

Physical Therapist Survey

Instructions:

The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current physical therapy workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us advance the practice of physical therapy and to improve the health of all Virginians. By law, information collected as part of this survey is confidential. License numbers and other individually identifying information are removed from Healthcare Workforce Data Center data sets. The Healthcare Workforce Data Center only releases information in the aggregate or to qualified research organizations who meet our strict confidentiality standards. Participation in this survey is voluntary. You may exit the survey at any time by scrolling to the bottom and pushing the "Submit" button or by clicking on the "Finish" button at the bottom of the left sidebar. Note: Clicking "Finish" will finalize your renewal application.

The survey questions are designed to allow comparisons across professions, and among state and federal data collection efforts. Some of the questions, particularly the demographic questions, match Federal data collection standards.

Education and Background	
1) Year of Birth:	<i>Dropdown: 2000 to 1920 (reverse order)</i>
2) Sex:	<i>Dropdown: Male/Female</i>
Please select the items that best describe your race/ethnicity. Please answer both question 3a about Hispanic origin and 3b about race/ethnicity.	
3a) Select one:	<i>Check one</i>
	Hispanic, Latino or Spanish Origin
	Not Hispanic, Latino or Spanish Origin
3b) Select all that apply:	<i>Check all that apply</i>
	White
	Black or African American
	American Indian or Alaska Native
	Asian
	Native Hawaiian or Pacific Islander
	Some other race
3c) If some other race, please specify:	<i>Fill in the blank</i>
4) Where did you graduate from high school (Secondary School)?	<i>Dropdown</i>
	Outside of the US or Canada
	Canada
	57 US States and Territories

5)	Was your childhood spent mostly in rural, urban or suburban areas?	<i>Dropdown: urban, rural, suburban</i>
6)	Where did you obtain your undergraduate degree?	<i>Dropdown</i>
		Outside of the US or Canada
		Canada
		57 US States and Territories
7)	Where did you obtain the degree that initially qualified you to practice physical therapy?	<i>Dropdown</i>
		Outside of the US or Canada
		Canada
		57 US States and Territories
9)	Do you hold an active license to practice physical therapy in any other jurisdiction?	<i>Check all that apply</i>
		District of Columbia
		Kentucky
		Maryland
		North Carolina
		Tennessee
		West Virginia
		One or more other US states
8)	Please indicate the highest level of physical therapy education you have completed as of today:	<i>Dropdown</i>
		Baccalaureate
		Master of Physical Therapy
		Doctor of Physical Therapy
9a)	Please indicate the highest level of non-physical therapy education you have completed as of today:	<i>Dropdown</i>
		Certificate
		Associate of Applied Science degree
		Associate of Science degree
		Baccalaureate degree
		Masters Degree
		Doctorate/Professional degree
		Other
9b)	If you selected other, please provide a brief description:	<i>Fill in the blank</i>

10)	Please indicate any Board Certifications for physical therapy you hold that are current as of today:	<i>Check all that apply:</i>
		Cardiovascular & Pulmonary
		Clinical Electrophysiology
		Clinical Instructor (APTA)
		Geriatrics
		Neurology
		Orthopaedics
		Pediatrics
		Sports
		Women's Health
		Other
10b)	If you selected other, please provide a brief description:	<i>Fill in the blank</i>
11a)	Do you hold current credentials (license, certification, educational degree) in any of the following fields, separate from your physical therapy credentials:	<i>Check all that apply</i>
		Dry needling
		Art/Dance therapy
		Assistive technology
		Athletic training
		Chiropractry
		Early Intervention
		Exercise/Physical training
		Lymphedema therapy
		Massage therapy
		Nursing
		Occupational therapy
		Orthotics
		Prosthetics
		Wound care
		Other
11b)	If you selected other, please provide a brief description:	<i>Fill in the blank</i>
Current Employment Status		
12	Which choice best describes your <i>current</i> employment or work situation?	<i>Dropdown</i>
		Employed in a physical therapy related capacity.

		Employed, NOT in a physical therapy related capacity.
		I am retired.
		Voluntarily unemployed (including for medical reasons).
		Involuntarily unemployed.
13)	Overall, and taking into account all positions you fill, how satisfied are you with your <i>current</i> employment or work situation?	<i>Dropdown</i>
		Very satisfied
		Somewhat satisfied
		Somewhat dissatisfied
		Very dissatisfied
14)	How many positions do you <i>currently</i> hold?	<i>Dropdown</i>
	<i>Note: There is no legal standard for part-time work, and each employer defines part-time work differently. Part-time work generally refers to workweeks of 35-hours per week or less. Per diem, temporary, contract, self-employed and seasonal workers, and workers subject to annual limits on hours should consider average hours spent working over the term of employment.</i>	
		One part-time position
		One full-time position
		Two part-time positions
		One full-time position & one part-time position
		Two full-time positions
		More than two positions
15)	Considering all positions you <i>currently</i> fill, how long is your average workweek?	<i>Dropdown</i>
		I am not currently working
		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours
		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours
		40 to 44 hours
		45 to 49 hours
		50 to 54 hours

	55 to 59 hours
	60 to 64 hours
	65 to 69 hours
	70 to 74 hours
	75 to 79 hours
	80 or more hours

Unless otherwise noted, the rest of the questions draw on your experiences over the past 12 months. If you did not work in the past 12 months in a capacity that drew on physical therapy background, please skip to question 37.

