

# Appendix C:

## Vermont MD Census 2016

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### Identification

1) First Name\* \_\_\_\_\_

2) Middle Name (if any) \_\_\_\_\_

3) Last Name\* \_\_\_\_\_

4) Vermont Physician License Number\* \_\_\_\_\_

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### Demographics

5) Date of birth (M/D/YYYY)\* \_\_\_\_\_

6) Sex

( ) Male

( ) Female

7) How would you classify your race (check all that apply):

American Indian or Alaska Native

Black or African American

White

Asian

Native Hawaiian or other Pacific Islander

Prefer not to answer

Other - please specify: \_\_\_\_\_

8) Are you Hispanic, Latino/a, or of Spanish origin?

No

Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino/a, or of Spanish origin

Prefer not to answer

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### Training

9) Please enter the two letter code for the state where you completed your Medical Doctor education: \_\_\_\_\_

10) If completed outside the U.S. or Canada, please specify country: \_\_\_\_\_

11) Please enter the two letter code for the state where you completed your first residency, if any: \_\_\_\_\_

12) In what year did you start practicing (anywhere) as a Physician? (if never, leave blank) \_\_\_\_\_

13) In what year did you start practicing as a Physician in Vermont? (if never, leave blank) \_\_\_\_\_

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## Currently active

**14) Please check all of the boxes that describe your practice as a Physician:\***

- Active in clinical practice in Vermont
- Active in clinical practice outside Vermont
- Actively working in a field other than medicine
- Not currently working
- Retired

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## if not active

**16) How many years has it been since you provided clinical or patient care?**

- less than 2 years
- 2 to 5 years
- 5 to 10 years
- more than 10 years
- I have never provided clinical or patient care

**17) Do you plan to start (or resume) clinical practice in Vermont within the next 12 months?**

- yes
- no

[and skip to end of census form]

## if currently active

**18) Do you plan to retire, or leave your principal Vermont clinical practice, within the next 12 months?**

- yes
- no

**19) Do you plan to reduce your patient care hours in Vermont within the next 12 months?**

- yes
- no

**20) Do you use email (or other electronic text-based methods such as texting, or web-based forms) for two-way communication with some of your clients/patients?**

- Yes
- No, although my practice site offers this option
- No, my practice site does not offer this option

**21) Do you feel that these electronic methods improve, or could improve, your engagement/communication with your patients?**

- Yes
- No
- Not sure

**Practice Site 1 (your principal Vermont clinical practice site):**

22) Vermont town name:\* \_\_\_\_\_

23) ZIP code of practice location:\* \_\_\_\_\_

24) Practice name: \_\_\_\_\_

25) Street Address: \_\_\_\_\_

26) Choose the **ONE** description that best fits your practice setting at this site:\*

- Office-based solo physician practice
- Office-based single-specialty physician group
- Office-based multi-specialty physician group
- Hospital emergency department
- Hospital inpatient department
- Hospital outpatient department
- Hospital in- and out-patient
- Hospital ambulatory care center
- Urgent Care / Walk in
- Federal hospital / VA
- Federal / community health center (FQHC/RHC/CHC)
- Community Mental Health Center
- Home health setting
- Nursing home / extended care facility
- Hospice care
- Clinic serving a School or college
- Occupational health setting
- Free Clinic
- Telemedicine
- Other - please specify: \_\_\_\_\_\*

27) Do you work here as locum tenens, on a contract that is for less than a year? (A locum tenens is an employee contracted through a staffing firm or is a self-employed contractor)

Yes       No

The following questions are about direct patient care:

28) Enter the number of weeks per year during which you provide any direct patient care here: (48 weeks per year is considered "year-round".)\* \_\_\_\_\_

29) Main specialty you actually practice at this site (with or without a certification): [pull-down menu]

30) If you selected "Other specialties, Not listed", please describe: \_\_\_\_\_

31) Hours per working week in direct patient care in main specialty here: (Direct patient care includes diagnosis, treatment and clinical reporting.)\* \_\_\_\_\_

32) Secondary specialty you actually practice at this site (if any): [pull-down menu]

33) If you selected "Other specialties, Not listed", please describe: \_\_\_\_\_

34) Hours per working week in direct patient care in Secondary specialty, if any: \_\_\_\_\_

35) Tertiary specialty you actually practice at this site (if any): [pull-down menu]

36) Hours per working week in direct patient care in tertiary specialty, if any: \_\_\_\_\_

**37) Please answer each of the following questions about *your work at this site* providing direct patient care:**

	yes	no	n.a.
I will accept new patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in Medicaid here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will accept new Medicaid patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in Medicare here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will accept new Medicare patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**38) Please tell us about time you spend on activities *other than* direct patient care *at this site*:**

Hours per working week in administration at this site: \_\_\_\_\_

Hours per working week in supervision at this site: \_\_\_\_\_

Hours per working week in teaching at this site: \_\_\_\_\_

Hours per working week in research at this site: \_\_\_\_\_

Hours per working week in other activities (not mentioned above) at this site: \_\_\_\_\_

**Please describe these other activities, if any, e.g., quality improvement, continuing education, etc:**

\_\_\_\_\_

**39) If there is anything else you want to tell us about your practice at this site please enter it here:**

\_\_\_\_\_

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## Second Vermont practice site

**40) Do you have a second practice site in Vermont?\***

yes       no

[if yes, same questions as for Site 1]

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## Third Vermont practice site

**58) Do you have a third practice site in Vermont?\***

yes       no

[if yes, same questions as for Site 1]

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**75) Do you have more than three practice sites in Vermont?**

yes       no

**76) Please describe your work at additional sites beyond the three you entered above, briefly, including locations, specialties and hours:** \_\_\_\_\_

**77) Thank you. If there is anything else you want to tell us about your practice, or this census, please enter it here:**

\_\_\_\_\_