



Vital and Health Statistics

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, 1995

June 1997



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



Copyright information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

Suggested Citation

Schappert SM. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments: United States, 1995. National Center for Health Statistics. Vital Health Stat 13(129). 1997.

Library of Congress Catalog Card Number

Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments : United States, 1995.

p. cm. — (DHHS publication ; no. (PHS)-97-1790) (Vital and health statistics. Series 13, Data from the National Health Care Survey ; no. 129)

"Based on data collected from a national sample of office-based physicians and the outpatient and emergency departments of non-Federal, general and short-stay hospitals in the United States; statistics are presented on the provision and utilization of ambulatory medical care services during 1995. Ambulatory medical care services are described in terms of patient and visit characteristics overall, and across the various types of medical care settings."

"June 1997."

Includes bibliographical references.

ISBN 0-8406-0525-0

1. Ambulatory medical care—Utilization—Reporting—United States. I. National Center for Health Statistics (U.S.) II. Series. III. Series: Vital and health statistics. Series 13, Data from the National Health Survey ; no. 129.

[DNLM: 1. Ambulatory Care Facilities—United States—statistics. 2. Office Visits—United States—statistics. 3. Ambulatory Care—United States—statistics. W2 A N148vm no. 129 1997]

RA407.3.A349 no. 129

362.1'0973'021 s—dc21

[362.1'0973'021]

DNLM/DLC

for library of Congress

97-10617
CIP

For sale by the U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
Printed on acid-free paper.

Vital and Health Statistics

Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1995

Series 13:
Data from the National Health Care Survey
No. 129

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

Hyattsville, Maryland
June 1997
DHHS Publication No. 97-1790

National Center for Health Statistics

Edward J. Sondik, Ph.D., *Director*

Jack R. Anderson, *Deputy Director*

Jack R. Anderson, *Acting Associate Director for International Statistics*

Lester R. Curtin, Ph.D., *Acting Associate Director for Research and Methodology*

Jacob J. Feldman, Ph.D., *Associate Director for Analysis, Epidemiology, and Health Promotion*

Gail F. Fisher, Ph.D., *Associate Director for Data Standards, Program Development, and Extramural Programs*

Edward L. Hunter, *Associate Director for Planning, Budget, and Legislation*

Jennifer H. Madans, Ph.D., *Acting Associate Director for Vital and Health Statistics Systems*

Stephen E. Nieberding, *Associate Director for Management*

Charles J. Rothwell, *Associate Director for Data Processing and Services*

Division of Health Care Statistics

W. Edward Bacon, Ph.D., *Director*

Thomas McLemore, *Deputy Director*

Catharine W. Burt, Ed.D., *Chief, Ambulatory Care Statistics Branch*

Malcolm C. Graham, *Acting Chief, Technical Services Branch*

Contents

Abstract	1
Introduction	1
Methods	1
Results	3
Patient Characteristics	3
Visit Characteristics	4
References	8
Appendix I	28
Technical Notes	28
Appendix II	34
Definition of Terms	34
Appendix III	35
Survey Instruments	35

Figures

1. Percent distributions of visits to various ambulatory care providers for selected patient characteristics: United States, 1995	3
2. Annual rate of ambulatory care visits by patient's age and sex: United States, 1995	3
3. Annual rate of ambulatory care visits by patient's age and race: United States, 1995	4
4. Percent of ambulatory care visits by expected sources of payment: United States, 1995	4
5. Percent of ambulatory care visits by selected expected sources of payment and setting: United States, 1995	5
6. Percent distribution of injury-related ambulatory care visits by place of occurrence and whether injury was work related: United States, 1995	6
7. Percent distribution of drug mentions at ambulatory care visits by therapeutic classification: United States, 1995	7

Detailed Tables

1. Number, percent distribution, and annual rate of ambulatory care visits by setting, according to patient's age, sex, and race: United States, 1995	10
2. Number, percent distribution, and annual rate of ambulatory care visits by geographic region of visit and setting: United States, 1995	10
3. Number and percent distribution of ambulatory care visits by type of payment and expected sources of insurance for this visit, according to ambulatory care setting: United States, 1995	11
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, 1995	12
5. Number, percent distribution, and annual rate of ambulatory care visits by the 35 principal reasons for visit most frequently mentioned by patients, and setting: United States, 1995	13
6. Number, percent distribution, and annual rate of injury-related ambulatory care visits by patient's age, sex, and race, according to ambulatory care setting: United States, 1995	14
7. Number, percent distribution, and annual rate of injury-related ambulatory care visits by patient's age, sex, and race: United States, 1995	15

8.	Number, percent, and annual rate of injury-related ambulatory care visits by place of occurrence and whether injury is work related, according to ambulatory care setting: United States, 1995	16
9.	Number, percent distribution, and annual rate of injury-related ambulatory care visits, according to intent, mechanism, and ambulatory care setting: United States, 1995	17
10.	Number and percent of ambulatory care visits by selected diagnostic and screening services ordered or provided, according to ambulatory care setting: United States, 1995	18
11.	Number and percent distribution of ambulatory care visits by principal diagnosis and ambulatory care setting: United States, 1995	18
12.	Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1995	19
13.	Number and percent distribution of ambulatory care visits by selected principal diagnosis groups: United States, 1995	23
14.	Number and percent distribution of ambulatory care visits by medication therapy and number of medication prescribed or provided, according to ambulatory care setting: United States, 1995	24
15.	Number of drug visits, drug mentions, and drug utilization rate by ambulatory care setting: United States, 1995	24
16.	Number and percent distribution of drug mentions by therapeutic classification, according to ambulatory care setting: United States, 1995	25
17.	Number of occurrences, percent of all drug mentions, and percent distribution by ambulatory care setting of the 35 generic substances most frequently used at ambulatory care visits: United States, 1995	26
18.	Number and percent of ambulatory care visits by type of providers seen, according to ambulatory care setting: United States, 1995	27

Appendix Tables

I.	Approximate relative standard errors for estimated numbers of ambulatory care visits by ambulatory care setting: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, 1995	28
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, 1995	28
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, 1995	29
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, 1995	29
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, 1995	30
VI.	Reclassification of principal diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data	31
VII.	Reclassification of external cause of injury codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data	34
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, 1995	34

Objectives

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 aggregated ambulatory care visits and for each setting.

Methods

The data presented in this report were collected by means of the 1995 National Ambulatory Medical Care Survey (NAMCS) and the 1995 National Hospital Ambulatory Medical Care Survey (NHAMCS). These surveys are part of the ambulatory care component of the National Health Care Survey that measures health care utilization across a variety of providers. The NAMCS and NHAMCS are national probability sample surveys of visits to office-based physicians (NAMCS) and visits to the outpatient departments and emergency departments of non-Federal, short-stay and general hospitals (NHAMCS) in the United States. Sample data are weighted to produce annual estimates.

Results

During 1995 an estimated 860.9 million visits were made to physician offices, hospital outpatient departments, and hospital emergency departments in the United States, an overall rate of 3.3 visits per person. Visits to office-based physicians accounted for 81.0 percent of ambulatory care utilization, followed by visits to emergency departments (11.2 percent) and outpatient departments (7.8 percent). Persons 75 years and over had the highest rate of ambulatory care visits. Females had significantly higher rates of visits to physician offices and hospital outpatient departments than males did. Less than two-thirds of ambulatory care visits by black persons were to physician offices. There were an estimated 126.1 million injury-related ambulatory care visits during 1995, or 48.2 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, 1995

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

Introduction

The National Ambulatory Medical Care Survey was inaugurated 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 was initiated 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 all part of the ambulatory care component of the National Health Care Survey, which measures health care utilization across a variety of providers.

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

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

Methods

The data presented in this report are from two national surveys—the 1995 National Ambulatory Medical Care Survey (NAMCS) and the 1995

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 January 2, 1995–December 31, 1995, and, for the NHAMCS, December 25, 1994–December 22, 1995.

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 were within the scope of the survey, but those that took place in government-operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the ambulatory care setting were excluded from NAMCS and NHAMCS.

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

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

period. Of 3,724 physicians selected from the master files of AMA and AOA, 2,587 were in scope, or eligible to participate in the survey. The response rate was 72.8 percent, and a total of 36,875 PRF’s were submitted.

For NHAMCS, 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. Of the 487 hospitals sampled in 1995, 437 were eligible to participate in the survey. The overall response rate was 94 percent, with 391 ED’s providing 21,911 PRF’s, and 230 OPD’s completing 28,393 forms.

Because the estimates presented in this report are based on a sample rather than on the entire universe of office visits, they are subject to sampling variability. The [Technical Notes](#) found at the end of this report include an explanation of sampling errors and guidelines for judging the precision of the estimates.

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

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 classified and coded for each survey according to the *Reason for Visit Classification for Ambulatory Care* (RVC) (4).

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

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 (6). Therapeutic classification of the drugs mentioned on the PRF’s was determined using the *National Drug Code Directory*, 1995 edition (7).

The U.S. Bureau of the Census, Housing Surveys Branch, was responsible for data collection for both surveys. Processing operations and medical coding were performed by Analytic Sciences, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10-percent quality control sample of survey records was independently processed. Coding error rates ranged between 0.1 and 2.6 percent for various survey items within each setting.

Many of the tables in this report present data on rates of ambulatory care visits. The population figures used in calculating these rates are U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1995, and

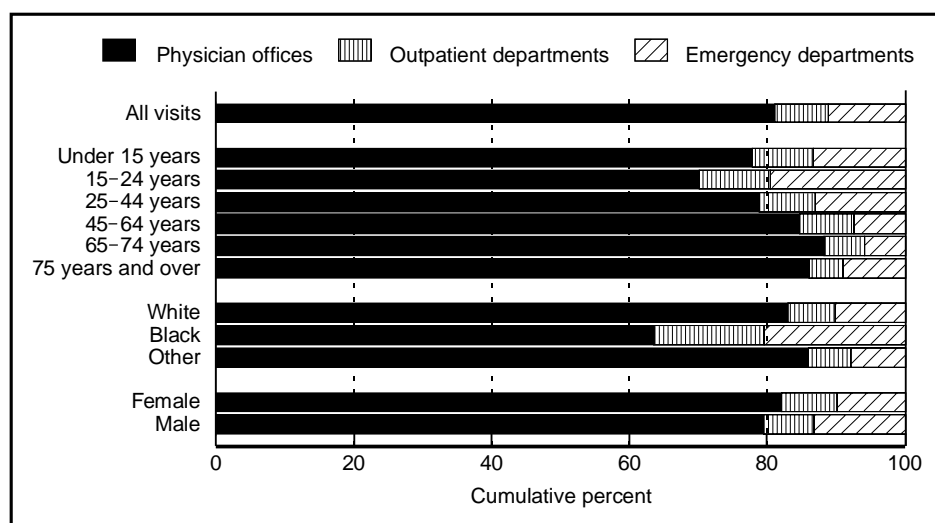


Figure 1. Percent distributions of visits to various ambulatory care providers for selected patient characteristics: United States, 1995

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

Results

There were an estimated 860.9 million ambulatory care visits made to physician offices, hospital outpatient departments, and hospital emergency departments in 1995, an overall rate of 3.3 visits per person. Visit rates for each of the three settings did not differ significantly from rates observed in previous years (8–16).

Visits to office-based physicians were predominant, accounting for 81.0 percent of combined ambulatory care utilization. Visits to emergency departments represented 11.2 percent of the total, followed by hospital outpatient departments with 7.8 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 overall visit rate was 3.3 visits per person, but the rate for females (3.8 visits) was significantly higher than that for males (2.8 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 of age and

over had the highest rate of ambulatory care visits, 6.8 visits per person.

Females made 58.9 percent of the ambulatory care visits during 1995; 8 of every 10 visits made by females were to physician offices. Females had significantly higher rates of visits to physician offices and hospital outpatient departments than males did overall, but the visit rate to hospital emergency departments did not differ by sex.

Utilization of different ambulatory care settings varied by patient's age ($\chi^2 = 352.4$, $p < .001$). Although persons 75 years and over had the highest utilization of ambulatory care services, visits by this age group accounted for only 10.5 percent of all ambulatory medical care visits. Most of these were

to physician offices (86.1 percent). However, utilization of the hospital emergency department was also high for this group relative to other age groups—about 61 visits per 100 persons aged 75 years and over during the year. Interestingly, persons 15–24 years of age made one-fifth of their ambulatory care visits to the hospital emergency department, a proportion higher than for any other age group.

Utilization of different ambulatory care settings also varied by patient's race ($\chi^2 = 95.5$, $p < .001$). The visit rate for white persons, 3.4 visits per person, was higher than the rate for black persons, 2.8 visits per person. However, this was mainly the result of statistically higher visit rates for white persons than black persons in the age groups under 15 years and 75 years and over ([figure 3](#)). The combined visit rate for Asians/Pacific Islanders and American Indians/Eskimos/Aleuts was 2.9 visits per person during 1995.

Striking differences are evident in the distribution of ambulatory care utilization by white and black persons. White persons accounted for 85.2 percent of all ambulatory care visits, most of which (83.0 percent) were to physician offices. In contrast, less than two-thirds (63.5 percent) of the ambulatory care visits by black persons were to physician offices while one-fifth (20.5 percent) were to hospital emergency departments, and 16.0 percent were to hospital outpatient departments.

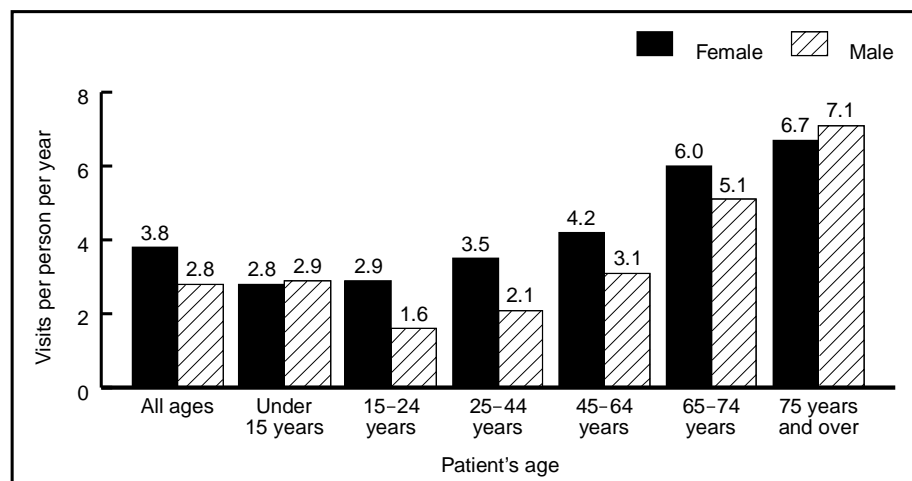


Figure 2. Annual rate of ambulatory care visits by patient's age and sex: United States, 1995

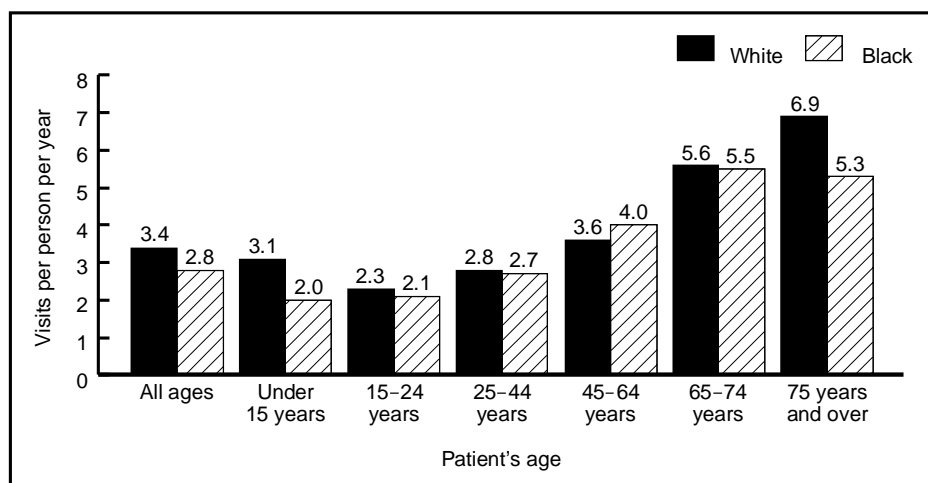


Figure 3. Annual rate of ambulatory care visits by patient's age and race: United States, 1995

