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Data From the National Health Care Survey

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Abstract

Objectives

This report presents national estimates of the volume and characteristics of ambulatory medical care provided to women 15 years of age and over in the United States. Included is information on the characteristics of the patients, providers, and visits. A section on comparative differences in use by sex is also included.

Source of Data

This report is based on an analysis of data from the 1997 and 1998 National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS), 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

Approximately 500 million visits were made by women to ambulatory medical care providers annually in 1997 and 1998, representing an age-adjusted rate of 4.6 visits per woman per year. The rate of ambulatory medical care visits increased with age (3.8 per woman 15–44 years of age, 4.7 visits per woman 45–64 years of age, and 7.1 visits per woman 65 years of age and over). Six out of ten visits to office-based physicians and hospital outpatient departments had no mention of therapeutic or preventive services provided. Nonnarcotic analgesics, antidepressant, and estrogen/progestin were the three most common classifications of medications mentioned. Compared with visits by men, visits by women (with nonpregnancy-related diagnoses) were more frequent at younger ages and more likely to be to primary care physicians and outpatient departments.

Keywords: *women's health • ambulatory care visits • health care utilization*

Utilization of Ambulatory Medical Care by Women: United States, 1997–98

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Highlights

- Approximately 500 million visits were made by women to ambulatory medical care providers each year in 1997 and 1998. This represents an age-adjusted annual rate of 4.6 visits per woman per year (table 1).

Patient Characteristics

- Among all visits made by women 15 years of age and older, 46 percent were made by reproductive-aged women (15–44 years of age). However, women in this age group represent 56 percent of all women over 15 years of age (table 1).
- The rate of all ambulatory medical care visits increased with age, from 3.8 per woman 15–44 years of age to 4.7 visits per woman 45–64 years of age and 7.1 visits per woman 65 years of age and over (table 1).
- Visits by women 15–44 years of age were more likely to be to primary care physicians and emergency departments than visits by older women. Senior women were more likely to be seen by physicians in surgical and nonsurgical specialties (table 1).
- Compared with white women, black women had higher rates of visits for hypertension (85 percent higher), complications of pregnancy (81 percent higher), arthropathies (50 percent higher), and diabetes (138 percent higher) (figure 7).

Provider Characteristics

- More than four out of five ambulatory medical care visits were made to office-based physicians. The remaining visits were equally split between hospital outpatient departments and emergency departments (table 2).
- Almost all women, regardless of age or race, saw a physician during ambulatory medical care visits (95 percent overall). Women also saw registered nurses (17 percent of visits), licensed practical nurses (11 percent of visits), and/or medical/nursing assistants (23 percent of visits) during ambulatory care visits (table 3).

Visit Characteristics

- While the expected source of payment for 50 percent of visits was private insurance, visits by white women were 1.3 times as likely to be covered by private insurance as

NOTE: This report was prepared in the Division of Epidemiology and the Division of Health Care Statistics. The assistance and expertise of the following persons, who contributed to this report is gatefully acknowledged. Amy B. Bernstein and Irma E. Arispe, Division of Health Care Statisitcs, provided comments on the paper. Jaime L. Oliver, Division of Health Care Statistics, and Jennifer A. Higgins, Division of Epidemiology, prepared and edited tables. The report was edited by Gail V. Johnson and typeset by Annette F. Holman of the Publications Branch, Division of Data Services.

were visits by black women. Conversely, visits by black women were three times as likely as white women to be covered by Medicaid, which overall covered 9 percent of visits (table 4).

- The most frequently cited reasons for office-based and outpatient hospital ambulatory care visits were chronic conditions (39 percent), acute conditions (31 percent), and preventive care or other non-illness purposes (21 percent) (table 5).
- Thirty-one percent of visits for women 15–44 years of age were for preventive care and other non-illness reasons compared with 10 percent of visits in the 65 and older age group figure 4).
- The most frequently cited specific reasons for ambulatory visits were general medical examination (7 percent of total adult female visits), routine prenatal examination (6 percent), and progress visit (4 percent) (table 6).
- The most common diagnostic groups noted for visits by women were normal pregnancy (6 percent), essential hypertension (4 percent) and arthropathies (3 percent) (table 7).
- Injury- and poisoning-related visits represented 11 percent of all ambulatory care visits (table 8). Rates of injury-related visits increased from 46 visits per 100 women in the 15–44 age group to 66 visits per 100 women in the 65 and over age group—a 43 percent increase (figure 8).
- The leading causes of injury visits by women were falls (17 percent) and motor vehicle crashes (11 percent) (table 9).
- The most common diagnostic or screening service ordered or performed during ambulatory medical care visits was blood pressure screening (56 percent of all visits), pelvic exam (14 percent), and urinanalysis (14 percent) (table 10).
- The rate of mammography use among women 65 years of age and over was 29 percent lower than the rate for women 45–64 years of age (19.3 versus 27.1 visits per 100 women) (figure 9).
- Of visits by women 15 years of age and over to office-based physicians and hospital outpatient departments, 41 percent included one or more therapeutic or preventive service. Diet (15 percent) and exercise (11 percent) counseling were the two most common types of services reported in this category (table 11).
- When analyzed using only the 20 major therapeutic classes, drugs for the cardiovascular-renal system, hormones, and central nervous system were the top classes of drugs used by women 15 years of age and over in 1997–98. When the detailed classes of drugs are analyzed, nonnarcotic analgesics, antidepressant, and estrogen/progestin were the three most common classifications of medications mentioned (figure 12).
- Visits by senior women were more likely to have had medication provided or prescribed and to have multiple drugs provided or prescribed than were visits by younger women (figure 11).
- Acetaminophen and estrogen were the two generic substances most frequently used in drugs ordered or provided during ambulatory care visits by women of all ages, occurring in 3.6 percent and 2.2 percent of drug mentions, respectively (table 13).
- The rate of ambulatory care use among women with nonpregnancy related diagnoses was 33 percent higher than that for men. This difference by sex in the rate of ambulatory care use did not differ by race, and decreased with age from over 50 percent more visits by women 15–44 years of age than men in this age group to virtually no difference in the rate of visits by women and men 65 years of age and over (figure 16).
- The age-adjusted rate of visits by women with nonpregnancy related diagnoses to primary care physicians was 58 percent higher and to outpatient departments was 40 percent higher than the rate of visits to these providers by men (figure 17).
- Utilization rates categorized by major reason for visit disclose that while the visit rates by women were at least somewhat higher for all types of care, the rate of visits by women for non-illness (for example, annual examinations) was 100 percent higher than among men, after controlling for age and removing pregnancy-related visits (table 15).
- There were large differences in the rate of drug mentions by sex for medications with central nervous system mechanisms. The age-adjusted rate of antidepressant mentions among women was 95 percent of the rate of all CNS medication mentions in visits by men.

Introduction

Improving the health of all Americans has long been a major goal for this Nation. It has only been in the last 20 years, however, that it has been generally recognized that the health concerns of women are different from the health concerns of the population as a whole. Recent Federal reports have emphasized the need for more information on the health of women in the United States, the lack of commitment to health research specific to women, and strategies for improving women's health (1,2). The term ''women's health,'' while originally associated with the reproductive health of women, has expanded over time to include all the factors that affect a woman's health and quality of life throughout her lifespan (3).

One set of factors that has profound effects on the health of women is the manner in which health care is provided and utilized. For example, the use of preventive health services should reduce future morbidity and mortality. While it is widely acknowledged that women have greater use of medical care (4), this does not mean that the utilization is correctly distributed by type and amount relative to need. Furthermore, medical care utilization information is important in debates about the allocation of health

care resources. Policy regarding health and health care must be grounded on such information.

Much of the recent literature on women's health has been based on survey research where women are asked about their health and health care. Such studies can be affected by recall bias and general memory problems. Encounter-based studies have the advantage of including specific medical information about diagnosis and treatment provided at medical encounters as well as accurate counts of medical visits. In these respects, encounter-based studies add a new vantage point from which to evaluate the state of health and health care for U.S. women. Data from the ambulatory care component of the National Health Care Survey, conducted by the CDC's National Center for Health Statistics, has been used to provide descriptive statistics on the utilization of ambulatory medical care resources in the United States. A detailed review of the variation in health care utilization by women of different ages and races using encounter-based data has not been conducted recently and is the purpose of this report.

The National Ambulatory Medical Care Survey (NAMCS) was begun in 1973 to collect data on the utilization of ambulatory medical care provided by office-based physicians in the United States. In 1992, the National Hospital Ambulatory Care Survey (NHAMCS) was begun to collect information on outpatient department and emergency department visits, to more fully provide information on all ambulatory care utilization. The surveys are complementary, and although the data collection instruments are slightly different for each of the three types of medical care settings, many items are the same. Areas of comparability include patient characteristics, patient's reason for visit, expected source of payment, physician's diagnosis, external cause of injury for injury-related visits, and medication therapy. Other items, for example diagnostic services and type of provider seen, are collected similarly for office-based physician visits and outpatient department visits.

This summary report combines the NAMCS and NHAMCS data for 1997 and 1998 to highlight new information on the use of ambulatory care medical visits by women in the United States. The timing of this report was chosen to highlight new data obtained due to changes made to the sampling universe and the data collection instrument used for NAMCS and NHAMCS in 1997. The purpose of these changes was to collect more information on services provided to women. Family planning clinics were included within the scope of office-based physicians for the first time. The data collection tool includes new checkboxes that specifically relate to issues of women:

- Pregnancy status was added to the patient characteristics section.
- Items for breast and pelvic examinations, Pap test, pregnancy test, and mammography and ultrasound were added to the diagnosis/screening services section.
- Items for family planning/ contraception, prenatal instructions, and breast self-exam were added to the therapeutic and preventative services section.
- Nurse-midwife was added as a possible provider seen.

Detailed information on women's use of ambulatory medical care is generally not included in the annual summary reports from NAMCS and NHAMCS. This report focuses on women, but also includes limited information on use by men for comparisons. The information provided is relevant for research into how differences in sex may influence health and treatment (5). For additional information on ambulatory care utilization, refer to the annual summary reports (6–11).

Methods

The data for this report are from the ambulatory care component of the National Health Care Survey, specifically NAMCS and NHAMCS. These are surveys of non-Federal office-based physicians and hospital emergency departments (ED) and outpatient departments (OPD) of short-stay and general hospitals. Information from a sample of visits to the provider during a randomly assigned reporting period are abstracted onto a one-page encounter form. The encounter form contains items about the characteristics of the patient such as race, sex, and age, and characteristics of the visit such as expected source of payment, physician's diagnosis, tests ordered or provided, medications prescribed or provided, and disposition. The data from the 1997 and 1998 NAMCS and NHAMCS were weighted to yield average annual national estimates of ambulatory care utilization. Sampling and data collection methods are described elsewhere (6–13).

Data are centrally processed, including classification and coding of entries such as diagnosis and medications. Diagnoses were coded to the ICD–9–CM as were causes of injury (14). Therapeutic class of medications was coded to the National Drug Code Directory (15). The patient's reason for visit was coded to the ''A Reason for Visit Classification'' (RVC) (16). In 1997 and 1998, the NAMCS sampled approximately 2,500 office-based physicians not in the specialties of radiology, pathology, or anesthesiology. The response rate ranged between 68–70 percent for each year and resulted in approximately 42,000 medical record abstractions. The NHAMCS data are obtained from approximately 485 hospitals each year with a response rate between 95–97 percent. This resulted in about 44,000 emergency patient records and 60,000 OPD records for the 2 years. Each physician contributed approximately 30 patient records from a 1-week reporting period, each ED contributed approximately 50 patient records from a 4-week reporting period, and each OPD contributed approximately 150 records during the same 4-week reporting period. Only one-half of the sampled hospitals had an outpatient department that included clinics run under the supervision of a physician. Ancillary clinics such as radiology and laboratories were excluded from the survey. The reporting

periods for both NAMCS and NHAMCS were distributed across the entire calendar year to control for any temporal effects on the distribution of types of ambulatory care encounters. Each year a new sample of physicians was taken for the NAMCS whereas approximately the same set of hospitals was used in the NHAMCS every year.

Sampling weights were applied to provide annual national estimates. The weights include factors representing the selection of the primary sampling unit (PSU), the hospital or physician within the PSU, and the visits within the specific provider. Adjustment factors for provider nonresponse are also included. Because of the complex sample design, SUDAAN was used to calculate standard errors for the reported estimates (17). In addition to sampling errors, the survey data are also subject to nonsampling error such as omissions, mistakes in reporting, and processing errors. The quality control error rate on diagnosis coding was 1.1 percent. See the Technical Notes for more details on the estimation process and interpreting sampling errors.

The NAMCS and NHAMCS are record-based surveys where patients making multiple visits to providers have greater opportunities for selection. Therefore, the visit data must not be confused with person-level data. As such, incidence of acute or chronic conditions cannot be made from these data. However, utilization rates were calculated that provide the number of ambulatory care visits per 100 persons living in the United States. The denominators for population rates are based on an average of the U.S. civilian, noninstitutionalized population of July 1, 1997, and July 1, 1998, adjusted for census underenumeration (see Technical Notes). The population rates for totals of all age groups have been age-adjusted to the 2000 standard.

For the purposes of this report, estimation of ambulatory medical care by women was based on encounter records for females who were at least 15 years old at the time of the sampled visit. Because the age of the woman is directly related to utilization, visits were categorized into three age groups; 15–44 years, 45–64 years, and 65 years and older. Many of the tables also present results separately for visits made by white and black women. There were too few visits sampled to make separate detailed estimates for women of other racial backgrounds. Analyses by Hispanic origin could not be made due to the large proportion of records with missing data on ethnicity. The Technical Notes also include the physician specialties that were aggregated to differentiate between primary care, surgical and nonsurgical specialties that are used in several of the analyses used in the report.

Results

Overall, approximately 500 million visits to ambulatory care medical providers were made by women 15 years of age and over each year in 1997 and 1998. This represents an age-adjusted annual rate of 4.6 visits per woman. Selected patient, provider, and visit characteristics for these visits are described in the following text.

Patient Characteristics

While 46 percent of all ambulatory medical care visits by women 15 years of age and over were made by younger women (15–44 years of age), the utilization rate increased with age (table 1). The rate of visits by women 65 years of age and over was 87 percent higher, and the rate of visits by women 45–64 years of age were 25 percent higher than the rate of visits by women 15–44 years of age (3.8 visits per woman). The rate of use by white, black, and Asian/Pacific Islander (data not shown) women were similar.

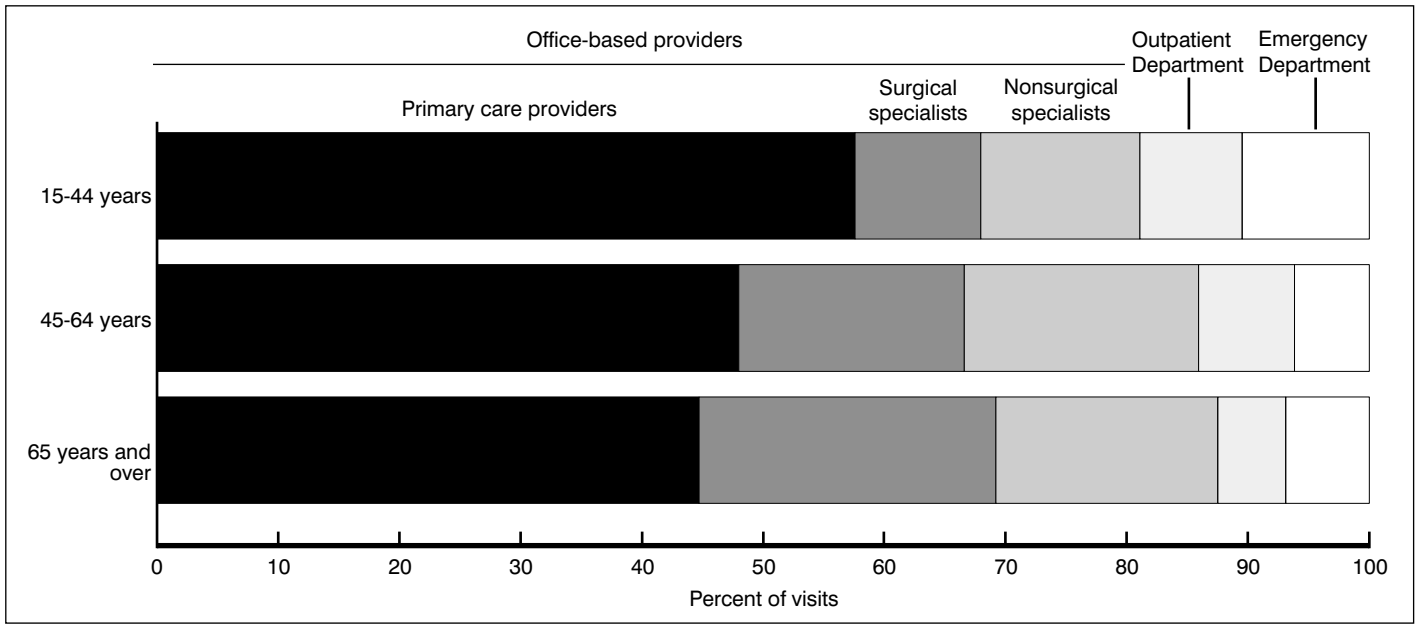

Figure 1. Women's ambulatory care visits by specialty, place of care, and age

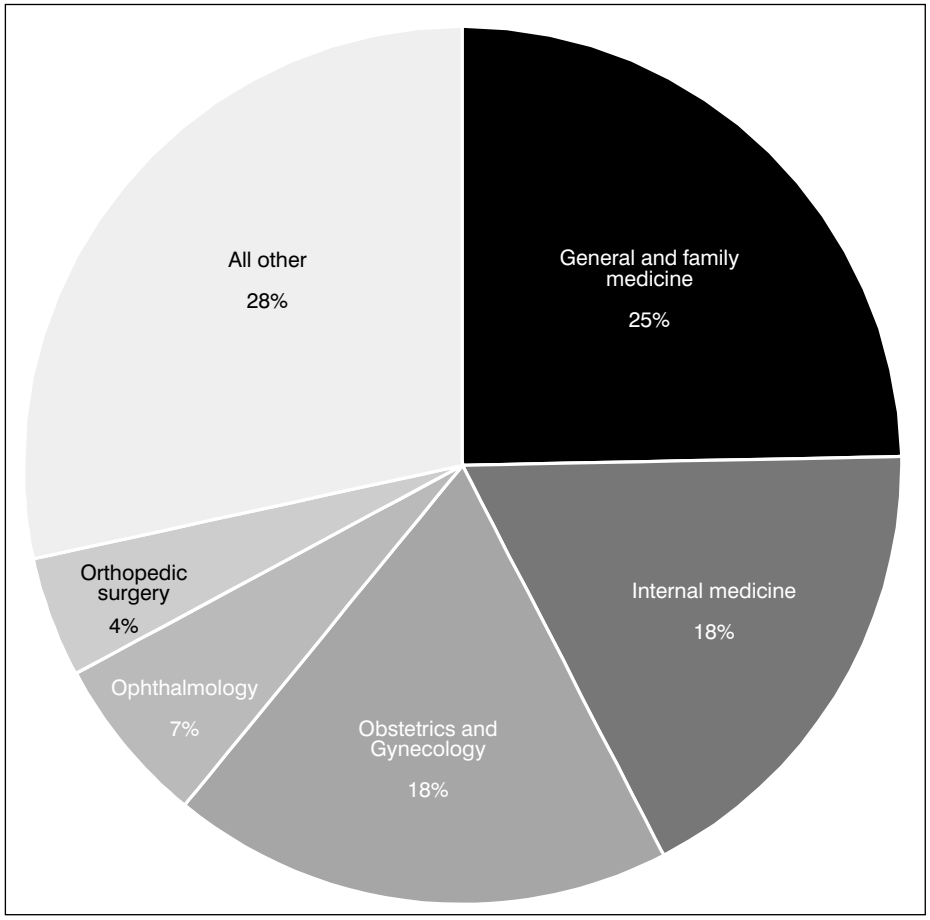

Figure 2. Women's office-based physician visits by physician's specialty

Provider Characteristics

When only categorizing providers as office-based, hospital outpatient departments and emergency rooms, more than four out of five ambulatory care visits in 1997–98 by women 15 years of age and over were to office-based physicians. The remaining visits were equally split between hospital outpatient departments and emergency departments (table 2). The distribution of visits to various providers varied by patient's age, however, with younger women more likely to make visits to primary care physicians and emergency departments compared with older women (65 years of age and over), who had a relatively higher probability of making visits to physicians in surgical and nonsurgical specialties (figure 1) (see Technical Notes for explanation of categories used).

Providers were then broken down into specialties within each of the major provider categories (table 2). Among visits by women to office-based physicians, the majority were to either general and family practice physicians (25 percent), internal medicine physicians (18 percent), or obstetricians and gynecologists (18 percent). Ophthalmology was the next most common practice type, accounting for 7 percent of all office-based visits (figure 2). Among visits to hospital outpatient departments, 65 percent were to general medicine clinics, while 16 percent were to obstetric/gynecology clinics.

Most women, regardless of age or race, saw a physician during medical ambulatory care visits. Almost 95 percent of all visits by women involved being seen by a physician. However, women were also likely to see additional medical providers, such as a registered nurse (17 percent of visits), licensed practical nurse (11 percent of visits), or a medical/nursing assistant (23 percent of visits) (table 3).

