



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Physical Therapist Re-Licensure Survey Instrument

1. Sex
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No

3. Race (Check all that apply.)
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. What type of degree/credential qualified you for your first U.S. physical therapist license?
 - a. RADIO BUTTONS
 - b. Certificate
 - c. Associate
 - d. Bachelors
 - e. Masters
 - f. Doctor of Physical Therapy

5. Where did you complete the physical therapy education that first qualified you for your U.S. physical therapist license?

DROP DOWN LIST

 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. Another Country (not U.S.)

6. What year did you complete the physical therapy education that first qualified you for your U.S. physical therapist license? Please indicate using the four digit year.
 - a. TEXT BOX

7. What is your employment status?
RADIO BUTTONS
- a. Actively working in a position that requires a physical therapist license
 - b. Actively working in a physical therapy related field that does not require a physical therapist license
 - c. Actively working in a field that does not require a physical therapist license
 - d. Not currently working, disabled
 - e. Not currently working, seeking work in a position that requires a physical therapist license
 - f. Not currently working, seeking work in a position that does not require a physical therapist license
 - g. Student
 - h. Leave of absence or Sabbatical
 - i. Retired
8. What are your employment plans for the next 12 months?
- a. RADIO BUTTONS
 - b. Increase hours in the field of physical therapy
 - c. Decrease hours in the field of physical therapy
 - d. Leave employment in the field of physical therapy
 - e. No planned change
9. How many weeks did you work as a physical therapist in the past year? Please approximate and enter a number 1 through 52 (no decimals).
- i. TEXT BOX
10. What is the street address of your primary practice location?
- a. TEXT-BOX
11. In what city is your primary practice location?
- a. TEXT-BOX
12. In what state is your primary practice location?
- a. DROP-DOWN LIST
 - b. Include all states' 2-letter postal abbreviation
13. What is the 5-digit ZIP code of your primary practice location?
- a. TEXT-BOX

14. Which best describes the type of setting that most closely corresponds to your primary direct patient care practice location:

DROP DOWN OR RADIO BUTTONS

- a. Academic Institution (post-secondary)
- b. Acute Care Hospital
- c. Health and Wellness Facility
- d. Health System or Hospital-based Outpatient Facility or Clinic
- e. Industry
- f. Inpatient Rehab Facility (IRF)
- g. US Military/Veterans Administration
- h. Patient's home/home care
- i. Private Outpatient Office or Group Practice
- j. Research Center
- k. School System (preschool/primary/secondary)
- l. Skilled Nursing Facility (SNF) /Long-term Care
- m. Other

15. Estimate the average number of hours per week spent at your primary practice location.

DROP-DOWN LIST OR RADIO BUTTONS

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

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

a. DROP-DOWN LIST OR RADIO BUTTONS

- b. 0 hours per week
- c. 1 – 4 hours per week
- d. 5 – 8 hours per week
- e. 9 – 12 hours per week
- f. 13 – 16 hours per week
- g. 17 – 20 hours per week
- h. 21 – 24 hours per week
- i. 25 – 28 hours per week
- j. 29 – 32 hours per week
- k. 33 – 36 hours per week
- l. 37 – 40 hours per week
- m. 41 or more hours per week

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

a. TEXT-BOX

18. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
- TEXT-BOX
19. In what state is your secondary practice location? Please skip this question if you do not have a secondary practice location.
- DROP-DOWN LIST
 - Include all states' 2-letter postal abbreviation
20. 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)

21. Which best describes the type of setting that most closely corresponds to your secondary direct patient care practice location: (Please skip this question if you do not have a secondary practice location.)

DROP DOWN LIST OR RADIO BUTTONS

- Academic Institution (post-secondary)
 - Acute Care Hospital
 - Health and Wellness Facility
 - Health System or Hospital-based Outpatient Facility or Clinic
 - Industry
 - Inpatient Rehab Facility (IRF)
 - US Military/Veterans Administration
 - Patient's home/home care
 - Private Outpatient Office or Group Practice
 - Research Center
 - School System (preschool/primary/secondary)
 - Skilled Nursing Facility (SNF)/Long-term Care
 - Other
22. Estimate the average number of hours per week spent 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

23. 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

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week