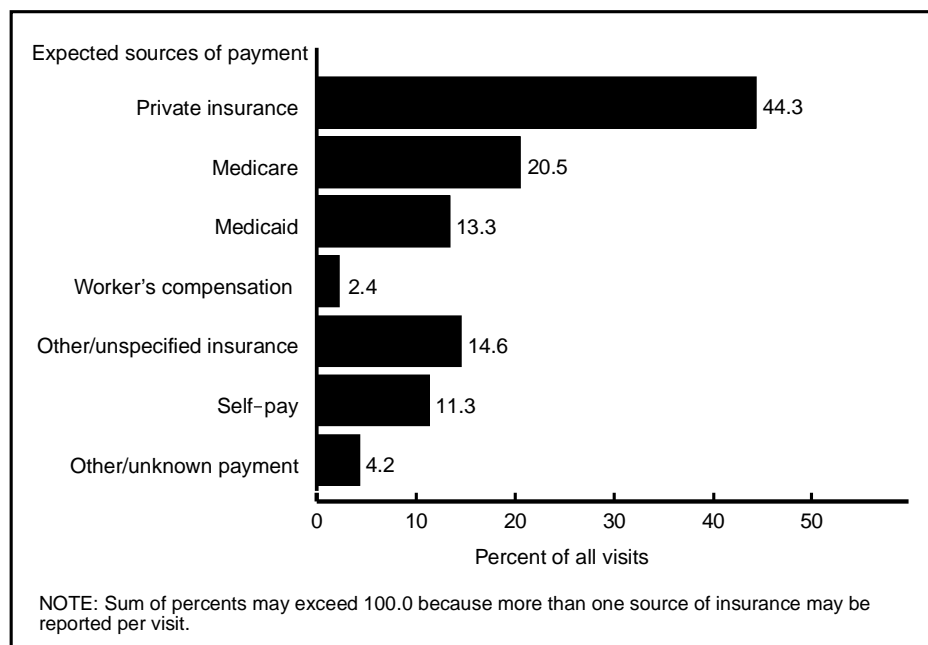


Figure 4. Percent of ambulatory care visits by expected sources of payment: United States, 1995

Visit Characteristics

Geographic Region of Visit

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

Expected Sources of Payment

Data on expected sources of payment are shown in [figures 4](#) and [5](#) and [table 3](#). This item underwent substantial revision for the 1995 NAMCS. The first part of the new item concerns type of payment (for example, was the visit part of an insured fee-for-service arrangement, Preferred Provider Option (PPO), or HMO/other prepaid plan). Other options that could be checked were self-pay, no charge, and "other" type of payment. Respondents were asked to check only

one type of payment. If any of the first three options were checked, the respondent was then asked to complete part b of the item, expected sources of insurance for the visit. Respondents were asked to check all expected sources of insurance that were applicable.

More than one-third of ambulatory care visits were covered under insured, fee-for-service arrangements (38.5 percent), and more than one-fifth (21.0 percent) were part of an HMO or other prepaid plan. An additional 10.6 percent cited Preferred Provider Option ([table 3](#)). [Table 3](#) also shows the breakdown, by ambulatory care setting, of type of payment and expected sources of insurance.

Expected sources of payment are shown for combined settings ([figure 4](#)) and separate settings ([figure 5](#)). For combined settings, expected sources of payment were most often private insurance (44.3 percent), Medicare (20.5 percent), and Medicaid (13.3 percent).

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

Patient's Principal Reason for Visit

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

The RVC is divided into the eight modules or groups of reasons displayed in [table 4](#). More than one-half of the combined ambulatory visits were made for reasons classified as symptoms (55.6 percent). Respiratory symptoms accounted for 11.5 percent of all visits, and musculoskeletal symptoms accounted for 10.7 percent. This distribution parallels that which has been shown using NAMCS data, since

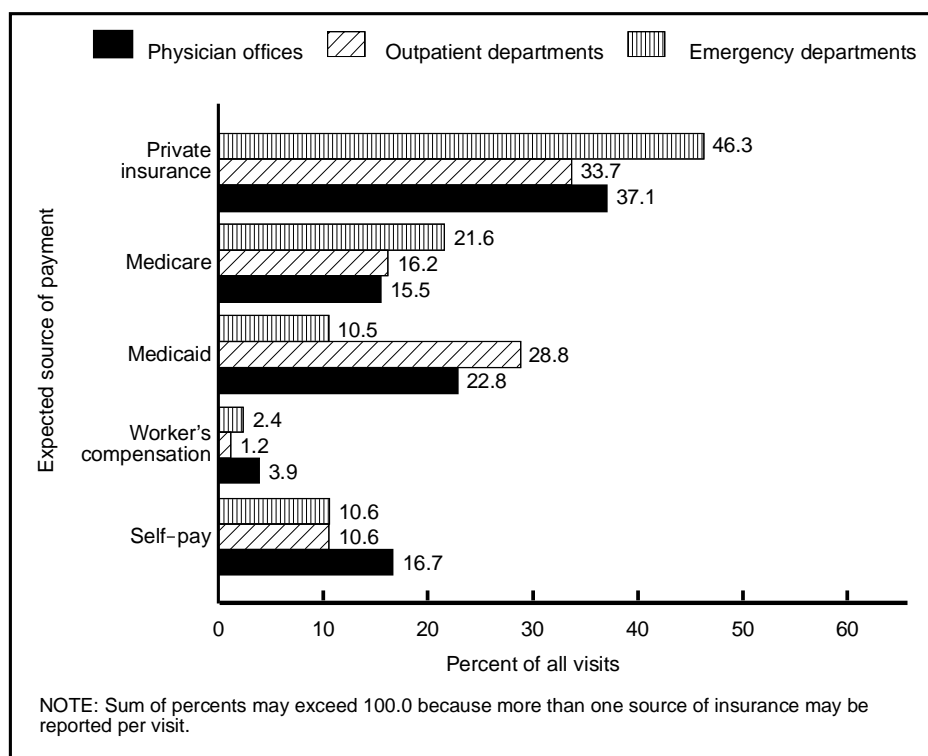


Figure 5. Percent of ambulatory care visits by selected expected sources of payment and setting: United States, 1995

physician office visits comprise the great majority of ambulatory care visit data. The distribution is also shown for the three settings in [table 4](#). Although emergency department visits represent only 11.2 percent of all ambulatory visits, they account for slightly less than one-half (49.0 percent) of all visits made for injuries and adverse effects and one-quarter of all visits for digestive symptoms (25.4 percent). This setting also receives a disproportionate number of visits for general symptoms (23.2 percent) that 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.

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 (6.0 percent of the total), while cough was the most frequently

mentioned reason having to do with illness or injury (3.4 percent). As in [table 4](#), distributions are also shown across ambulatory care settings, reflecting the patterns mentioned in the previous paragraph. Emergency departments accounted for disproportionately high shares of the total visits for chest pain (35.6 percent of the total), stomach and abdominal pain (30.6 percent), shortness of breath (28.9 percent), and fever (25.3 percent). In general, however, the ranking shown in [table 5](#) is weighted heavily toward NAMCS data, since 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 126.1 million injury-related ambulatory care visits in 1995, representing 14.7 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, or if an injury reason for visit or injury diagnosis was recorded, or if a cause of injury was specified on the form. The results from any one of these items, each of which measures a unique aspect of injury, would underestimate the number of injury-related visits. Using the above definition increased the number of injury visits by 26.2 percent for combined ambulatory care data, compared to what the result would have been had the injury checkbox been used as the sole determinant.

Roughly 6 of every 10 injury visits were made to physician offices, compared with 3 of 10 to emergency departments and about 1 in 10 to outpatient departments. Combining the three settings, there were 48.2 injury visits per 100 persons during 1995. More than one-half of the visits (52.9 percent) were made by males, and more than one-third (34.6 percent) were made by persons 25–44 years of age. Persons in the two youngest age groups (under 15 and 15–24 years of age) showed a disproportionate utilization of the hospital emergency department for injury visits compared with other age groups. About 40 percent of the injury visits made by these age groups were to hospital ED’s, compared with a range of 16 to 29 percent for the other age groups. The rate of ED injury visits was highest for those aged 15–24 years, who had an estimated 20.9 visits per 100 persons during 1995.

The overall injury visit rate for males was significantly higher than the rate for females in 1995 (52.3 visits per 100 males compared with 44.2 visits per 100 females).

Among females, the injury visit rate ranged from 30.5 visits per 100 females under 15 years to 62.1 visits per 100 females 75 years and over. However, the rate for those 75 years and over was not significantly different from the rates for females ages 25–44 years, 45–64 years, and 65–74 years. Females in the youngest age group (under 15 years) had an injury visit rate that was significantly lower than the rates for all other age groups except 15–24 years.

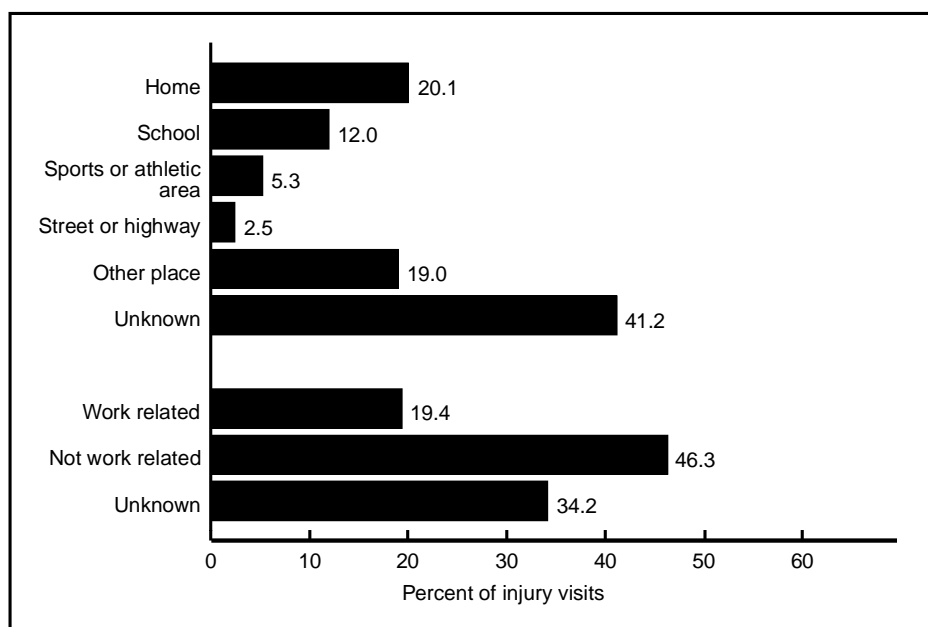


Figure 6. Percent distribution of injury-related ambulatory care visits by place of occurrence and whether injury was work related: United States, 1995

Males in the age groups 15–24 years and 25–44 years had overall injury visit rates that were significantly higher than the rates for those aged under 15 years and 65–74 years. No other statistically significant differences were noted by age for males.

The combined injury visit rate for black persons was 42.5 visits per 100 persons in 1995, compared with 49.7 visits per 100 white persons. However, only one-half (49.5 percent) of the injury visits made by black persons were to physician offices compared with two-thirds (66.6 percent) of the injury visits made by white persons.

All three survey instruments asked about the place of occurrence of the injury and whether it was work related. Work-related injuries include those that were sustained while the patient was engaged in work activities on or off the employer premises. Results from these items are shown in [figure 6](#) and [table 8](#). It should be kept in mind, however, that 41.2 percent of the combined injury visits did not specify a place of occurrence, and 34.2 percent did not specify whether the injury was work related.

Based on the data collected, the following patterns were observed. One-fifth (20.1 percent) of ambulatory care injury visits resulted from injuries occurring in the home ([figure 6](#)).

Schools were indicated as the place of occurrence at 12.0 percent of the visits. About one-fifth (19.4 percent) of the injury visits were work related. For persons between the ages of 18 and 64 years, 28.0 percent of the injury visits were work related (work-related data were not available for 32.2 percent of these visits).

While ED's accounted for about 30 percent of all injury visits, they represented about 40 percent of all visits for injuries occurring at home and one-third of all visits for injuries related to streets and highways. Physician offices received 65 percent of all injury visits, and 72 percent of all those reported as occurring in sports or athletic areas. About three-quarters of visits for work-related injuries were reported at physician offices, compared with one-fifth at hospital ED's.

In [table 9](#), data on the intent and mechanism of injury are shown across ambulatory care settings, based on ICD–9–CM groupings of the first-listed external cause of injury code (E-code). A description of the groupings can be found in the [Technical Notes](#). Again, cause-of-injury data were not available for one-fifth (21.1 percent) of the injury visits. Based on the available data, unintentional falls were the leading cause of injury at combined injury visits (18.4 percent of the total). The majority

of these visits were made to physician offices (63.1 percent). However, roughly two-thirds of assault-related injury visits (68.1 percent) were made to hospital ED's. This setting also received a comparatively high proportion of visits for injuries caused by cutting and piercing instruments (57.4 percent of the total), poisonings (50.9 percent), and burns (47.2 percent).

Diagnostic and Screening Services

This item was designed to reflect the type of services offered in each of the three ambulatory care settings, so it was not identical on each of the three Patient Record forms. However, a number of categories were common to all three forms, or could be aggregated to facilitate comparability ([table 10](#)).

Slightly less than three-quarters of all ambulatory care visits (73.9 percent) included one or more diagnostic service. Visits to emergency departments were more likely to report diagnostic services (85.9 percent of ED visits) compared with office visits (70.4 percent of office visits). Blood pressure was taken at nearly three-quarters (72.7 percent) of ED visits compared with less than one-half (42.7 percent) of office visits and one-half (50.1 percent) of outpatient department visits. About one-third of ED visits (34.9 percent) included an x ray, compared with 10 percent or less of office visits and outpatient department visits. The percent of visits with a mental status exam was also substantially higher at ED visits, 12.3 percent, compared with office visits and outpatient department visits (2.6 percent and 1.7 percent). The proportion of visits with HIV (human immunodeficiency virus) serology remained low, as it has in previous years, at less than 1 percent of ambulatory care visits overall.

Principal Diagnosis

Principal diagnoses were analyzed across ambulatory care settings. [Table 11](#) shows the distribution of visits across the three settings for each of the principal diagnosis categories, using the major disease categories from the ICD–9–CM (5). From the data it can be

observed that emergency departments accounted for more than one-third (36.4 percent) of all ambulatory care visits with a diagnosis of injury and poisoning. While outpatient departments accounted for just 7.8 percent of all ambulatory care visits, they reported a somewhat higher relative share of visits with diagnoses in the categories of neoplasms (13.9 percent) and mental disorders (12.3 percent).

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

The supplementary classification, 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 14.7 percent of all ambulatory care visits. Once again, this mainly reflects the distribution of diagnoses at physician office visits, which comprise the majority of ambulatory care utilization. Diseases of the respiratory system (13.7 percent) and diseases of the nervous system and sense organs (9.6 percent) were also prominent.

