of questions, terms, and definitions. Also, pretesting of most data items and survey procedures was performed. Quality control procedures and consistency and edit checks reduced errors in data coding and processing. The error rate (which includes coding and keying errors) ranged from 0.0 to 1.7 for both surveys.

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: 1997

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 80	50
	Standard error in percentage points						
100	6.0	13.1	18.0	24.0	27.5	29.4	30.0
200	4.2	9.3	12.7	17.0	19.5	20.8	21.2
500	2.7	5.9	8.1	10.7	12.3	13.2	13.4
1,000	1.9	4.1	5.7	7.6	8.7	9.3	9.5
2,000	1.3	2.9	4.0	5.4	6.2	6.6	6.7
5,000	0.8	1.9	2.6	3.4	3.9	4.2	4.3
10,000	0.6	1.3	1.8	2.4	2.8	2.9	3.0
20,000	0.4	0.9	1.3	1.7	1.9	2.1	2.1
50,000	0.3	0.6	0.8	1.1	1.2	1.3	1.3
100,000	0.2	0.4	0.6	0.8	0.9	0.9	1.0
200,000	0.1	0.3	0.4	0.5	0.6	0.7	0.7
500,000	0.1	0.2	0.3	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 50 million visits has an approximate standard error of 1.2 percent, or a relative standard error of 4.0 percent (1.2 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 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: 1997

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 80	50
	Standard error in percentage points						
100	8.8	19.3	26.5	35.4	40.5	43.3	44.2
200	6.2	13.6	18.8	25.0	28.6	30.6	31.3
500	3.9	8.6	11.9	15.8	18.1	19.4	19.8
1,000	2.8	6.1	8.4	11.2	12.8	13.7	14.0
2,000	2.0	4.3	5.9	7.9	9.1	9.7	9.9
5,000	1.2	2.7	3.8	5.0	5.7	6.1	6.3
10,000	0.9	1.9	2.7	3.5	4.1	4.3	4.4
20,000	0.6	1.4	1.9	2.5	2.9	3.1	3.1
50,000	0.4	0.9	1.2	1.6	1.8	1.9	2.0
100,000	0.3	0.6	0.8	1.1	1.3	1.4	1.4
200,000	0.2	0.4	0.6	0.8	0.9	1.0	1.0
500,000	0.1	0.3	0.4	0.5	0.6	0.6	0.6
1,000,000	0.1	0.2	0.3	0.4	0.4	0.4	0.4

NOTES: Example of use of table: An estimate of 30 percent based on an aggregate estimate of 20 million drug mentions at ambulatory care visits has an approximate standard error of 2.9 percent, or a relative standard error of 9.7 percent (2.9 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 described elsewhere (1–3).

Adjustments for survey nonresponse—Estimates from NAMCS data were adjusted to account for sample physicians who were in scope but did not participate in the study. This adjustment was calculated to minimize the impact of nonresponse on final estimates. The weights of visits for physicians similar to the nonrespondent physicians were inflated to account for visits represented by the nonrespondent physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practiced in the same primary sampling unit.

NHAMCS data were adjusted to account for nonresponse at the hospital level and at the ED and OPD clinic level. The weights of visits from hospitals similar to the nonrespondent hospitals were inflated to account for visits represented by nonrespondent hospitals, where hospitals were judged to be similar if they were in the same region and ownership control group and had the same metropolitan statistical

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: 1997

Setting and type of estimate	Coefficient for use with estimates in thousands		Lowest reliable estimate in thousands[1]
	A	*B*	
Combined settings			
Visits	0.001577	36.041	408
Drug mentions	0.001929	78.122	887
Physician offices			
Visits	0.001857	64.780	735
Drug mentions	0.002257	170.275	1,941
Outpatient departments			
Visits	0.015899	6.595	89
Drug mentions	0.018038	18.332	255
Emergency departments			
Visits	0.002228	6.866	79
Drug mentions	0.003207	18.455	213

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

area (MSA) status (in an MSA versus not in an MSA). The weights of visits from responding ED's and OPD clinics were inflated to account for visits to similar nonrespondent EDs/clinics where EDs/clinics were judged to be similar if they were in the same region and ED/clinic group. For this purpose, there were six OPD clinic groups: (a) general medicine, (b) pediatrics, (c) surgery, (d) OB/GYN, (e) alcohol and/or substance abuse, and (f) other OPD clinic. 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.