Primary Work Location

Questions 16 to 21 refer to your primary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the most work hours during an average workweek or where you spent the most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.

16)	Please select the Virginia County or Independent City, or other location, of your primary place of employment, work or practice:	Dropdown: Outside of US Virginia Border State/DC Other US State List of Virginia's Cities and Counties
17)	How long have you worked at this particular location?	Dropdown I do not currently work at this location Less than 6 months 6 months to 1 year 1 to 2 years 3 to 5 years 6 to 10 years More than 10 years
18a)	Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc):	Dropdown: 1 week - 52 weeks
18b)	How many hours do you (or did you) work in an average workweek at this location?	Dropdown 1 to 4 hours 5 to 9 hours 10 to 14 hours 15 to 19 hours

		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours
		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours
		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours
19)	In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%).	<i>Dropdown: (for each sub-question)</i>
19a)	Administration or business-related matters	None
19c)	Direct patient care, including patient education and coordination of care	1% to 9%
19d)	Education of health professions students (including acting as preceptor)	10% to 19%
19e)	Formal research	20% to 29%
19f)	Other	30% to 39%
		40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
20a)	Please select the choice that best describes this location's organizational sector:	<i>Dropdown</i>
		For-profit (e.g. private practice, corporate)
		Non-profit (including religious affiliated)
		State/local-government
		US military
		Veteran's Administration
		Other federal government
20b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Academic Institution
		Assisted living or continuing care facility

		Device manufacturer/distributor
		Employment Services
		General hospital, inpatient department
		General hospital, outpatient department
		Home health care
		Industrial/Work Site
		Insurance organization
		K-12 School System
		Mental Health, inpatient
		Mental health, outpatient
		PACE center
		Physician office
		Private practice, group
		Private practice, solo
		Rehabilitation facility, outpatient clinic
		Rehabilitation facility, residential/inpatient
		Skilled Nursing Facility
		Vocational facility
		Other
20c)	If you selected "other practice setting" please provide a brief description:	<i>Open-ended</i>
21)	Please indicate how you are (were) personally compensated for activities at this location:	<i>Dropdown</i>
		Salary/Commission (excluding salaries from owners/partners)
		Business/Practice income (including salaries of owners/partners)
		Hourly wage
		By contract, per diem, traveling
		Volunteer, unreimbursed
If you only had one practice location in the past 12 months, please skip to question 31. If you had additional practice locations, please continue.		
Secondary Work Location		

Questions 22 to 28 refer to your secondary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the second most work hours during an average workweek or where you spent the second most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.

22	Is this location with the same employer or practice as your primary location, or a different employer/practice?	Dropdown
		Same employer or practice
		Different employer or practice
23)	Please select the Virginia County or Independent City, or other location, of your secondary place of employment, work or practice:	Dropdown:
		Outside of US
		Virginia Border State/DC
		Other US State
		List of Virginia's Cities and Counties
24)	How long have you worked at this particular location?	Dropdown
		I do not currently work here
		Less than 6 months
		6 months to 1 year
		1 to 2 years
		3 to 5 years
		6 to 10 years
		More than 10 years
25a)	Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc):	Dropdown: 1 week - 52 weeks
25b)	How many hours do you (or did you) work in an average workweek at this location?	Dropdown
		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours
		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours

		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours
		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours
26)	In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%).	<i>Dropdown: (for each sub-question)</i>
26a)	Administration or business-related matters	None
26b)	Direct patient care, including patient education and coordination of care	1% to 9%
26c)	Education of health professions students (including acting as preceptor)	10% to 19%
26d)	Formal research	20% to 29%
26e)	Other	30% to 39%
		40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
27a)	Please select the choice that best describes this location's organizational sector:	<i>Dropdown</i>
		For-profit (e.g. private practice, corporate)
		Non-profit (including religious affiliated)
		State/local-government
		US military
		Veteran's Administration
		Other federal government
27b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Academic Institution
		Assisted living or continuing care facility
		Device manufacturer/distributor
		Employment Services
		General hospital, inpatient department
		General hospital, outpatient department