A selection of the most frequently reported principal diagnoses for 1995 are featured in [table 13](#). The categories shown in this table are based on the ICD-9-CM, but have been regrouped somewhat to better describe the ambulatory care visit data. The diagnosis groupings in [table 13](#) accounted for more than one-half of all ambulatory care visits made during the year. The three most frequent illness diagnoses were acute upper respiratory infections, essential hypertension, and otitis media. Most of the visits for these conditions were made to physician offices.

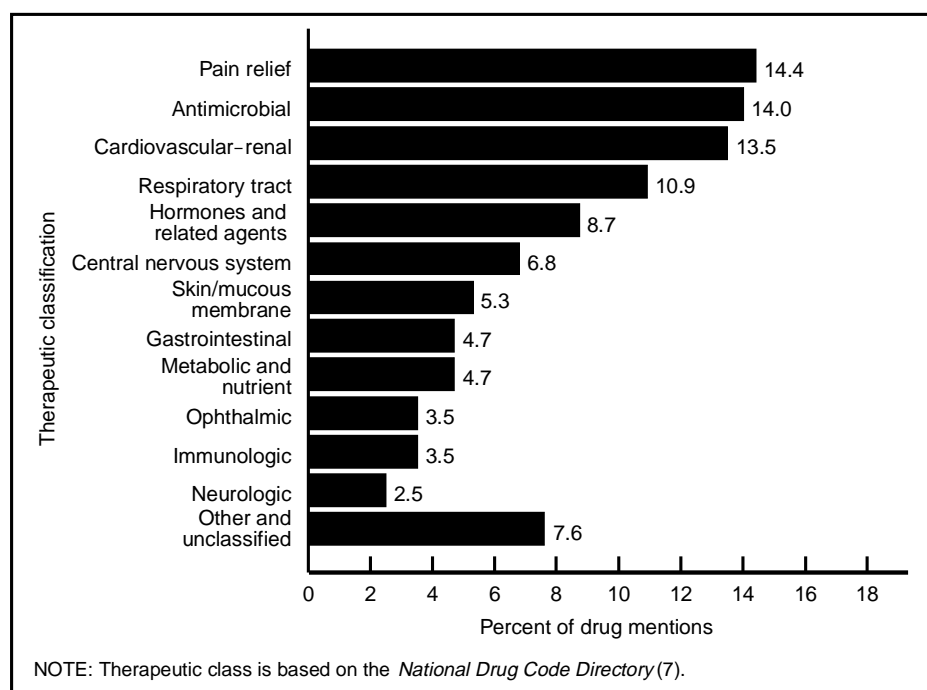


Figure 7. Percent distribution of drug mentions at ambulatory care visits by therapeutic classification: United States, 1995

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. This represents a minor change from previous years when only five medications could be reported 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.

The NAMCS and NHAMCS drug databases permit classification by a wide range of variables, including specific product name, generic class, entry form chosen by the physician (that is, brand name, generic name, or the desired therapeutic effect), prescription status (that is, whether the product is prescription or nonprescription), federally controlled substance status, composition status (that is, single or multiple ingredient product), and

therapeutic category. A report describing the method and instruments used to collect and process drug information is available (6).

Data on medication therapy are shown in [figure 7](#) and [tables 14–17](#). Medication therapy was reported at 6 of every 10 ambulatory care visits in 1995 overall, and 7 of every 10 emergency department visits ([table 14](#)). Slightly less than one-half of all visits (47.1 percent) included one or two medications ordered or provided.

There were 1.2 billion drug mentions at ambulatory care visits during 1995. This yields an average of 1.4 drug mentions per visit, or 2.1 drug mentions per drug visit ([table 15](#)). As would be expected, physician office visits accounted for the majority of drug mentions, 926.1 million, or 79.3 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 7](#). This classification is based on the therapeutic categories used in the *National Drug Code Directory*, 1995 edition (NDC) (7). It should be noted that some drugs have more than one therapeutic application. In cases of this

type, the drug was listed under its primary therapeutic use. Drugs used for pain relief (14.4 percent), antimicrobial agents (14.0 percent), and cardiovascular-renal drugs (13.5 percent) were listed most frequently. One-quarter of the mentions of pain relief drugs occurred at ED visits (25.4 percent). The utilization rate for this class of drug was 44.2 mentions per 100 ED visits compared with 16.1 mentions per 100 office visits. Utilization of antimicrobials was also substantially higher at ED visits, with 25.2 mentions per 100 ED visits, compared with 18.3 mentions per 100 office visits.

The 35 most frequently used generic substances for 1995 are shown in [table 17](#). Drug products containing more than one ingredient (combination products) are included in the data for each ingredient. For example, acetaminophen with codeine is included in the count for acetaminophen and the count for codeine. Acetaminophen was the generic ingredient most frequently used in drugs ordered or provided at ambulatory care visits overall in 1995, occurring in 5.2 percent of drug mentions. About one-third of these occurrences (32.9 percent) were at emergency department visits. Amoxicillin occurred in 3.9 percent of all drug mentions, followed by ibuprofen (2.3 percent). One-third of the ibuprofen occurrences were at ED visits (32.7 percent).

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 95.1 percent of ambulatory visits in general, but the percent for outpatient department visits was significantly less, 84.7 percent, than for physician office visits or for ED visits. At the same time, registered nurses were seen at about one-quarter of ambulatory care visits in general, but at nearly one-half (45.1 percent) of OPD visits. Medical assistants were seen at one-fifth of the visits overall, but this was due mainly to

their presence at office visits, where they were reported at one-quarter of visits (23.3 percent). Licensed practical nurses were seen at about 12 percent of office visits and OPD visits, but only 5 percent of ED visits.

Previous years of 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 as downloadable data files accessed through the National Center for Health Statistics homepage on the Internet. The 1995 data should be available by mid-1997. For additional information concerning the NAMCS and NHAMCS data, contact the Ambulatory Care Statistics Branch at (301) 436-7132.

References

1. Woodwell DA. National Ambulatory Medical Care Survey: 1995 summary. Advance data from vital and health statistics; no 286. Hyattsville, Maryland: National Center for Health Statistics. 1997.
2. Stussman BJ. National Hospital Ambulatory Medical Care Survey: 1995 emergency department summary. Advance data from vital and health statistics; no 285. Hyattsville, Maryland: National Center for Health Statistics. 1997.
3. McCaig LF. National Hospital Ambulatory Medical Care Survey: 1995 outpatient department summary. Advance data from vital and health statistics; no 284. Hyattsville, Maryland: National Center for Health Statistics. 1997.
4. Schneider D, Appleton L, McLemore T. A reason for visit classification for ambulatory care. National Center for Health Statistics. Vital Health Stat 2(78). 1979.
5. Public Health Service and Health Care Financing Administration. International Classification of Diseases, 9th Revision, clinical modification. Washington: Public Health Service. 1980.
6. Koch H, Campbell W. The collection and processing of drug information. National Ambulatory Medical Care Survey, 1980. National Center for Health Statistics. Vital Health Stat 2(90). 1982.
7. Food and Drug Administration. National Drug Code Directory, 1995 Edition. Washington: Public Health Service. 1995.
8. Schappert SM. National Ambulatory Medical Care Survey: 1992 summary. Advance data from vital and health statistics; no 253. Hyattsville, Maryland: National Center for Health Statistics. 1994.
9. Woodwell DA, Schappert SM. National Ambulatory Medical Care Survey: 1993 summary. Advance data from vital and health statistics; no 270. Hyattsville, Maryland: National Center for Health Statistics. 1995.
10. Schappert SM. National Ambulatory Medical Care Survey: 1994 summary. Advance data from vital and health statistics; no 273. Hyattsville, Maryland: National Center for Health Statistics. 1995.
11. McCaig LF. National Hospital Ambulatory Medical Care Survey: 1992 emergency department summary. Advance data from vital and health statistics; no 245. Hyattsville, Maryland: National Center for Health Statistics. 1994.
12. Stussman BJ. National Hospital Ambulatory Medical Care Survey: 1993 emergency department summary. Advance data from vital and health statistics; no 271. Hyattsville, Maryland: National Center for Health Statistics. 1996.
13. Stussman BJ. National Hospital Ambulatory Medical Care Survey: 1994 emergency department summary. Advance data from vital and health statistics; no 275. Hyattsville, Maryland: National Center for Health Statistics. 1996.
14. McCaig LM. National Hospital Ambulatory Medical Care Survey: 1992 outpatient department summary. Advance data from vital and health statistics; no 248. Hyattsville, Maryland: National Center for Health Statistics. 1994.
15. Lipkind KL. National Hospital Ambulatory Medical Care Survey: 1993 outpatient department summary. Advance data from vital and health statistics; no 268. Hyattsville, Maryland: National Center for Health Statistics. 1995.
16. Lipkind KL. National Hospital Ambulatory Medical Care Survey: 1994 outpatient department summary. Advance data from vital and health statistics; no 276. Hyattsville,

Maryland: National Center for Health Statistics. 1996.

17. Shah BV, Barnwell BG, Hunt PN, La Vange LM. SUDAAN User's Manual, Release 5.50. Research Triangle Park, North Carolina: Research Triangle Institute. 1991.

Table 1. Number, percent distribution, and annual rate of ambulatory care visits by setting, according to patient's age, sex, and race: United States, 1995

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	860,859	169,297	80,266	230,265	188,320	102,605	90,106	507,375	353,484	733,087	93,984	33,788
Physician offices	697,082	131,548	56,278	181,590	159,531	90,544	77,591	416,320	280,762	608,384	59,678	29,020
Outpatient departments	67,232	15,039	8,307	18,588	14,811	6,004	4,482	41,011	26,221	50,110	15,022	2,100
Emergency departments	96,545	22,709	15,681	30,086	13,978	6,057	8,033	50,044	46,501	74,593	19,284	2,668
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	81.0	77.7	70.1	78.9	84.7	88.2	86.1	82.1	79.4	83.0	63.5	85.9
Outpatient departments	7.8	8.9	10.3	8.1	7.9	5.9	5.0	8.1	7.4	6.8	16.0	6.2
Emergency departments	11.2	13.4	19.5	13.1	7.4	5.9	8.9	9.9	13.2	10.2	20.5	7.9
Number of visits per 100 persons ¹												
Combined settings	328.7	284.6	222.1	277.2	364.2	560.3	683.2	377.7	277.1	338.2	280.8	288.7
Physician offices	266.2	221.1	155.7	218.6	308.5	494.4	588.3	309.9	220.1	280.7	178.3	248.0
Outpatient departments	25.7	25.3	23.0	22.4	28.6	32.8	34.0	30.5	20.6	23.1	44.9	17.9
Emergency departments	36.9	38.2	43.4	36.2	27.0	33.1	60.9	37.3	36.5	34.4	57.6	22.8

¹Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures used are monthly postcensal estimates and are consistent with Census reports PE-10/PPL-41, Addendum 1 and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

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

Table 2. Number, percent distribution, and annual rate of ambulatory care visits by geographic region of visit and setting: United States, 1995

Geographic region	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands				
All visits	860,859	697,082	67,232	96,545
Northeast	180,257	140,922	17,892	21,442
Midwest	196,272	145,684	24,636	25,952
South	273,916	224,710	17,237	31,969
West	210,414	185,766	7,466	17,182
Percent distribution				
All visits	100.0	100.0	100.0	100.0
Northeast	20.9	20.2	26.6	22.2
Midwest	22.8	20.9	36.6	26.9
South	31.8	32.2	25.6	33.1
West	24.4	26.6	11.1	17.8
Number of visits per 100 persons ¹				
All visits	328.7	266.2	25.7	36.9
Northeast	350.4	273.9	34.8	41.7
Midwest	315.3	234.1	39.6	41.7
South	296.5	243.2	18.7	34.6
West	376.9	332.8	13.4	30.8

¹Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995.

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

Table 3. Number and percent distribution of ambulatory care visits by type of payment and expected sources of insurance for this visit, according to ambulatory care setting: United States, 1995

Type of payment and expected sources of insurance ¹	Combined settings	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands		Percent distribution		
All visits	860,859	100.0	100.0	100.0	100.0
Insured, fee-for-service	331,525	38.5	37.3	44.6	43.1
Private insurance	183,821	21.4	21.7	18.6	21.0
Medicare	109,470	12.7	13.2	11.4	10.3
Medicaid	59,558	6.9	4.9	18.7	13.5
Worker's compensation	11,500	1.3	1.3	0.7	2.3
Other	17,519	2.0	2.1	1.7	1.9
Unknown	6,701	0.8	0.9	0.4	0.4
HMO/other prepaid ²	181,111	21.0	22.7	16.4	12.3
Private insurance	87,321	10.1	10.9	7.6	6.7
Medicare	16,000	1.9	2.0	1.2	1.2
Medicaid	19,015	2.2	2.1	3.8	2.1
Worker's compensation	1,061	0.1	0.1	*	0.3
Other	36,247	4.2	4.7	2.9	1.6
Unknown	30,032	3.5	4.0	1.3	1.1
Preferred Provider Option	91,306	10.6	11.5	6.7	7.1
Private insurance	65,262	7.6	8.2	4.7	5.0
Medicare	9,541	1.1	1.2	0.6	0.8
Medicaid	4,033	0.5	0.4	1.1	0.8
Worker's compensation	947	0.1	0.1	*	0.2
Other	12,334	1.4	1.6	0.5	0.5
Unknown	5,487	0.6	0.7	0.3	0.2
Unspecified type of payment	123,360	14.3	14.3	12.5	16.1
Private insurance	44,596	5.2	5.5	2.7	4.3
Medicare	41,285	4.8	5.2	2.9	3.2
Medicaid	31,720	3.7	3.2	5.1	6.5
Worker's compensation	7,562	0.9	0.9	0.5	1.1
Other	9,719	1.1	1.1	1.7	0.8
Unknown	7,486	0.9	0.7	0.9	1.9
Self-pay	97,298	11.3	10.6	10.6	16.7
No charge	9,256	1.1	1.1	1.5	0.5
Other	14,610	1.7	1.3	4.4	2.6
No answer ³	12,393	1.4	1.2	3.4	1.6

* Figure does not meet standard of reliability or precision.

¹Only one type of payment (preferred provider option, insured fee-for-service, HMO/other prepaid, self-pay, no charge, or other) was coded for each visit. These figures may not always add to totals because of rounding. For payment types of preferred provider option, insured fee-for-service, and HMO/other prepaid, respondents were also asked to check all of the applicable expected sources of insurance. As a result, expected sources of insurance will not add to totals because more than one source could be reported per visit.

²HMO is health maintenance organization.

³Neither type of payment nor source was reported.