Adjustments for item nonresponse—Weighted item nonresponse rates were 5.0 percent or less for all data items included in this report with these exceptions: Is patient pregnant? (19.7 percent), does patient belong to an HMO? (13.5 percent), cause of injury (19.3 percent), place of injury (48.0 percent [NOTE: Due to a data processing error in 1997, responses of ''other'' place of injury were recoded to ''unknown'' so that the actual percent of missing data is somewhat less than 48.0 percent]), is injury intentional (23.5 percent), and is injury work related (38.2 percent). Additional information on item nonresponse for data items not included in this report and for item nonresponse rates by setting has been published (1–3).

Missing data for several of the items mentioned in this report were imputed by randomly assigning a value from a Patient Record form with similar characteristics. These items include patient's visit date and year of birth (used to determine age), sex, and race. In NAMCS, imputations were based on physician specialty, geographic region, and 3-digit ICD–9–CM code for primary diagnosis. For NHAMCS, imputations were based on ED size, geographic region, ''immediacy with which patient should be seen'' and 3-digit ICD–9–CM code for primary diagnosis. For OPD data, the grouping used was geographic region, OPD size by clinic, and 3-digit ICD–9–CM code for primary diagnosis.

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. 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 include an asterisk only if the relative standard error of the estimate exceeds 30 percent. Approximate relative standard errors were computed using a generalized variance curve and the computed curve coefficients as described above.

Tests of Significance and Rounding

In this report, the determination of statistical inference is based on the two-tailed *t*-test and the chi-square 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, are grouped according to a classification system developed for use with NAMCS and NHAMCS data. This grouping is based on the *International*

Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM) (5), but also reflects the frequency of particular diagnoses occurring in the 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 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 NAMCS and NHAMCS and is coded according to the ICD–9–CM's ''Supplementary Classification of External Causes of Injury and Poisoning.'' For table 9, however, the first-listed cause of injury data were regrouped to highlight the interaction between intentionality of the injury and the mechanism that actually produced the injury. Table VII displays the groupings used in table 9.

Population Figures and Rate Calculation

The population figures used in computing annual visit rates by age, sex, and race for this report are shown in table VIII. The figures represent U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1997. Figures are based on monthly postcensal estimates and are consistent with an unpublished hard-copy national estimates release package PPL-91 *(U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–1997)* and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. Regional U.S. population estimates, shown in table IX, were obtained from the Division of Health Interview Statistics, NCHS.

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

Primary diagnosis	ICD–9–CM code[1]
Infectious and parasitic diseases	001–139
Streptococcal sore throat	034.0
HIV infection	042
Viral warts	078.1
Unspecified viral and chlamydial infections	079.9
Dermatophytosis	110
Candidiasis	112
Other infectious and parasitic diseases	001–033,034.1–041.9,045.0–078.0,078.0,078.2–079.8,080–104, 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 lipoid metabolism	272
Obesity	278.0
Other endocrine, nutritional, and metabolic diseases 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 disorder, 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

See footnotes at end of table.

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

Primary diagnosis	ICD–9–CM code[1]
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
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 bronchitis	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

See footnotes at end of table.

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

Primary diagnosis	ICD–9–CM code[1]
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
Diseases of the musculoskeletal system and connective tissue	710–739
Rheumatoid arthritis	714.0
Osteoarthrosis 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
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 trains 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

See footnotes at end of table.

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

Primary diagnosis	ICD–9–CM code[1]
Injury and poisoning—*Continued*	
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
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

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7).

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	E830, E832,E846–E848,E910–E915,E918,E921,E923, E925–E926,E929.0–E929.5,E928.8
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

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM), ''Supplementary Classsification of External Causes of Injury and Poisoning'' (7).

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, 1997

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	266,752,051	59,684,856	36,766,945	83,311,737	54,920,603	18,070,398	13,997,512
Male	130,219,404	30,544,685	18,578,799	41,040,057	26,569,642	8,107,994	5,378,227
Female	136,532,647	29,140,171	18,188,146	42,271,680	28,350,961	9,962,404	8,619,285
White	220,013,276	46,872,425	29,259,381	68,381,245	46,932,192	15,937,218	12,630,815
Male	108,189,984	24,038,688	14,928,897	34,173,605	22,969,761	7,209,012	4,870,021
Female	111,823,292	22,833,737	14,330,484	34,207,640	23,962,431	8,728,206	7,760,794
Black	34,221,099	9,595,236	5,546,162	10,679,480	5,739,692	1,601,868	1,058,661
Male	15,927,843	4,864,228	2,647,121	4,823,708	2,543,818	670,993	377,975
Female	18,293,256	4,731,008	2,899,041	5,855,772	3,195,874	930,875	680,686
Other	12,517,676	3,217,195	1,961,402	4,251,012	2,248,719	531,312	308,036
Male	6,101,577	1,641,769	1,002,781	2,042,744	1,056,063	227,989	130,231
Female	6,416,099	1,575,426	958,621	2,208,268	1,192,656	303,323	177,805