Visit Characteristics

Primary Expected Source of Payment

The most frequent sources of payment for ambulatory care visits by women were private insurance (50 percent), Medicare (22 percent), and Medicaid (9 percent) (table 4).

Large differences in the rate of visits by primary source of payment were observed between black and white women (figure 3). The proportion of visits covered by private insurance was 1.3 times as high among white women as among black women. In contrast, the proportion of ambulatory visits by black women covered by Medicaid was more than three times as high as the proportion of Medicaid visits by white women.

Almost one-quarter of ambulatory care visits were made by women who were members of a health maintenance organization (HMO). Visits by older women (65 years of age and older) were less likely to be made by HMO members than younger women (data not shown), although this is most likely a function of the limited availability of Medicare/HMO plans.

Reason for Visit

The major reason for visit item on the physician office and OPD data collection instrument collects information on the general nature of the ambulatory care visit—whether for an acute problem; routine chronic problem; flare-up of a chronic problem; pre- or post-surgery visit, or injury followup, or for non-illness care including routine medical examinations and prenatal care. The most frequently cited reasons for office-based and outpatient hospital ambulatory care visits were chronic conditions (39 percent), acute conditions (31 percent), and non-illness and preventive care (21 percent) (table 5).

The percentage of ambulatory care visits for both acute care and non-illness/preventive purposes by women decreased with age, while chronic condition and pre/post surgery visits increased with age. For example, among visits by women 15–44 years of

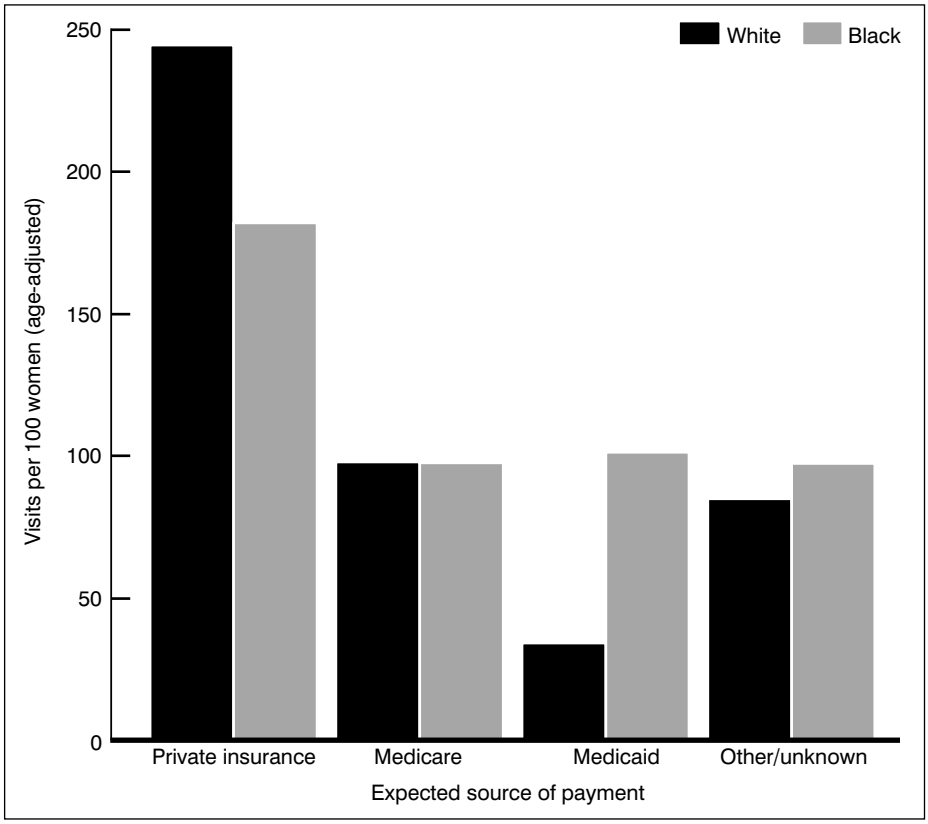

Figure 3. Age-adjusted female visit rates by expected source of payment and race

age, 27 percent of visits were for chronic conditions compared with 51 percent for chronic conditions in the 65 and older age group. Thirty-one percent of visits for women ages 15–44 were for non-illness reasons compared with 10 percent of visits in the 65 and older age group (figure 4). This is consistent with the changes in type of provider seen by older and younger women (figure 1).

The principal reason for visit is the most important problem, complaint, or reason for the visit as reported by the patient. The specific reasons for ambulatory visits cited by women most often were general medical examination (7 percent of total adult female visits), routine prenatal examination (6 percent), and progress visit (4 percent) (table 6). As seen in figure 5, the proportion of visits for the most common reasons for visit varied little by age, except for prenatal care and vision dysfunction. Prenatal care represented 12 percent of all visits among women 15–44 years of age and was the second most common reason for visit for all ages.

The 1997 and 1998 NAMCS and NHAMCS data form included a checkbox on pregnancy status. The

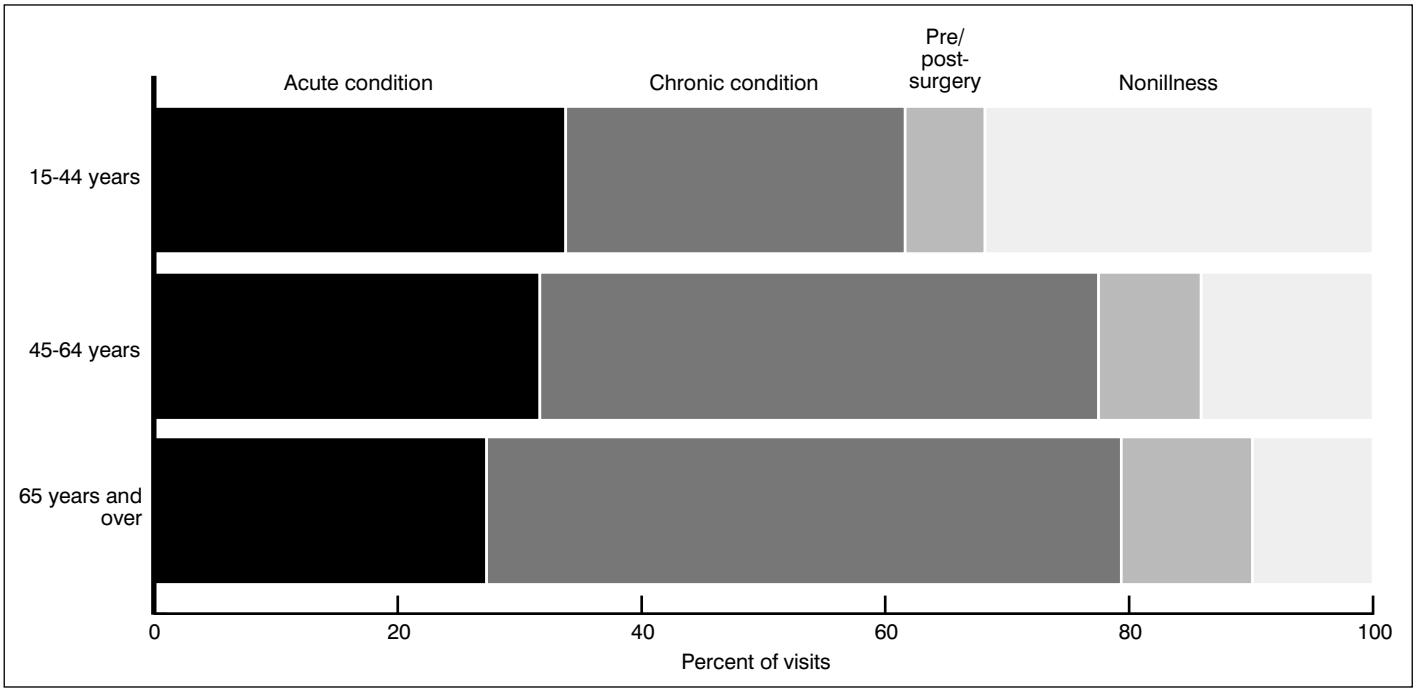

Figure 4. Women's major reason for visit by age

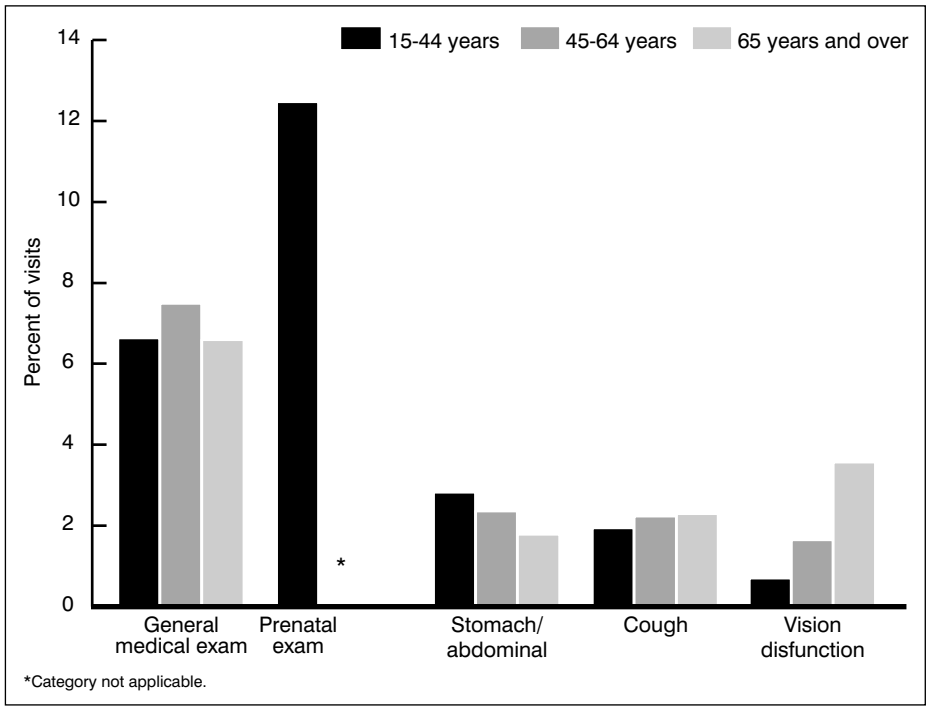

Figure 5. Women's specific reason for visit by age

reason for visit for 70 percent of all visits by women noted as being pregnant was routine prenatal care (figure 6). General medical examinations (6 percent) and problems of pregnancy (2 percent) were the next most common reasons for visits among pregnant women. However, since pregnancy status was missing for approximately 28 percent of visits by women of child-bearing age, it is possible that the pregnancy information was recorded on the NAMCS/NHAMCS form only if the physician or hospital staff thought it pertinent to the visit (that is, pregnancy-related diagnosis).

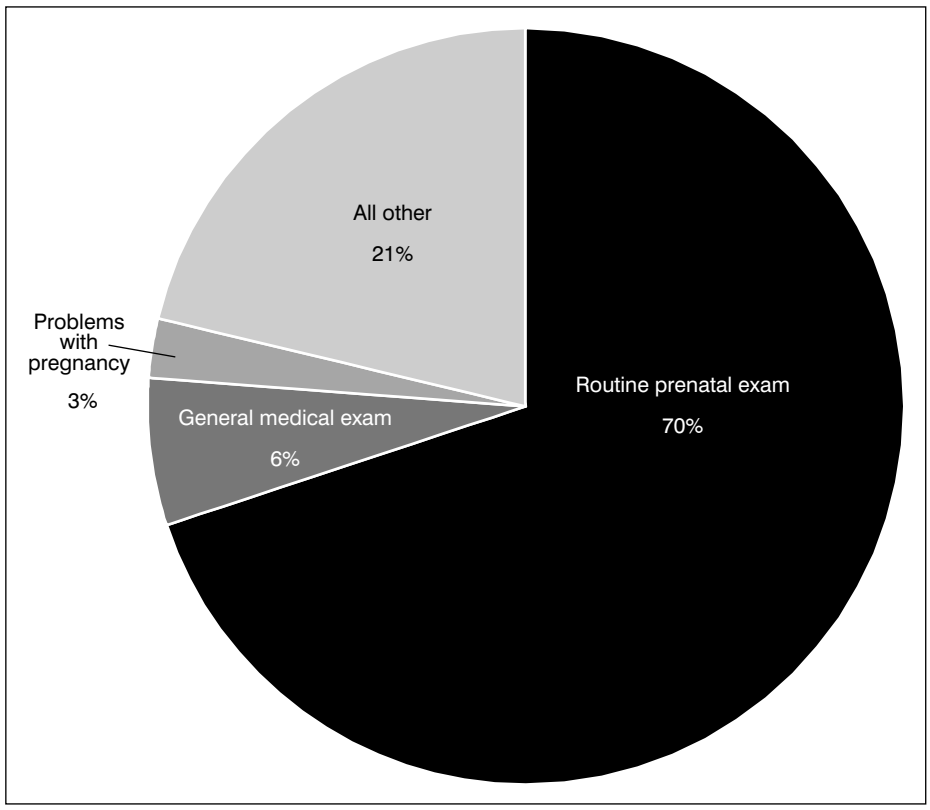

Figure 6. Reason for visit by pregnant women

Diagnostic Groups

Physician's diagnoses differ from patent's reasons for visit in the source of data and in the coding scheme used. Diseases and conditions, rather than symptoms, are obtained and general issues such as general physical examination are not as frequently noted. The most common diagnostic groups noted were normal pregnancy (6 percent), essential hypertension (4 percent), and arthropathies (3 percent) (table 7).

The rate of visits by white women differed substantially from that of black women on some of the most frequently noted diagnostic groups (figure 7). Compared with the rate of visits by white women, the rate of visits by black women with diagnoses of hypertension was 83 percent higher, the rate of visits for complications of pregnancy was 81 percent higher, the rate of visits with diagnoses of arthropathies (for example, osteoarthrosis) was 50 percent higher, and the rate of visits with diagnoses of diabetes was 138 percent higher. These racial discrepancies increase as women age. Compared with younger white women, younger black women had more visits for childbirth complications (17.5 and 9.6 per 100 women) and inflammatory pelvic disorders (11.2 and 5.2 per 100 women). White women between 45–64 years of age were more likely than black women to make visits for menopause-related conditions (11.3 and 4.0 visits per 100 women, respectively). They were also more likely to make visits for cataracts but less likely to make them for glaucoma. By age 65 years and older, white women were twice as likely as black women to make a cataract visit (31.3 versus 15.4 visits per 100 women), and three times as likely to make visits for ischemic heart disease (23.9 visits versus 7.6 visits per 100 women). It is

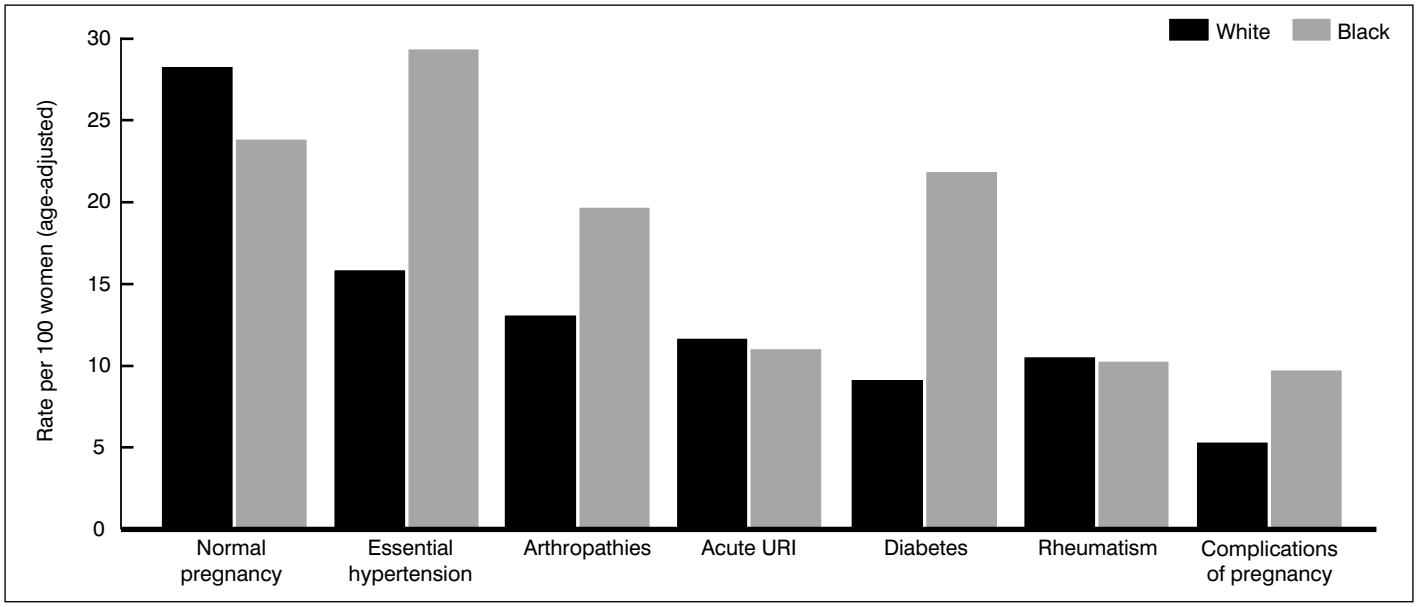

Figure 7. Age-adjusted female visit rates for selected diagnostic groups by race

interesting to note that the utilization rates for general medical exams and gynecological exams are higher for senior black women compared with white women, while white women make more visits for preventive exams at younger ages.

Injury-Related Visits

In 1997–98, injury- and poisoning-related visits represented 11 percent of all ambulatory care visits by women. Approximately 54,611,000 visits were made due to injury or poisonings (table 8).

As a percentage of all annual ambulatory visits, injury-related office visits by women declined somewhat with age. Rates of injury-related office visits per 100, however, increased with age. Rates of injury-related visits increased from 46 visits per 100 in the 15–44 age group to 66 visits per 100 in the 65 and over age group—a 43 percent increase (figure 8).

Although 27 percent of all injury-related visits were missing information on place of occurrence, the data suggest that the home is one of the most frequent places of injury for women. Approximately 11 million ambulatory care visits by women involved injuries that occurred in the home, a rate of over 10 visits per 100 women. Streets or highways were the second most frequent place of injury, at a rate of 6 visits per 100 women (table 9). It should be noted that one injury may result in multiple health care encounters for diagnosis and treatment.

The leading cause of injury visits by women were falls (17.2 percent) and motor vehicle crashes (11.2 percent) (table 9). The nature of the injuries at ambulatory visits by women varied only slightly by race. Senior white women were more likely to make ambulatory visits for bone fractures compared with black women; however, middle-aged black women were more likely than white women to make visits for sprains and strains. The visit rate for intentional injuries was higher for young black women compared with white women (3.5 versus 1.7 visits per 100 women, respectively). The majority of these injuries were from assaults as opposed to self-infliction or suicide attempts (data not shown).