Table 4. Number, percent distribution, and annual rate of ambulatory care visits by patient's principal reason for visit, according to ambulatory care setting: United States, 1995

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	Total								
				Percent distribution			Number of visits per 100 persons ²				
All visits	860,858	100.0	100.0	81.0	7.8	11.2	328.7	266.2	25.7	36.9	
Symptom module S001–S999	478,491	55.6	100.0	80.4	5.9	13.7	182.7	146.9	10.7	25.1	
General symptoms S001–S099	63,778	7.4	100.0	70.7	6.1	23.2	24.4	17.2	1.5	5.6	
Symptoms referable to psychological/mental disorders S100–S199	24,467	2.8	100.0	85.0	8.5	6.5	9.3	7.9	0.8	0.6	
Symptoms referable to the nervous system (excluding sense organs) S200–S259	27,039	3.1	100.0	75.6	5.8	18.5	10.3	7.8	0.6	1.9	
Symptoms referable to the cardiovascular/lymphatic system S260–S299	4,544	0.5	100.0	79.2	7.1	13.8	1.7	1.4	0.1	0.2	
Symptoms referable to the eyes and ears S300–S399	51,331	6.0	100.0	87.5	5.4	7.1	19.6	17.2	1.0	1.4	
Symptoms referable to the respiratory system S400–S499	99,267	11.5	100.0	83.1	5.2	11.6	37.9	31.5	2.0	4.4	
Symptoms referable to the digestive system S500–S639	43,883	5.1	100.0	68.1	6.5	25.4	16.8	11.4	1.1	4.3	
Symptoms referable to the genitourinary system S640–S829	32,717	3.8	100.0	83.5	7.4	9.2	12.5	10.4	0.9	1.1	
Symptoms referable to the skin, hair, and nails S830–S899	39,688	4.6	100.0	88.6	5.2	6.2	15.2	13.4	0.8	0.9	
Symptoms referable to the musculoskeletal system S900–S999	91,780	10.7	100.0	81.7	5.4	12.9	35.0	28.6	1.9	4.5	
Disease module D001–D999	86,044	10.0	100.0	86.9	8.8	4.2	32.9	28.6	2.9	1.4	
Diagnostic, screening, and preventive module X100–X599	130,346	15.1	100.0	89.5	9.6	0.8	49.8	44.6	4.8	0.4	
Treatment module T100–T899	85,289	9.9	100.0	81.8	15.4	2.7	32.6	26.6	5.0	0.9	
Injuries and adverse effects module J001–J999	46,381	5.4	100.0	45.4	5.6	49.0	17.7	8.0	1.0	8.7	
Test results module R100–R700	11,497	1.3	100.0	88.8	10.0	1.3	4.4	3.9	0.4	0.1	
Administrative module A100–A140	7,437	0.9	100.0	86.5	10.2	3.3	2.8	2.5	0.3	0.1	
Other ³ U990–U999	15,373	1.8	100.0	86.6	8.8	4.6	5.9	5.1	0.5	0.3	

¹Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (4).²Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures used are monthly postcensal estimates and are consistent with Census reports PE-10/PPL-41, Addendum 1 and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.³Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

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

Table 5. Number, percent distribution, and annual rate of ambulatory care visits by the 35 principal reasons for visit most frequently mentioned by patients, and setting: United States, 1995

Principal reason for visit and RVC code ¹	Combined settings			Physician offices	Outpatient departments	Emergency departments	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution	Total							
Percent distribution						Number of visits per 100 persons ²				
All visits	860,859	100.0	100.0	81.0	7.8	11.2	328.7	266.2	25.7	36.9
General medical examination X100	51,233	6.0	100.0	92.4	7.5	*	19.6	18.1	1.5	*
Cough S440	29,596	3.4	100.0	86.6	5.2	8.2	11.3	9.8	0.6	0.9
Progress visit, not otherwise specified T800	27,626	3.2	100.0	76.9	22.7	0.4	10.5	8.1	2.4	0.0
Postoperative visit T205	22,151	2.6	100.0	92.3	*6.8	0.9	8.5	7.8	*0.6	0.1
Routine prenatal examination X205	21,094	2.5	100.0	84.0	15.3	0.6	8.1	6.8	1.2	0.1
Symptoms referable to throat S455	19,860	2.3	100.0	83.1	5.8	11.1	7.6	6.3	0.4	0.8
Stomach and abdominal pain, cramps, and spasms S545	19,389	2.3	100.0	63.7	5.7	30.6	7.4	4.7	0.4	2.3
Fever S010	18,242	2.1	100.0	69.4	5.3	25.3	7.0	4.8	0.4	1.8
Earache or ear infection S355	15,919	1.8	100.0	81.9	6.2	12.0	6.1	5.0	0.4	0.7
Back symptoms S905	15,701	1.8	100.0	82.6	5.3	12.0	6.0	5.0	0.3	0.7
Chest pain and related symptoms . . . S050	13,757	1.6	100.0	59.9	4.6	35.6	5.3	3.1	0.2	1.9
Well baby examination X105	13,253	1.5	100.0	92.0	7.9	*	5.1	4.7	0.4	*
Headache, pain in head S210	12,475	1.4	100.0	77.2	5.5	17.3	4.8	3.7	0.3	0.8
Skin rash S860	12,370	1.4	100.0	82.8	6.5	10.7	4.7	3.9	0.3	0.5
Head cold, upper respiratory infection (coryza) S445	11,494	1.3	100.0	89.4	4.4	6.3	4.4	3.9	0.2	0.3
Vision dysfunctions S305	11,089	1.3	100.0	95.1	3.7	1.2	4.2	4.0	0.2	0.1
Knee symptoms S925	10,957	1.3	100.0	86.3	5.6	8.1	4.2	3.6	0.2	0.3
Nasal congestion S400	10,312	1.3	100.0	90.4	4.8	4.9	3.9	3.6	0.2	0.2
Hypertension D510	10,204	1.2	100.0	90.8	7.2	1.9	3.9	3.5	0.3	0.1
Depression S110	10,146	1.2	100.0	88.8	7.8	3.3	3.9	3.4	0.3	0.1
Neck symptoms S900	8,510	1.0	100.0	81.6	4.4	14.0	3.2	2.7	0.1	0.5
Leg symptoms S920	8,354	1.0	100.0	82.2	5.5	12.3	3.2	2.6	0.2	0.4
Shoulder symptoms S940	8,107	0.9	100.0	85.3	3.7	11.0	3.1	2.6	0.1	0.3
Low back symptoms S910	7,676	0.9	100.0	82.0	4.6	13.5	2.9	2.4	0.1	0.4
Shortness of breath S415	7,550	0.9	100.0	68.2	3.0	28.9	2.9	2.0	0.1	0.8
Foot and toe symptoms S935	7,126	0.8	100.0	80.2	6.6	13.2	2.7	2.2	0.2	0.4
Vertigo-dizziness S225	6,959	0.8	100.0	80.3	4.3	15.5	2.7	2.1	0.1	0.4
Medications, other and unspecified kinds T115	6,884	0.8	100.0	83.3	11.4	5.2	2.6	2.2	0.3	0.1
Diabetes mellitus D205	6,694	0.8	100.0	87.9	10.7	*	2.6	2.2	0.3	*
Blood pressure test X320	6,681	0.8	100.0	94.0	5.8	*	2.6	2.4	0.1	*
Other and unspecified symptoms referable to ears S365	6,425	0.7	100.0	91.2	5.6	3.2	2.5	2.2	0.1	0.1
Skin lesion S865	6,259	0.7	100.0	91.8	4.6	3.6	2.4	2.2	0.1	0.1
Sinus problems S410	6,051	0.7	100.0	90.6	7.0	2.4	2.3	2.1	0.2	0.1
Physical exam required for school or employment A100	5,783	0.7	100.0	88.4	10.1	*	2.2	2.0	0.2	*
Prophylactic inoculations X400	5,695	0.7	100.0	87.3	9.0	3.7	2.2	1.9	0.2	0.1
All other reasons	399,235	46.4	100.0	77.8	8.1	14.1	152.4	118.6	12.4	21.5

* Figure does not meet standard of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

¹Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (4).²Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures used are monthly postcensal estimates and are consistent with Census reports PE-10/PPL-41, Addendum 1 and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

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

Table 6. Number, percent distribution, and annual rate of injury-related ambulatory care visits by patient's age, sex, and race, according to ambulatory care setting: United States, 1995

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	126,129	21,444	18,295	43,658	26,324	8,700	7,708	59,435	66,694	107,793	14,224	4,112
Physician offices	81,649	11,089	9,741	28,489	20,105	6,854	5,370	39,681	41,968	71,763	7,039	2,848
Outpatient departments	7,258	1,656	1,012	2,388	1,500	408	294	3,556	3,701	5,635	1,432	191
Emergency departments	37,222	8,699	7,542	12,781	4,719	1,438	2,044	16,197	21,025	30,395	5,754	1,073
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	64.7	51.7	53.2	65.3	76.4	78.8	69.7	66.8	62.9	66.6	49.5	69.2
Outpatient departments	5.8	7.7	5.5	5.5	5.7	4.7	3.8	6.0	5.5	5.2	10.1	4.6
Emergency departments	29.5	40.6	41.2	29.3	17.9	16.5	26.5	27.3	31.5	28.2	40.5	26.1
Number of injury visits per 100 persons ¹												
Combined settings	48.2	36.0	50.6	52.6	50.9	47.5	58.4	44.2	52.3	49.7	42.5	35.1
Physician offices	31.2	18.6	27.0	34.3	38.9	37.4	40.7	29.5	32.9	33.1	21.0	24.3
Outpatient departments	2.8	2.8	2.8	2.9	2.9	2.2	2.2	2.6	2.9	2.6	4.3	1.6
Emergency departments	14.2	14.6	20.9	15.4	9.1	7.9	15.5	12.1	16.5	14.0	17.2	9.2

¹Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures are consistent with Census reports PE-10/PPL-41, Addendum 1 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, 1995

Patient characteristic	Number of visits in thousands ¹	Percent distribution	Number of visits per 100 persons ²
All injury visits	126,129	100.0	48.2
Age			
Under 15 years	21,444	17.0	36.0
15–24 years	18,295	14.5	50.6
25–44 years	43,658	34.6	52.6
45–64 years	26,324	20.9	50.9
65–74 years	8,700	6.9	47.5
75 years and over	7,708	6.1	58.4
Sex and age			
Female	59,435	47.1	44.2
Under 15 years	8,848	7.0	30.5
15–24 years	7,413	5.9	41.2
25–44 years	19,148	15.2	45.4
45–64 years	13,692	10.9	51.2
65–74 years	5,238	4.2	51.7
75 years and over	5,095	4.0	62.1
Male	66,694	52.9	52.3
Under 15 years	12,596	10.0	41.4
15–24 years	10,882	8.6	60.0
25–44 years	24,510	19.4	60.0
45–64 years	12,632	10.0	50.6
65–74 years	3,462	2.7	42.4
75 years and over	2,613	2.1	52.4
Race and age			
White	107,793	85.5	49.7
Under 15 years	18,198	14.4	38.9
15–24 years	15,499	12.3	53.8
25–44 years	36,451	28.9	53.2
45–64 years	22,481	17.8	50.6
65–74 years	8,046	6.4	49.5
75 years and over	7,118	5.6	59.6
Black	14,224	11.3	42.5
Under 15 years	2,506	2.0	26.0
15–24 years	1,968	1.6	36.0
25–44 years	5,784	4.6	55.1
45–64 years	3,083	2.4	57.9
65–74 years	535	0.4	34.1
75 years and over	349	0.3	34.7
Other races	4,112	3.3	35.1

¹Includes visits to physician offices, hospital outpatient departments, and emergency departments.²Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995. Figures are consistent with Census reports PE-10/PPL-41, Addendum 1 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, and annual rate of injury-related ambulatory care visits by place of occurrence and whether injury is work related, according to ambulatory care setting: United States, 1995

Characteristic	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands				
All injury visits	126,129	81,649	7,258	37,222
Place of occurrence				
Home	25,328	14,065	1,156	10,107
Street or highway	15,118	9,422	667	5,029
Sports or athletic area	6,663	4,804	*377	1,482
School	3,115	2,056	*127	931
Other	23,944	16,968	993	5,983
Unknown	51,961	34,334	3,937	13,690
Work related				
Yes	24,485	18,703	*1,012	4,770
No	58,458	33,536	2,438	22,485
Unknown	43,186	29,410	3,808	9,968
Percent distribution				
All injury visits	100.0	64.7	5.8	29.5
Place of occurrence				
Home	100.0	55.5	4.6	39.9
Street or highway	100.0	62.3	4.4	33.3
Sports or athletic area	100.0	72.1	*5.7	22.2
School	100.0	66.0	*4.1	29.9
Other	100.0	70.9	4.1	25.0
Unknown	100.0	66.1	7.6	26.3
Work related				
Yes	100.0	76.4	*4.1	19.5
No	100.0	57.4	4.2	38.5
Unknown	100.0	68.1	8.8	23.1
Number of visits per 1,000 persons ¹				
All injury visits	481.6	311.7	27.7	142.1
Place of occurrence				
Home	96.7	53.7	4.4	38.6
School	11.9	7.9	*0.5	3.6
Sports or athletic area	25.4	1.8	*1.4	5.7
Street or highway	57.7	36.0	2.5	19.2
Other	91.4	64.8	3.8	22.8
Unknown	198.4	131.1	15.0	52.3
Work related				
Yes	93.5	71.4	*3.9	18.2
No	223.2	128.0	9.3	85.9
Unknown	164.9	112.3	14.5	38.1

* Figure does not meet standard of reliability or precision.

¹Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures used are monthly postcensal estimates and are consistent with Census reports PE-10/PPL-41, Addendum 1 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 9. Number, percent distribution, and annual rate of injury-related ambulatory care visits, according to intent, mechanism, and ambulatory care setting: United States, 1995

Intent and mechanism ¹	Combined settings			Physician offices	Outpatient departments	Emergency departments ²	Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution	Total							
			Percent distribution ²			Number of visits per 1,000 persons ²				
All injury visits	126,129	100.0	100.0	64.7	5.8	29.5	481.6	311.7	27.7	142.1
Unintentional injuries	90,639	71.9	100.0	63.1	5.3	31.7	346.1	218.5	18.4	109.6
Falls	23,245	18.4	100.0	63.1	4.1	32.9	88.8	56.0	3.6	29.2
Motor vehicle traffic accidents	13,118	10.4	100.0	63.5	4.5	32.0	50.1	31.8	2.2	16.0
Striking against or struck accidentally by objects or persons	8,913	7.1	100.0	54.9	6.8	38.3	34.0	18.7	2.3	13.0
Overexertion and strenuous movements	8,946	7.1	100.0	77.2	5.0	17.8	34.2	26.4	1.7	6.1
Cutting or piercing instruments or objects	5,232	4.1	100.0	36.7	5.9	57.4	20.0	7.3	1.2	11.5
Natural and environmental factors	3,767	3.0	100.0	53.6	*5.4	41.1	14.4	7.7	*0.8	5.9
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors	1,354	1.1	100.0	43.3	*5.8	50.9	5.2	2.2	*0.3	2.6
Fire and flames, hot substance or object, caustic or corrosive material, and steam	1,296	1.0	100.0	40.9	*11.8	47.2	4.9	2.0	*0.6	2.3
Machinery	1,129	0.9	100.0	59.5	*	34.5	4.3	2.6	*	1.5
Pedal cycle, nontraffic, and other	993	0.8	100.0	52.0	*5.9	42.1	3.8	2.0	*0.2	1.6
Motor vehicle, nontraffic	634	0.5	100.0	*	*	34.1	2.4	*	*	0.8
Other transportation	449	0.4	100.0	*	*	28.8	1.7	*	*	0.5
Firearm missile	256	0.2	100.0	*	*28.8	*	1.0	*	*0.3	*
Other and not elsewhere classified	9,249	7.3	100.0	66.3	6.7	28.1	35.3	23.4	2.4	9.9
Mechanism unspecified	12,059	9.6	100.0	76.9	5.0	18.0	46.0	35.4	2.3	8.3
Intentional injuries	3,671	2.9	100.0	25.2	4.9	69.9	14.0	3.5	0.7	9.8
Assault	3,320	2.6	100.0	26.8	5.1	68.1	12.7	3.4	0.6	8.6
Self-inflicted	299	0.2	100.0	*	*	96.0	1.1	*	*	1.1
Other violence	*	*	100.0	*	*	*	*	*	*	*
Injuries of undetermined intent	*	*	100.0	*	*	*	*	*	*	*
Adverse effects	5,115	4.1	100.0	69.5	6.3	24.2	19.5	13.6	1.2	4.7
Blank cause	26,651	21.1	100.0	74.7	7.7	17.6	101.8	76.0	7.8	17.9

*Figure does not meet standard of reliability or precision.