		Home health care
		Industrial/Work Site
		Insurance organization
		K-12 School System
		Mental Health, inpatient
		Mental health, outpatient
		PACE center
		Physician office
		Private practice, group
		Private practice, solo
		Rehabilitation facility, outpatient clinic
		Rehabilitation facility, residential/inpatient
		Skilled Nursing Facility
		Vocational facility
		Other
27c)	If you selected "other practice setting" please provide a brief description:	<i>Open-ended</i>
28)	Please indicate how you are (were) personally compensated for activities at this location:	<i>Dropdown:</i>
		Salary/Commission (excluding salaries from owners/partners)
		Business/Practice income (including salaries of owners/partners)
		Hourly wage
		By contract, per diem, traveling
		Volunteer, unreimbursed
If you had only two locations in the past 12 months, please skip to question 31. If you had additional practice locations, please continue.		
29)	How many total work locations have you had <i>over the past 12 months</i> ?	<i>Dropdown</i>
		3
		4
		5
		6 or more
30)	How many work locations do you have <i>currently</i> ?	<i>Dropdown</i>
		3
		4
		5

		6 or more
Employment Information		
<p><i>The Healthcare Workforce Data Center collects compensation information to assess the balance of supply and demand in the state and in localities, and to assist students in planning health careers and choosing specialties. Information from these questions will only be presented in the aggregate. The confidentiality of information for these and all questions is protected by law. All questions are voluntary.</i></p>		
31)	Within the past 12 months, have you experienced any of the following:	<i>Check all that apply</i>
		Voluntary unemployment (including for medical reasons)?
		Involuntary unemployment (including for medical reasons)?
		Switched employers/practices?
		Worked part-time or temporary positions, but would have preferred a full-time or permanent position?
		Worked two or more positions at the same time?
32)	What is your estimated annual net income from physical therapy related activities?	<i>Dropdown:</i>
		Volunteer work only
		Less than \$30,000
		\$30,000-\$39,999
		\$40,000-\$49,999
		\$50,000-\$59,999
		\$60,000-\$69,999
		\$70,000-\$79,999
		\$80,000-\$89,999
		\$90,000-\$99,999
		\$100,000-\$109,999
		\$110,000-\$119,999
		\$120,000 or more
33)	Do you receive any of the following benefits from any <i>current</i> employer?	<i>Check all that apply:</i>
		Paid Vacation
		Paid Sick Leave
		Health Insurance
		Dental Insurance
		Retirement (401k, Pension, etc.)
		Group Life Insurance

		Signing/retention bonus
34)	What is your estimated current educational debt?	<i>Dropdown:</i>
		None
		Less than \$10,000
		\$10,000-\$19,999
		\$20,000-\$29,999
		\$30,000-\$39,999
		\$40,000-\$49,999
		\$50,000-\$59,999
		\$60,000-\$69,999
		\$70,000-\$79,999
		\$80,000-\$89,999
		\$90,000-\$99,999
		\$100,000-\$109,999
		\$110,000-\$119,999
		\$120,000 or more
35)	At what age do you plan to retire from physical therapy?	<i>Dropdown</i>
		Under age 50
		50 to 54
		55 to 59
		60 to 64
		65 to 69
		70 to 74
		75 to 79
		80 or over
		I do not intend to retire
36)	Within the next two years do you plan to do any of the following:	<i>Check all that apply</i>
		Retire
		Cease working in physical therapy
		Continue working in physical therapy, but cease working in Virginia
		Increase patient care hours
		Decrease patient care hours
		Increase time spent teaching physical therapy
		Decrease time spent teaching physical therapy
		Pursue additional physical therapy education

		Certify/Recertify for direct access
End of Questionnaire for active practitioners-Thank you!		
37)	If you did not practice, teach or otherwise work in physical therapy within the past twelve months, did/are you. . .?	<i>Check all that apply:</i>
		I am retired.
		Work occasionally for charity/consultation/special patients?
		Pursue physical therapy education or certifications?
		Pursue education not related to physical therapy?
		Work in another profession or field?
		Experience temporary voluntary unemployment (including for medical reasons)?
		Experience temporary involuntary unemployment?
38)	Do you provide any Pro Bono, volunteer, mentoring or other services within rehabilitation therapy in Virginia? If so, approximately how many hours in the past year?	<i>Dropdown:</i>
		None
		1-25 hours
		26-50 hours
		51-75 hours
		76-100 hours
		Over 100 hours
39)	Do you expect to begin working in physical therapy in Virginia? If so, when?	<i>Dropdown:</i>
		Not currently planning to practice/work in Virginia
		Plan to practice/work in a volunteer capacity
		Yes, within the next year
		Yes, within 1-2 years
		Yes, within 3-5 years
		Yes, in more than 5 years
		Yes, do not know when
End of Questionnaire-Thank you!		