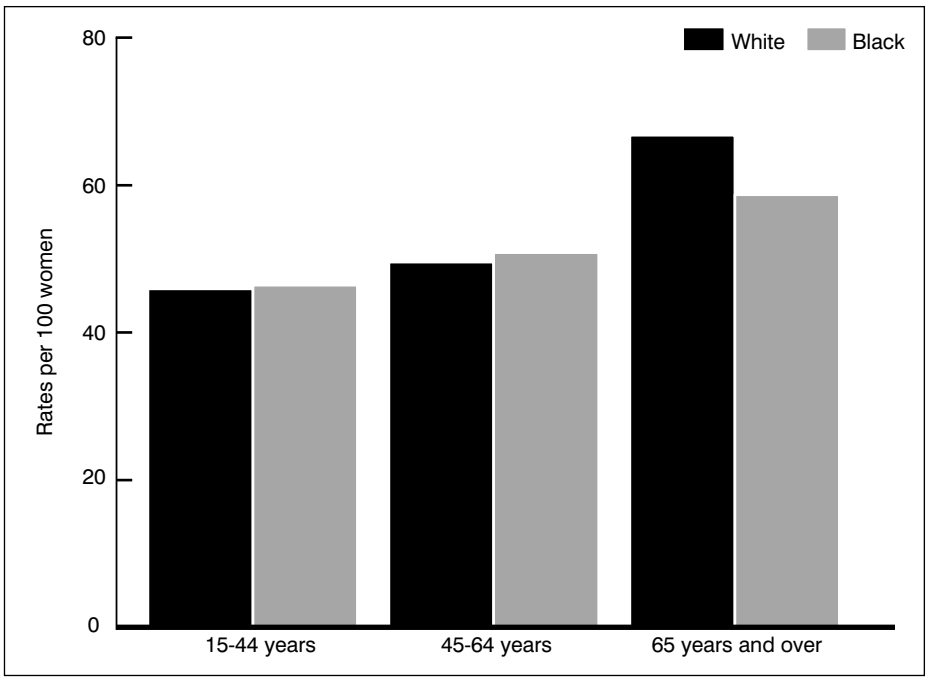

Figure 8. Age-adjusted female visit rates of injury visits by age and race

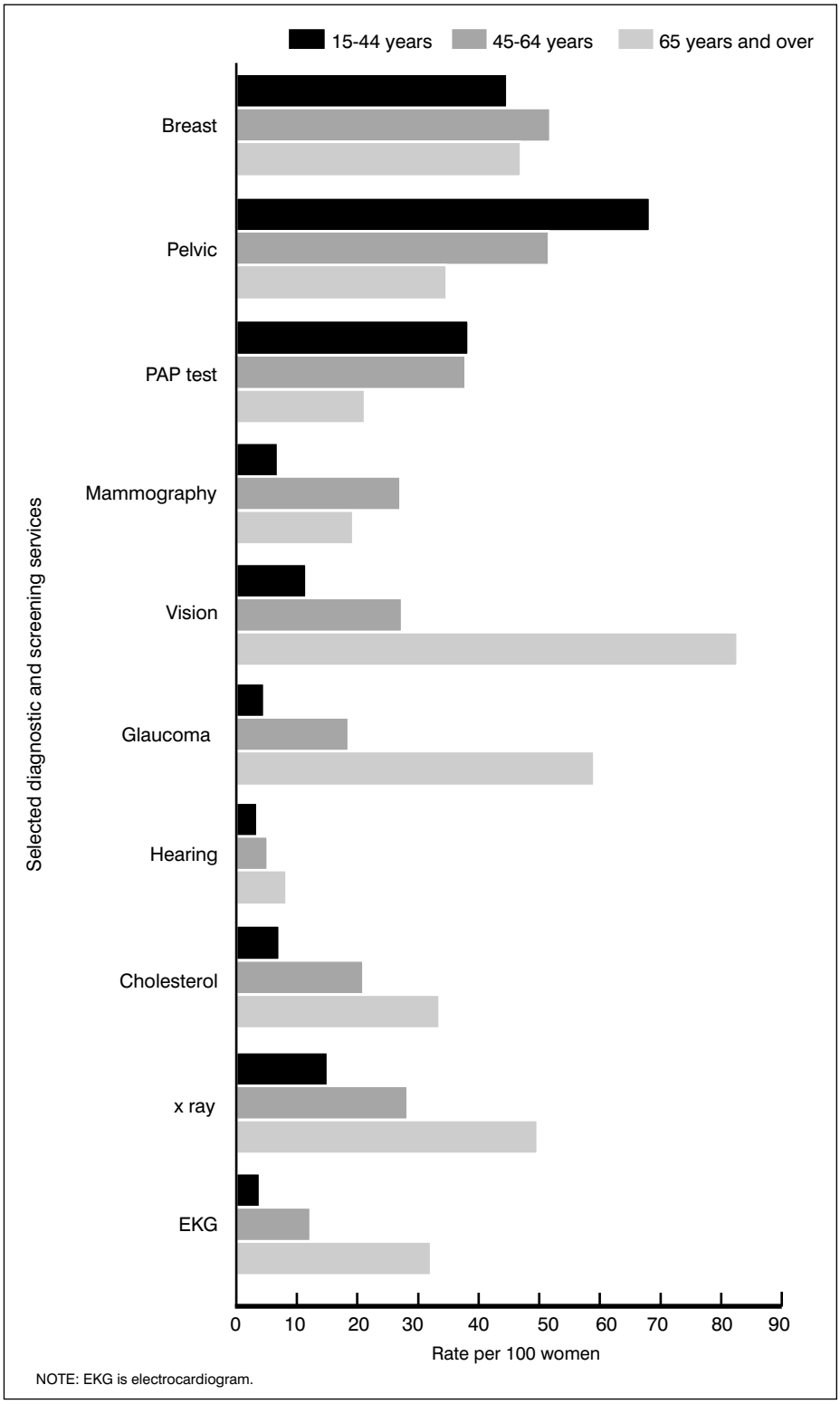

Figure 9. Female visit rates for selected diagnostic and screening services by age

Diagnostic and Screening Services

Four out of five visits to physician offices and outpatient departments by women 15 years of age and over had some type of diagnostic or screening service ordered or provided (table 10). The most common procedure performed during visits was blood pressure screening, which women in 56 percent of all visits received. Other common diagnostic and screening procedures received were pelvic exams (14 percent) and urinalysis (14 percent) (table 10).

The rate of visits with screening and diagnostic services increased with age (figure 9). The rate for most of the specific types of tests and screening also increased with age. This is especially true of vision, glaucoma, and cholesterol screening, and use of EKG and x-rays. Some tests do not increase with age, but they are mostly gynecologic and reproductive procedures that one would not expect to increase with age, such as pelvic exams and pap tests. The rate of mammography use among women 65 years of age and over is 29 percent lower than the rate for women 45–64 (19.3 versus 27.1 visits per 100 women), which would not be expected based on recommendations for use.

Therapeutic and Preventive Services

Only 41 percent of visits by women 15 years of age and over to office-based physicians and hospital outpatient departments received one or more therapeutic or preventive services. Diet (15 percent) and exercise (11 percent) counseling were the two most common types of services offered in this category. Prenatal instructions (5 percent) and breast self-examination (4 percent) were next (table 11).

The rate of visits in which counseling/education was included tended to increase with age. For example, the rate of visits by women 65 years of age and over during which diet education was included was 107 percent higher than that for women 15–44 years of age. The same was true for exercise education (95 percent higher for visits among women in the oldest age group) and skin cancer education (187 percent higher). However, counseling/education regarding breast self-examination and psychopharmacotherapy did not increase with age (figure 10).

Medication Therapy

Physician office and hospital staff were instructed to record all new or continued medications ordered, administered, or provided at the visit,

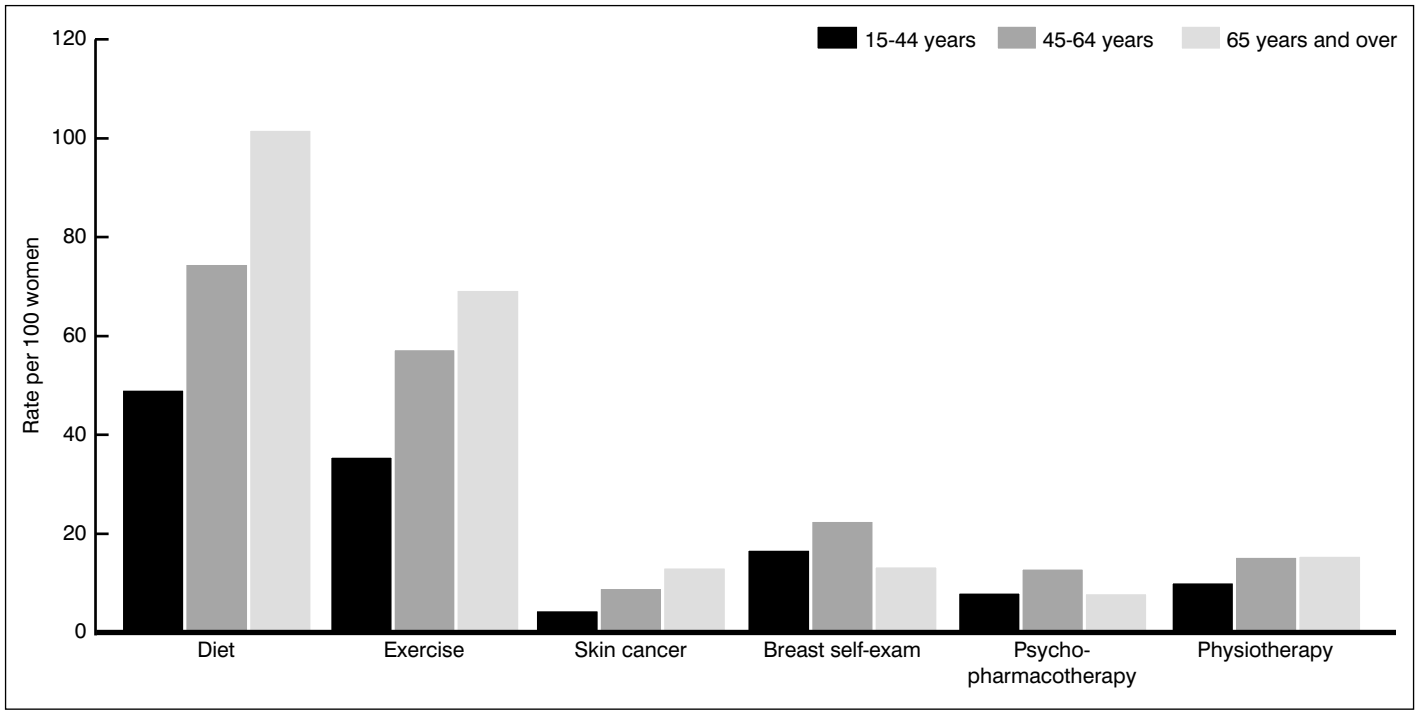

Figure 10. Female visit rates where selected therapeutic and preventive services were provided by age

including prescription and nonprescription preparations, immunizations, and desensitizing agents. As used in NAMCS and NHAMCS, the term ‘‘drug’’ is interchangeable with the term ‘‘medication.’’ Visits with one or more drug mentions are termed ‘‘drug visits’’ in NAMCS and NHAMCS. Up to six medications were captured for each visit.

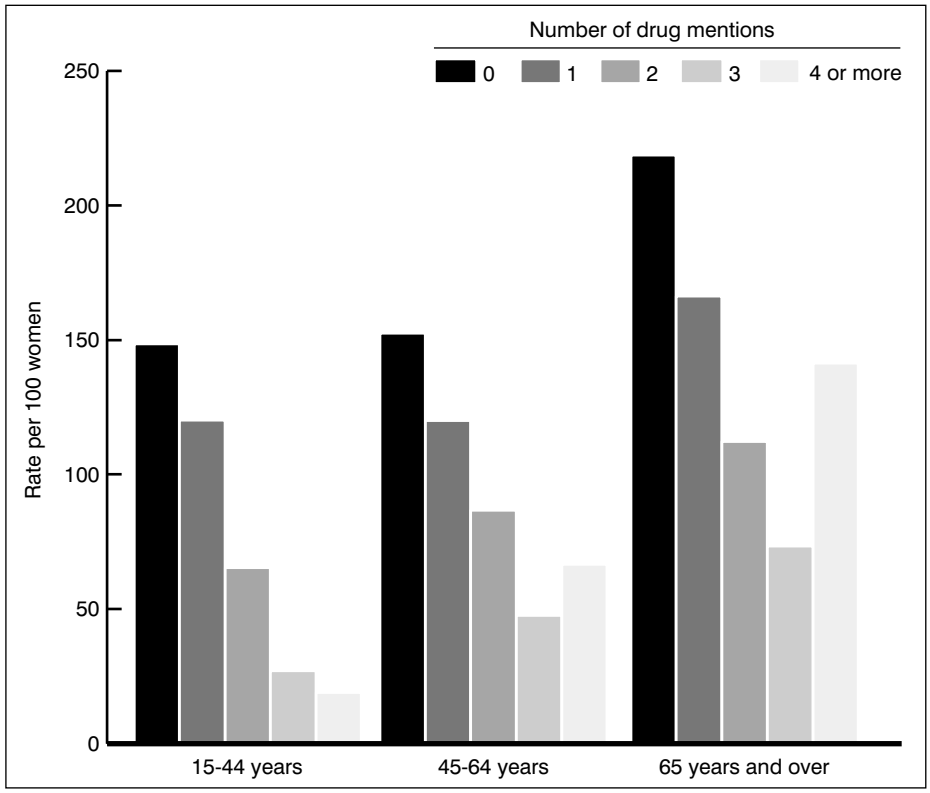

Figure 11. Female visit rates by number of drug mentions and age

Two out of three ambulatory care visits made by women had medications provided or prescribed. Older women were more likely to have drugs provided or prescribed during ambulatory care visits and were also more likely to have multiple drugs provided or prescribed, compared with younger women (table 12). Compared with women 15–44 years of age, the rate of visits by women 65 years of age and over with zero or one drug mention was about 40 percent higher, with two drug mentions was 70 percent higher, 1.7 times higher with three drug mentions, and 7.5 times as high with four or more drug mentions (figure 11). Women 15–44 years of age averaged 1.1 drug mentions per visit whereas middle-age women averaged 1.6 and senior women averaged 1.9 drug mentions per ambulatory care visit. The percent of visits with four or more drug mentions increased for each age group as well, from 5 percent among visits by younger women to 20 percent for visits by senior women.

When tabulating generic substances prescribed, drug products containing more than one ingredient (combination products) are included in the data for each ingredient. For example,

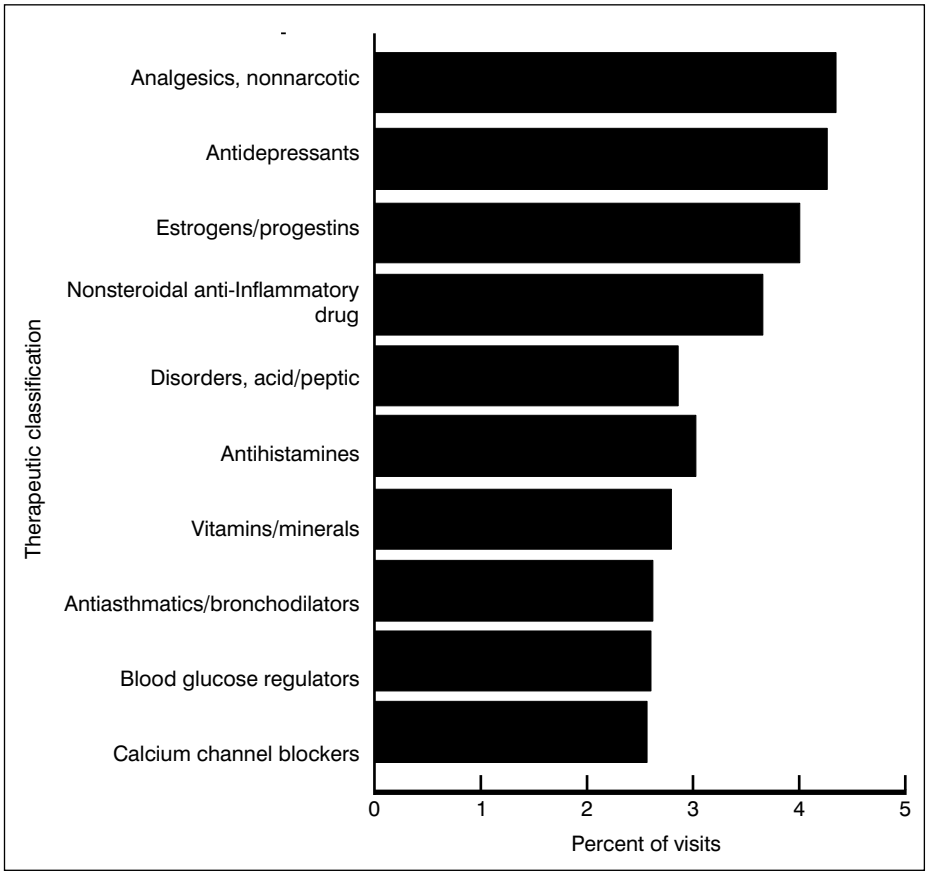

Figure 12. Percent of drug mentions among female ambulatory care visits for top therapeutic classes

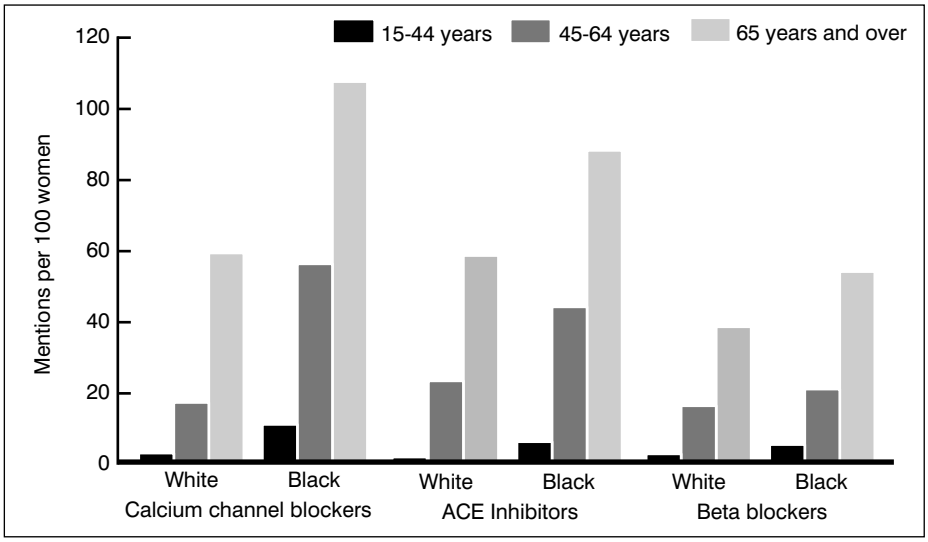

Figure 13. Female prescription rates for selected cardiovascular drugs by age and race

acetaminophen with codeine is included in the count for acetaminophen and the count for codeine. Acetaminophen and estrogen were the two generic substances most frequently used in drugs ordered or provided during ambulatory care visits by women of all ages, occurring in 3.6 percent and 2.2 percent of drug mentions, respectively (table 13).

Age of the patient greatly influenced the types of generic substances ordered or provided. Visits by women 15–44 were more likely to include various vitamins, probably during prenatal care visits, after acetaminophen. Estrogen was the generic substance most often ordered or provided during ambulatory care visits by women 45–64 years of age, with progesterone third most common. In the oldest age group, substances used to treat hypertension and heart disease were very common along with substances for pain and estrogen.

Drug mentions are shown by therapeutic class in figure 12. This classification is based on the therapeutic categories used in the *National Drug Code Directory*, 1995 edition (NDC) (8). It should be noted that some drugs have more than one therapeutic application. In these cases, the drug was classified under its primary therapeutic use. Drugs for the cardiovascular-renal system, hormones, and central nervous system were the top classes of drugs used by women 15 years of age and over in 1997–98, when analyzed using only the 20 major classifications. When the detailed classes of drugs are analyzed, nonnarcotic analgesics, antidepressant, and estrogen/progestin were the three most common types of medications mentioned (table 14). The top 10 therapeutic classes accounted for 35 percent of all drug mentions at women's visits.

There are major differences in the prescription pattern by patient age. The rate of cardiovascular-renal system class drug mentions increased with age. For example, compared with visits by women 15–44 years of age, calcium channel blockers are prescribed 4.6 times more often during visits by women 45–64 years of age, and 15.4 times more often during visits by women 65 years and older. However, there is also a large difference in use by race within each age category, with black women much more likely to receive cardiovascular-renal system medications than white women (figure 13). The rates were substantially higher in the older age group but are less discrepant by race. The same pattern holds in visit rates with prescriptions for the diabetes-related medications of blood glucose regulators (excluding insulin) and diuretics (figure 14). For insulin, however, the race discrepancy increases with age. Prescription rates per population of

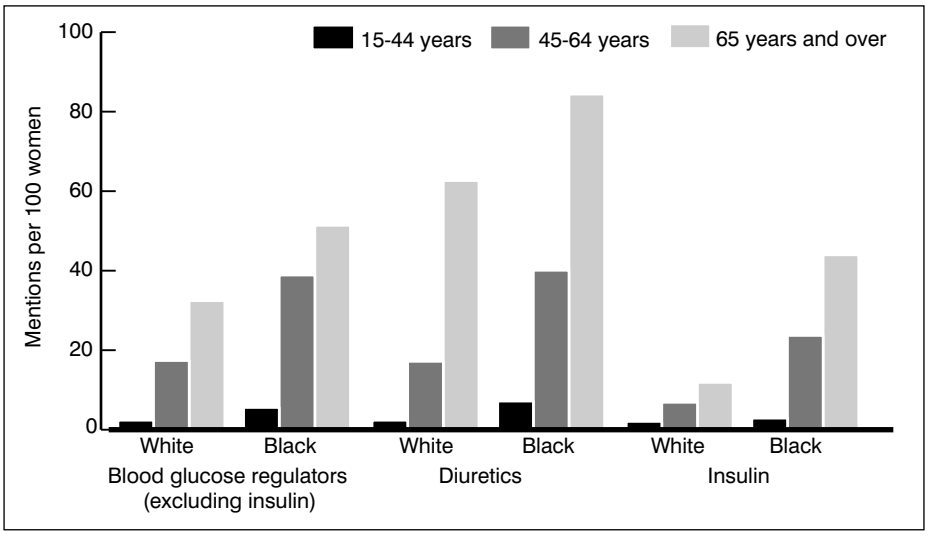

Figure 14. Female prescription rates for selected diabetes-related drugs by age and race

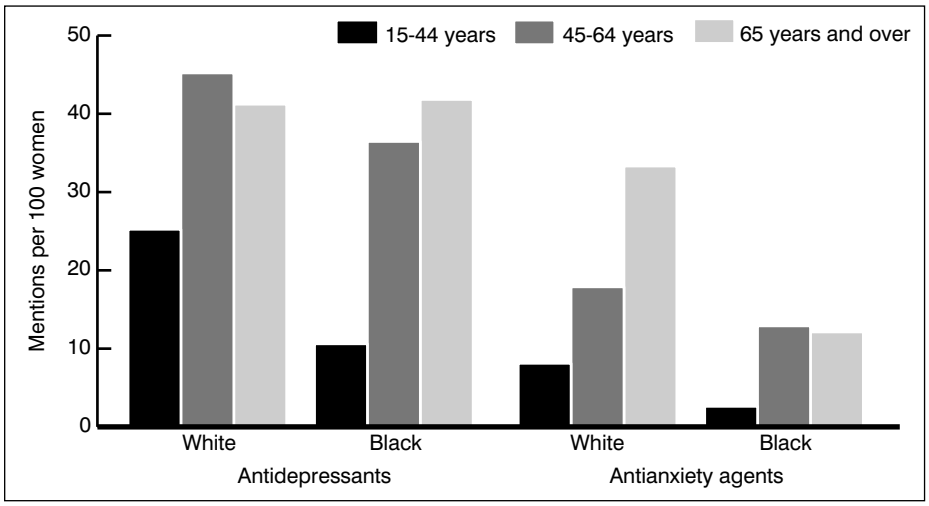

Figure 15. Female prescription rates for antidepressants and antianxiety agents by age and race

antidepressants and antianxiety medications, the two most common central nervous system class medications, were higher for white women than black women, although again the disparity was highest in the young age group, while the rates were higher at older ages (figure 15). These differences in prescription rates per population parallel differences in diagnoses as noted on table 7.