¹Intent and mechanism are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM), Supplementary Classification of External Causes of Injury and Poisoning (5). A detailed description of the ICD-9-CM E-codes used to create the groupings in this table is provided in the [Technical Notes](#).²Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures used are monthly postcensal estimates and are consistent with Census reports PE-10/PPL-41, Addendum 1 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 10. Number and percent of ambulatory care visits by selected diagnostic and screening services ordered or provided, according to ambulatory care setting: United States, 1995

Diagnostic and screening services	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands				
All visits	860,859	697,082	67,232	96,545
Percent distribution				
Yes	73.9	70.4	72.7	85.9
No	26.1	29.6	27.3	14.1
Percent of visits in each setting ³				
Blood pressure	46.7	42.7	50.1	72.7
Urinalysis	12.4	12.2	11.5	14.6
HIV serology ²	0.2	0.2	0.6	0.2
Mental status exam	3.7	2.6	1.7	12.3
X ray	11.2	8.0	9.5	34.9
CAT scan ²	0.8	0.6	0.8	2.8
MRI ²	0.6	0.6	0.5	0.1
Ultrasound	1.9	1.9	2.4	1.2
Other imaging	0.7	0.7	0.6	1.2

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

²HIV is human immunodeficiency virus; CAT is computerized axial tomography; and MRI is magnetic resonance imaging.

³Sum of percents may exceed 100.0 because more than one service may be reported per visit.

Table 11. Number and percent distribution of ambulatory care visits by principal diagnosis and ambulatory care setting: United States, 1995

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	860,859	100.0	81.0	7.8	11.2	328.7	266.2	25.7	36.9
Infectious and parasitic diseases 001-139	28,421	100.0	81.1	7.1	11.8	10.9	8.8	0.8	1.3
Neoplasms 140-239	24,042	100.0	84.8	13.9	1.3	9.2	7.8	1.3	0.1
Endocrine, nutritional and metabolic diseases, and immunity disorders 240-279	31,909	100.0	84.9	11.3	3.8	12.2	10.3	1.4	0.5
Mental disorders 290-319	39,264	100.0	80.6	12.3	7.0	15.0	12.1	1.9	1.1
Diseases of the nervous system and sense organs 320-389	82,838	100.0	87.3	5.8	6.9	31.6	27.6	1.8	2.2
Diseases of the circulatory system 390-459	60,258	100.0	85.7	7.3	7.0	23.0	19.7	1.7	1.6
Diseases of the respiratory system 460-519	118,105	100.0	83.3	5.9	10.8	45.1	37.6	2.6	4.9
Diseases of the digestive system 520-579	34,543	100.0	77.4	6.3	16.3	13.2	10.2	0.8	2.1
Diseases of the genitourinary system 580-629	45,738	100.0	84.4	6.6	9.0	17.5	14.7	1.2	1.6
Diseases of the skin and subcutaneous tissue 680-709	39,171	100.0	86.9	6.4	6.7	15.0	13.0	1.0	1.0
Diseases of the musculoskeletal system and connective tissue 710-739	62,340	100.0	87.0	6.9	6.1	23.8	20.7	1.6	1.5
Symptoms, signs, and ill-defined conditions 780-799	50,311	100.0	68.3	6.8	24.9	19.2	13.1	1.3	4.8
Injury and poisoning 800-999	83,907	100.0	58.7	4.9	36.4	32.0	18.8	1.6	11.7
Supplementary classification V01-V82	126,866	100.0	86.6	10.8	2.7	48.4	41.9	5.2	1.3
All other diagnoses ³	11,623	100.0	69.1	19.4	11.5	4.4	3.1	0.9	0.5
Unknown ⁴	21,525	100.0	81.1	8.3	10.5	8.2	6.7	0.7	0.9

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

²Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures used are monthly postcensal estimates and are consistent with Census reports PE-10/PPL-41, Addendum 1 and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

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

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

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

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1995

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	860,859	100.0	697,082	100.0	67,232	100.0	96,545	100.0
Infectious and parasitic diseases	28,421	3.3	23,061	3.3	2,014	3.0	3,346	3.5
Streptococcal sore throat	3,155	0.4	2,698	0.4	132	0.2	325	0.3
HIV infection ²	747	0.1	*	*	226	0.3	*	*
Viral warts	3,409	0.4	3,252	0.5	140	0.2	*	*
Unspecified viral and chlamydial infections	5,094	0.6	3,500	0.5	368	0.5	1,227	1.3
Dermatophytosis	1,894	0.2	1,616	0.2	137	0.2	141	0.1
Candidiasis	2,258	0.3	1,912	0.3	185	0.3	161	0.2
Other infectious and parasitic diseases	11,865	1.4	9,602	1.4	827	1.2	1,435	1.5
Neoplasms	24,042	2.8	20,380	2.9	3,352	5.0	309	0.3
Malignant neoplasm of colon and rectum	1,506	0.2	1,174	0.2	319	0.5	*	*
Malignant neoplasm of skin	3,460	0.4	3,200	0.5	253	0.4	*	*
Malignant neoplasm of breast	3,047	0.4	2,633	0.4	383	0.6	*	*
Malignant neoplasm of prostate	2,427	0.3	2,217	0.3	194	0.3	*	*
Malignant neoplasm of lymphatic and hematopoietic tissue	1,995	0.2	1,404	0.2	561	0.8	*	*
Other malignant neoplasms	4,808	0.6	3,637	0.5	1,031	1.5	140	0.1
Benign neoplasm of skin	2,037	0.2	1,988	0.3	*	*	*	*
Other benign neoplasm	3,112	0.4	2,681	0.4	372	0.6	*	*
Neoplasm of uncertain behavior and unspecified nature	1,648	0.2	1,445	0.2	197	0.3	*	*
Endocrine, nutritional and metabolic diseases, and immunity disorders	31,909	3.7	27,102	3.9	3,595	5.3	1,212	1.3
Acquired hypothyroidism	2,704	0.3	2,462	0.4	241	0.4	*	*
Other disorders of the thyroid gland	1,674	0.2	1,496	0.2	167	0.2	*	*
Diabetes mellitus	15,565	1.8	13,291	1.9	1,916	2.8	358	0.4
Disorders of lipid metabolism	4,159	0.5	3,894	0.6	264	0.4	—	—
Obesity	2,717	0.3	2,477	0.4	234	0.3	*	*
Other endocrine, nutritional and metabolic diseases, and immunity disorders	5,090	0.6	3,480	0.5	773	1.2	836	0.9
Diseases of the blood and blood-forming organs	3,968	0.5	3,242	0.5	502	0.7	224	0.2
Anemias	2,730	0.3	2,174	0.3	390	0.6	166	0.2
Other diseases of the blood and blood-forming organs	1,238	0.1	1,068	0.2	112	0.2	*	*
Mental disorders	39,264	4.6	31,660	4.5	4,849	7.2	2,756	2.9
Schizophrenic disorders	1,999	0.2	1,371	0.2	416	0.6	211	0.2
Major depressive disorder	6,002	0.7	5,092	0.7	712	1.1	197	0.2
Other psychoses	3,463	0.4	2,664	0.4	392	0.6	407	0.4
Anxiety states	4,205	0.5	3,518	0.5	283	0.4	404	0.4
Neurotic depression	2,863	0.3	2,541	0.4	281	0.4	*	*
Alcohol dependence syndrome	953	0.1	*	*	511	0.8	149	0.2
Drug dependence and nondependence use of drugs	5,564	0.6	4,624	0.7	451	0.7	489	0.5
Acute reaction to stress and adjustment reaction	2,494	0.3	2,058	0.3	358	0.5	77	0.1
Depressive disorder, not elsewhere classified	5,352	0.6	4,371	0.6	646	1.0	335	0.3
Attention deficit disorder	2,362	0.3	2,007	0.3	345	0.5	*	*
Other mental disorders	4,008	0.5	3,121	0.4	453	0.7	435	0.5
Diseases of the nervous system and sense organs	82,838	9.6	72,305	10.4	4,814	7.2	5,719	5.9
Migraine	3,511	0.4	2,664	0.4	155	0.2	692	0.7
Other disorders of the central nervous system	3,384	0.4	2,765	0.4	428	0.6	192	0.2
Carpal tunnel syndrome	2,124	0.2	1,995	0.3	*102	*0.2	*	*
Other disorders of the nervous system	1,776	0.2	1,439	0.2	217	0.3	120	0.1
Retinal detachment and other retinal disorders	2,598	0.3	2,500	0.4	*94	*0.1	*	*
Glaucoma	6,631	0.8	6,312	0.9	316	0.5	*	*
Cataract	8,162	0.9	7,845	1.1	317	0.5	—	—
Disorders of refraction and accommodation	5,052	0.6	4,829	0.7	218	0.3	*	*
Conjunctivitis	4,850	0.6	3,957	0.6	268	0.4	624	0.6
Disorders of eyelids	2,112	0.2	1,932	0.3	131	0.2	*	*
Other disorders of the eye and adnexa	7,819	0.9	6,953	1.0	583	0.9	283	0.3
Disorders of external ear	4,947	0.6	4,310	0.6	224	0.3	413	0.4
Otitis media and eustachian tube disorders	24,871	2.9	20,404	2.9	1,457	2.2	3,010	3.1
Other diseases of the ear and mastoid process	5,002	0.6	4,399	0.6	304	0.5	299	0.3
Diseases of the circulatory system	60,258	7.0	51,613	7.4	4,412	6.6	4,233	4.4
Angina pectoris	2,084	0.2	1,849	0.3	*97	*0.1	*	*
Coronary atherosclerosis	3,175	0.4	3,040	0.4	*104	*0.2	*	*
Other ischemic heart disease	6,250	0.7	5,052	0.7	431	0.6	767	0.8
Cardiac dysrhythmias	3,935	0.5	3,019	0.4	224	0.3	692	0.7
Congestive heart failure	4,081	0.5	3,202	0.5	191	0.3	688	0.7

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1995—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—Con.								
Other heart disease	4,070	0.5	3,577	0.5	253	0.4	240	0.2
Essential hypertension	25,392	2.9	22,568	3.2	2,309	3.4	516	0.5
Cerebrovascular disease	3,238	0.4	2,450	0.4	*94	*0.1	694	0.7
Diseases of the arteries, arterioles, and capillaries	2,776	0.3	2,413	0.3	301	0.4	*	*
Hemorrhoids	1,437	0.2	1,160	0.2	139	0.2	*	*
Other diseases of the circulatory system	3,820	0.4	3,284	0.5	269	0.4	267	0.3
Diseases of the respiratory system	118,105	13.7	98,438	14.1	6,933	10.3	12,733	13.2
Acute sinusitis	2,637	0.3	2,220	0.3	208	0.3	209	0.2
Acute pharyngitis	12,182	1.4	9,610	1.4	737	1.1	1,835	1.9
Acute tonsillitis	3,325	0.4	2,738	0.4	126	0.2	461	0.5
Acute bronchitis and bronchiolitis	4,410	0.5	3,439	0.5	229	0.3	742	0.8
Other acute respiratory infections	27,284	3.2	23,442	3.4	1,426	2.1	2,417	2.5
Chronic sinusitis	13,482	1.6	11,898	1.7	939	1.4	645	0.7
Allergic rhinitis	8,593	1.0	8,042	1.2	454	0.7	*	*
Pneumonia	4,367	0.5	2,931	0.4	176	0.3	1,260	1.3
Chronic and unspecified bronchitis	13,780	1.6	11,493	1.6	559	0.8	1,728	1.8
Asthma	12,192	1.4	9,026	1.3	1,301	1.9	1,865	1.9
Other chronic obstructive pulmonary disease and allied conditions	5,312	0.6	4,594	0.7	327	0.5	391	0.4
Other diseases of the respiratory system	10,541	1.2	9,005	1.3	453	0.7	1,084	1.1
Diseases of the digestive system	34,543	4.0	26,723	3.8	2,192	3.3	5,628	5.8
Diseases of the teeth and supporting structures	1,942	0.2	1,295	0.2	*84	*0.1	563	0.6
Gastritis and duodenitis	3,471	0.4	2,555	0.4	188	0.3	729	0.8
Esophagitis	1,144	0.1	1,056	0.2	*	*	*	*
Ulcer of stomach and small intestine	1,417	0.2	1,191	0.2	129	0.2	*	*
Hernia of abdominal cavity	2,932	0.3	2,520	0.4	275	0.4	138	0.1
Noninfectious enteritis and colitis	6,778	0.8	4,769	0.7	344	0.5	1,664	1.7
Diverticula of intestine	1,458	0.2	1,285	0.2	*90	*0.1	*	*
Constipation	1,661	0.2	1,184	0.2	*95	*0.1	383	0.4
Irritable colon	1,663	0.2	1,529	0.2	*	*	*	*
Anal and rectal diseases	1,674	0.2	1,444	0.2	*99	*0.1	*	*
Disorders of the gallbladder and biliary tract	2,085	0.2	1,642	0.2	191	0.3	252	0.3
Gastrointestinal hemorrhage	777	0.1	*	*	*	*	390	0.4
Other diseases of the digestive system	7,540	0.9	5,901	0.8	565	0.8	1,075	1.1
Diseases of the genitourinary system	45,738	5.3	38,598	5.5	3,027	4.5	4,113	4.3
Calculus of kidney and ureter	1,404	0.2	943	0.1	*61	*0.1	400	0.4
Cystitis and other disorders of the bladder	2,266	0.3	1,971	0.3	*108	*0.2	187	0.2
Urinary tract infection, site not specified	7,063	0.8	4,906	0.7	608	0.9	1,549	1.6
Other diseases of the urinary system	4,373	0.5	3,443	0.5	312	0.5	617	0.6
Hyperplasia of prostate	2,986	0.3	2,885	0.4	*98	*0.1	*	*
Other disorders of male genital organs	3,453	0.4	3,114	0.4	130	0.2	209	0.2
Disorders of breast	5,279	0.6	4,710	0.7	513	0.8	*	*
Inflammatory disorders of female pelvic organs	3,751	0.4	3,248	0.5	193	0.3	310	0.3
Noninflammatory disorders of female genital organs	2,311	0.3	1,814	0.3	266	0.4	231	0.2
Disorders of menstruation and abnormal bleeding	3,912	0.5	3,459	0.5	254	0.4	199	0.2
Menopausal and postmenopausal disorders	3,984	0.5	3,806	0.5	156	0.2	*	*
Other disorders of the female genital tract	4,956	0.6	4,298	0.6	328	0.5	330	0.3
Complications of pregnancy, childbirth, and the puerperium	3,136	0.4	1,597	0.2	511	0.8	1,028	1.1
Diseases of the skin and subcutaneous tissue	39,171	4.6	34,025	4.9	2,516	3.7	2,631	2.7
Cellulitis and abscess	4,047	0.5	2,722	0.4	387	0.6	938	1.0
Other infection of the skin and subcutaneous tissue	2,224	0.3	1,660	0.2	220	0.3	344	0.4
Contact dermatitis and other eczema	7,759	0.9	6,636	1.0	544	0.8	579	0.6
Psoriasis and similar disorders	1,767	0.2	1,612	0.2	143	0.2	*	*
Other inflammatory conditions of skin and subcutaneous tissue	3,870	0.4	3,497	0.5	236	0.4	137	0.1
Corns, callosities, and other hypertrophic and atrophic skin conditions	2,118	0.2	1,982	0.3	121	0.2	*	*
Actinic and seborrheic keratosis	3,699	0.4	3,636	0.5	*	*	—	—
Acne	4,363	0.5	4,202	0.6	144	0.2	*	*
Sebaceous cyst	2,561	0.3	2,367	0.3	129	0.2	*	*
Urticaria	1,013	0.1	623	0.1	*	*	335	0.3
Other disorders of the skin and subcutaneous tissue	5,748	0.7	5,088	0.7	473	0.7	188	0.2

