



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

## 2015 Physician Licensure Survey Instrument

1. What is your racial background? Please select all that apply.

DROP-DOWN LIST OR RADIO BUTTONS

- White
- American Indian or Alaska Native
- Native Hawaiian/Pacific Islander
- Black or African American
- Asian
- Other

2. What is your ethnicity?

DROP-DOWN LIST OR RADIO BUTTONS

- Hispanic or Latino
- Not Hispanic or Latino

3. Where did you complete your medical degree?

DROP-DOWN LIST OR RADIO BUTTONS

- Indiana
- Michigan
- Illinois
- Kentucky
- Ohio
- Another State (not listed)
- Another County (not US)

4. Where did you complete your residency training?

DROP-DOWN LIST OR RADIO BUTTONS

- Indiana
- Michigan
- Illinois
- Kentucky
- Ohio
- Another State (not listed)
- Another County (not US)

5. What is your employment status?

DROP-DOWN LIST OR RADIO BUTTONS

- Actively working in a position that requires a medical license
- Actively working in a field other than medicine

Not currently working  
Retired

6. Which of the following best describes the area of practice in which you spend most of your professional time? Please select only one response.

DROP-DOWN LIST

Adolescent Medicine  
Anesthesiology  
Allergy and Immunology  
Cardiology  
Child Psychiatry  
Colon and Rectal Surgery  
Critical Care Medicine  
Dermatology  
Endocrinology  
Emergency Medicine  
Family Medicine/General Practice  
Gastroenterology  
Geriatric Medicine  
Gynecology Only  
Hematology & Oncology  
Infectious Diseases  
Internal Medicine (General)  
Nephrology  
Neurological surgery  
Neurology  
Obstetrics and Gynecology  
Occupational Medicine  
Ophthalmology  
Orthopedic Surgery  
Other Surgical Specialties  
Otolaryngology  
Pathology  
Pediatrics (General)  
Pediatrics Subspecialties  
Physical Medicine and Rehabilitation  
Plastic Surgery  
Preventive Medicine/Public Health  
Psychiatry  
Pulmonology  
Radiation Oncology  
Radiology  
Rheumatology  
Surgery (General)  
Thoracic Surgery  
Urology  
Vascular Surgery  
Other Specialties

7. What is the street address of your primary practice location?

TEXT-BOX (64 CHARACTER LIMIT)

8. In what city is your primary practice location?

TEXT-BOX (64 CHARACTER LIMIT)

9. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.

TEXT-BOX (2 CHARACTER LIMIT)

10. What is the 5-digit ZIP code of your primary practice location?

TEXT-BOX (5 CHARACTER LIMIT)

11. Which of the following categories best describes the practice setting at your primary practice location?

DROP-DOWN LIST OR RADIO BUTTONS

- Office/Clinic – Solo Practice
- Office/Clinic – Partnership
- Office/Clinic – Single Specialty Group
- Office/Clinic – Multi Specialty Group
- Hospital – Inpatient
- Hospital – Outpatient
- Hospital – Emergency Department
- Hospital – Ambulatory Care Center
- Federal Government Hospital
- Research Laboratory
- Medical School
- Nursing Home or Extended Care Facility
- Home Health Setting
- Hospice Care
- Federal/State/Community Health Center(s)
- Local Health Department
- Telemedicine
- Volunteer in a Free Clinic
- Other

12. Estimate the average number of hours per week spent in direct patient care at your primary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- 0 hours per week
- 1 – 4 hours per week
- 5 – 8 hours per week
- 9 – 12 hours per week
- 13 – 16 hours per week
- 17 – 20 hours per week
- 21 – 24 hours per week
- 25 – 28 hours per week

- 29 – 32 hours per week
- 33 – 36 hours per week
- 37 – 40 hours per week
- 41 or more hours per week

13. Estimate the percentage of Indiana Medicaid patients at your primary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- I do not accept Indiana Medicaid
- Indiana Medicaid accounts for 0% - 5% of my practice
- Indiana Medicaid accounts for 6% - 10% of my practice
- Indiana Medicaid accounts for 11% - 20% of my practice
- Indiana Medicaid accounts for 21% - 30% of my practice
- Indiana Medicaid accounts for 31% - 50% of my practice
- Indiana Medicaid accounts for greater than 50% of my practice

14. Estimate the percentage of patients on a sliding fee scale at your primary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- I do not offer a sliding fee scale
- Sliding fee patients account for 0% - 5% of my practice
- Sliding fee patients account for 6% - 10% of my practice
- Sliding fee patients account for 11% - 20% of my practice
- Sliding fee patients account for 21% - 30% of my practice
- Sliding fee patients account for 31% - 50% of my practice
- Sliding fee patients account for greater than 50% of my practice

15. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.

TEXT-BOX (64 CHARACTER LIMIT)

16. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.

TEXT-BOX (64 CHARACTER LIMIT)

17. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. Please skip this question if you do not have a secondary practice location.

TEXT-BOX (2 CHARACTER LIMIT)

18. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.