Comparison of Ambulatory Care by Women and Men

In order to compare women's and men's use of ambulatory medical care, visits which had physician diagnoses related to pregnancy (ICD–9–CM codes 630–677, V22–V24) were excluded. Some women who were pregnant will be in these analyses, but not all visits by pregnant women are related to their pregnancy.

Regardless of race, the overall rate of ambulatory care use among women with nonpregnancy-related diagnoses was 33 percent higher than that for men. However, the difference in nonpregnancy ambulatory care visits by women and men decreased with age. The rate of visits by women 15–44 years of age was about 56 percent greater than the rate for men in this age group. However, among people 65 years of age and over, the rate of visits by women was fairly similar to the rate for men (figure 16). It is important to note that the people in nursing homes receive care within the nursing home for the types of conditions other people seek ambulatory medical care, and most nursing home residents are women (18).

The difference in the rate of ambulatory care visits by women and men was most pronounced among visits to primary care physicians when place of care was being evaluated (figure 17). The rate of visits by women was 58 percent greater than the rate of visits by men to this type of office-based physician. The rate of visits to outpatient departments was 40 percent higher among women than among men.

Utilization rates categorized by major reason for visit disclose that while the visit rates by women were at least somewhat higher for all types of care, the rate of visits for preventive care and other non-illness reasons are the most disparate by sex (figure 18). The rate of visits by women for non-illness was 100 percent higher than among men, after controlling for age and removing pregnancy-related visits.

Figure 19 displays the age-adjusted rates of drug mentions during ambulatory care visits by women and men for the top eight major classes of drugs among women and men, although the ordering is different by sex. As would be expected, there are more drug mentions per population among women than there are men, since there are more visits per population.

The most striking differences in the rate of drug mentions by sex is medications with hormones/hormonal mechanisms, as expected, and central nervous system mechanisms. The most frequent classes of drugs prescribed for women are displayed in table 15. Estrogen/progestin and contraceptives are the most common for women. Antidepressants are the second most common class of drug mentioned during visits by women but are not commonly prescribed for men. They account for 49 percent of all CNS medication mentions. The age-adjusted rate of antidepressant mentions among women is 95 percent of the rate of all CNS medication mentions in visits by men.

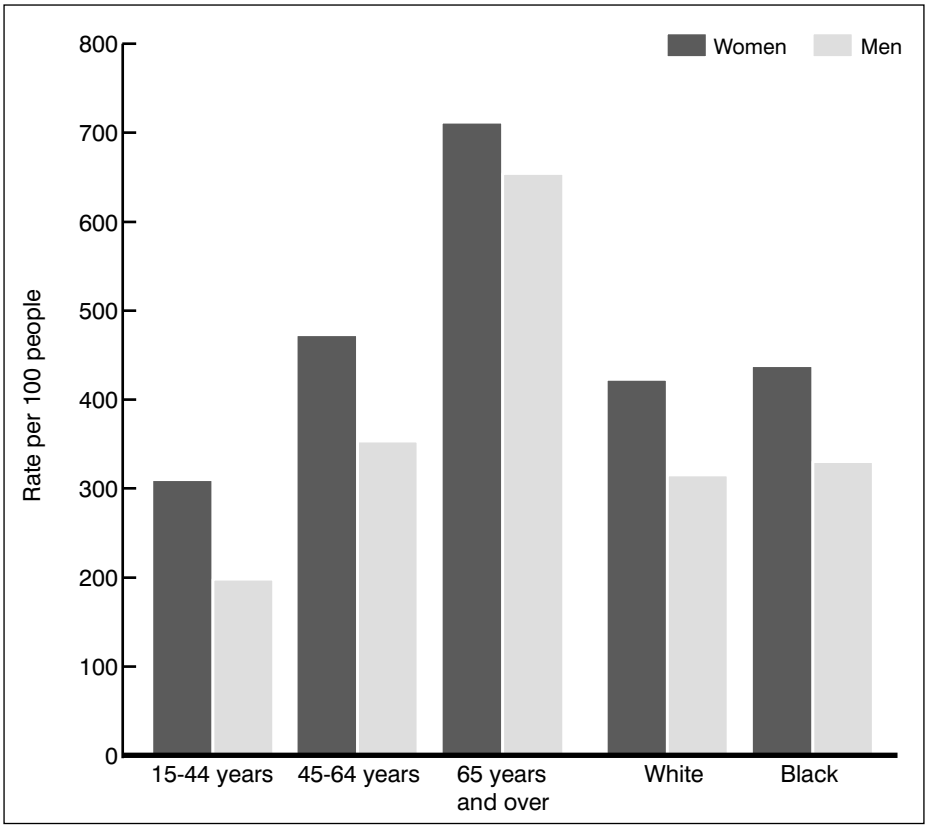

Figure 16. Visit rates of women with nonpregnancy diagnoses and men by age and race

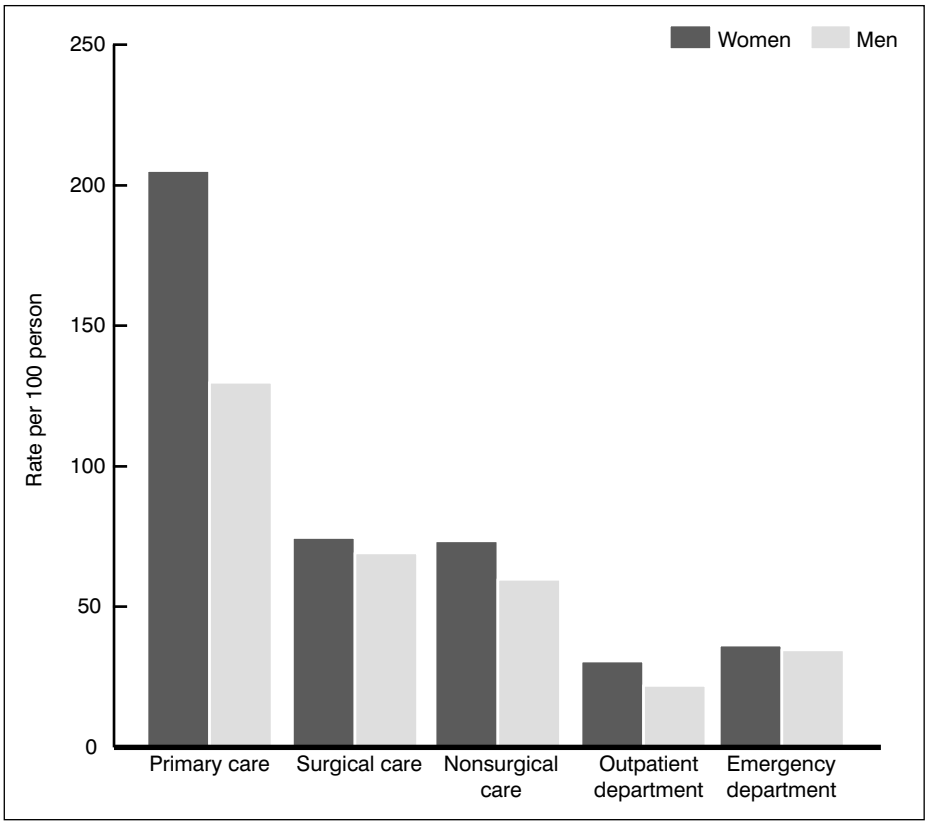

Figure 17. Visit rates by place of care for women with nonpregnancy diagnoses and men

Discussion

In general, the rate of ambulatory medical care visits by women increased with age. This is true overall and within different ambulatory care settings, providers, and types of care. While women over the age of 65 years represent 18.5 percent of the adult, female U.S. uninstitutionalized civilian population, their medical encounters represent 26.5 percent of all ambulatory encounters by women, and therefore visits by this group of women has a large influence on overall utilization patterns.

Several exceptions to this general trend by age have been noted. First, use of obstetricians/gynecologists goes down dramatically with age, from 100 visits per 100 women per year among the youngest age group, to 21 visits per 100 women among senior women. It is not surprising that use is high in the youngest age group for which obstetric care is a major reason for medical visits. However, since few older women are visiting obstetricians/gynecologists, the recommendations for women of all ages to receive female cancer screening (19,20) means physicians of other specialties need to provide these gynecological services.

The utilization rate for non-illness and preventive care purposes decreases 42 percent between the youngest and middle-age groups, and then levels off. Presumably, some of this is due to the large number of prenatal care visits that women of reproductive age make.

Clinical breast examinations occurred at approximately the same rate for every age group, roughly 50 visits per 100 women per year. The rate of visits during which mammography was ordered or provided also did not significantly vary by age among women 45 years of age and over, although younger women had lower use.

Within physician offices, utilization of various medical and surgical specialists increased much more dramatically with patient age than the utilization of primary care specialists. Women are seeking more specialized care for their conditions. Such specialties would include

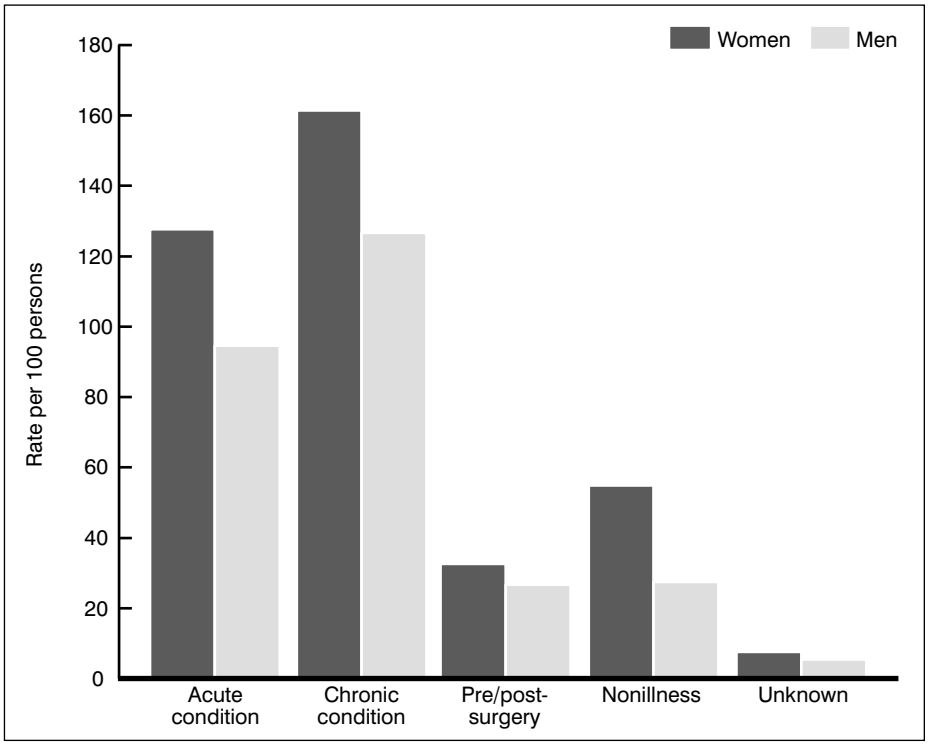

Figure 18. Visit rates by major reason for visit for women with nonpregnancy diagnoses and men

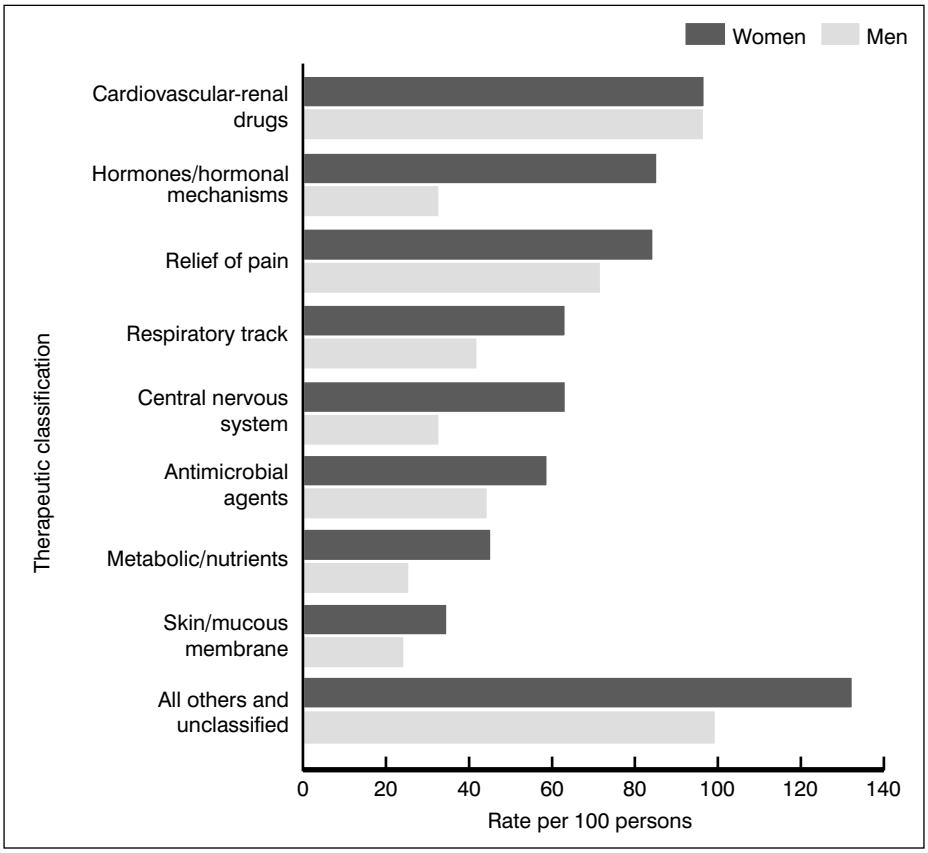

Figure 19. Prescription rates by major therapeutic classes for women with nonpregnancy diagnoses and men

ophthalmologic, cardiovascular, and rheumatoid specialties for treating the increased incidence in older women of eye problems such as cataracts and glaucoma, circulation problems such as hypertension and heart disease, and muscular/joint problems such as arthritis and osteoporosis.

Black women are being seen for several chronic conditions at far greater rates than white women. These conditions include arthropathies, hypertension, and diabetes. These are three of the five leading conditions that are associated with disability among the elderly of all races (21). The NAMCS/NHAMCS data indicated that the rate of visits for black women compared with white women were 85 percent higher for hypertension, 50 percent higher for arthritis, and 138 percent higher for diabetes. The prevalence of these conditions, as measured in the National Health Interview Survey (NHIS) data, adjusting to the same population standard for the same 2-year period, was somewhat less divergent; black women were 59 percent more likely to have been diagnosed with hypertension, 103 percent more likely to have been diagnosed with diabetes, and no more likely to report joint pain in the past year than white women (22). This may indicate that these conditions are more advanced or debilitating in black women. While Medicare covers many medical services for older adults, previous research has demonstrated that financial, personal, and physical barriers create disparities in health status and health care usage (23). Investigations of the reason why the discrepancy in the rate of visits for these and probably other conditions are higher than the discrepancy in prevalence are needed.

Counseling and screening of several types are recommended by several organizations as ways to prevent disease. For example, many groups, including the U.S. Preventive Services Task Force (USPSTF) recommend that clinicians routinely counsel patients to promote a healthy diet and include regular exercise (20). The USPSTF also recommends that clinicians counsel smokers every time they are seen to quit smoking (20). The NAMCS/NHAMCS data presented indicate that diet

counseling is done fairly routinely, while exercise counseling is done less often, and smoking counseling, at a rate of 12 visits per 100 women, was done far less than once a year among smokers (the current proportion of women who smoke being 22 percent (24)). The rate of visits including mammography among women 45 and over averaged between 20–27 visits per 100 women, while annual mammography is recommended for women 50–69 years of age (20). Pap tests are recommended every 3 years, however, which is roughly what the NAMCS/NHAMCS data show.

Data obtained from self-report indicate that 56 percent of women 45–64 years of age and 48 percent of women 65 years and over have had a mammogram in the previous year (25). This rate of mammography use from encounter records is lower than would be expected, and includes repeat mammograms in some cases. Part of the difference can be accounted for by use of mammography in locations not included in NAMCS/NHAMCS, such as mobile health units and work-site health units. Self-report of mammography use may also not reflect actual use (26, 27).

Mental health issues are cause for a substantial proportion of ambulatory care visits by women, as demonstrated by medication use. The rate of visits that included mental health counseling was relatively similar at all ages, unlike the rise in rates of most other therapeutic and preventive services, and was included in only 2.8 percent of all visits by women. The rate of visits to psychiatrists was 10.6 per 100 younger women, 16.2 per 100 middle-aged women, and then dropped to 8.0 per 100 senior women. Medications for mental health were frequently mentioned. Antidepressants were the second most common specific class of drug mentioned during visits, even though antidepressants may be underutilized for people with depression in the United States in general (28, 29). Furthermore, the mentions of CNS drugs increased with age. Among women 15–44 years of age, the rate of visits with any CNS medication prescription was 43.3 per 100 women, but it was 96 percent higher among women 45–64 years of age and 120 percent higher among women 65 years of age and older. There was a large difference noted by race, with the rate of visits with mental health counseling by white women being 41 percent higher than the rate of visits by black women. A similar difference by race in the rate of visits with CNS prescriptions was found (45 percent higher among white women than black women, controlling for age). However, the NHIS data indicate that black women are 19 percent more likely to report that mental health issues interfered with their life a lot in the past 30 days (22). Mental health issues may require many ambulatory care visits for the same condition, and the NAMCS/NHAMCS data cannot be used to estimate the prevalence of mental health conditions. Nationally representative data on mental health issues are rare (30). This data source, while not ideal, is at least one measure of the extent of these issues.

Use of ambulatory care by women was higher than for men, even after removing visits related to pregnancy. There are many possible explanations for this. Women's self-reported health is worse than men's (31), on average, which may either reflect more illness or differences in the way health is viewed or discussed by women. Older women are more likely to have disabling conditions than older men (21). There are more women in the oldest age categories (21), and health care is used in the oldest ages at the highest rates. Women generally are responsible for their family's health (32) and so may think about health care needs more than men. They are more likely to have a usual source of care (24), which is a strong predictor of health care utilization. They also tend to use medical care for screening and health education more often than men (33). Women have been said to also be more likely to report and act on illness, although research has not always born this out (34, 35).

Because this report looks at visits, rather than people, conclusions should be made with caution. Multiple ambulatory care visits for the same condition make it impossible to use these data to measure prevalence of conditions or medication use. Furthermore, the average number of visits vary by condition type. As an example, a single pregnancy is likely to cause far more visits than the flu. Data from the NHIS indicate that 12 percent of women did not make any ambulatory medical visits during the time period studied in this report. However, among women under age 65, black women were more likely than white women to have had no nonemergency ambulatory care (22). Additional problems arise when analyzing medication encounters since new or continuing medications are collected in this survey, meaning that medications that are used chronically will be counted on multiple visits and may be unrelated to the purpose of the visit. Thus, medications for chronic conditions are likely to be counted many times for the same person while medications for acute conditions will be counted during fewer visits.

In summary, women make approximately one-half billion visits annually for ambulatory medical services. Utilization of ambulatory care services varied by patient age and in some cases by race as well. Factors that might explain the observed variation in utilization include variation in incidence of conditions and access to care, neither of which can be addressed using NAMCS and NHAMCS data, and so will require additional research. Given the higher proportion of ambulatory care visits made by women, the information presented should be useful not only to inform women's health policy, but health care policy as a whole.