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1995—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 musculoskeletal system and connective tissue . . .	62,340	7.2	54,241	7.8	4,282	6.4	3,817	4.0
Rheumatoid arthritis	2,794	0.3	2,617	0.4	138	0.2	*	*
Osteoarthritis and allied disorders	6,763	0.8	6,206	0.9	489	0.7	*	*
Other arthropathies and related disorders	5,151	0.6	4,590	0.7	444	0.7	116	0.1
Derangements and other and unspecified joint disorders	6,425	0.7	5,409	0.8	458	0.7	558	0.6
Intervertebral disc disorders	4,958	0.6	4,667	0.7	223	0.3	*	*
Lumbago	3,423	0.4	2,769	0.4	265	0.4	389	0.4
Other dorsopathies	9,541	1.1	7,964	1.1	582	0.9	995	1.0
Peripheral enthesopathies and allied disorders	6,293	0.7	5,779	0.8	251	0.4	263	0.3
Synovitis and tenosynovitis	1,840	0.2	1,666	0.2	*79	*0.1	*	*
Myalgia and myositis, unspecified	2,495	0.3	1,925	0.3	199	0.3	371	0.4
Other rheumatism, excluding back	7,060	0.8	6,045	0.9	383	0.6	632	0.7
Disorders of bone and cartilage	2,757	0.3	2,198	0.3	351	0.5	208	0.2
Other diseases of the musculoskeletal system and connective tissue	2,840	0.3	2,405	0.3	419	0.6	*	*
Congenital anomalies	3,960	0.5	2,748	0.4	1,161	1.7	*	*
Certain conditions originating in the perinatal period	559	0.1	*	*	*81	*0.1	*	*
Symptoms, signs, and ill-defined conditions	50,311	5.8	34,380	4.9	3,417	5.1	12,514	13.0
Syncope and collapse	1,090	0.1	*486	*0.1	*	*	549	0.6
Convulsions	2,585	0.3	1,539	0.2	294	0.4	752	0.8
Dizziness and giddiness	2,152	0.2	1,793	0.3	*83	*0.1	275	0.3
Pyrexia of unknown origin	1,359	0.2	*	*	*64	*0.1	807	0.8
Symptoms involving skin and other integumentary tissue	3,219	0.4	2,569	0.4	227	0.3	423	0.4
Headache	3,949	0.5	2,927	0.4	204	0.3	818	0.8
Epistaxis	832	0.1	*549	*0.1	*	*	275	0.3
Abnormal heart sounds	951	0.1	580	0.1	116	0.2	255	0.3
Dyspnea and respiratory abnormalities	1,584	0.2	890	0.1	*106	*0.2	588	0.6
Cough	1,116	0.1	961	0.1	*75	*0.1	*	*
Chest pain	6,052	0.7	3,039	0.4	292	0.4	2,722	2.8
Symptoms involving urinary system	2,408	0.3	1,804	0.3	166	0.2	438	0.5
Abdominal pain	6,484	0.8	3,201	0.5	512	0.8	2,770	2.9
Other symptoms, signs, and ill-defined conditions	16,530	1.9	13,554	1.9	1,215	1.8	1,762	1.8
Injury and poisoning	83,907	9.7	49,249	7.1	4,129	6.1	30,529	31.6
Fracture of radius and ulna	2,329	0.3	1,596	0.2	178	0.3	555	0.6
Fracture of hand and fingers	3,195	0.4	2,139	0.3	250	0.4	805	0.8
Fracture of lower limb	5,719	0.7	4,002	0.6	387	0.6	1,330	1.4
Other fractures	3,955	0.5	2,697	0.4	216	0.3	1,042	1.1
Sprains and strains of wrist and hand	1,533	0.2	856	0.1	*	*	603	0.6
Sprains and strains of knee and leg	2,117	0.2	1,461	0.2	*68	*0.1	588	0.6
Sprains and strains of ankle	2,282	0.3	976	0.1	146	0.2	1,160	1.2
Sprains and strains of neck	4,387	0.5	3,195	0.5	114	0.2	1,078	1.1
Other sprains and strains of back	7,031	0.8	5,648	0.8	225	0.3	1,158	1.2
Other sprains and strains	5,648	0.7	4,173	0.6	256	0.4	1,218	1.3
Intracranial injury, excluding those with skull fracture	1,574	0.2	*519	*0.1	*84	*0.1	971	1.0
Open wound of head	3,930	0.5	811	0.1	118	0.2	3,001	3.1
Open wound of hand and fingers	3,531	0.4	1,136	0.2	180	0.3	2,214	2.3
Other open wound	6,312	0.7	2,772	0.4	403	0.6	3,137	3.2
Superficial injury of cornea	988	0.1	*509	*0.1	*	*	442	0.5
Other superficial injury	2,582	0.3	1,211	0.2	135	0.2	1,236	1.3
Contusions with intact skin surfaces	9,373	1.1	4,268	0.6	346	0.5	4,758	4.9
Other injuries	9,272	1.1	5,954	0.9	520	0.8	2,798	2.9
Poisonings	1,774	0.2	*	*	*	*	1,053	1.1
Other and unspecified effects of external causes	4,853	0.6	3,686	0.5	238	0.4	928	1.0
Complications of surgical and medical care, not elsewhere classified	1,525	0.2	1,001	0.1	*70	*0.1	453	0.5
Supplementary classification of factors influencing health status and contact with health services	126,866	14.7	109,811	15.8	13,651	20.3	3,404	3.5
Potential health hazards related to communicable diseases	5,238	0.6	4,171	0.6	742	1.1	324	0.3
Potential health hazards related to personal and family history	11,335	1.3	9,077	1.3	1,670	2.5	588	0.6
Routine infant or child health check	21,332	2.5	19,626	2.8	1,660	2.5	*	*
Normal pregnancy	22,789	2.6	18,720	2.7	3,723	5.5	347	0.4
Postpartum care and examination	1,898	0.2	1,542	0.2	352	0.5	*	*
Encounter for contraceptive management	2,369	0.3	2,048	0.3	320	0.5	—	—
Other encounter related to reproduction	577	0.1	*	*	176	0.3	—	—

Table 12. Number and percent distribution of ambulatory care visits by diagnosis group and ambulatory care setting: United States, 1995—Con.

Diagnosis group ¹	Combined settings ²		Physician offices ²		Outpatient departments ²		Emergency departments ²	
	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
Supplementary classification of factors influencing health status and contact with health services—Con.								
Lens replaced by pseudophakos	2,425 ²	0.3 ²	2,405 ²	0.3 ²	* ²	* ²	— ²	—
Artificial opening status and other postsurgical states	6,262 ²	0.7 ²	5,717 ²	0.8 ²	497 ²	0.7 ²	* ²	*
Attention to surgical dressing and sutures	1,206 ²	0.1 ²	694 ²	0.1 ²	*95 ²	*0.1 ²	417 ²	0.4
Follow up examination	7,601 ²	0.9 ²	6,840 ²	1.0 ²	603 ²	0.9 ²	157 ²	0.2
General medical examination	22,874 ²	2.7 ²	21,003 ²	3.0 ²	1,600 ²	2.4 ²	270 ²	0.3
Observation and evaluation for suspected conditions not found	3,508 ²	0.4 ²	2,682 ²	0.4 ²	319 ²	0.5 ²	507 ²	0.5
Gynecological examination	3,975 ²	0.5 ²	3,668 ²	0.5 ²	302 ²	0.4 ²	* ²	*
Other factors influencing health status and contact with health services	13,478 ²	1.6 ²	11,219 ²	1.6 ²	1,571 ²	2.3 ²	689 ²	0.7
Blank and illegible	21,525 ²	2.5 ²	17,462 ²	2.5 ²	1,797 ²	2.7 ²	2,266 ²	2.3

* Figure does not meet standard of reliability or precision.

— Quantity zero.

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

²HIV is human immunodeficiency virus.

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

Table 13. Number and percent distribution of ambulatory care visits by selected principal diagnosis groups and ambulatory care setting: United States, 1995

Principal diagnosis group and ICD–9–CM code(s) ¹	Combined settings		Total	Physician offices	Outpatient departments	Emergency departments
	Number of visits in thousands	Percent distribution				
Percent distributon						
All visits	860,859	100.0	100.0	81.0	7.8	11.2
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	37,656	4.4	100.0	84.6	5.3	10.2
Essential hypertension 401	25,392	2.9	100.0	88.9	9.1	2.0
Otitis media and eustachian tube disorders 381–382	24,871	2.9	100.0	82.0	5.9	12.1
General medical examination V70	22,874	2.7	100.0	91.8	7.0	1.2
Normal pregnancy V22	22,789	2.6	100.0	82.1	16.3	1.5
Routine infant or child health check V20.2	21,332	2.5	100.0	92.0	7.8	*
Arthropathies and related disorders 710–719	21,133	2.5	100.0	89.1	7.2	3.7
Dorsopathies 720–724	17,922	2.1	100.0	85.9	6.0	8.1
Rheumatism, excluding back 725–729	17,688	2.1	100.0	87.1	5.2	7.7
Malignant neoplasms 140–208	17,244	2.0	100.0	82.7	15.9	1.4
Diabetes mellitus 250	15,565	1.8	100.0	85.4	12.3	2.3
Chronic and unspecified bronchitis 490–491	13,780	1.6	100.0	83.4	4.1	12.5
Chronic sinusitis 473	13,482	1.6	100.0	88.3	7.0	4.8
Asthma 493	12,192	1.4	100.0	74.0	10.7	15.3
Acute pharyngitis 462	12,182	1.4	100.0	78.9	6.0	15.1
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	12,086	1.4	100.0	81.1	5.5	13.4
Ischemic heart disease 410–414	11,509	1.3	100.0	86.4	5.5	8.1
Sprains and strains of back 846–847	11,418	1.3	100.0	77.4	3.0	19.6
Potential health hazards related to personal and family history V10–V19	11,335	1.3	100.0	80.1	14.7	5.2
Open wound, excluding head 874–897	9,842	1.1	100.0	39.7	5.9	54.4
Fractures, excluding lower limb 800–819	9,479	1.1	100.0	67.9	6.8	25.3
Contusion with intact skin surface 920–924	9,373	1.1	100.0	45.5	3.7	50.8
Sprains and strains, excluding ankle and back 840–844,845.1,848	9,298	1.1	100.0	69.8	4.3	25.9
Allergic rhinitis 477	8,593	1.0	100.0	93.6	5.3	*
Cataract 366	8,162	0.9	100.0	96.1	3.9	–
Contact dermatitis and other eczema 692	7,759	0.9	100.0	85.5	7.0	7.5
Followup examination V67	7,601	0.9	100.0	90.0	7.9	2.1
Urinary tract infection, site not specified 599.0	7,063	0.8	100.0	69.5	8.6	21.9
Neoplasms of benign, uncertain, or unspecified nature 210–239	6,797	0.8	100.0	90.0	9.0	*
Noninfectious enteritis and colitis 555–558	6,778	0.8	100.0	70.4	5.1	24.6
Glaucoma 365	6,631	0.8	100.0	95.2	4.8	*
Abdominal pain 789.0	6,484	0.8	100.0	49.4	7.9	42.7
Artificial opening status and other postsurgical states V44–V45	6,262	0.7	100.0	91.3	7.9	*
Chest pain 786.5	6,052	0.7	100.0	50.2	4.8	45.0
Major depressive disorder 296.2,296.3	6,002	0.7	100.0	84.8	11.9	3.3
Fracture of lower limb 820–829	5,719	0.7	100.0	70.0	6.8	23.3
Drug dependence and nondependent use of drugs 304–305	5,564	0.6	100.0	83.1	8.1	8.8
Psychoses, excluding major depressive disorder 290–296.1,296.4–299	5,461	0.6	100.0	73.9	14.8	11.3
Depressive disorder, not elsewhere classified 311	5,352	0.6	100.0	81.7	12.1	6.3
Disorders of breast, excluding neoplasms 610–611	5,279	0.6	100.0	89.2	9.7	*
All other	368,860	42.8	100.0	79.9	7.8	12.3

* Figure does not meet standard of reliability or precision.

- Quantity zero.

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

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

Table 14. Number and percent distribution of ambulatory care visits by medication therapy and number of medications prescribed or provided, according to ambulatory care setting: United States, 1995

Medication therapy	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands				
All visits	860,859	697,082	67,232	96,545
Medication therapy provided or prescribed				
Yes	558,423	448,258	40,978	69,187
No	302,436	248,824	26,254	27,358
Number of medications provided or prescribed				
None	302,436	248,824	26,254	27,358
1	253,678	207,368	16,282	30,028
2	151,093	120,560	10,359	20,173
3	73,365	57,738	5,975	9,653
4	36,119	28,504	3,086	4,528
5	18,283	14,113	1,954	2,216
6	25,886	19,974	3,322	2,589
Percent distribution				
All visits	100.0	100.0	100.0	100.0
Medication therapy provided or prescribed				
Yes	64.9	64.3	61.0	71.7
No	35.1	35.7	39.0	28.3
Number of medications provided or prescribed				
None	35.1	35.7	39.0	28.3
1	29.5	29.7	24.2	31.1
2	17.6	17.3	15.4	20.9
3	8.5	8.3	8.9	10.0
4	4.2	4.1	4.6	4.7
5	2.1	2.0	2.9	2.3
6	3.0	2.9	4.9	2.7

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, 1995

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	860,859	558,423	1,167,162	1.4
Physician offices	697,082	448,258	926,132	1.3
Outpatient departments	67,232	40,978	96,970	1.4
Emergency departments	96,545	69,187	144,060	1.5

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

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

Table 16. Number and percent distribution of drug mentions by therapeutic classification, according to ambulatory care setting: United States, 1995

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				Number of mentions per 100 visits			
All drug mentions	1,167,162	100.0	79.3	8.3	12.3	135.6	132.9	144.2	149.2
Drugs used for relief of pain	167,792	100.0	67.0	7.6	25.4	19.5	16.1	18.9	44.2
Antimicrobial agents	163,062	100.0	78.4	6.7	14.9	18.9	18.3	16.3	25.2
Cardiovascular-renal drugs	157,348	100.0	84.1	8.9	6.9	18.3	19.0	20.9	11.3
Respiratory tract drugs	127,063	100.0	78.4	8.1	13.4	14.8	14.3	15.4	17.7
Hormones and agents affecting hormonal mechanisms	101,539	100.0	83.9	9.7	6.4	11.8	12.2	14.7	6.7
Central nervous system	78,952	100.0	83.5	7.9	8.7	9.2	9.5	9.2	7.1
Skin/mucous membrane	62,052	100.0	85.0	6.8	8.1	7.2	7.6	6.3	5.2
Gastrointestinal agents	55,336	100.0	76.9	9.8	13.3	6.4	6.1	8.0	7.6
Metabolic and nutrient agents	54,852	100.0	82.0	10.1	7.8	6.4	6.5	8.3	4.5
Ophthalmic drugs	40,936	100.0	92.3	4.6	3.1	4.8	5.4	2.8	1.3
Immunologic agents	40,457	100.0	80.5	9.8	9.7	4.7	4.7	5.9	4.1
Neurologic drugs	28,635	100.0	77.2	8.2	14.6	3.3	3.2	3.5	4.3
Hematologic agents	19,403	100.0	77.4	12.1	10.5	2.3	2.2	3.5	2.1
Radiopharmaceutical/contrast media	8,470	100.0	92.7	5.9	*	1.0	1.1	0.7	*
Other and unclassified ²	61,264	100.0	77.3	10.6	12.2	7.1	6.8	9.6	7.7

*Figure does not meet standard of reliability or precision.

