

month day month day

Data collection week: _____ to _____

Number of Patient Visits during collection Week: _____

Study of "Hassled Visits" in Family Practice

Patient's Unique Identifier	Date of Visit		Type of Visit					First ever Visit		Patient Gender (enter F or M)	Patient Age	Health Plan Type				Visit Category				Reason for Visit (write in patient's words)	Reason for Frustration					Did Frustration Affect Care?		Number of Previous "Hassled Visits"
	month	day	Office Visit	Phone	Hospital Rounds	Emergency Room	Nursing Home Rounds	Yes	No			Managed Care	Traditional	Don't Know	No Insurance	Acute	Chronic	Both	Health Maintenance		Referral Request	Lab/procedure Request	Personal	Patient	Practice	Health Plan	Previous "Hassled Visit"	
1																												
2																												

Complete card on each patient "visit" office/telephone/hospital/ER/Nursing Home which care provided and you felt frustrated