Additional Information

Ambulatory care visit and drug data from NAMCS and NHAMCS are available in a variety of formats including public-use data tapes, CD-ROMs, and downloadable data files accessed through the NCHS homepage on the Internet. For additional information concerning this report, future or previous reports, or NAMCS and NHAMCS data, inquiries may be directed to the Ambulatory Care Statistics Branch at (301) 458–4600, or visit the Web site at www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

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Table 1. Ambulatory care visits by physician specialtiy and patient's age and race for women 15 years of age and over: United States, average annual 1997–98

Characteristic	All specialties	Primary	Surgical	Nonsurgical	Outpatient department	Emergency department	All specialties	Primary	Surgical	Nonsurgical	Outpatient department	Emergency department
	Number of visits in thousands						Standard error					
All visits	499,785	257,572	81,870	80,951	37,753	41,640	14,828	10,665	4,288	4,090	2,926	1,508
Age												
15–44 years	230,628	132,731	24,028	30,294	19,466	24,111	7,896	6,297	1,558	2,167	1,474	924
45–64 years	136,487	65,489	25,400	26,400	10,784	8,414	4,386	2,998	1,404	1,460	971	345
65 years and over	132,670	59,352	32,442	24,257	7,503	9,115	5,076	3,506	2,037	1,524	839	397
Age and race												
White	419,240	216,909	73,523	69,759	27,256	31,792	14,332	10,033	4,103	3,625	2,439	1,419
15–44 years	187,478	109,819	21,119	25,221	13,732	17,587	7,462	5,812	1,462	1,884	1,211	854
45–64 years	114,875	55,466	22,588	22,733	7,680	6,409	4,187	2,851	1,324	1,291	763	312
65 years and over	116,887	51,625	29,817	21,805	5,844	7,796	4,883	3,307	1,971	1,421	747	383
Black	62,489	30,393	5,916	7,917	9,342	8,920	4,001	3,422	553	1,079	850	434
15–44 years	33,521	17,091	2,033	3,275	5,131	5,991	2,228	1,919	268	541	467	292
45–64 years	16,533	7,177	2,053	2,766	2,760	1,776	1,096	853	232	433	361	115
65 years and over	12,435	6,124	1,830	1,876	1,452	1,153	1,369	1,226	236	350	167	92
	Percent distribution											
All visits	100.0	51.5	16.4	16.2	7.6	8.3	. . .	1.1	0.7	0.8	0.5	0.3
Age												
15–44 years	100.0	57.6	10.4	13.1	8.4	10.5	. . .	1.4	0.6	0.9	0.6	0.5
45–64 years	100.0	48.0	18.6	19.3	7.9	6.2	. . .	1.3	0.9	0.9	0.7	0.3
65 years and over	100.0	44.7	24.5	18.3	5.7	6.9	. . .	1.5	1.2	1.1	0.6	0.4
Age and race												
White	100.0	51.7	17.5	16.6	6.5	7.6	. . .	1.2	0.8	0.8	0.6	0.4
15–44 years	100.0	58.6	11.3	13.5	7.3	9.4	. . .	1.5	0.7	0.9	0.6	0.5
45–64 years	100.0	48.3	19.7	19.8	6.7	5.6	. . .	1.4	0.9	1.0	0.6	0.3
65 years and over	100.0	44.2	25.5	18.7	5.0	6.7	. . .	1.7	1.3	1.1	0.6	0.4
Black	100.0	48.6	9.5	12.7	15.0	14.3	. . .	2.9	0.9	1.7	1.4	0.9
15–44 years	100.0	51.0	6.1	9.8	15.3	17.9	. . .	2.8	0.9	1.6	1.5	1.1
45–64 years	100.0	43.4	12.4	16.7	16.7	10.7	. . .	3.5	1.4	2.4	2.1	0.7
65 years and over	100.0	49.3	14.7	15.1	11.7	9.3	. . .	5.1	1.9	3.0	1.7	1.0
	Number of visits per 100 women per year[1]											
All visits[2]	459.9	237.2	75.0	74.6	34.9	38.2	13.6	9.8	3.9	3.8	2.7	1.4
Age												
15–44 years	380.1	218.8	39.6	49.9	32.1	39.7	13.0	10.4	2.6	3.6	2.4	1.5
45–64 years	473.5	227.2	88.1	91.6	37.4	29.2	15.2	10.4	4.9	5.0	3.4	1.9
65 years and over	711.8	318.4	174.1	130.1	40.3	48.9	27.2	18.8	10.9	8.1	4.5	2.1

See footnotes at end of table.

Table 1. Ambulatory care visits by physician specialtiy and patient's age and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Characteristic	All specialties	Primary	Surgical	Nonsurgical	Outpatient department	Emergency department	All specialties	Primary	Surgical	Nonsurgical	Outpatient department	Emergency department
Age and race	Number of visits per 100 women per year[1]						Standard error					
White[2]	461.9	240.4	79.5	76.5	30.3	35.2	15.8	11.1	4.4	4.0	2.7	1.6
15–44 years	385.6	225.9	43.4	51.9	28.2	36.2	15.3	11.9	3.0	3.9	2.5	1.8
45–64 years	472.0	227.9	92.8	93.4	31.6	26.3	17.2	11.7	5.4	5.3	3.1	1.3
65 years and over	707.6	312.5	180.5	132.0	35.4	47.2	29.6	20.0	11.9	8.6	4.5	2.3
Black[2]	478.5	231.0	48.8	63.3	70.8	64.7	31.4	26.9	4.6	8.6	6.5	3.2
15–44 years	380.7	194.1	23.1	37.2	58.3	68.0	25.3	21.8	3.0	6.1	5.3	3.3
45–64 years	507.2	220.2	63.0	84.9	84.7	54.5	33.6	26.2	7.1	13.3	11.1	3.5
65 years and over	765.9	377.2	112.7	115.5	89.4	71.0	84.3	75.5	14.6	21.5	10.3	5.7

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 2. Ambulatory care visits by detailed specialty of care and ambulatory care setting for women 15 years of age and over: United States, average annual 1997–98

Physician specialty	Number in thousands	Standard error	Percent distribution	Standard error	Percent distribution of visits to care type	Standard error	Rate per 100 women[1,2]	Standard error
All visits	499,785	14,828	100.0	. . .	. . .	. . .	459.9	13.6
Office-based visits	420,393	13,039	84.1	0.7	100.0	. . .	386.8	12.0
General and family practice	103,561	6,515	20.7	1.2	24.6	1.3	95.5	6.0
Internal medicine	75,604	4,631	15.1	0.8	18.0	1.0	69.3	4.2
Pediatrics	3,476	469	0.7	0.1	0.8	0.1	3.2	0.4
General surgery	12,381	1,275	2.5	0.3	3.0	0.3	11.4	1.2
Obstetrics and gynecology	76,366	5,149	15.3	0.9	18.2	1.0	70.6	4.8
Orthopedic surgery	18,311	1,824	3.7	0.4	4.4	0.4	16.8	1.7
Cardiovascular diseases	8,756	908	1.8	0.2	2.1	0.2	7.9	0.8
Dermatology	16,725	1,456	3.4	0.3	4.0	0.3	15.4	1.3
Urology	3,795	424	0.8	0.1	0.9	0.1	3.5	0.4
Psychiatry	12,590	1,266	2.5	0.2	3.0	0.3	11.8	1.2
Neurology	4,535	471	0.9	0.1	1.1	0.1	4.2	0.4
Ophthalmology	27,164	2,279	5.4	0.4	6.5	0.5	24.6	2.1
Otolaryngology	9,120	877	1.8	0.2	2.2	0.2	8.4	0.8
All other	48,012	3,624	9.6	0.7	11.4	0.8	44.3	3.3
Hospital outpatient visits	37,753	2,890	7.6	0.5	100.0	. . .	34.9	2.7
General medicine	24,379	2,243	4.9	0.4	64.6	2.4	22.6	2.1
Surgery	3,821	534	0.8	0.1	10.1	1.2	3.5	0.5
Pediatrics	814	139	0.2	0.0	2.2	0.4	0.7	0.1
Obstetrics and gynecology	6,000	705	1.2	0.1	15.9	1.6	5.5	0.6
All other	2,739	459	0.6	0.1	7.3	1.2	2.5	0.4
Emergency department visits	41,640	1,272	8.3	0.3	100.0	. . .	38.2	1.2
Emergent	8,832	533	1.8	0.1	21.2	1.2	8.1	0.5
Urgent	13,419	681	2.7	0.2	32.2	1.2	12.3	0.6
Semiurgent	5,784	399	1.2	0.1	13.9	0.8	5.3	0.4
Nonurgent	3,585	325	0.7	0.1	8.6	0.7	3.3	0.3
No triage/unknown	10,019	819	2.0	0.2	24.1	1.9	9.2	0.8

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 3. Ambulatory care visits to office-based physicians and hospital outpatient departments by type of provider seen, according to age and race for women 15 years of age and over: United States, annual average 1997–98

Type of provider	All visits	Age			Race		All visits	Age			Race	
		15–44 years	45–64 years	65 years and over	White	Black		15–44 years	45–64 years	65 years and over	White	Black
	Number of visits in thousands						Standard error					
All providers	458,146	206,518	128,074	123,554	387,447	53,568	14,469	7,707	4,301	5,003	13,924	3,917
Physician	434,211	193,898	121,880	118,433	367,689	49,959	13,596	7,141	4,076	4,814	13,097	3,683
Nurse practitioner	6,505	4,212	1,435	858	5,089	1,309	1,228	909	321	209	1,015	366
Nurse midwife	*1,076	*848	*	*	*880	154	340	289	. . .	. . .	313	38
Registered nurse	75,819	35,058	22,555	18,206	62,849	10,604	5,553	2,935	1,963	1,673	4,899	1,398
Licensed practical nurse	52,385	25,843	13,279	13,263	45,050	5,988	5,865	3,454	1,631	1,608	5,576	1,101
Medical/nursing assistant	105,035	47,530	29,153	28,352	89,296	12,164	6,824	3,880	2,160	2,011	6,159	1,827
Physician assistant	10,177	3,819	2,792	3,565	8,457	*1,531	1,507	553	543	632	1,306	550
No care provided	3,267	1,423	761	1,083	2,736	454	521	261	136	240	499	128
Other	28,007	11,809	8,069	8,129	23,230	3,434	3,092	1,593	1,047	1,187	2,720	488
	Percent distribution											
All providers	100.0	100.0	100.0	100.0	100.0	100.0	. . .	. . .	. . .	. . .	. . .	. . .
Physician	94.8	93.9	95.2	95.9	94.9	93.3	0.4	0.5	0.4	0.6	0.4	0.9
Nurse practitioner	1.4	2.0	1.1	0.7	1.3	2.4	0.3	0.4	0.2	0.2	0.3	0.7
Nurse midwife	*0.2	*0.4	*	*	*0.2	0.3	0.1	0.1	. . .	. . .	0.1	0.1
Registered nurse	16.6	17.0	17.6	14.7	16.2	19.8	1.2	1.3	1.4	1.3	1.2	2.0
Licensed practical nurse	11.4	12.5	10.4	10.7	11.6	11.2	1.2	1.5	1.2	1.2	1.3	1.7
Medical/nursing assistant	22.9	23.0	22.8	23.0	23.1	22.7	1.4	1.8	1.5	1.4	1.4	2.5
Physician assistant	2.2	1.9	2.2	2.9	2.2	*2.9	0.3	0.3	0.4	0.5	0.3	1.0
No care provided	0.7	0.7	0.6	0.9	0.7	0.9	0.1	0.1	0.1	0.2	0.1	0.2
Other	6.1	5.7	6.3	6.6	6.0	6.4	0.7	0.8	0.8	0.9	0.7	1.0
	Number of visits per 100 women[1]											
All providers	[2]421.7	340.4	444.3	662.9	[2]426.7	[2]413.8	13.3	12.7	14.9	26.8	15.3	30.1
Physician	[2]399.6	319.6	422.8	635.4	[2]404.7	[2]387.3	12.5	11.8	14.1	25.8	14.4	29.1
Nurse practitioner	[2]6.0	6.9	5.0	4.6	[2]5.7	[2]9.0	1.1	1.5	1.1	1.1	1.1	2.4
Nurse midwife	*[2]1.0	*1.4	*	*	*[2]1.0	[2]1.0	0.3	0.5	. . .	. . .	0.4	0.2
Registered nurse	[2]70.0	57.8	78.2	97.7	[2]69.6	[2]82.1	5.1	4.8	6.8	9.0	5.4	11.2
Licensed practical nurse	[2]48.2	42.6	46.1	71.2	[2]49.8	[2]47.6	5.4	5.7	5.7	8.6	6.2	9.4
Medical/nursing assistant	[2]96.7	78.3	101.1	152.1	[2]98.3	[2]93.2	6.3	6.4	7.5	10.8	6.8	14.2
Physician assistant	[2]9.3	6.3	9.7	19.1	[2]9.2	*[2]11.9	1.4	0.9	1.9	3.4	1.4	4.4
No care provided	[2]3.0	2.3	2.6	5.8	[2]3.0	[2]3.5	0.5	0.4	0.5	1.3	0.5	1.0
Other/missing	[2]25.8	19.5	28.0	43.6	[2]25.5	[2]26.2	2.8	2.6	3.6	6.4	3.0	3.7

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 4. Expected source of payment for ambulatory care visits by age and race for women 15 years of age and over: United States, average annual 1997–98

Expected source of payment	All visits	Age			Race		All visits	Age			Race	
		15–44 years	45–64 years	65 years and over	White	Black		15–44 years	45–64 years	65 years and over	White	Black
	Number of visits in thousands						Standard error					
All visits	499,785	230,628	136,487	132,670	419,240	62,489	14,828	7,896	4,386	5,076	14,332	4,001
Private insurance	249,661	142,073	87,218	20,370	215,302	24,876	8,525	5,697	3,012	1,311	8,451	1,753
Medicare	111,240	4,769	9,973	96,498	98,374	10,369	4,391	395	700	4,024	4,149	1,126
Medicaid	47,160	30,643	10,655	5,862	30,409	14,052	2,535	1,772	714	676	1,953	1,374
Other/unspecified insurance type	21,401	12,287	6,321	2,792	17,213	3,186	2,316	1,391	782	618	1,944	708
Self-pay	40,784	25,769	12,512	2,503	34,277	5,351	2,276	1,506	836	455	2,087	547
No charge	6,738	3,285	2,074	1,379	5,243	*1,349	1,294	821	513	253	981	552
Other	9,663	5,259	3,880	525	7,560	1,350	1,233	763	559	105	1,120	237
Unknown/blank	13,139	6,545	3,855	2,740	10,861	1,956	1,040	594	339	377	913	231
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	. . .	. . .	. . .	. . .	. . .	. . .
Private insurance	50.0	61.6	63.9	15.4	51.4	39.8	0.8	1.1	1.0	0.9	0.9	1.8
Medicare	22.3	2.1	7.3	72.7	23.5	16.6	0.6	0.2	0.4	1.0	0.5	1.3
Medicaid	9.4	13.3	7.8	4.4	7.3	22.5	0.5	0.7	0.5	0.5	0.4	1.4
Other/unspecified insurance type	4.3	5.3	4.6	2.1	4.1	5.1	0.4	0.6	0.5	0.5	0.4	1.1
Self-pay	8.2	11.2	9.2	1.9	8.2	8.6	0.4	0.5	0.5	0.3	0.4	0.7
No charge	1.4	1.4	1.5	1.0	1.3	*2.2	0.3	0.3	0.4	0.2	0.2	0.9
Other/missing	1.9	2.3	2.8	0.4	1.8	2.2	0.2	0.3	0.4	0.1	0.3	0.4
Unknown/blank	2.6	2.8	2.8	2.1	2.6	3.1	0.2	0.2	0.2	0.3	0.2	0.4
	Number of visits per 100 women per year[1]											
All visits	[2]459.9	380.1	473.5	711.8	[2]461.9	[2]478.5	13.6	13.0	15.2	27.2	15.8	31.4
Private insurance	[2]233.4	234.2	302.6	109.3	[2]244.6	[2]182.0	7.9	9.4	10.4	7.0	9.6	12.8
Medicare	[2]97.5	7.9	34.6	517.8	[2]98.0	[2]97.6	3.8	0.7	2.4	21.6	4.1	10.7
Medicaid	[2]43.6	50.5	37.0	31.5	[2]34.3	[2]101.5	2.3	2.9	2.5	3.6	2.2	10.4
Other/unspecified insurance type	[2]19.9	20.3	21.9	15.0	[2]19.4	[2]24.0	2.1	2.3	2.7	3.3	2.2	5.4
Self-pay	[2]38.1	42.5	43.4	13.4	[2]39.0	[2]37.9	2.1	2.5	2.9	2.4	2.4	3.8
No charge	[2]6.2	5.4	7.2	7.4	[2]5.8	[2]*10.3	1.2	1.4	1.8	1.4	1.1	4.2
Other/missing	[2]9.1	8.7	13.5	2.8	[2]8.6	[2]10.1	1.2	1.3	1.9	0.6	1.3	1.8
Unknown/blank	[2]12.1	10.8	13.4	14.7	[2]12.1	[2]15.2	1.0	1.0	1.2	2.0	1.0	1.9

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 5. Ambulatory care visits to office-based physicians and hospital outpatient departments by major reason for visit, age, and race for women 15 years of age and over: United States, average annual 1997–98

Characteristic	All visits	Acute condition	Chronic condition	Pre/post surgery	Non-illness	Unknown	All visits	Acute condition	Chronic condition	Pre/post surgery	Non-illness	Unknown
	Number of visits in thousands						Standard error					
All visits	458,146	141,270	176,854	36,967	94,258	8,797	14,469	5,485	6,062	1,970	4,975	905
Age:												
15–44 years	206,518	68,526	56,411	13,319	64,620	3,643	7,707	2,893	2,397	950	4,000	416
45–64 years	128,074	39,802	57,610	10,644	17,694	2,323	4,301	1,761	2,201	685	1,195	310
65 years and over	123,554	32,942	62,833	13,004	11,945	2,831	5,003	1,816	2,748	809	847	402
Age and race												
White	387,447	120,453	148,194	32,378	78,748	7,675	13,924	5,149	5,664	1,871	4,674	854
15–44 years	169,891	56,760	45,905	11,076	52,962	3,188	7,243	2,711	2,172	860	3,670	395
45–64 years	108,466	34,244	47,501	9,408	15,266	2,046	4,102	1,669	1,998	662	1,141	281
65 years and over	109,091	29,448	54,789	11,893	10,520	2,440	4,798	1,691	2,626	788	847	363
Black	53,568	15,269	22,062	3,565	11,862	811	3,817	1,468	1,944	384	1,027	145
15–44 years	27,530	8,699	7,844	1,722	8,960	305	2,108	938	705	244	942	81
45–64 years	14,756	3,942	7,913	877	1,788	*235	1,047	373	748	156	219	77
65 years and over	11,282	2,629	6,304	965	1,113	*271	1,340	467	821	165	269	87
	Percent distribution											
All visits	100.0	30.8	38.6	8.1	20.6	1.9	. . .	0.7	0.8	0.3	0.8	0.2
Age:												
15–44 years	100.0	33.2	27.3	6.5	31.3	1.8	. . .	1.0	0.9	0.4	1.2	0.2
45–64 years	100.0	31.1	45.0	8.3	13.8	1.8	. . .	0.8	1.0	0.5	0.8	0.2
65 years and over	100.0	26.7	50.9	10.5	9.7	2.3	. . .	0.9	0.9	0.5	0.6	0.3
Age and race												
White	100.0	31.1	38.3	8.4	20.3	2.0	. . .	0.7	0.8	0.4	0.8	0.2
15–44 years	100.0	33.4	27.0	6.5	31.2	1.9	. . .	1.1	0.9	0.4	1.3	0.2
45–64 years	100.0	31.6	43.8	8.7	14.1	1.9	. . .	0.9	1.1	0.5	0.9	0.3
65 years and over	100.0	27.0	50.2	10.9	9.6	2.2	. . .	0.9	1.0	0.6	0.6	0.3
Black	100.0	28.5	41.2	6.7	22.1	1.5	. . .	1.5	1.6	0.7	1.6	0.3
15–44 years	100.0	31.6	28.5	6.3	32.6	1.1	. . .	2.2	1.6	0.8	2.3	0.3
45–64 years	100.0	26.7	53.6	6.0	12.1	*1.6	. . .	2.0	2.5	1.0	1.3	0.5
65 years and over	100.0	23.3	55.9	8.6	9.9	*2.4	. . .	2.4	2.4	1.5	2.1	0.8
	Number of visits per 100 women per year[1]											
All visits[2]	421.7	130.3	162.5	33.9	86.9	8.1	13.3	5.0	5.6	1.8	4.6	0.8
Age:												
15–44 years	340.4	112.9	93.0	22.0	106.5	6.0	12.7	4.8	3.9	1.6	6.6	0.7
45–64 years	444.3	138.1	199.8	36.9	61.4	8.1	14.9	6.1	7.6	2.4	4.1	1.1
65 years and over	662.9	176.7	337.1	69.8	64.1	15.2	26.8	9.7	14.7	4.3	4.5	2.2

See footnotes at end of table.