¹Based on the standard drug classification used in the *National Drug Code Directory*, 1995 edition (NDC) (7).²Includes anesthetics, antidotes, oncology, otology, antiparasitics, and unclassified/miscellaneous drugs.

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

Table 17. Number of occurrences, percent of all drug mentions, and percent distribution by ambulatory care setting of the 35 generic substances most frequently used at ambulatory care visits: United States, 1995

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	1,395,873	...	100.0	79.5	8.2	12.3
Acetaminophen	61,230	5.2	100.0	59.5	7.6	32.9
Amoxicillin	45,207	3.9	100.0	82.3	5.9	11.9
Ibuprofen	27,310	2.3	100.0	58.6	8.8	32.7
Albuterol	23,034	2.0	100.0	70.5	10.6	18.8
Aspirin	18,087	1.5	100.0	82.0	9.4	8.6
Hydrochlorothiazide	17,546	1.5	100.0	89.0	9.2	1.8
Furosemide	16,603	1.4	100.0	81.4	7.8	10.9
Estrogens	15,885	1.4	100.0	89.5	7.6	2.9
Hydrocodone	15,120	1.3	100.0	67.8	3.0	29.3
Guaifenesin	14,709	1.3	100.0	84.1	7.0	8.9
Codeine	14,073	1.2	100.0	67.8	7.7	24.5
Erythromycin	13,951	1.2	100.0	80.7	5.1	14.3
Levothyroxine	13,034	1.1	100.0	86.1	10.6	3.3
Phenylephrine	13,006	1.1	100.0	88.5	6.0	5.5
Trimethoprim	12,918	1.1	100.0	73.0	10.8	16.2
Cephalexin	12,782	1.1	100.0	73.7	6.6	19.6
Prednisone	12,685	1.1	100.0	79.6	10.7	9.7
Sulfamethoxazole	12,077	1.0	100.0	71.8	11.2	17.0
Digoxin	11,839	1.0	100.0	85.7	7.1	7.2
Naproxen	11,455	1.0	100.0	79.1	7.8	13.1
Rantidine	11,400	1.0	100.0	80.0	10.1	9.9
Promethazine	11,152	1.0	100.0	59.4	3.3	37.3
Nifedipine	10,588	0.9	100.0	77.9	10.7	11.4
Phenylpropanolamine	10,189	0.9	100.0	87.8	5.6	6.6
Triamcinolone	10,023	0.9	100.0	88.2	7.7	4.1
Pseudoephedrine	9,752	0.8	100.0	84.8	7.8	7.4
Potassium replacement solutions	9,745	0.8	100.0	82.8	7.6	9.6
Beclomethasone	9,069	0.8	100.0	87.6	9.9	2.5
Enalapril	8,992	0.8	100.0	84.0	11.1	4.9
Insulin	8,965	0.8	100.0	71.9	18.0	10.1
Diltiazem	8,909	0.8	100.0	82.2	12.0	5.8
Glyburide	8,850	0.8	100.0	86.4	9.9	3.7
Nitroglycerine	8,805	0.8	100.0	67.6	7.0	25.4
Propoxyphene	8,453	0.7	100.0	75.4	5.3	19.4
Hydrocortisone	8,398	0.7	100.0	84.5	8.3	7.3

... Category not applicable.

¹Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.²Based on an estimated 1,167,162,000 drug mentions at physician office visits, hospital outpatient department visits, and hospital emergency department visits in 1995.

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

Table 18. Number and percent of ambulatory care visits by type of providers seen, according to ambulatory care setting: United States, 1995

Providers seen	Combined settings	Physician offices	Outpatient departments	Emergency departments
Number of visits in thousands ¹				
All visits	860,859	697,082	67,232	96,545
Physician ²	818,765	668,883	56,970	92,911
Registered nurse	203,067	90,973	30,300	81,793
Medical assistant	175,891	162,083	10,186	3,621
Licensed practical nurse	93,216	80,383	7,976	4,856
Physician assistant	17,699	13,320	*1,541	2,839
Nurse practitioner	8,219	4,711	2,406	1,102
Other	38,973	24,573	7,812	6,588
Percent of visits in each setting				
All visits
Physician ²	95.1	96.0	84.7	96.2
Registered nurse	23.6	13.1	45.1	84.7
Medical assistant	20.4	23.3	15.2	3.8
Licensed practical nurse	10.8	11.5	11.9	5.0
Physician assistant	2.1	1.9	*2.3	2.9
Nurse practitioner	1.0	0.7	3.6	1.1
Other	4.5	3.5	11.6	6.8

*Figure does not meet standard of reliability or precision.

... Category not applicable.

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

Appendix I

Technical Notes

Sampling Errors

The standard error is primarily a measure of the sampling variability that occurs by chance when only a sample, rather than an entire universe, is surveyed. The standard error also reflects part of the measurement error, but does not measure any systematic biases in the data. The chances are 95 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 that were 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 (17). The relative standard error (RSE) of an estimate is obtained by dividing

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, 1995

Estimated numbers of drug mentions in thousands	Combined settings	Physician offices	Outpatient departments	Emergency departments
Relative standard error in percent ¹				
100	68.8	106.1	37.6	39.6
200	48.8	75.1	29.2	28.3
500	31.2	47.7	22.6	18.4
1,000	22.5	33.9	19.9	13.6
2,000	16.5	24.2	18.5	10.4
5,000	11.4	15.8	17.5	7.8
10,000	9.1	11.7	17.2	6.7
20,000	7.7	9.0	17.0	6.1
50,000	6.7	6.9	16.9	5.8
100,000	6.4	6.0	16.9	5.6
200,000	6.2	5.6	16.9	5.6
500,000	6.1	5.2	16.9	5.5
1,000,000	6.0	5.1	16.9	5.5

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

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

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 the 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.

[Tables III](#) and [IV](#) present approximate standard errors for estimated percents of combined visits and drug mentions. Corresponding tables for the NAMCS data are published elsewhere (10), and similar tables for the 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](#).

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

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](#).

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

The standard error for a rate may be obtained by multiplying the relative

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, 1995

Estimated numbers of ambulatory care visits in thousands	Combined settings	Physician offices	Outpatient departments	Emergency departments
Relative standard error in percent ¹				
100	50.9	69.7	31.2	26.2
200	36.1	49.4	24.0	18.8
500	23.2	31.4	18.4	12.4
1,000	16.7	22.5	16.1	9.4
2,000	12.3	16.2	14.9	7.4
5,000	8.6	10.9	14.0	5.9
10,000	7.0	8.4	13.8	5.3
20,000	6.0	6.8	13.6	4.9
50,000	5.3	5.6	13.5	4.7
100,000	5.0	5.2	13.5	4.7
200,000	4.9	5.0	13.5	4.6
500,000	4.8	4.8	13.5	4.6
1,000,000	4.8	4.8	13.5	4.6

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

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

Table 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, 1995

Base of percent (visits in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points							
100	5.0	11.0	15.2	20.3	23.2	24.8	25.3
200	3.6	7.8	10.8	14.3	16.4	17.6	17.9
500	2.3	4.9	6.8	9.1	10.4	11.1	11.3
1,000	1.6	3.5	4.8	6.4	7.3	7.9	8.0
2,000	1.1	2.5	3.4	4.5	5.2	5.6	5.7
5,000	0.7	1.6	2.2	2.9	3.3	3.5	3.6
10,000	0.5	1.1	1.5	2.0	2.3	2.5	2.5
20,000	0.4	0.8	1.1	1.4	1.6	1.8	1.8
50,000	0.2	0.5	0.7	0.9	1.0	1.1	1.1
100,000	0.2	0.4	0.5	0.6	0.7	0.8	0.8
200,000	0.1	0.3	0.3	0.5	0.5	0.6	0.6
500,000	0.1	0.2	0.2	0.3	0.3	0.4	0.4
1,000,000	0.1	0.1	0.2	0.2	0.2	0.3	0.3

NOTES: Example of use of table: an estimate of 30 percent based on an aggregate estimate of 10 million visits has an approximate standard error of 2.3 percent, or a relative standard error of 7.7 percent (2.3 percent divided by 30 percent). Approximate standard errors for estimated percents of visits by type of setting (that is, physician offices, outpatient departments, and emergency departments) are shown or described elsewhere (1–3).

Table IV. Approximate standard errors of percents of estimated numbers of drug mentions at ambulatory care visits: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, 1995

Base of percent (mentions in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points							
100	6.8	14.9	20.6	27.4	31.4	33.6	34.3
200	4.8	10.6	14.5	19.4	22.2	23.8	24.2
500	3.1	6.7	9.2	12.3	14.1	15.0	15.3
1,000	2.2	4.7	6.5	8.7	9.9	10.6	10.8
2,000	1.5	3.3	4.6	6.1	7.0	7.5	7.7
5,000	1.0	2.1	2.9	3.9	4.4	4.8	4.9
10,000	0.7	1.5	2.1	2.7	3.1	3.4	3.4
20,000	0.5	1.1	1.5	1.9	2.2	2.4	2.4
50,000	0.3	0.7	0.9	1.2	1.4	1.5	1.5
100,000	0.2	0.5	0.7	0.9	1.0	1.1	1.1
200,000	0.2	0.3	0.5	0.6	0.7	0.8	0.8
500,000	0.1	0.2	0.3	0.4	0.4	0.5	0.5
1,000,000	0.1	0.2	0.2	0.3	0.3	0.3	0.4

NOTES: Example of use of table: an estimate of 30 percent based on an aggregate estimate of 10 million drug mentions at ambulatory care visits has an approximate standard error of 3.1 percent, or a relative standard error of 10.3 percent (3.1 percent divided by 30 percent). Approximate standard errors for estimated percents of drug mentions by type of setting (that is, physician offices, outpatient departments, and emergency departments) are shown or described elsewhere (1–3).

standard error of the total estimate by the rate.

Published and Flagged Estimates

Estimates are not presented unless a reasonable assumption regarding their probability distributions is possible on the basis of the Central Limit Theorem. The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate approximates the

population estimate and, upon repeated sampling, its distribution would be approximately normal.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more cases are asterisked only if the 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.

Adjustments for Nonresponse

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

Tests of Significance and Rounding

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

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, 1995

Setting and type of estimate	Coefficient for use with estimates in thousands		Lowest reliable estimate in thousands ¹
	<i>A</i>	<i>B</i>	
Combined settings			
Visits	0.00228	25.680	293
Drug mentions	0.00360	46.999	545
Physician offices			
Visits	0.00222	48.298	551
Drug mentions	0.00252	112.321	1,284
Outpatient departments			
Visits	0.01812	7.936	111
Drug mentions	0.02845	11.316	184
Emergency departments			
Visits	0.00210	6.645	76
Drug mentions	0.00301	15.419	178

¹Estimates with relative standard errors greater than 30 percent are considered to be unreliable. The lowest reliable estimates shown here were determined by approximating relative standard errors from the generalized variance curves for each dataset. 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).

Diagnosis and Injury Groupings

Physicians' diagnoses, shown in [table 12](#) of this report, 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](#) of this report presents data on the intent and mechanism producing the injuries that resulted in ambulatory care visits to physician offices, ED's, and OPD's. Cause of injury is collected for each sampled visit in the NAMCS and NHAMCS and is coded according to the ICD-9-CM's Supplementary Classification of External Causes of Injury and Poisoning. For [table 9](#),

however, the first-listed cause-of-injury data were regrouped to highlight the interaction between intentionality of the injury and the mechanism that actually produced the injury. [Table VII](#) displays the groupings used in [table 9](#).

Population Figures and Rate Calculation

The population figures used in computing annual visit rates by age, sex, and race for this report are shown in [table VIII](#). The figures represent U.S. Bureau of the Census estimates of the civilian noninstitutionalized population as of July 1, 1995. Figures are based on monthly postcensal estimates and are consistent with Census reports PE-10/PPL-41, Addendum 1. They have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. Regional U.S. population estimates were obtained from the Division of Health Interview Statistics, NCHS.

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

Principal diagnosis	ICD-9-CM code ¹
Infectious and parasitic diseases	001-139
Streptococcal sore throat	034.0
HIV infection ²	042
Viral warts	078.1
Unspecified viral and chlamydial infections	079.9
Dermatophytosis	110
Candidiasis	112
Other infectious and parasitic diseases	001-033,034.1-041.9,045.0-078.0,078.2-079.8,080-104, 111,114-139
Neoplasms	140-239
Malignant neoplasm of colon and rectum	153-154,197.5
Malignant neoplasm of skin	172-173,176.0,198.2
Malignant neoplasm of breast	174-175,198.81
Malignant neoplasm of prostate	185
Malignant neoplasm of lymphatic and hematopoietic tissue	176.5,196,200-208
Other malignant neoplasms	140-152,155-171,176.1-176.4,176.6-184,186-195,197.0-197.4,197.6-198.1, 198.3-198.7,198.82-199,230-234
Benign neoplasm of skin	216
Other benign neoplasm	210-215,217-229
Neoplasm of uncertain behavior and unspecified nature	235-239
Endocrine, nutritional and metabolic diseases, and immunity disorders	240-279
Acquired hypothyroidism	244
Other disorders of the thyroid gland	240-243,245-246
Diabetes mellitus	250
Disorders of lipid metabolism	272
Obesity	278.0
Other endocrine, nutritional and metabolic diseases, and immunity disorders	251-271,273-277,278.1-279
Diseases of the blood and blood-forming organs	280-289
Anemias	280-285
Other diseases of the blood and blood-forming organs	286-289
Mental disorders	290-319
Schizophrenic disorders	295
Major depressive disorder	296.2-296.3
Other psychoses	290-294, 296.0-296.1,296.4-299
Anxiety states	300.0
Neurotic depression	300.4
Alcohol dependence syndrome	303
Drug dependence and nondependent use of drugs	304-305
Acute reaction to stress and adjustment reaction	308-309
Depressive reaction, not elsewhere classified	311
Attention deficit disorder	314.0
Other mental disorders	300.1-300.3,300.5-300.9,301-302,306-307,310,312-313,314.1-319
Diseases of the nervous system and sense organs	320-389
Migraine	346
Other disorders of the central nervous system	320-326,330-337,340-345,347-349
Carpal tunnel syndrome	354.0
Other disorders of the nervous system	350-353,354.1-359
Retinal detachment and other retinal disorders	361-362
Glaucoma	365
Cataract	366
Disorders of refraction and accommodation	367
Conjunctivitis	372.0-372.3
Disorders of eyelids	373-374
Other disorders of the eye and adnexa	360,363-364,368-369,370-371,372.4-372.9,375-379
Disorders of external ear	380
Otitis media and eustachian tube disorders	381-382
Other diseases of the ear and mastoid process	383-389
Diseases of the circulatory system	390-459
Angina pectoris	413
Coronary atherosclerosis	414.0
Other ischemic heart disease	410-412,414.1-414.9
Cardiac dysrhythmias	427
Congestive heart failure	428.0
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

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

Principal diagnosis	ICD–9–CM code ¹
Diseases of the 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
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
Osteoarthritis and allied disorders	715
Other arthropathies and related disorders	710–713,714.1–714.9,716
Derangements and other and unspecified joint disorders	717–719
Intervertebral disc disorders	722
Lumbago	724.2
Other dorsopathies	720–721,723.0–724.1,724.3–724.9
Peripheral enthesopathies and allied disorders	726
Synovitis and tenosynovitis	727.0
Myalgia and myositis, unspecified	729.1
Other rheumatism, excluding back	725,727.1–727.9,728,729.0,729.2–729.9
Disorders of bone and cartilage	730–733
Other diseases of the musculoskeletal system and connective tissue	734–739