SOURCE: Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997. Figures are consistent with an unpublished hard-copy national population estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990–1997) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

Table IX. 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 geographic region and metropolitan status: July 1, 1997

Characteristic	Population estimate
Geographic region	
Northeast	52,429,001
Midwest	65,717,030
South	95,177,325
West	53,305,701
Metropolitan statistical area (MSA)	
MSA	212,497,694
Non-MSA	54,131,363

NOTES: Regional estimates were provided by the Division of Health Interview Statistics (DHIS), National Center for Health Statistics, and are based on U.S. census estimates of the civilian noninstitutionalized population as of July 1, 1997. DHIS estimates differ slightly from those shown in Table VIII because of differences in the adjustment process.

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 without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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

NATIONAL AMBULATORY MEDICAL CARE SURVEY
1997–98 PATIENT RECORD

OMB No. 0920-0234
Expires: 07/31/99
CDC 64.131B

1. DATE OF VISIT
____/____/____
Month Day Year

2. DATE OF BIRTH
____/____/____
Month Day Year

3. SEX
1 ☐ Female
2 ☐ Male
→ **Is patient pregnant?**
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

4. RACE
1 ☐ White
2 ☐ Black
3 ☐ Asian/Pacific Islander
4 ☐ American Indian/ Eskimo/Aleut

5. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

6. WAS PATIENT REFERRED BY ANOTHER PHYSICIAN OR BY A HEALTH PLAN FOR THIS VISIT?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

7. WAS AUTHORIZATION REQUIRED FOR CARE?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

8. ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

9. PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT *Check one.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid
4 ☐ Worker's Compensation
5 ☐ Self-pay
6 ☐ No charge
7 ☐ Other
8 ☐ Unknown

10. DOES PATIENT BELONG TO AN HMO?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

11. IS THIS A CAPITATED VISIT?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

12. HAVE YOU OR ANYONE IN YOUR PRACTICE/ DEPARTMENT SEEN PATIENT BEFORE?
1 ☐ Yes, established patient
2 ☐ No, new patient

13. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT
Use patient's own words.

1. Most important: _____
2. Other: _____
3. Other: _____

14. MAJOR REASON FOR THIS VISIT
Check one.
1 ☐ Acute problem
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flareup
4 ☐ Pre- or post-surgery/injury followup
5 ☐ Non-illness care (e.g., routine prenatal, general exam., well baby)

15. IS THIS VIST RELATED TO INJURY OR POISONING? *Refers to all types of injury or poisoning, including adverse drug experiences, medical misadventures, etc.*
1 ☐ Yes *(Answer a, b, c, and d.)* 2 ☐ No *(Skip to item 16.)*

a. Place of occurrence *Check one*
1 ☐ Residence
2 ☐ Recreation/sports area
3 ☐ Street or highway
4 ☐ School
5 ☐ Other public building
6 ☐ Industrial places
7 ☐ Other
8 ☐ Unknown

b. Is this injury intentional?
1 ☐ Yes (self-inflicted)
2 ☐ Yes (assault)
3 ☐ No, unintentional
4 ☐ Unknown

c. Is this injury work related?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

d. 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, shot with a handgun during a brawl, etc.)*

_____

16. PHYSICIAN'S DIAGNOSES FOR THIS VISIT *As specifically as possible, list diagnoses related to this visit including chronic conditions (e.g. depression, obesity, asthma, etc.)*

1. Primary diagnosis: _____
2. Other: _____
3. Other: _____

17. DIAGNOSTIC/SCREENING SERVICES *Check all* ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ None

EXAMINATIONS:
2 ☐ Breast
3 ☐ Pelvic
4 ☐ Rectal
5 ☐ Skin
6 ☐ Visual acuity
7 ☐ Glaucoma
8 ☐ Hearing