Table 5. Ambulatory care visits to office-based physicians and hospital outpatient departments by major reason for visit, age, and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Characteristic	All visits	Acute condition	Chronic condition	Pre/post surgery	Non-illness	Unknown	All visits	Acute condition	Chronic condition	Pre/post surgery	Non-illness	Unknown
	Number of visits per 100 women per year[1]						Standard error					
Age and race												
White[2]	426.7	133.4	161.1	35.2	88.6	8.4	15.3	5.7	6.1	2.1	5.3	0.9
15–44 years	349.4	116.7	94.4	22.8	108.9	6.6	14.9	5.6	4.5	1.8	7.5	0.8
45–64 years	445.7	140.7	195.2	38.7	62.7	8.4	16.8	6.8	8.2	2.7	4.7	1.2
65 years and over	660.4	178.3	331.7	72.0	63.7	14.8	29.0	10.2	15.9	4.8	5.1	2.2
Black[2]	413.8	115.2	180.7	28.1	83.2	6.7	30.1	11.2	16.3	3.0	6.9	1.2
15–44 years	312.7	98.8	89.1	19.6	101.8	3.5	23.9	10.7	8.0	2.8	10.7	0.9
45–64 years	452.7	120.9	242.8	26.9	54.9	7.2	32.1	11.4	22.9	4.8	6.7	2.4
65 years and over	694.9	161.9	388.3	59.5	68.6	16.7	82.5	28.8	50.6	10.1	16.6	5.3

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 6. Ambulatory care visits for the 10 principal reasons for visit most frequently mentioned by age and race for women 15 years of age and over: United States, annual average 1997–98

Principal reason for visit and RVC code[1]	Number in thousands	Standard error	Percent distribution	Standard error	Rate per 100 women[2]	Standard error
All visits						
General medical examination 3100	34,277	2,425	6.9	0.4	[3]31.6	2.2
Prenatal examination, routine 3205	28,793	2,539	5.8	0.5	[3]26.4	2.3
Progress visit not otherwise specified 4800	18,059	1,565	3.6	0.3	[3]16.5	1.4
Stomach and abdominal pain, cramps, and spasms 1545	12,120	623	2.4	0.1	[3]11.2	0.6
Postoperative visit 4205	11,165	837	2.2	0.1	[3]10.3	0.8
Cough 1440	10,558	681	2.1	0.2	[3]9.7	0.6
Vision dysfunctions 1305	8,632	838	1.7	0.1	[3]7.8	0.8
Headache, pain in head 1210	8,388	531	1.7	0.1	[3]7.8	0.5
Symptoms referable to throat 1455	8,047	522	1.6	0.1	[3]7.4	0.5
Back symptoms 1905	7,996	580	1.6	0.1	[3]7.4	0.5
All other reasons	351,751	10,588	70.4	0.6	[3]323.8	9.7
Age						
15–44 years:						
Prenatal examination, routine 3205	28,755	2,538	12.5	0.9	47.4	4.2
General medical examination 3100	15,308	1,456	6.6	0.5	25.2	2.4
Stomach and abdominal pain, cramps, and spasms 1545	6,524	379	2.8	0.2	10.8	0.6
Symptoms referable to throat 1455	5,587	417	2.4	0.2	9.2	0.7
Progress visit not otherwise specified 4800	5,485	518	2.4	0.2	9.0	0.9
Headache, pain in head 1210	5,023	385	2.2	0.2	8.3	0.6
Cough 1440	4,466	366	1.9	0.1	7.4	0.6
Depression 1110	3,910	445	1.7	0.2	6.4	0.7
Postoperative visit 4205	3,890	414	1.7	0.2	6.4	0.7
Back symptoms 1905	3,586	342	1.6	0.2	5.9	0.6
All other reasons	148,097	4,837	64.2	0.7	244.1	8.0
45–64 years:						
General medical examination 3100	10,220	835	7.5	0.5	35.5	2.9
Progress visit not otherwise specified 4800	5,449	599	4.0	0.4	18.9	2.1
Postoperative visit 4205	3,422	339	2.5	0.2	11.9	1.2
Stomach and abdominal pain, cramps, and spasms 1545	3,216	290	2.4	0.2	11.2	1.0
Cough 1440	3,058	322	2.2	0.2	10.6	1.1
Hypertension 2510	2,952	388	2.2	0.3	10.2	1.4
Depression 1110	2,647	315	1.9	0.2	9.2	1.1
Back symptoms 1905	2,593	235	1.9	0.2	9.0	0.8
Knee symptoms 1925	2,460	255	1.8	0.2	8.5	0.9
Chest pain and related symptoms 1050	2,344	240	1.7	0.2	8.1	0.8
All other reasons	98,126	3,169	71.9	0.8	340.4	11.0
65 years and over:						
General medical examination 3100	8,749	828	6.6	0.6	46.9	4.4
Progress visit not otherwise specified 4800	7,125	689	5.4	0.5	38.2	3.7
Vision dysfunctions 1305	4,737	495	3.6	0.4	25.4	2.7
Postoperative visit 4205	3,853	373	2.9	0.3	20.7	2.0
Cough 1440	3,035	314	2.3	0.2	16.3	1.7
Hypertension 2510	2,814	321	2.1	0.2	15.1	1.7
Chest pain and related symptoms 1050	2,791	288	2.1	0.2	15.0	1.6
Blood pressure test 3320	2,603	363	2.0	0.3	14.0	2.0
Stomach and abdominal pain, cramps, and spasms 1545	2,380	265	1.8	0.2	12.8	1.4
Knee symptoms 1925	2,257	321	1.7	0.2	12.1	1.7
All other reasons	92,325	3,601	69.6	0.8	495.4	19.3
Race						
White:						
General medical examination 3100	28,740	2,148	6.9	0.4	[3]31.8	2.4
Prenatal examination, routine 3205	23,469	2,367	5.6	0.5	[3]26.9	2.7
Progress visit not otherwise specified 4800	14,591	1,442	3.5	0.3	[3]15.7	1.6
Postoperative visit 4205	9,935	819	2.4	0.2	[3]10.8	0.9
Stomach and abdominal pain, cramps, and spasms 1545	9,263	556	2.2	0.1	[3]10.3	0.6
Cough 1440	9,166	662	2.2	0.1	[3]10.1	0.7
Vision dysfunctions 1305	7,893	824	1.9	0.2	[3]8.3	0.9
Symptoms referable to throat 1455	7,037	497	1.7	0.1	[3]7.9	0.6
Headache, pain in head 1210	6,748	465	1.6	0.1	[3]7.6	0.5
Back symptoms 1905	6,686	488	1.6	0.1	[3]7.4	0.5
All other reasons	295,712	10,146	70.5	0.7	[3]325.1	11.1

See footnotes at end of table.

Table 6. Ambulatory care visits for the 10 principal reasons for visit most frequently mentioned by age and race for women 15 years of age and over: United States, annual average 1997–98—Con.

Principal reason for visit and RVC code[1]	Number in thousands	Standard error	Percent distribution	Standard error	Rate per 100 women[2]	Standard error
Race—Continued						
Black:						
General medical examination 3100	4,653	598	7.5	0.8	[3]36.8	5.2
Prenatal examination, routine 3205	3,855	627	6.2	0.9	[3]24.4	4.0
Progress visit not otherwise specified 4800	3,067	363	4.9	0.6	[3]25.4	3.1
Stomach and abdominal pain, cramps, and spasms 1545	2,104	205	3.4	0.3	[3]15.2	1.6
Chest pain and related symptoms 1050	1,431	202	2.3	0.3	[3]11.7	1.7
Hypertension 2510	1,276	272	2.0	0.4	[3]10.8	2.3
Headache, pain in head 1210	1,154	161	1.9	0.3	[3]8.2	1.1
Knee symptoms 1925	1,033	236	1.7	0.4	[3]8.5	1.9
Postoperative visit 4205	980	173	1.6	0.3	[3]7.9	1.5
Medication, other and unspecified kinds 4115	968	283	1.6	0.4	[3]7.7	2.2
All other reasons	41,969	2,859	67.2	1.4	[3]321.9	22.3

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (16).

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumetation using the 1990 National Population Adjustment Matrix.

[3]Age-adjusted.

Table 7. Ambulatory care visits for the 10 diagnosis groups most frequently mentioned by age and race for women 15 years of age and over: United States, average annual 1997–98

Primary diagnosis group and ICD–9–CM Code(s)[1]	Number in thousands	Standard error	Percent distribution	Standard error	Rate per 100 women[2]	Standard error
All visits						
Normal pregnancy V22	29,900	2,484	6.0	0.4	[3]27.4	2.3
Essential hypertension 401	19,420	1,251	3.9	0.2	[3]17.7	1.2
Arthropathies and related disorders 710–719	15,279	1,391	3.1	0.3	[3]14.1	1.3
Acute URI[4], excluding pharyngitis 460–461, 463–466	12,661	890	2.5	0.2	[3]11.7	0.8
General medical examination V70	11,533	1,002	2.3	0.2	[3]10.7	0.9
Rheumatism, excluding back 725–729	11,317	674	2.3	0.1	[3]10.5	0.6
Diabetes 250	11,289	812	2.3	0.2	[3]10.4	0.8
Dorsopathies 720–724	10,439	926	2.1	0.2	[3]9.7	0.9
Malignant neoplasm 140–208, 230–234	9,279	1,118	1.9	0.2	[3]8.5	1.0
Gynecological examination V72.3	8,630	957	1.7	0.2	[3]8.0	0.9
All other diagnoses	360,039	10,705	72.0	0.6	[3]331.3	9.8
Age						
15–44 years:						
Normal pregnancy V22	29,864	2,484	13.0	0.8	49.2	4.1
Acute URI,[4] excluding pharyngitis 460–461, 463–466	7,368	600	3.2	0.2	12.1	1.0
General medical examination V70	7,157	660	3.1	0.3	11.8	1.1
Complications of pregnancy, childbirth 630–677	6,734	645	2.9	0.3	11.1	1.1
Gynecological examination V72.3	5,768	722	2.5	0.3	9.5	1.2
Dorsopathies 720–724	4,603	635	2.0	0.3	7.6	1.1
Rheumatism, excluding back 725–729	4,228	359	1.8	0.2	7.0	0.6
Chronic sinusitis 473	4,041	386	1.8	0.2	6.7	0.6
Inflammatory disorders of female pelvic organs 614–616	3,665	441	1.6	0.2	6.0	0.7
Disorders of menstruation and abnormal bleeding 626	3,563	389	1.5	0.2	5.9	0.6
All other diagnoses	153,637	5,006	66.6	1.0	253.2	8.2
45–64 years:						
Essential hypertension 401	7,235	629	5.3	0.4	25.1	2.2
Arthropathies and related disorders 710–719	5,970	636	4.4	0.4	20.7	2.2
Diabetes 250	4,854	450	3.6	0.3	16.8	1.6
Rheumatism, excluding back 725–729	4,285	357	3.1	0.3	14.9	1.2
Dorsopathies 720–724	3,577	387	2.6	0.3	12.4	1.3
Malignant neoplasm 140–208, 230–234	3,199	483	2.3	0.4	11.1	1.7
Acute URI,[4] excluding pharyngitis 460–461, 463–466	3,044	354	2.2	0.3	10.6	1.2
General medical examination V70	2,926	353	2.1	0.3	10.2	1.2
Menopausal and postmenopausal disorders 627	2,917	378	2.1	0.3	10.1	1.3
Gynecological examination V72.3	2,311	336	1.7	0.2	8.0	1.2
All other diagnoses	96,170	3,138	70.5	0.9	333.6	10.9
65 years and over:						
Essential hypertension 401	10,331	785	7.8	0.5	55.4	4.2
Arthropathies and related disorders 710–719	6,340	688	4.8	0.5	34.0	3.7
Cataract 366	5,611	608	4.2	0.4	30.1	3.3
Malignant neoplasm 140–208, 230–234	4,799	539	3.6	0.4	25.8	2.9
Diabetes 250	4,683	416	3.5	0.3	25.1	2.2
Heart disease, excluding ischemic 391–392.0, 393–398, 402, 404, 415–416, 420–429	4,423	427	3.3	0.3	23.7	2.3
Ischemic heart disease 410–414	4,204	530	3.2	0.4	22.6	2.8
Glaucoma 365	3,059	398	2.3	0.3	16.4	2.1
Rheumatism, excluding back 725–729	2,803	326	2.1	0.2	15.0	1.8
Dorsopathies 720–724	2,260	280	1.7	0.2	12.1	1.5
All other diagnoses	84,157	3,129	63.4	0.8	451.5	16.8
Race						
White:						
Normal pregnancy V22	24,766	2,334	5.9	0.5	[3]28.3	2.7
Essential hypertension 401	15,148	1,122	3.6	0.2	[3]15.9	1.2
Arthropathies and related disorders 710–719	12,214	1,222	2.9	0.3	[3]13.2	1.3
Acute URI,[4] excluding pharyngitis 460–461, 463–466	10,524	790	2.5	0.2	[3]11.8	0.9
Rheumatism, excluding back 725–729	9,581	668	2.3	0.2	[3]10.6	0.7
General medical examination V70	9,537	844	2.3	0.2	[3]10.8	1.0
Dorsopathies 720–724	8,792	702	2.1	0.2	[3]9.8	0.8
Diabetes 250	8,534	695	2.0	0.2	[3]9.2	0.8
Malignant neoplasm 140–208, 230–234	8,439	987	2.0	0.2	[3]8.6	1.1
Gynecological examination V72.3	8,116	1,009	1.9	0.2	[3]8.5	1.0
All other diagnoses	304,544	10,455	72.6	0.7	[3]335.2	11.5

See footnotes at end of table.

Table 7. Ambulatory care visits for the 10 diagnosis groups most frequently mentioned by age and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Primary diagnosis group and ICD–9–CM Code(s)[1]	Number in thousands	Standard error	Percent distribution	Standard error	Rate per 100 women[2]	Standard error
Race—Continued						
Black:						
Normal pregnancy V22	3,773	525	6.0	0.8	[3]23.9	3.3
Essential hypertension 401	3,437	474	5.5	0.6	[3]29.4	4.1
Diabetes 250	2,524	367	4.0	0.5	[3]21.9	3.2
Arthropathies and related disorders 710–719	2,340	363	3.7	0.5	[3]19.8	3.2
General medical examination V70	1,553	256	2.5	0.4	[3]11.5	2.0
Complications of pregnancy, childbirth 620–709	1,546	291	2.5	0.4	[3]9.8	1.8
Acute URI,[4] excluding pharyngitis 460–461, 463–466	1,469	238	2.4	0.3	[3]11.1	1.9
Rheumatism, excluding back 725–729	1,319	264	2.1	0.4	[3]10.3	2.0
Inflammatory disorders of female pelvic organs 614–616	1,147	206	1.8	0.3	[3]7.6	1.4
Benign neoplasm 210–229, 235–239	1,088	181	1.7	0.3	[3]8.8	2.6
All other diagnoses	42,293	2,543	67.7	1.2	[3]325.1	20.0

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

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[3]Age-adjusted.

[4]URI is upper respiratory infection.

Table 8. Injury-related ambulatory care visits by age and race for women 15 years of age and over: United States, average annual 1997–98

Characteristic	Number in thousands	Standard error	Percent distribution of all visits	Standard error	Percent distribution of injury visits	Standard error	Rate per 100 women[1]	Standard error
All injury visits	54,611	2,145	10.9	0.3	100.0	. . .	[2]50.3	2.0
Age								
15–44 years	27,929	1,275	12.1	0.5	51.1	1.1	46.0	2.1
45–64 years	14,373	636	10.5	0.4	26.3	0.8	49.9	2.2
65 years and over	12,309	782	9.3	0.5	22.5	1.0	66.0	4.2
Age and race								
White	45,432	1,913	10.8	0.3	100.0	. . .	[2]50.3	2.1
15–44 years	22,351	1,082	11.9	0.5	49.2	1.2	46.0	2.2
45–64 years	12,047	599	10.5	0.4	26.5	0.9	49.5	2.5
65 years and over	11,034	753	9.4	0.5	24.3	1.2	66.8	4.6
Black	6,696	497	10.7	0.6	100.0	. . .	[2]49.6	3.7
15–44 years	4,086	351	12.2	0.9	61.0	2.5	46.4	4.0
45–64 years	1,657	184	10.0	1.0	24.8	2.0	50.9	5.6
65 years and over	952	143	7.7	1.2	14.2	1.9	58.7	8.8

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 9. Ambulatory care visits by place of occurrence, whether injury was work related, intent, and mechanism for women 15 years of age and over: United States, average annual 1997–98

Characteristic	Number in thousands	Standard error	Percent distribution	Standard error	Rate per 100 women[1]	Standard error
All injury-related visits	54,611	2,145	100.0	. . .	50.3	2.0
Place of occurrence						
Home	10,626	586	19.5	0.8	9.7	0.5
Recreation/sports area	2,027	227	3.7	0.4	1.9	0.2
Street or highway	6,645	666	12.2	1.1	6.2	0.6
Other public place	2,408	252	4.4	0.4	2.2	0.2
Industrial places	3,649	406	6.7	0.7	3.4	0.4
Other and unknown[2]	29,256	1,376	53.6	1.4	27.0	1.3
Work related						
Yes	8,281	699	15.2	1.0	7.7	0.7
No	21,963	1,152	40.2	1.4	20.2	1.1
Unknown/blank	24,367	1,093	44.6	1.4	22.4	1.0
Intent						
Yes (self-inflicted)	497	85	0.9	0.2	0.5	0.1
Yes (assault)	1,283	160	2.4	0.3	1.2	0.2
No (unintentional)	37,995	1,624	69.6	1.2	35.0	1.5
Unknown/blank	14,837	844	27.2	1.1	13.7	0.8
Mechanism						
Falls	9,385	541	17.2	0.9	8.6	0.5
Motor vehicle traffic	6,102	652	11.2	1.1	5.7	0.6
Struck against or struck accidentally by objects or persons	3,737	294	6.8	0.5	3.5	0.3
Overexertion	3,682	412	6.7	0.7	3.4	0.4
Natural and environmental factors	1,842	205	3.4	0.4	1.7	0.2
Cutting or piercing	1,509	154	2.8	0.3	1.4	0.1
Poisonings	1,134	163	2.1	0.3	1.0	0.1
Other and not elsewhere classified	8,217	517	15.1	0.8	7.6	0.5
Not specified	5,044	429	9.2	0.7	4.7	0.4
Blank	13,959	882	25.6	1.1	12.9	0.8

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. Rates are age-adjusted.

[2]"Other" and "unknown" were combined because of a processing error in 1997.

Table 10. Visits to office-based physicians and hospital outpatient departments for selected diagnostic and screening services ordered or provided, by age and race for women 15 years of age and over: United States, average annual 1997–98

Diagnostic and screening services ordered or provided	All visits	Age			Race		All visits	Age			Race	
		15–44 years	45–64 years	65 years and over	White	Black		15–44 years	45–64 years	65 years and over	White	Black
	Number of visits in thousands						Standard error					
All visits	458,146	206,518	128,074	123,554	387,447	53,568	14,469	7,707	4,301	5,003	13,924	3,817
No services	93,403	43,829	27,845	21,728	81,870	8,778	4,805	2,452	1,609	1,519	4,564	797
Examinations												
Breast	50,816	27,112	14,952	8,751	42,288	6,043	2,671	1,825	950	692	2,381	642
Pelvic	62,753	41,416	14,867	6,471	52,227	8,124	3,817	2,999	1,063	584	3,486	843
Rectal	21,479	9,061	7,477	4,941	18,291	2,010	1,417	861	601	461	1,264	332
Skin	38,939	17,212	11,620	10,107	33,502	4,100	2,655	1,341	889	1,023	2,368	576
Vision	30,335	7,031	7,893	15,411	25,814	3,061	2,452	628	724	1,503	2,209	400
Glaucoma	19,151	2,806	5,347	10,999	16,177	1,925	1,776	361	598	1,105	1,622	330
Hearing	5,173	2,131	1,498	1,544	3,752	640	774	355	229	370	386	132
Tests												
Blood pressure	256,621	118,906	70,203	67,512	213,942	32,851	9,973	5,668	2,955	3,422	9,098	3,322
Hemoglobin	25,999	10,919	7,930	7,149	21,167	3,526	1,752	942	642	693	1,612	439
Pap	38,126	23,264	10,913	3,948	32,327	4,497	2,595	1,814	921	412	2,374	457
Urinalysis	61,994	40,463	11,618	9,913	50,340	9,065	3,841	3,122	866	822	3,457	1,075
Pregnancy test	5,699	5,478	*	0	4,168	1,211	567	554	. . .	. . .	432	228
Cholesterol measure	16,618	4,306	6,054	6,259	13,482	2,201	1,110	455	525	624	984	317
HIV serology	1,971	1,650	*200	*	1,384	353	299	269	77	. . .	246	70
Other STD[1] test	3,942	3,228	*435	*	2,613	1,036	595	472	143	. . .	483	183
Imaging												
EKG[1]	11,936	2,412	3,531	5,993	9,951	1,692	912	252	376	574	848	230
Mammography	15,575	4,162	7,819	3,594	13,059	2,067	1,151	428	658	398	985	329
Ultrasound	16,760	10,841	3,204	2,715	13,162	2,277	1,463	1,215	370	320	1,170	318
CAT scan/MRI[1]	4,940	1,962	1,554	1,424	4,173	615	356	208	207	187	315	110
X ray	26,592	9,170	8,147	9,275	22,517	3,339	1,407	575	579	701	1,340	339
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	. . .	. . .	. . .	. . .	. . .	. . .
No services	20.4	21.2	21.7	17.6	21.1	16.4	0.8	0.9	1.0	1.0	0.9	1.3
Exams												
Breast	11.1	13.1	11.7	7.1	10.9	11.3	0.5	0.7	0.7	0.5	0.5	0.9
Pelvic	13.7	20.1	11.6	5.2	13.5	15.2	0.7	1.0	0.8	0.4	0.7	1.3
Rectal	4.7	4.4	5.8	4.0	4.7	3.8	0.3	0.4	0.5	0.3	0.3	0.6
Skin	8.5	8.3	9.1	8.2	8.7	7.7	0.5	0.7	0.6	0.7	0.5	1.0
Vision	6.6	3.4	6.2	12.5	6.7	5.7	0.5	0.3	0.6	1.0	0.5	0.8
Glaucoma	4.2	1.4	4.2	8.9	4.2	3.6	0.4	0.2	0.5	0.8	0.4	0.7
Hearing	1.1	1.0	1.2	1.3	1.0	1.2	0.2	0.2	0.2	0.3	0.1	0.3
Tests												
Blood pressure	56.0	57.6	54.8	54.6	55.2	61.3	1.1	1.3	1.3	1.5	1.1	2.7
Hemoglobin	5.7	5.3	6.2	5.8	5.5	6.6	0.4	0.5	0.5	0.5	0.4	0.6
Pap	8.3	11.3	8.5	3.2	8.3	8.4	0.5	0.7	0.7	0.3	0.5	0.8
Urinalysis	13.5	19.6	9.1	8.0	13.0	16.9	0.7	1.2	0.6	0.6	0.8	1.2
Pregnancy test	1.2	2.7	*	0.0	1.1	2.3	0.1	0.2	. . .	. . .	0.1	0.4
Cholesterol measure	3.6	2.1	4.7	5.1	3.5	4.1	0.2	0.2	0.4	0.4	0.2	0.6
HIV serology	0.4	0.8	*0.2	*	0.4	0.7	0.1	0.1	0.1	. . .	0.1	0.1
Other STD[1] test	0.9	1.6	*0.3	*	0.7	1.9	0.1	0.2	0.1	. . .	0.1	0.4
Imaging												
EKG[1]	2.6	1.2	2.8	4.9	2.6	3.2	0.2	0.1	0.3	0.4	0.2	0.4
Mammography	3.4	2.0	6.1	2.9	3.4	3.9	0.2	0.2	0.5	0.3	0.2	0.5
Ultrasound	3.7	5.3	2.5	2.2	3.4	4.3	0.3	0.5	0.3	0.2	0.3	0.5
CAT scan/MRI[1]	1.1	1.0	1.2	1.2	1.1	1.2	0.1	0.1	0.2	0.1	0.1	0.2
x ray	5.8	4.4	6.4	7.5	5.8	6.2	0.3	0.3	0.4	0.5	0.3	0.6

See footnotes at end of table.