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

Principal diagnosis	ICD-9-CM code ¹
Congenital anomalies	740–759
Certain conditions originating in the perinatal period	760–779
Symptoms, signs, and ill-defined conditions	780–799
Syncope and collapse	780.2
Convulsions	780.3
Dizziness and giddiness	780.4
Pyrexia of unknown origin	780.6
Symptoms involving skin and other integumentary tissue	782
Headache	784.0
Epistaxis	784.7
Abnormal heart sounds	785.0–785.3
Dyspnea and respiratory abnormalities	786.0
Cough	786.2
Chest pain	786.5
Symptoms involving urinary system	788
Abdominal pain	789.0
Other symptoms, signs, and ill-defined conditions	780.0–780.1, 780.5, 780.7–780.9, 781, 783, 784.1–784.6, 784.8–784.9, 785.4–785.9, 786.1, 786.3–786.4, 786.6–787, 789.1–799.9
Injury and poisoning	800–999
Fracture of radius and ulna	813
Fracture of hand and fingers	814–817
Fracture of lower limb	820–829
Other fractures	800–812, 818–819
Sprains and strains of wrist and hand	842
Sprains and strains of knee and leg	844
Sprains and strains of ankle	845.0
Sprains and strains of neck	847.0
Other sprains and strains of back	846, 847.1–847.9
Other sprains and strains	840–841, 843, 845.1, 848
Intracranial injury, excluding those with skull fracture	850–854
Open wound of head	870–873
Open wound of hand and fingers	882–883
Other open wound	874–881, 884–897
Superficial injury of cornea	918.1
Other superficial injury	910.0–918.0, 918.2, 919.9
Contusions with intact skin surfaces	920–924
Other injuries	830–839, 860–869, 900–909, 925–959
Poisonings	960–989
Other and unspecified effects of external causes	990–995
Complications of surgical and medical care, not elsewhere classified	996–999
Supplementary classification of factors influencing health status and contact with health services	V01–V82
Potential health hazards related to communicable diseases	V01–V09
Potential health hazards related to personal and family history	V10–V19
Routine infant or child health check	V20.2
Normal pregnancy	V22
Postpartum care and examination	V24
Encounter for contraceptive management	V25
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
Followup examination	V67
General medical examination	V70
Observation and evaluation for suspected conditions not found	V71
Gynecological examination	V72.3
Other factors influencing health status and contact with health services	V20.0–V20.1, V21, V29.0–V43.0, V43.2–V43.8, V46–V66, V68–V69, V72.0–V72.2, V72.4–V82.9

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (5).²HIV is human immunodeficiency virus.

Table VII. Reclassification of external 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 accidents ↗	E810–E819
Striking against or struck accidentally by objects or persons ↗	E916–E917
Overexertion and strenuous movements ↗	E927
Cutting or piercing instruments or objects ↗	E920
Natural and environmental factors ↗	E900–E909,E928.0–E928.2
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors ↗	E850–E869
Fire and flames, hot substance or object, caustic or corrosive material, and steam↗	E890–E899,E924
Machinery ↗	E919
Pedal cycle, nontraffic and other ↗	E800–E807(.3),E820–E825(.6),E826.1,E826.9
Motor vehicle, nontraffic ↗	E820–E825 (.0,.5,.7,.9)
Other transportation ↗	E800–807(.0–.2,.8–.9), E826 (.0,.2–.8),E827–E829,E831,E833–E845
Firearm missile ↗	E922
Other and not elsewhere classified ↗	E846–E848,E911–E915,E918,E921,E923,E925–E926,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 ↗	E995–E959
Other causes of violence ↗	E970–E978,E990–E999
Injuries of undetermined intent ↗	E980–E989
Adverse effects of medical treatment ↗	E870–E879,E930–E949

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM), Supplementary Classification of External Causes of Injury and Poisoning (5).

Table VIII. U.S. population estimates used in computing annual visit rates for National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data, by age, race, and sex: July 1, 1995

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 ↗	261,906,926↗	59,487,455↗	36,137,770↗	83,073,577↗	51,706,230↗	18,312,463↗	13,189,431
Male ↗	127,565,352↗	30,440,191↗	18,125,031↗	40,867,687↗	24,967,839↗	8,174,268↗	4,990,336
Female ↗	134,341,574↗	29,047,264↗	18,012,739↗	42,205,890↗	26,738,391↗	10,138,195↗	8,199,095
White↗ ↗	216,733,945↗	46,765,146↗	28,803,500↗	68,569,170↗	44,403,190↗	16,253,767↗	11,939,172
Male ↗	106,282,435↗	23,987,870↗	14,569,518↗	34,206,963↗	21,678,241↗	7,307,692↗	4,532,151
Female ↗	110,451,510↗	22,777,276↗	14,233,982↗	34,362,207↗	22,724,949↗	8,946,075↗	7,407,021
Black ↗	33,470,659↗	9,623,531↗	5,459,213↗	10,492,125↗	5,320,828↗	1,570,043↗	1,004,919
Male ↗	15,578,983↗	4,874,269↗	2,599,394↗	4,734,824↗	2,361,590↗	654,393↗	354,513
Female ↗	17,891,676↗	4,749,262↗	2,859,819↗	5,757,301↗	2,959,238↗	915,650↗	650,406
Other ↗	11,702,322↗	3,098,778↗	1,875,057↗	4,012,282↗	1,982,212↗	488,653↗	245,340
Male ↗	5,703,934↗	1,578,052↗	956,119↗	1,925,900↗	928,008↗	212,183↗	103,672
Female ↗	5,998,388↗	1,520,726↗	918,938↗	2,086,382↗	1,054,204↗	276,470↗	141,668

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, 1995. Figures are consistent with Census reports PE-10/PPL-41, Addendum 1 and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

Appendix II

Definition of Terms

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

Drug mention—A drug mention is the physician's entry on the Patient Record form of a pharmaceutical agent—by any

route of administration—for prevention, diagnosis, or treatment. Generic as well as brand-name drugs are included, as are nonprescription and prescription drugs. Along with all new drugs, the physician also records continued medications if the patient was specifically instructed during the visit to continue the medication. Physicians may report up to five 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, then 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.

Appendix III

Survey Instruments

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

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

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

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

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

1. DATE OF VISIT Month / Day / Year		4. SEX 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male		6. ETHNICITY 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic		8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT a. Type of payment Check one. 1 <input type="checkbox"/> Preferred provider option 2 <input type="checkbox"/> Insured, fee-for-service 3 <input type="checkbox"/> HMO / other prepaid 4 <input type="checkbox"/> Self-pay 5 <input type="checkbox"/> No charge 6 <input type="checkbox"/> Other b. Expected sources of insurance Check all that apply. 1 <input type="checkbox"/> Blue Cross / Blue Shield 2 <input type="checkbox"/> Other private insurance 3 <input type="checkbox"/> Medicare 4 <input type="checkbox"/> Medicaid 5 <input type="checkbox"/> Worker's Compensation 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> Unknown		9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT Use patient's own words. Most a. Important: _____ b. Other: _____ c. Other: _____	
2. ZIP CODE Patient's _____		5. RACE 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian / Pacific Islander 4 <input type="checkbox"/> American Indian / Eskimo / Aleut		7. DOES PATIENT SMOKE CIGARETTES ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown					
3. DATE OF BIRTH Month / Day / Year									
10. IS THIS VISIT INJURY RELATED ? 1 <input type="checkbox"/> Yes (Answer a, b, and c.) 2 <input type="checkbox"/> No (Skip to Item 11.) a. Cause of Injury Describe events that preceded injury, e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked car, etc. _____ _____ _____ b. Place of occurrence 1 <input type="checkbox"/> Home 2 <input type="checkbox"/> School 3 <input type="checkbox"/> Sports or athletics area 4 <input type="checkbox"/> Street or highway 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Unknown c. Is this injury work related ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown				11. PHYSICIAN'S DIAGNOSES As specifically as possible, list up to 3 current diagnoses. Include those unrelated to this visit. a. Principal diagnosis or problem associated with Item 9a: _____ b. Other: _____ c. Other: _____				12. DOES PATIENT HAVE: Check all that apply regardless of entry in Item 11. 1 <input type="checkbox"/> Arthritis 7 <input type="checkbox"/> HIV / AIDS 2 <input type="checkbox"/> Atherosclerosis 8 <input type="checkbox"/> Hyperactivity / ADD 3 <input type="checkbox"/> COPD 9 <input type="checkbox"/> Hypertension 4 <input type="checkbox"/> Chronic renal failure 10 <input type="checkbox"/> Obesity 5 <input type="checkbox"/> Depression 11 <input type="checkbox"/> None of the above 6 <input type="checkbox"/> Diabetes	
13. AMBULATORY SURGICAL PROCEDURES <input type="checkbox"/> NONE List up to 2 surgical procedures performed at this visit. 1. _____ 2. _____		14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 1 <input type="checkbox"/> NONE EXAMINATIONS: 2 <input type="checkbox"/> Breast 3 <input type="checkbox"/> Pelvic 4 <input type="checkbox"/> Rectal 5 <input type="checkbox"/> Visual acuity 6 <input type="checkbox"/> Mental status 7 <input type="checkbox"/> Other: _____ TESTS: 8 <input type="checkbox"/> Blood pressure 9 <input type="checkbox"/> Urinalysis 10 <input type="checkbox"/> TB skin test 11 <input type="checkbox"/> Blood lead level 12 <input type="checkbox"/> Cholesterol measure 13 <input type="checkbox"/> PSA 14 <input type="checkbox"/> HIV serology 15 <input type="checkbox"/> Other blood test 16 <input type="checkbox"/> Other: _____ IMAGING: 17 <input type="checkbox"/> X-Ray 18 <input type="checkbox"/> CAT scan 19 <input type="checkbox"/> MRI 20 <input type="checkbox"/> Ultrasound 21 <input type="checkbox"/> Other: _____ ALL OTHER: (specify) 22 <input type="checkbox"/> _____				15. THERAPEUTIC AND PREVENTIVE SERVICES Check all ordered or provided at this visit. Exclude medications. 1 <input type="checkbox"/> NONE COUNSELING / EDUCATION: 2 <input type="checkbox"/> Diet 3 <input type="checkbox"/> Weight reduction 4 <input type="checkbox"/> Cholesterol reduction 5 <input type="checkbox"/> HIV transmission 6 <input type="checkbox"/> Injury prevention 7 <input type="checkbox"/> Tobacco use/exposure 8 <input type="checkbox"/> Growth/development 9 <input type="checkbox"/> Mental health 10 <input type="checkbox"/> Other: _____ OTHER THERAPY: 11 <input type="checkbox"/> Psychotherapy 12 <input type="checkbox"/> Corrective lenses 13 <input type="checkbox"/> Physiotherapy 14 <input type="checkbox"/> Other: _____			
16. MEDICATIONS / INJECTIONS List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), Rx and OTC medications, immunizations, allergy shots, and anesthetics. <input type="checkbox"/> NONE 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____		17. PROVIDERS SEEN THIS VISIT Check all that apply. 1 <input type="checkbox"/> Resident / Intern 5 <input type="checkbox"/> Nurse practitioner 2 <input type="checkbox"/> Staff physician 6 <input type="checkbox"/> R.N. 3 <input type="checkbox"/> Other physician 7 <input type="checkbox"/> L.P.N. 4 <input type="checkbox"/> Physician assistant 8 <input type="checkbox"/> Medical assistant 9 <input type="checkbox"/> Other: _____		18. HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If "Yes," for condition in Item 11a? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		20. VISIT DISPOSITION Check all that apply. 1 <input type="checkbox"/> No followup planned 2 <input type="checkbox"/> Return to clinic, P.R.N. 3 <input type="checkbox"/> Return to clinic—appointment 4 <input type="checkbox"/> Telephone followup planned 5 <input type="checkbox"/> Return to referring physician 6 <input type="checkbox"/> Refer to other physician / clinic 7 <input type="checkbox"/> Admit to hospital 8 <input type="checkbox"/> Other: _____	

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

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

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

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

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

Vital and Health Statistics series descriptions

- SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.
- SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.
- SERIES 3. **Analytical and Epidemiological Studies**—These reports present analytical or interpretive studies based on vital and health statistics. These reports carry the analyses further than the expository types of reports in the other series.
- SERIES 4. **Documents and Committee Reports**—These are final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.
- SERIES 5. **International Vital and Health Statistics Reports**—These reports are analytical or descriptive reports that compare U.S. vital and health statistics with those of other countries or present other international data of relevance to the health statistics system of the United States.
- SERIES 6. **Cognition and Survey Measurement**—These reports are from the National Laboratory for Collaborative Research in Cognition and Survey Measurement. They use methods of cognitive science to design, evaluate, and test survey instruments.
- SERIES 10. **Data From the National Health Interview Survey**—These reports contain statistics on illness; unintentional injuries; disability; use of hospital, medical, and other health services; and a wide range of special current health topics covering many aspects of health behaviors, health status, and health care utilization. They are based on data collected in a continuing national household interview survey.
- SERIES 11. **Data From the National Health Examination Survey, the National Health and Nutrition Examination Surveys, and the Hispanic Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement on representative samples of the civilian noninstitutionalized population provide the basis for (1) medically defined total prevalence of specific diseases or conditions in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics, and (2) analyses of trends and relationships among various measurements and between survey periods.
- SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.
- SERIES 13. **Data From the National Health Care Survey**—These reports contain statistics on health resources and the public's use of health care resources including ambulatory, hospital, and long-term care services based on data collected directly from health care providers and provider records.
- SERIES 14. **Data on Health Resources: Manpower and Facilities**—Discontinued in 1990. Reports on the numbers, geographic distribution, and characteristics of health resources are now included in Series 13.
- SERIES 15. **Data From Special Surveys**—These reports contain statistics on health and health-related topics collected in special surveys that are not part of the continuing data systems of the National Center for Health Statistics.
- SERIES 16. **Compilations of Advance Data From Vital and Health Statistics**—Advance Data Reports provide early release of information from the National Center for Health Statistics' health and demographic surveys. They are compiled in the order in which they are published. Some of these releases may be followed by detailed reports in Series 10–13.
- SERIES 20. **Data on Mortality**—These reports contain statistics on mortality that are not included in regular, annual, or monthly reports. Special analyses by cause of death, age, other demographic variables, and geographic and trend analyses are included.
- SERIES 21. **Data on Natality, Marriage, and Divorce**—These reports contain statistics on natality, marriage, and divorce that are not included in regular, annual, or monthly reports. Special analyses by health and demographic variables and geographic and trend analyses are included.
- SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys, based on vital records, are now published in Series 20 or 21.
- SERIES 23. **Data From the National Survey of Family Growth**—These reports contain statistics on factors that affect birth rates, including contraception, infertility, cohabitation, marriage, divorce, and remarriage; adoption; use of medical care for family planning and infertility; and related maternal and infant health topics. These statistics are based on national surveys of women of childbearing age.
- SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—These include advance reports of births, deaths, marriages, and divorces based on final data from the National Vital Statistics System that were published as supplements to the *Monthly Vital Statistics Report (MVSR)*. These reports provide highlights and summaries of detailed data subsequently published in *Vital Statistics of the United States*. Other supplements to the MVSR published here provide selected findings based on final data from the National Vital Statistics System and may be followed by detailed reports in Series 20 or 21.

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

Data Dissemination Branch
National Center for Health Statistics
Centers for Disease Control and Prevention
6525 Belcrest Road, Room 1064
Hyattsville, MD 20782
(301) 436–8500
E-mail: nchsquery@nch10a.em.cdc.gov
Internet: <http://www.cdc.gov/nchswwww/nchshome.htm>

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

STANDARD MAIL (A)
POSTAGE & FEES PAID
PHS/NCHS
PERMIT NO. G-281