TESTS AND MEASUREMENTS:
9 ☐ Blood pressure
10 ☐ Strep test
11 ☐ Pap test
12 ☐ Urinalysis
13 ☐ Pregnancy test
14 ☐ PSA
15 ☐ Blood lead level
16 ☐ Cholesterol measure
17 ☐ HIV serology
18 ☐ Other STD test
19 ☐ Hematocrit/ hemoglobin
20 ☐ Other blood test
21 ☐ EKG

IMAGING:
22 ☐ X-Ray
23 ☐ CAT scan/MRI
24 ☐ Mammography
25 ☐ Ultrasound

ALL OTHER: *Specify*
26 ☐ _____

18. THERAPEUTIC AND PREVENTIVE SERVICES
Check all ***ordered*** *or* ***provided*** *at this visit. Exclude medications.*
1 ☐ None

COUNSELING/EDUCATION:
2 ☐ Diet/nutrition
3 ☐ Exercise
4 ☐ HIV/STD transmission
5 ☐ Family planning/ contraception
6 ☐ Prenatal instructions
7 ☐ Breast self-exam
8 ☐ Tobacco use/exposure
9 ☐ Growth/development
10 ☐ Mental health
11 ☐ Stress management
12 ☐ Skin cancer prevention
13 ☐ Injury prevention

OTHER THERAPY:
14 ☐ Psychotherapy
15 ☐ Psycho-pharmacotherapy
16 ☐ Physiotherapy

ALL OTHER: *Specify*
17 ☐ _____

19. AMBULATORY SURGICAL PROCEDURES
☐ None
List up to 2 surgical procedures actually ***performed*** *at this visit. Include biopsy.*

1. _____
2. _____

20. MEDICATIONS/INJECTIONS *List names of up to 6 medications that were* ***ordered, supplied, administered*** *or* ***continued*** *during this visit. Include Rx and OTC medications, immunizations, allergy shots, and anesthetics.*

☐ None
Check the box next to drug name if it is from the patient's insurance formulary list.
☐ *Check here if NO drugs are from a formulary list.*

1. ☐ _____
2. ☐ _____
3. ☐ _____
4. ☐ _____
5. ☐ _____
6. ☐ _____

21. PROVIDERS SEEN THIS VISIT
Check all that apply.
1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner
4 ☐ Nurse midwife
5 ☐ R.N.
6 ☐ L.P.N.
7 ☐ Medical/ nursing assistant
8 ☐ Other

22. TIME SPENT WITH PHYSICIAN
If not seen by physician, enter zero.
_____
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 without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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: 07/31/99
CDC 64.132

PATIENT'S RECORD NO.:

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
1997–98 OUTPATIENT DEPARTMENT RECORD

PATIENT'S NAME:

1. DATE OF VISIT
____ / ____ / ____
Month Day Year

2. DATE OF BIRTH
____ / ____ / ____
Month Day Year

3. SEX
1 ☐ Female 2 ☐ Male
↓
Is patient pregnant?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

4. RACE
1 ☐ White
2 ☐ Black
3 ☐ Asian/Pacific Islander
4 ☐ American Indian/ Eskimo/Aleut

5. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

6. WAS PATIENT REFERRED BY ANOTHER PHYSICIAN OR BY A HEALTH PLAN FOR THIS VISIT?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

7. WAS AUTHORIZATION REQUIRED FOR CARE?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

8. ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

9. PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT *Check one.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid
4 ☐ Worker's Compensation
5 ☐ Self-pay
6 ☐ No charge
7 ☐ Other
8 ☐ Unknown

10. DOES PATIENT BELONG TO AN HMO?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

11. IS THIS A CAPITATED VISIT?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

12. HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE?
1 ☐ Yes, established patient
2 ☐ No, new patient

13. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT
Use patient's own words

1. Most important: _____
2. Other: _____
3. Other: _____

14. MAJOR REASON FOR THIS VISIT
Check one
1 ☐ Acute problem
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flareup
4 ☐ Pre- or post-surgery/ injury followup
5 ☐ Non-illness care (e.g., routine prenatal, general exam., well baby)