TEXT-BOX (5 CHARACTER LIMIT)

19. Which of the following categories best describes the practice setting at your secondary practice location? Please skip this question if you do not have a secondary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- Office/Clinic – Solo Practice

Office/Clinic – Partnership  
Office/Clinic – Single Specialty Group  
Office/Clinic – Multi Specialty Group  
Hospital – Inpatient  
Hospital – Outpatient  
Hospital – Emergency Department  
Hospital – Ambulatory Care Center  
Federal Government Hospital  
Research Laboratory  
Medical School  
Nursing Home or Extended Care Facility  
Home Health Setting  
Hospice Care  
Federal/State/Community Health Center(s)  
Local Health Department  
Telemedicine  
Volunteer in a Free Clinic  
Other

20. Estimate the average number of hours per week spent in direct patient care at your secondary practice location. Please skip this question if you do not have a secondary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

0 hours per week  
1 – 4 hours per week  
5 – 8 hours per week  
9 – 12 hours per week  
13 – 16 hours per week  
17 – 20 hours per week  
21 – 24 hours per week  
25 – 28 hours per week  
29 – 32 hours per week  
33 – 36 hours per week  
37 – 40 hours per week  
41 or more hours per week

21. Estimate the percentage of Indiana Medicaid patients at your secondary practice location. Please skip this question if you do not have a secondary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

I do not accept Indiana Medicaid  
Indiana Medicaid accounts for 0% - 5% of my practice  
Indiana Medicaid accounts for 6% - 10% of my practice  
Indiana Medicaid accounts for 11% - 20% of my practice  
Indiana Medicaid accounts for 21% - 30% of my practice  
Indiana Medicaid accounts for 31% - 50% of my practice  
Indiana Medicaid accounts for greater than 50% of my practice

22. Estimate the percentage of patients on a sliding fee scale at your secondary practice location. Please skip this question if you do not have a secondary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

I do not offer a sliding fee scale

Sliding fee patients account for 0% - 5% of my practice

Sliding fee patients account for 6% - 10% of my practice

Sliding fee patients account for 11% - 20% of my practice

Sliding fee patients account for 21% - 30% of my practice

Sliding fee patients account for 31% - 50% of my practice

Sliding fee patients account for greater than 50% of my practice

23. What is the street address of your tertiary practice location? Please skip this question if you do not have a tertiary practice location.

TEXT-BOX (64 CHARACTER LIMIT)

24. In what city is your tertiary practice location? Please skip this question if you do not have a tertiary practice location.

TEXT-BOX (64 CHARACTER LIMIT)

25. In what state is your tertiary practice location? Please indicate state using 2-letter postal abbreviation. Please skip this question if you do not have a tertiary practice location.

TEXT-BOX (2 CHARACTER LIMIT)

26. What is the 5-digit ZIP code of your tertiary practice location? Please skip this question if you do not have a tertiary practice location.

TEXT-BOX (5 CHARACTER LIMIT)

27. Which of the following categories best describes the practice setting at your tertiary practice location? Please skip this question if you do not have a tertiary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

Office/Clinic – Solo Practice

Office/Clinic – Partnership

Office/Clinic – Single Specialty Group

Office/Clinic – Multi Specialty Group

Hospital – Inpatient

Hospital – Outpatient

Hospital – Emergency Department

Hospital – Ambulatory Care Center

Federal Government Hospital

Research Laboratory

Medical School

Nursing Home or Extended Care Facility

Home Health Setting

Hospice Care

Federal/State/Community Health Center(s)

Local Health Department

Telemedicine

Volunteer in a Free Clinic

Other

28. Estimate the average number of hours per week spent in direct patient care at your tertiary practice location. Please skip this question if you do not have a tertiary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- 0 hours per week
- 1 – 4 hours per week
- 5 – 8 hours per week
- 9 – 12 hours per week
- 13 – 16 hours per week
- 17 – 20 hours per week
- 21 – 24 hours per week
- 25 – 28 hours per week
- 29 – 32 hours per week
- 33 – 36 hours per week
- 37 – 40 hours per week
- 41 or more hours per week

29. Estimate the percentage of Indiana Medicaid patients at your tertiary practice location. Please skip this question if you do not have a tertiary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- I do not accept Indiana Medicaid
- Indiana Medicaid accounts for 0% - 5% of my practice
- Indiana Medicaid accounts for 6% - 10% of my practice
- Indiana Medicaid accounts for 11% - 20% of my practice
- Indiana Medicaid accounts for 21% - 30% of my practice
- Indiana Medicaid accounts for 31% - 50% of my practice
- Indiana Medicaid accounts for greater than 50% of my practice

30. Estimate the percentage of patients on a sliding fee scale at your tertiary practice location. Please skip this question if you do not have a tertiary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- I do not offer a sliding fee scale
- Sliding fee patients account for 0% - 5% of my practice
- Sliding fee patients account for 6% - 10% of my practice
- Sliding fee patients account for 11% - 20% of my practice
- Sliding fee patients account for 21% - 30% of my practice
- Sliding fee patients account for 31% - 50% of my practice
- Sliding fee patients account for greater than 50% of my practice