



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2018 Physical Therapist Re-Licensure Survey Instrument

1. Sex
DROP DOWN
 - a. Male
 - b. Female

3. Are you of Hispanic or Latino origin?
RADIO BUTTONS
 - a. Yes
 - b. No

2. What is your race? Mark one or more boxes.
MULTI CHECK BOX
 - a. White
 - b. American Indian or Alaska Native
 - c. Native Hawaiian/Pacific Islander
 - d. Black or African American
 - e. Asian
 - f. Some Other Race

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

7. What are your employment plans for the next 12 months?

RADIO BUTTONS

- a. Increase hours in the field of physical therapy
- b. Decrease hours in the field of physical therapy
- c. Leave employment in the field of physical therapy
- d. No planned change

8. Is your primary practice located in the state of Indiana (*the position in which you spend the majority of your time*)?

RADIO BUTTON

- a. Yes
- b. No

9. If located in Indiana, what is the county of your primary practice location?

_____ (*free text*)

10. If located in Indiana, what is the zip code of your primary practice location?

_____ (*free text*)

11. 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

12. 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

13. Estimate the average number of hours per week spent in direct patient care 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

14. If you hold more than one position in physical therapy, is your secondary practice located in the state of Indiana?

RADIO BUTTON

- a. Yes
- b. No

15. If located in Indiana, what is the county of your secondary practice location?

_____ (free text)

16. If located in Indiana, what is the zip code of your secondary practice location?

_____ (free text)

17. 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

- n. Academic Institution (post-secondary)
- o. Acute Care Hospital
- p. Health and Wellness Facility
- q. Health System or Hospital-based Outpatient Facility or Clinic
- r. Industry
- s. Inpatient Rehab Facility (IRF)
- t. US Military/Veterans Administration
- u. Patient's home/home care
- v. Private Outpatient Office or Group Practice
- w. Research Center
- x. School System (preschool/primary/secondary)
- y. Skilled Nursing Facility (SNF)/Long-term Care
- z. Other

18. 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

- 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

19. 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