15. IS THIS VISIT RELATED TO INJURY OR POISONING? *Refers to all types of injury or poisoning, including adverse drug experiences, medical misadventures, etc.*
1 ☐ Yes *(Answer a, b, c, and d.)* 2 ☐ No *(Skip to item 16.)*

a. Place of occurrence *Check one*
1 ☐ Residence
2 ☐ Recreation/sports area
3 ☐ Street or highway
4 ☐ School
5 ☐ Other public building
6 ☐ Industrial places
7 ☐ Other
8 ☐ Unknown

b. Is this injury intentional?
1 ☐ Yes (self-inflicted)
2 ☐ Yes (assault)
3 ☐ No, unintentional
4 ☐ Unknown

c. Is this injury work related?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

d. 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, shot with a handgun during a brawl, etc.)*

16. PHYSICIAN'S DIAGNOSES FOR THIS VISIT *As specifically as possible, list diagnoses related to this visit including chronic conditions (e.g. depression, obesity, asthma, etc.)*

1. Primary diagnosis: _____
2. Other: _____
3. Other: _____

17. DIAGNOSTIC/SCREENING SERVICES *Check all **ordered** or **provided** at this visit.*
1 ☐ None

EXAMINATIONS:
2 ☐ Breast
3 ☐ Pelvic
4 ☐ Rectal
5 ☐ Skin
6 ☐ Visual acuity
7 ☐ Glaucoma
8 ☐ Hearing

TESTS AND MEASUREMENTS:
9 ☐ Blood pressure
10 ☐ Strep test
11 ☐ Pap test
12 ☐ Urinalysis
13 ☐ Pregnancy test
14 ☐ PSA
15 ☐ Blood lead level
16 ☐ Cholesterol measure
17 ☐ HIV serology
18 ☐ Other STD test
19 ☐ Hematocrit/hemoglobin
20 ☐ Other blood test
21 ☐ EKG

IMAGING:
22 ☐ X-Ray
23 ☐ CAT scan/MRI
24 ☐ Mammography
25 ☐ Ultrasound

ALL OTHER: *Specify*
26 ☐ _____

18. THERAPEUTIC AND PREVENTIVE SERVICES *Check all **ordered** or **provided** at this visit. Exclude medications.*
1 ☐ None

COUNSELING/EDUCATION:
2 ☐ Diet/nutrition
3 ☐ Exercise
4 ☐ HIV/STD transmission
5 ☐ Family planning/ contraception
6 ☐ Prenatal instructions
7 ☐ Breast self-exam
8 ☐ Tobacco use/exposure
9 ☐ Growth/development
10 ☐ Mental health
11 ☐ Stress management
12 ☐ Skin cancer prevention
13 ☐ Injury prevention

OTHER THERAPY:
14 ☐ Psychotherapy
15 ☐ Psycho-pharmacotherapy
16 ☐ Physiotherapy

ALL OTHER: *Specify*
17 ☐ _____

19. AMBULATORY SURGICAL PROCEDURES
☐ None
*List up to 2 surgical procedures actually **performed** at this visit. Include biopsy.*
1. _____
2. _____

20. MEDICATIONS/INJECTIONS *List names of up to 6 medications that were **ordered, supplied, administered** or **continued** during this visit. Include Rx and OTC medications, immunizations, allergy shots, and anesthetics.*
☐ None
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

21. PROVIDERS SEEN THIS VISIT *Check all that apply.*
1 ☐ Staff physician
2 ☐ Resident/intern
3 ☐ Other physician
4 ☐ Physician assistant
5 ☐ Nurse practitioner
6 ☐ Nurse midwife
7 ☐ R.N.
8 ☐ L.P.N.
9 ☐ Medical/nursing assistant
10 ☐ Other

22. TIME SPENT WITH PHYSICIAN
If not seen by physician, enter zero
_____
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 without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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

OMB No. 0920-0278
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CDC 64.133

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
1997–98 EMERGENCY DEPARTMENT RECORD

1. DATE OF VISIT
_____/_____/_____
Month Day Year

2. TIME OF VISIT
___ : ___ ☐ Military ☐ AM ☐ PM

3. DATE OF BIRTH
_____/_____/_____
Month Day Year

4. MODE OF ARRIVAL *Check one.*
1 ☐ Ambulance (air/ground)
2 ☐ Public service (nonambulance, e.g., police, social services)
3 ☐ Walk-in
4 ☐ Unknown

5. SEX
1 ☐ Female 2 ☐ Male
↓
Is patient pregnant?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

6. RACE
1 ☐ White
2 ☐ Black
3 ☐ Asian/Pacific Islander
4 ☐ American Indian/ Eskimo/Aleut

7. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

8. PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT *Check one.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid
4 ☐ Worker's Compensation
5 ☐ Self-pay
6 ☐ No charge
7 ☐ Other
8 ☐ Unknown