Table 10. Visits to office-based physicians and hospital outpatient departments for selected diagnostic and screening services ordered or provided, by age and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Diagnostic and screening services ordered or provided	Number of visits per 100 women per year[2]						Standard error					
		Age			Race			Age			Race	
	All visits	15–44 years	45–64 years	65 years and over	White	Black	All visits	15–44 years	45–64 years	65 years and over	White	Black
All visits	[3]421.7	340.4	444.3	662.9	[3]426.7	[3]413.8	13.3	12.7	14.9	26.8	15.3	30.1
No services	[3]86.3	72.2	96.6	116.6	[3]90.7	[3]67.1	4.4	4.0	5.6	8.1	5.1	5.9
Exams												
Breast	[3]47.1	44.7	51.9	47.0	[3]47.4	[3]45.0	2.5	3.0	3.3	3.7	2.7	4.8
Pelvic	[3]58.1	68.3	51.6	34.7	[3]59.0	[3]56.6	3.5	4.9	3.7	3.1	4.0	5.8
Rectal	[3]19.9	14.9	25.9	26.5	[3]20.3	[3]15.4	1.3	1.4	2.1	2.5	1.4	2.5
Skin	[3]35.9	28.4	40.3	54.2	[3]37.0	[3]30.9	2.4	2.2	3.1	5.5	2.6	4.2
Vision	[3]27.5	11.6	27.4	82.7	[3]27.4	[3]26.1	2.2	1.0	2.5	8.1	2.3	3.5
Glaucoma	[3]17.3	4.6	18.5	59.0	[3]17.0	[3]17.0	1.6	0.6	2.1	5.9	1.7	2.9
Hearing	[3]4.8	3.5	5.2	8.3	[3]4.1	[3]5.0	0.7	0.6	0.8	2.0	0.4	1.1
Tests												
Blood pressure	[3]236.2	196.0	243.5	362.2	[3]235.9	[3]254.1	9.2	9.3	10.3	18.4	10.0	26.5
Hemoglobin	[3]24.0	18.0	27.5	38.4	[3]23.3	[3]27.6	1.6	1.6	2.2	3.7	1.8	3.6
Pap	[3]35.4	38.3	37.9	21.2	[3]36.6	[3]32.1	2.4	3.0	3.2	2.2	2.7	3.3
Urinalysis	[3]57.1	66.7	40.3	53.2	[3]56.4	[3]65.8	3.5	5.1	3.0	4.4	3.9	8.7
Pregnancy test	[3]5.2	9.0	*	0.0	[3]4.8	[3]7.8	0.5	0.9	. . .	. . .	0.5	1.5
Cholesterol measure	[3]15.3	7.1	21.0	33.6	[3]14.6	[3]18.2	1.0	0.8	1.8	3.3	1.1	2.7
HIV serology	[3]1.8	2.7	*0.7	*	[3]1.6	[3]2.3	0.3	0.4	0.3	. . .	0.3	0.5
Other STD[1] test	[3]3.6	5.3	*1.5	*	[3]3.0	[3]7.0	0.5	0.8	0.5	. . .	0.5	1.2
Imaging												
EKG[1]	[3]10.9	4.0	12.2	32.2	[3]10.6	[3]14.4	0.8	0.4	1.3	3.1	0.9	2.0
Mammography	[3]14.6	6.9	27.1	19.3	[3]14.5	[3]16.7	1.1	0.7	2.3	2.1	1.1	2.7
Ultrasound	[3]15.4	17.9	11.1	14.6	[3]14.7	[3]16.1	1.3	2.0	1.3	1.7	1.3	2.3
CAT scan/MRI[1]	[3]4.6	3.2	5.4	7.6	[3]4.6	[3]4.9	0.3	0.3	0.7	1.0	0.3	0.9
x ray	[3]24.4	15.1	28.3	49.8	[3]24.5	[3]26.5	1.3	0.9	2.0	3.8	1.5	2.8

* Figure does not meet standard of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

. . . Category not applicable.

[1]EKG is electrocardiogram; CAT is computerized axial tomography; MRI is magnetic resonance imaging; HIV is human immunodeficiency virus; and STD is sexually transmitted diseases.

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[3]Age-adjusted.

Table 11. Visits to office-based physicians and hospital outpatient departments for selected therapeutic and preventive services ordered or provided, by age and race for women 15 years of age and over: United States, average annual 1997–98

Therapeutic and preventive services ordered or provided	Number of visits in thousands						Standard error					
	All visits	Age			Race		All visits	Age			Race	
		15–44 years	45–64 years	65 years and over	White	Black		15–44 years	45–64 years	65 years and over	White	Black
All visits	458,146	206,518	128,074	123,554	387,447	53,568	14,469	7,707	4,301	5,003	13,924	3,817
No services	270,120	111,182	76,065	82,873	228,895	32,222	9,704	5,022	3,010	3,625	9,345	2,657
Counseling/education												
Diet	70,287	29,822	21,512	18,954	57,210	9,215	3,704	2,142	1,303	1,385	3,371	857
Exercise	51,045	21,592	16,530	12,924	42,987	5,851	3,219	1,806	1,140	1,121	2,999	627
Prenatal instructions	21,819	21,711	*	*	17,663	3,140	2,115	2,114	. . .	. . .	1,860	611
Breast self-exams	19,256	10,216	6,536	2,505	16,400	1,940	1,677	1,123	633	348	1,472	281
Stress	13,492	6,483	4,321	2,689	11,547	1,123	1,306	790	442	520	1,203	209
Mental health	12,722	6,819	3,694	2,210	10,943	1,160	1,251	723	454	339	1,142	172
Family planning	12,626	12,180	395	*	9,700	2,263	1,156	1,143	90	. . .	953	378
Tobacco use	12,502	6,704	4,043	1,755	10,759	1,522	992	745	388	237	890	219
Injury prevention	8,148	3,592	1,867	2,689	7,212	630	944	505	298	448	859	161
Skin cancer prevention	7,860	2,779	2,627	2,454	7,390	*	1,101	421	466	411	1,067	. . .
HIV/STD[1] transmission	5,717	4,983	*627	*	3,896	1,542	932	807	211	. . .	709	317
Growth/development	2,217	1,923	*110	*	1,843	*185	469	445	44	. . .	424	60
Other therapy												
Physiotherapy	13,509	6,202	4,409	2,897	11,113	1,365	1,316	833	476	421	1,015	237
Psychotherapy	11,628	6,347	3,868	1,414	10,600	865	1,036	619	423	225	975	136
Psycho-pharmacotherapy	10,218	4,974	3,744	1,500	9,451	602	1,143	662	458	233	1,071	110
Other	36,286	14,413	10,821	11,052	31,234	3,739	2,207	1,045	715	965	2,057	402
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	. . .	. . .	. . .	. . .	. . .	. . .
No services	59.0	53.8	59.4	67.1	59.1	60.2	1.1	1.4	1.2	1.2	1.1	1.9
Counseling/education												
Diet	15.3	14.4	16.8	15.3	14.8	17.2	0.7	0.9	0.9	0.9	0.7	1.3
Exercise	11.1	10.5	12.9	10.5	11.1	10.9	0.6	0.8	0.8	0.8	0.7	1.1
Prenatal instructions	4.8	10.5	*	*	4.6	5.9	0.4	0.9	. . .	. . .	0.4	1.1
Breast self-exams	4.2	5.0	5.1	2.0	4.2	3.6	0.3	0.5	0.5	0.3	0.4	0.5
Stress	2.9	3.1	3.4	2.2	3.0	2.1	0.3	0.4	0.3	0.4	0.3	0.4
Mental health	2.8	3.3	2.9	1.8	2.8	2.2	0.3	0.3	0.3	0.3	0.3	0.3
Family planning	2.8	5.9	0.3	*	2.5	4.2	0.2	0.5	0.1	. . .	0.2	0.6
Tobacco use	2.7	3.3	3.2	1.4	2.8	2.8	0.2	0.4	0.3	0.2	0.2	0.4
Injury prevention	1.8	1.7	1.5	2.2	1.9	1.2	0.2	0.2	0.2	0.4	0.2	0.3
Skin cancer prevention	1.7	1.4	2.1	2.0	1.9	*	0.2	0.2	0.4	0.3	0.3	. . .
HIV/STD[1] transmission	1.3	2.4	*0.5	*	1.0	2.9	0.2	0.4	0.2	. . .	0.2	0.6
Growth/development	0.5	0.9	*1.0	*	0.5	*0.4	0.1	0.2	0.0	. . .	0.1	0.1
Other therapy												
Physiotherapy	3.0	3.0	3.4	2.3	2.9	2.6	0.3	0.4	0.4	0.3	0.3	0.4
Psychotherapy	2.5	3.1	3.0	1.1	2.7	1.6	0.2	0.3	0.3	0.2	0.2	0.2
Psycho-pharmacotherapy	2.2	2.4	2.9	1.2	2.4	1.1	0.2	0.3	0.3	0.2	0.3	0.2
Other	7.9	7.0	8.5	8.9	8.1	7.0	0.4	0.5	0.5	0.6	0.4	0.6

See footnotes at end of table.

Table 11. Visits to office-based physicians and hospital outpatient departments for selected therapeutic and preventive services ordered or provided, by age and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Therapeutic and preventive services ordered or provided	All visits	Age			Race		All visits	Age			Race	
		15–44 years	45–64 years	65 years and over	White	Black		15–44 years	45–64 years	65 years and over	White	Black
	Number of visits per 100 women per year[2]						Standard error					
All	[3]421.7	346.6	474.4	910.3	[3]426.7	[3]413.8	13.3	12.9	15.9	36.9	15.3	30.1
No services	[3]248.1	183.3	263.9	444.6	[3]250.7	[3]254.6	8.9	8.3	10.4	19.4	10.3	21.8
Counseling/education												
Diet	[3]64.8	49.2	74.6	101.7	[3]63.0	[3]71.3	3.4	3.5	4.5	7.4	3.7	6.5
Exercise	[3]47.2	35.6	57.3	69.3	[3]47.5	[3]44.8	3.0	3.0	4.0	6.0	3.3	4.9
Prenatal instructions	[3]20.0	35.8	*	*	[3]20.2	[3]19.8	1.9	3.5	. . .	. . .	2.1	3.9
Breast self-exams	[3]17.9	16.8	22.7	13.4	[3]18.5	[3]13.9	1.6	1.9	2.2	1.9	1.7	2.0
Stress	[3]12.5	10.7	15.0	14.4	[3]12.9	[3]8.8	1.2	1.3	1.5	2.8	1.3	1.6
Mental health	[3]11.8	11.2	12.8	11.9	[3]12.3	[3]8.7	1.2	1.2	1.6	1.8	1.3	1.3
Family planning	[3]11.6	20.1	1.4	*	[3]10.8	[3]14.4	1.1	1.9	0.3	. . .	1.1	2.4
Tobacco use	[3]11.6	11.0	14.0	9.4	[3]12.1	[3]10.9	0.9	1.2	1.3	1.3	1.0	1.5
Injury prevention	[3]7.4	5.9	6.5	14.4	[3]7.9	[3]5.0	0.9	0.8	1.0	2.4	0.9	1.3
Skin cancer prevention	[3]7.2	4.6	9.1	13.2	[3]8.1	*	1.0	0.7	1.6	2.2	1.2	. . .
HIV/STD[1] transmission	[3]5.3	8.2	*2.2	*	[3]4.5	[3]10.2	0.9	1.3	0.7	. . .	0.8	2.1
Growth/development	[3]2.0	3.2	*	*	[3]2.1	[3]*1.2	0.4	0.7	. . .	. . .	0.5	0.4
Other therapy												
Physiotherapy	[3]12.5	10.2	15.3	15.5	[3]12.3	[3]10.3	1.2	1.4	1.7	2.3	1.1	1.8
Psychotherapy	[3]10.8	10.5	13.4	7.6	[3]12.0	[3]6.5	1.0	1.0	1.5	1.0	1.1	1.0
Psycho-pharmacotherapy	[3]9.5	8.2	13.0	8.0	[3]10.6	[3]4.8	1.1	1.1	1.6	1.2	1.2	0.9
Other	[3]33.4	23.8	37.5	59.3	[3]34.2	[3]29.0	2.0	1.7	2.5	5.2	2.2	3.2

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]HIV is human immunodeficiency virus and STD is sexually transmitted diseases.

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[3]Age-adjusted.

Table 12. Ambulatory care visits by number of medications provided or prescribed, by age and race for women 15 years of age and over: United States, average annual 1997–98

Characteristic	Number of visits in thousands						Standard error					
	All visits	Number of medications provided or prescribed					All visits	Number of medications provided or prescribed				
		0	1	2	3	4 and over		0	1	2	3	4 and over
Total	499,785	174,837	138,521	85,604	43,812	57,011	14,828	6,428	4,644	3,312	1,968	3,149
Age												
15–44 years	230,628	90,149	72,925	39,670	16,424	11,460	7,896	4,286	2,865	1,855	995	705
45–64 years	136,487	43,937	34,600	25,002	13,726	19,222	4,386	1,781	1,356	1,237	730	1,233
65 years and over	132,670	40,751	30,996	20,932	13,662	26,329	5,076	1,901	1,437	1,072	827	1,844
Age and race												
White	419,240	147,159	116,297	72,127	36,127	47,530	14,332	6,247	4,334	3,109	1,774	2,975
15–44 years	187,478	73,368	59,287	32,579	13,314	8,930	7,462	3,972	2,668	1,750	908	639
45–64 years	114,875	37,642	29,771	20,974	10,895	15,592	4,187	1,728	1,294	1,118	612	1,099
65 years and over	116,887	36,149	27,239	18,574	11,918	23,007	4,883	1,794	1,316	1,018	781	1,781
Black	62,489	20,876	17,414	10,017	6,133	8,048	4,001	1,227	1,301	872	576	902
15–44 years	33,521	12,474	10,759	5,482	2,565	2,241	2,228	884	938	509	288	302
45–64 years	16,533	4,613	3,787	2,870	2,234	3,029	1,096	385	363	334	239	345
65 years and over	12,435	3,790	2,868	1,665	1,335	2,778	1,369	390	377	252	272	514
	Percent distribution											
Total	100.0	35.0	27.7	17.1	8.8	11.4	. . .	0.9	0.5	0.4	0.3	0.5
Age												
15–44 years	100.0	39.1	31.6	17.2	7.1	5.0	. . .	1.2	0.8	0.5	0.3	0.3
45–64 years	100.0	32.2	25.4	18.3	10.1	14.1	. . .	1.0	0.7	0.6	0.4	0.7
65 years and over	100.0	30.7	23.4	15.8	10.3	19.9	. . .	1.1	0.7	0.6	0.5	1.0
Age and race												
White	100.0	35.1	27.7	17.2	8.6	11.3	. . .	1.0	0.6	0.5	0.3	0.5
15–44 years	100.0	39.1	31.6	17.4	7.1	4.8	. . .	1.3	0.9	0.6	0.4	0.3
45–64 years	100.0	32.8	25.9	18.3	9.5	13.6	. . .	1.1	0.7	0.7	0.4	0.7
65 years and over	100.0	30.9	23.3	15.9	10.2	19.7	. . .	1.1	0.7	0.6	0.5	1.0
Black	100.0	33.4	27.9	16.0	9.8	12.9	. . .	1.4	1.0	0.7	0.6	0.9
15–44 years	100.0	37.2	32.1	16.4	7.7	6.7	. . .	1.8	1.3	0.8	0.8	0.8
45–64 years	100.0	27.9	22.9	17.4	13.5	18.3	. . .	1.9	1.6	1.4	1.1	1.6
65 years and over	100.0	30.5	23.1	13.4	10.7	22.3	. . .	2.3	2.3	1.5	1.4	2.4
	Number of visits per 100 women per year[1]											
All visits[2]	459.9	160.9	127.6	79.0	40.3	52.1	13.6	5.9	4.3	3.1	1.8	2.9
Age												
15–44 years	380.1	148.6	120.2	65.4	27.1	18.9	13.0	7.1	4.9	3.1	1.6	1.2
45–64 years	473.5	152.4	120.0	86.7	47.6	66.7	15.2	6.2	4.7	4.3	2.5	4.3
65 years and over	711.8	218.6	166.3	112.3	73.3	141.3	27.2	10.2	7.7	5.8	4.4	9.9

See footnotes at end of table.

Table 12. Ambulatory care visits by number of medications provided or prescribed, by age and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Characteristic	Number of visits per 100 women per year[1]						Standard error					
	All visits	Number of medications provided or prescribed					All visits	Number of medications provided or prescribed				
		0	1	2	3	4 and over		0	1	2	3	4 and over
Age and race												
White[2]	461.9	162.9	129.0	79.7	39.5	50.8	15.8	7.0	4.8	3.5	1.9	3.1
15–44 years	385.6	150.9	121.9	67.0	27.4	18.4	15.3	8.2	5.5	3.6	1.9	1.3
45–64 years	472.0	154.7	122.3	86.2	44.8	64.1	17.2	7.1	5.3	4.6	2.5	4.5
65 years and over	707.6	218.8	164.9	112.5	72.2	139.3	29.5	10.8	8.0	6.2	4.7	10.8
Black[2]	478.5	156.4	129.3	76.0	48.8	68.0	31.4	9.1	9.6	6.8	4.8	7.9
15–44 years	380.7	141.7	122.2	62.3	29.1	25.5	25.3	10.0	10.6	5.8	3.3	3.4
45–64 years	507.2	141.5	116.2	88.1	68.5	92.9	33.6	11.8	11.1	10.2	7.3	10.6
65 years and over	765.9	233.4	176.6	102.6	82.2	171.1	84.3	24.0	23.2	15.5	16.7	31.7

. . . Category not applicable.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 13. Drug mentions of the 10 generic substances most frequently used at ambulatory care visits by age and race for women 15 years of age and over: United States, average annual 1997–98

Generic substance	Number in thousands[1]	Standard error	Percent distribution	Standard error	Rate per 100 women per year[2]	Standard error
All visits						
Acetaminophen	31,361	1,666	3.6	0.2	[3]28.9	1.5
Estrogens	19,401	1,290	2.2	0.1	[3]18.2	1.2
Hydrochlorothiazide	13,885	1,055	1.6	0.1	[3]12.7	1.0
Ibuprofen	13,139	722	1.5	0.1	[3]12.2	0.7
Levothyroxine	11,879	988	1.4	0.1	[3]10.9	0.9
Estradiol	11,439	1,166	1.3	0.1	[3]10.6	1.1
Furosemide	10,835	830	1.2	0.1	[3]8.7	0.8
Medroxyprogesterone	10,700	728	1.2	0.1	[3]10.1	0.7
Hydrocodone	10,651	685	1.2	0.1	[3]9.8	0.6
Aspirin	10,453	686	1.2	0.1	[3]9.4	0.6
All others	728,668	28,170	83.5	0.3	[3]668.9	25.8
Age						
15–44 years:						
Acetaminophen	14,454	829	4.3	0.2	23.8	1.4
Vitamin A	8,818	1,433	2.6	0.4	14.5	2.4
Ergocalciferol	8,758	1,433	2.6	0.4	14.4	2.4
Pyridoxine	8,704	1,438	2.6	0.4	14.4	2.4
Thiamine	8,678	1,436	2.6	0.4	14.3	2.4
Riboflavin	8,628	1,438	2.5	0.4	14.2	2.4
Estradiol	8,119	906	2.4	0.2	13.4	1.5
Ibuprofen	7,056	460	2.1	0.1	11.6	0.8
Amoxicillin	6,598	502	1.9	0.1	10.9	0.8
Hydrocodone	5,093	392	1.5	0.1	8.4	0.7
All others	255,400	10,469	75.1	1.6	421.0	17.2
45–64 years:						
Estrogens	11,184	840	4.4	0.3	38.8	2.9
Acetaminophen	9,025	593	3.5	0.2	31.3	2.1
Medroxyprogesterone	5,740	493	2.3	0.2	19.9	1.7
Hydrochlorothiazide	5,215	436	2.1	0.1	18.1	1.5
Levothyroxine	4,131	462	1.6	0.2	14.3	1.6
Ibuprofen	3,747	334	1.5	0.1	13.0	1.2
Furosemide	2,949	347	1.2	0.1	10.2	1.2
Albuterol	2,940	323	1.2	0.1	10.2	1.1
Hydrocodone	2,919	267	1.2	0.1	10.1	0.9
Aspirin	2,914	296	1.1	0.1	10.1	1.0
All others	203,985	8,863	80.1	0.5	707.6	30.7
65 years and over:						
Acetaminophen	7,882	696	2.8	0.2	42.3	3.7
Hydrochlorothiazide	7,371	657	2.7	0.2	39.6	3.5
Furosemide	7,124	577	2.6	0.1	38.2	3.1
Estrogens	6,671	562	2.4	0.2	35.8	3.0
Aspirin	6,143	501	2.2	0.1	33.0	2.7
Levothyroxine	5,108	469	1.8	0.1	27.4	2.5
Digoxin	4,851	435	1.8	0.1	26.0	2.3
Potassium replacement solutions	3,825	398	1.4	0.1	20.5	2.1
Lisinopril	3,655	374	1.3	0.1	19.6	2.0
Atenolol	3,410	340	1.2	0.1	18.3	1.8
All others	221,315	11,587	79.8	0.4	1,187.4	62.1
Race						
White:						
Acetaminophen	25,610	1,491	3.5	0.2	[3]28.2	1.6
Estrogens	17,156	1,183	2.4	0.1	[3]18.8	1.3
Levothyroxine	10,888	918	1.5	0.1	[3]11.7	1.0
Hydrochlorothiazide	10,668	868	1.5	0.1	[3]11.2	0.9
Ibuprofen	10,245	681	1.4	0.1	[3]11.4	0.8
Estradiol	10,192	1,052	1.4	0.1	[3]11.6	1.2
Medroxyprogesterone	9,205	643	1.3	0.1	[3]10.3	0.7
Furosemide	9,069	736	1.2	0.1	[3]9.4	0.8
Hydrocodone	8,822	707	1.2	0.1	[3]9.7	0.8
Amoxicillin	8,743	597	1.2	0.1	[3]9.8	0.7
All others	608,488	26,597	83.5	0.4	[3]664.4	28.9

See footnotes at end of table.