9. DOES PATIENT BELONG TO AN HMO?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

10. IMMEDIACY WITH WHICH PATIENT SHOULD BE SEEN
1 ☐ Unknown/no triage
2 ☐ Less than 15 minutes
3 ☐ 15 – 60 minutes
4 ☐ > 1 hour – 2 hours
5 ☐ > 2 hours – 24 hours

11. PRESENTING LEVEL OF PAIN
1 ☐ Unknown
2 ☐ None
3 ☐ Mild
4 ☐ Moderate
5 ☐ Severe

12. TIME SEEN BY PHYSICIAN
☐ Military
___ : ___ ☐ AM ☐ PM
☐ Not seen by physician or unknown

13. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT *Use patient's own words*

1. Most important: _____
2. Other: _____
3. Other: _____

14. IS THIS VISIT RELATED TO INJURY OR POISONING? *Refers to all types of injury or poisoning, including adverse drug experiences, medical misadventures, etc.*

1 ☐ Yes *(Answer a, b, c, and d.)* 2 ☐ No *(Skip to item 15.)*

a. Place of occurrence *Check one*
1 ☐ Residence
2 ☐ Recreation/sports area
3 ☐ Street or highway
4 ☐ School
5 ☐ Other public building
6 ☐ Industrial places
7 ☐ Other
8 ☐ Unknown

b. Is this injury intentional?
1 ☐ Yes (self-inflicted)
2 ☐ Yes (assault)
3 ☐ No, unintentional
4 ☐ Unknown

c. Is this injury work related?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

d. 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, shot with a handgun during a brawl, etc.)*

15. PHYSICIAN'S DIAGNOSES FOR THIS VISIT *As specifically as possible, list diagnoses related to this visit including chronic conditions (e.g. depression, obesity, asthma, etc.)*

1. Primary diagnosis: _____
2. Other: _____
3. Other: _____

16. DIAGNOSTIC/SCREENING SERVICES *Check all **ordered** or **provided** at this visit.*

1 ☐ None
2 ☐ Mental status exam
3 ☐ Blood pressure
4 ☐ EKG
5 ☐ Cardiac monitor
6 ☐ Pulse oximetry
7 ☐ Urinalysis
8 ☐ Pregnancy test
9 ☐ HIV serology
10 ☐ Other STD test
11 ☐ Blood alcohol concentration
12 ☐ CBC
13 ☐ Other blood test
14 ☐ Other – *Specify* _____

IMAGING:
15 ☐ Chest X-Ray
16 ☐ Extremity X-Ray
17 ☐ Other X-Ray
18 ☐ MRI
19 ☐ Ultrasound
20 ☐ CAT scan
21 ☐ Other diagnostic imaging

17. PROCEDURES *Check all **provided** at this visit.*

1 ☐ None
2 ☐ Endotracheal intubation
3 ☐ CPR
4 ☐ IV fluids
5 ☐ NG tube/gastric lavage
6 ☐ Lumbar puncture
7 ☐ Bladder catheter
8 ☐ Wound care
9 ☐ Eye/ENT care
10 ☐ Orthopedic care
11 ☐ OB/GYN care
12 ☐ Other – *Specify* _____

18. MEDICATIONS/INJECTIONS *List names of up to 6 medications that were **ordered, supplied, administered** or **continued** during this visit. Include Rx and OTC medications, immunizations, allergy shots, and anesthetics.*

☐ None

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

19. VISIT DISPOSITION *Check all that apply.*

1 ☐ No followup planned
2 ☐ Return to ED, P.R.N./appointment
3 ☐ Returned to referring physician
4 ☐ Referred out from triage without treatment
5 ☐ Referred to other physician/ clinic for followup
6 ☐ Left before being seen
7 ☐ Admitted to hospital
8 ☐ Admitted to ICU/CCU
9 ☐ Transferred to other facility
10 ☐ DOA/died in ED
11 ☐ Referred to social service
12 ☐ Other

20. PROVIDERS SEEN THIS VISIT *Check all that apply.*

1 ☐ Staff physician
2 ☐ Resident/intern
3 ☐ Other physician
4 ☐ Physician assistant
5 ☐ Nurse practitioner
6 ☐ R.N.
7 ☐ L.P.N.
8 ☐ Medical/nursing assistant
9 ☐ E.M.T.
10 ☐ Other

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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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