Table 13. Drug mentions of the 10 generic substances most frequently used at ambulatory care visits by age and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Generic substance	Number in thousands[1]	Standard error	Percent distribution	Standard error	Rate per 100 women per year[2]	Standard error
Race—Continued						
Black:						
Acetaminophen	4,570	443	4.0	0.3	[3]34.8	3.6
Hydrochlorothiazide	2,846	550	2.5	0.3	[3]24.4	4.8
Ibuprofen	2,398	213	2.1	0.2	[3]17.7	1.7
Estrogens	1,799	339	1.6	0.3	[3]15.4	2.8
Insulin	1,746	264	1.5	0.2	[3]15.4	2.4
Iron preparations	1,714	336	1.5	0.3	[3]12.1	2.4
Furosemide	1,645	275	1.4	0.2	[3]14.8	2.5
Nifedipine	1,537	269	1.4	0.2	[3]13.4	2.3
Albuterol	1,525	183	1.3	0.2	[3]11.7	1.5
Hydrocodone	1,466	300	1.3	0.2	[3]10.9	2.2
All others	92,612	7,787	81.3	0.7	[3]730.6	65.0

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

[2]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[3]Age-adjusted.

Table 14. Drug mentions of the 10 therapeutic classes of drugs most frequently used at ambulatory care visits by age and race for women 15 years of age and over: United States, average annual 1997–98

Therapeutic classes (4-digit)	Number in thousands	Standard error	Percent distribution	Standard error	Rate per 100 women per year[1]	Standard error
All visits						
Analgesics, nonnarcotic	34,375	1,800	4.7	0.2	[2]31.5	1.7
Antidepressants	33,692	1,985	4.7	0.2	[2]31.3	1.8
Estrogens/progestins	31,664	1,987	4.4	0.2	[2]29.7	1.9
Nonsteroidal anti-inflammatory drug (NSAID)	28,911	1,333	4.0	0.2	[2]26.7	1.2
Disorders, acid/peptic	22,601	1,291	3.1	0.1	[2]20.8	1.2
Antihistamines	22,091	1,273	3.1	0.1	[2]20.5	1.2
Vitamins/minerals	22,000	1,924	3.0	0.2	[2]20.1	1.8
Antiasthmatics/bronchodilators	20,745	1,527	2.9	0.2	[2]19.1	1.4
Blood glucose regulators	20,536	1,434	2.8	0.2	[2]18.9	1.3
Calcium channel blockers	20,248	1,280	2.8	0.1	[2]18.3	1.2
All other classes	467,766	18,203	64.6	0.5	[2]189.0	6.5
Age						
15–44 years:						
Vitamins/minerals	15,356	1,738	6.0	0.6	25.3	2.9
Nonsteroidal anti-inflammatory drug (NSAID)	14,162	715	5.6	0.3	23.3	1.2
Antidepressants	13,514	1,043	5.3	0.3	22.3	1.7
Analgesics, nonnarcotic	12,831	805	5.0	0.3	21.2	1.3
Antihistamines	10,795	690	4.2	0.2	17.8	1.1
Contraceptives	9,767	961	3.8	0.3	16.1	1.6
Penicillins	8,252	539	3.2	0.2	13.6	0.9
Antiasthmatics/bronchodilators	7,195	662	2.8	0.2	11.9	1.1
Cephalosporins	7,058	574	2.8	0.2	11.6	1.0
Estrogens/progestins	6,391	665	2.5	0.2	10.5	1.1
All other classes	149,527	5,903	58.7	0.8	127.5	4.9
45–64 years:						
Estrogens/progestins	16,791	1,200	7.6	0.4	58.3	4.2
Antidepressants	12,502	834	5.6	0.3	43.4	2.9
Analgesics, nonnarcotic	9,909	679	4.5	0.3	34.4	2.4
Disorders, acid/peptic	8,720	666	3.9	0.3	30.3	2.3
Nonsteroidal anti-inflammatory drug (NSAID)	8,670	569	3.9	0.2	30.1	2.0
Blood glucose regulators	8,369	808	3.8	0.3	29.0	2.8
Ace inhibitors	7,300	640	3.3	0.2	25.3	2.2
Antihistamines	7,085	579	3.2	0.2	24.6	2.0
Antiasthmatics/bronchodilators	6,738	691	3.0	0.3	23.4	2.4
Calcium channel blockers	6,153	522	2.8	0.2	21.4	1.8
All other classes	129,808	5,596	58.5	0.7	450.3	19.4
65 years and over:						
Diuretics	11,892	953	4.8	0.2	63.8	5.1
Calcium channel blockers	11,765	836	4.8	0.2	63.1	4.5
Analgesics, nonnarcotic	11,635	851	4.7	0.3	62.4	4.6
Ace inhibitors	11,340	818	4.6	0.2	60.8	4.4
Blood glucose regulators	9,104	725	3.7	0.2	48.9	3.9
Disorders, acid/peptic	8,525	686	3.4	0.2	45.7	3.7
Estrogens/progestins	8,482	720	3.4	0.2	45.5	3.9
Antidepressants	7,676	634	3.1	0.2	41.2	3.4
Beta blockers	7,428	678	3.0	0.2	39.9	3.6
Antiasthmatics/bronchodilators	6,813	694	2.8	0.2	36.6	3.7
All other classes	153,079	7,981	61.8	0.6	821.3	42.8
Race						
White:[2]						
Antidepressants	30,090	1,868	5.0	0.2	[2]33.5	2.1
Estrogens/progestins	27,847	1,832	4.6	0.2	[2]30.8	2.0
Analgesics, nonnarcotic	27,748	1,549	4.6	0.2	[2]30.1	1.7
Nonsteroidal anti-inflammatory drug (NSAID)	23,090	1,229	3.8	0.2	[2]25.7	1.4
Antihistamines	18,950	1,193	3.1	0.1	[2]21.2	1.3
Disorders, acid/peptic	18,677	1,190	3.1	0.1	[2]20.2	1.3
Vitamins/minerals	18,007	1,797	3.0	0.3	[2]20.0	2.0
Antiasthmatics/bronchodilators	17,196	1,382	2.8	0.2	[2]18.7	1.5
Ace inhibitors	16,186	1,186	2.7	0.1	[2]17.0	1.3
Diuretics	15,699	1,262	2.6	0.1	[2]16.3	1.3
All other classes	392,496	6,554	63.2	0.7	[2]426.2	17.89

See footnotes at end of table.

Table 14. Drug mentions of the 10 therapeutic classes of drugs most frequently used at ambulatory care visits by age and race for women 15 years of age and over: United States, average annual 1997–98—Con.

Therapeutic classes (4-digit)	Number in thousands	Standard error	Percent distribution	Standard error	Rate per 100 women per year[1]	Standard error
Race—Continued						
Black:[2]						
Analgesics, nonnarcotic	5,309	546	5.6	0.4	[2]42.2	4.6
Nonsteroidal anti-inflammatory drug (NSAID)	4,874	510	5.1	0.3	[2]37.4	4.3
Calcium channel blockers	4,483	618	4.7	0.4	[2]38.8	5.3
Blood glucose regulators	4,341	580	4.6	0.4	[2]37.8	5.0
Ace inhibitors	3,399	369	3.6	0.3	[2]30.0	3.3
Diuretics	3,316	502	3.5	0.3	[2]29.0	4.5
Estrogens/progestins	3,208	455	3.4	0.4	[2]25.7	3.6
Antiasthmatics/bronchodilators	3,016	332	3.2	0.4	[2]23.3	2.6
Vitamins/minerals	2,955	353	3.1	0.4	[2]20.6	2.5
Antidepressants	2,803	293	2.9	0.3	[2]23.0	2.4
All other classes	57,606	5,089	60.4	1.2	[2]455.8	42.2

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

Table 15. Use of ambulatory care by women with nonpregnancy diagnoses and men: United States, average annual 1997–98

Characteristic	Number of visits per 100 women[1]	Standard error	Number of visits per 100 men[1]	Standard error	Rate ratio	Standard error
Total[2]	420.7	12.4	315.4	9.8	†1.33	0.06
Age						
15–44 years	310.0	10.0	198.1	6.5	†1.56	0.07
45–64 years	472.9	15.2	353.4	11.8	†1.34	0.06
65 years and over	711.6	27.2	654.2	26.8	1.09	0.06
Race[2]						
White	422.7	14.3	315.3	11.0	†1.34	0.07
Black	438.2	29.7	329.9	21.8	†1.33	0.13
Place of visit[2]						
Primary care	205.2	8.6	129.8	6.3	†1.58	0.10
Surgical care	74.7	3.9	69.3	3.4	1.08	0.08
Nonsurgical care	73.5	3.7	59.8	3.1	†1.23	0.09
Outpatient department	30.8	2.5	22.0	1.9	†1.40	0.17
Emergency department	36.5	1.3	34.6	1.3	1.05	0.06
Major reason for visit[2,3]						
Acute condition	127.7	5.0	94.6	4.0	†1.35	0.08
Chronic condition	161.5	5.5	126.7	4.5	†1.27	0.06
Pre/post surgery	32.6	1.7	26.7	1.4	†1.22	0.09
Nonillness	54.8	3.0	27.5	1.9	†2.00	0.17
Unknown	7.7	0.8	5.3	0.6	1.43	0.22
Treatment[2]						
No diagnostic/screening services	86.5	4.3	72.2	3.6	†1.20	0.08
No therapeutic/preventive services	257.2	8.5	194.1	6.6	†1.33	0.06
Classes of drugs mentioned[2] (2-digit)						
Cardiovascular-renal drugs	96.9	5.4	96.7	6.0	1.00	0.08
Hormones/hormonal mechanisms	85.4	4.4	33.0	2.0	†2.59	0.20
Relief of pain	84.5	3.5	71.9	2.9	†1.18	0.07
Respiratory tract	63.3	3.2	42.1	2.5	†1.50	0.12
Central nervous system	63.4	3.5	32.9	2.1	†1.93	0.16
Antimicrobial agents	59.1	2.3	44.6	1.8	†1.32	0.08
Metabolic/nutrients	45.4	2.7	25.7	1.7	†1.77	0.16
Skin/mucous membrane	34.8	1.9	24.5	1.3	†1.42	0.11
All others	132.6	5.6	99.5	4.7	†1.33	0.08

† Rate ratio is significant at the 95% confidence level.

[1]Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Age-adjusted.

[3]Visits to emergency departments are not included in this section.

Appendix

Technical Notes

Estimation

Statistics from the 1997 and 1998 NAMCS and NHAMCS were derived by multistage estimation procedures that produce essentially unbiased estimates. The estimation for NAMCS has four basic components: (a) inflation by reciprocals of the probabilities of selection, (b) adjustment for nonresponse, (c) a ratio adjustment to fixed totals, and (d) weight smoothing. The estimation for NHAMCS has three basic components: (a) inflation by reciprocals of the sampling selection probabilities, (b) adjustment for nonresponse, and (c) population weighting ratio adjustment. Beginning with 1997, the population weighting ratio adjustment for OPD estimates was replaced by an adjustment which controls for effects of rotating hospital sample panels into and out of the sample each year. (The full NHAMCS hospital sample is partitioned into 16 panels that are rotated into the sample over 16 periods of 4 weeks each so that only 13 panels are used in any 1 year.) The sampling weights of some OPD's were permanently trimmed to prevent single OPD's from contributing more than 15 percent of their region's total to OPD visit estimates. For the annual average estimates presented in this report, the annual sampling weights for each survey were divided by 2.

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 approximated using SUDAAN software. 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 the standard error by the estimate itself. The result is then expressed as a percent of the estimate.

Nonsampling Errors

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

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

NHAMCS data were adjusted to account for nonresponse at the hospital level and at the ED and OPD clinic level. The weights of visits from hospitals similar to the nonrespondent hospitals were inflated to account for visits represented by the nonrespondent hospitals, where hospitals were judged to be similar if they were in the same region and ownership control group, and had the same metropolitan statistical area (MSA) status (in a MSA versus not in an MSA). The weights of visits from responding ED's and OPD clinics were inflated to account for visits to similar nonrespondent ED's/clinics where ED's/clinics were judged to be similar if they were in the same region and ED/clinic group. For this purpose, there were six OPD clinic groups: (a) general medicine, (b) pediatrics, (c) surgery, (d) OB/GYN, (e) alcohol and/or substance abuse, and (f) other OPD clinics. ED's or OPD's were judged similar if they were in the same ED or clinic group within the hospital.

Adjustments for item nonresponse—Weighted item nonresponse rates were 5.0 percent or less for all data items included in this report with these exceptions: Is patient pregnant (19.7 percent), does patient belong to an HMO (13.5 percent), or cause of injury (19.3 percent). Additional information on item nonresponse for data items not included in this report and for item nonresponse rates by setting has been published (6–11).

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

Published and Flagged Estimates

Estimates are not presented unless a reasonable assumption regarding their probability distributions is possible on the basis of the Central Limit Theorem. The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

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

Tests of Significance and Rounding

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

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

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 I. The figures represent an average of the U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population as of July 1, 1997, and July 1, 1998. Figures are based on monthly postcensal estimates and are consistent with an unpublished hard-copy national estimates release package PPL-91 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1990–98) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

Physician specialty groupings

The NAMCS survey design grouped physicians into 15 strata, or specialty groups, for sampling purposes. One stratum, doctors of osteopathy, was based on information from the American Osteopathic Association (AOA). The other groups (general and family practice, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, and a residual category of other specialties) were developed based on information from the American Medical Association (AMA).

Estimates are presented in this report with doctors of osteopathy combined with doctors of medicine based on the physician's specialty. In several tables and charts, office visits are presented using broader categories of primary care, and surgical and nonsurgical specialties. Table II shows the specialties used to define these categories.

Definition of Terms

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

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

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

Emergency department—Hospital facility for the provision of unscheduled outpatient services to patients whose

Table I. Average annual 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, sex, and race: July 1, 1997, and July 1, 1998

Sex and race	15 years and over	15–44 years	45–64 years	65 years and over
All races	208,284,498	120,250,794	55,822,124	32,211,580
Male	100,148,261	59,580,114	26,994,545	13,573,602
Female	108,136,237	60,670,680	28,827,579	18,637,979
White	173,918,060	97,608,345	47,649,273	28,660,443
Male	84,440,231	48,985,115	23,312,372	12,142,745
Female	89,477,829	48,623,230	24,336,901	16,517,698
Black	24,853,137	16,317,247	5,852,183	2,683,708
Male	11,164,870	7,511,947	2,592,851	1,060,073
Female	13,688,267	8,805,300	3,259,332	1,623,635

SOURCE: Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1997, and July 1, 1998. Figures are consistent with the downloadable series, ''U.S. Population estimates by age, sex, race, and Hispanic origin: 1980 to 1998 (with extension to September 1, 1999)'' available at the Census Internet site: http://ftp.census.gov/population/www/estimates/nat_90s_4.html. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

Table II. Reclassification of physician specialty for use with National Ambulatory Medical Care Survey data

Physician specialty group	Physician specialty
Primary care specialties	General/family practice, internal medicine, adolescent medicine, pediatrics, pediatric sports medicine, adolescent medicine (internal medicine), gynecology, maternal and fetal medicine, obstetrics and gynecology, obstetrics, geriatric medicine (internal medicine), and sports medicine (internal medicine).
Surgical specialties	Hand surgery, adult reconstructive orthopedics, foot and ankle orthopedics, musculoskeletal oncology, pediatric orthopedics, orthopedic surgery, sports medicine (orthopedic surgery), orthopedic surgery of the spine, orthopedic trauma, gynecological oncology, urology, pediatric urology, ophthalmology, pediatric ophthalmology, otology, otolaryngology, pediatric otolaryngology, general surgery, critical care medicine (obstetrics and gynecology), abdominal surgery, cardiovascular surgery, colon and rectal surgery, cardiothoracic surgery, facial plastic surgery, head and neck surgery, hand surgery (plastic surgery), hand surgery (surgery), critical care (neurological surgery), neurological surgery, pediatric surgery (neurology), pediatric surgery, plastic surgery, surgical oncology, thoracic surgery, and transplant surgery.
Nonsurgical specialties	Allergy, addiction medicine, addiction psychiatry, allergy and immunology, allergy and immunology/diagnostic laboratory immunology, bronchoesophageal medicine, clinical genetics, clinical biochemical genetics, clinical cytogenetics, clinical molecular genetics, critical care medicine, dermatological immunology/diagnostic laboratory immunology, diabetes, emergency medicine, endocinology, sports medicine (emergency medicine), medical toxicology (emergency medicine), gastroenterology, general preventive medicine, hematology, hepatology, hematology/oncology, cardiac electrophysiology, infectious diseases, immunology, legal medicine, medical management, medical genetics, nephrology, nutrition, occupational medicine, medical oncology, clinical pharmacology, pulmonary critical care medicine, pediatric emergency medicine (emergency medicine) public health and general preventive medicine, pediatric/diagnostic laboratory immunology, palliative medicine, physical medicine and rehabilitation, pain medicine, medical toxicology (preventive medicine), pulmonary diseases, rheumatology, spinal cord injury, sleep medicine, and undersea medicine.

conditions require immediate care and that is staffed 24 hours a day. If an ED provided emergency services in different areas of the hospital, all of these areas were selected with certainty into the sample. Off-site emergency departments that are open less than 24 hours are included if staffed by the hospital's emergency department.

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

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

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

Office-based physician—A physician is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is currently in office-based practice and who spends some time caring for ambulatory patients. Excluded from NAMCS are physicians who are hospital based; who specialize in anesthesiology, pathology, or radiology; who are federally employed; who treat only institutionalized patients; or who are employed full time by an institution and spend no time seeing ambulatory patients.

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

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

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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

NATIONAL AMBULATORY MEDICAL CARE SURVEY
1997–98 PATIENT RECORD

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

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

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

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

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

5. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d. Cause of injury *Describe events that preceded injury (e.g. reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, shot with a handgun during a brawl, etc.)*

_____
_____

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

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

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

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

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

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

ALL OTHER: *Specify*
26 ☐ _____

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

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

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

ALL OTHER: *Specify*
17 ☐ _____

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

20. MEDICATIONS/INJECTIONS *List names of up to 6 medications that were **ordered, supplied, administered** or **continued** during this visit. Include R, and OTC medications, immunizations, allergy shots, and anesthetics.*
☐ None
Check the box next to drug name if it is from the patient's insurance formulary list.
☐ *Check here if NO drugs are from a formulary list.*
1. ☐ _____
2. ☐ _____
3. ☐ _____
4. ☐ _____
5. ☐ _____
6. ☐ _____

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

22. TIME SPENT WITH PHYSICIAN
If not seen by physician, enter zero.
_____
Minutes

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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

OMB No. 0920-0278
Expires: 07/31/99
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PATIENT'S RECORD NO.:

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

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

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

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

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

5. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d. Cause of injury *Describe events that preceded injury (e.g. reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, shot with a handgun during a brawl, etc.)*

_____
_____

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

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

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

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

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

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

ALL OTHER: *Specify*
26 ☐ _____

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

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

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

ALL OTHER: *Specify*
17 ☐ _____

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

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

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

22. TIME SPENT WITH PHYSICIAN
If not seen by physician, enter zero
_____
Minutes

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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

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

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

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

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

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

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

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

7. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

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

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

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

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

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

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

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

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

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

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

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

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

d. Cause of injury *Describe events that preceded injury (e.g. reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, shot with a handgun during a brawl, etc.)*

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

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

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

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

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

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

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

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

☐ None

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

19. VISIT DISPOSITION *Check all that apply.*

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

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

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