

[Profession Name] Workforce Questionnaire

Why am I seeing this questionnaire?

(^ Mouseover/link. When respondents click, a box opens up with the following):

The following is a workforce questionnaire administered by the Minnesota Department of Health.

The Minnesota Department of Health (MDH) collects the data below to inform state and national healthcare workforce policy, to understand emerging trends in healthcare, to learn more about the work that you do, and to ensure that all Minnesotans can access physical, oral, and behavioral healthcare.

[You are required by law to provide this information](#), but your responses do not affect your licensure in any way. The information you provide is classified as public. We appreciate the time you take to respond to the questions as accurately as possible. It takes most people 5 to 10 minutes to complete this questionnaire. Please note: if you take longer than 30 minutes to complete this questionnaire, you will be logged out of the renewal process. Your responses will be saved. Please open a new browser and log back in to finish your renewal.

For any assistance or questions about this questionnaire, please call the Minnesota Department of Health at (651) 201-3838 or toll free at (800) 366-5424. You may also email MDH at health.workforce@state.mn.us.

Pop-up box:

Minnesota Statutes 144.051 and 144.052 and Minnesota Rules 4695.0100-4695.0300 require licensed health care providers to provide the information to MDH. You may request that MDH classifies your practice address as private if this is required for your safety. To do so, please submit your request to health.orhpc@state.mn.us (include your license type and number). You will receive confirmation from an MDH staff member.

SECTION 1: Your Work Status

1) Which of these best represents your **current** work status?

- Working in a paid or unpaid position related to my license
- Not working in a position that is related to my professional license**
 - Seeking a position related to my license [skip to Education questions]
 - Not seeking a position related to my license (e.g., retired or working in another field) [skip to Education questions]
 - Temporarily not working due to medical, family, seasonal, or other reasons. [skip to Education questions]

[Question #1 wording for Pharmacists only]

- Not working in a position that is related to my professional license**
 - Seeking a position related to my license [skip to Education questions]
 - Temporarily not working due to medical, family, seasonal, or other reasons. [skip to Education questions]
 - Not seeking a position related to my license (e.g., retired or working in another field)
 - i. Emeritus status with Board of Pharmacy [skip to end of survey]
 - ii. Other reasons for not seeking a pharmacist position (working in another field, family reasons, etc.) [skip to Education questions]

SECTION 1: Your Work Status (continued)

When answering the remaining questions, please consider only the **current** position(s) you hold that are related to your license.

- 2) [Physicians, Dentists, APRNs, LICSWs, LMFTs, LPCCs, Psychologists, Physical Therapists]

Do you own (or co-own) an individual or group private practice?

[Wording for Pharmacists only]

Do you own (or co-own) your own business or an individual or group private practice?

Yes

No

- 3) Approximately how many **hours** do you work in a typical week?

(Please include all hours worked on all activities. Your best estimate is fine.)

_____ Hours per week (Enter one number. If the number varies, an estimate is fine.)

- 4) Approximately how many **weeks** did you work in the last 12 months, including any paid leave?

_____ Weeks (Enter a number from 0 to 52.)

- 5) Regardless of the number of hours you work per week, do you consider your schedule full-time or part-time?

Full-time

Part-time

- 6) About how many more years do you plan to work in this profession?

5 years or less

6 to 10 years

More than 10 years

- 7) [If Q6= "5 years or less"] What is the main reason you plan to leave the profession within the next five years?
(If more than one of these reasons applies, select the one that **best** applies to you.)

To retire

To leave the profession because of burnout or dissatisfaction

To pursue a different career

To pursue training in order to advance in my current or a related profession

For family or other personal reasons

For some other reason (please specify): _____

- 8) In a typical week, how much time do you spend providing direct patient or client care?
*(Different providers define “direct patient/client care” in different ways. Some include time spent on paperwork, care coordination, or appointment scheduling, while others include only face-to-face time. Please use **your own definition** of direct patient/client care when answering this question.)*

- None—I do not hold a position that involves direct patient/client care
- Up to a quarter of my time
- Between a quarter and a half of my time
- Between a half and three-quarters of my time
- More than three-quarters of my time

SECTION 2: Where You Work

*Reminder: When answering the following questions, please consider only the **current** position(s) you hold that are related to your license.*

- 9) At how many different physical locations do you work?

When answering this question, consider all the different locations where you actually serve patients or perform the main duties of your job. For example, this may be a single clinic or office (1 location), a freestanding clinic and a hospital (2 locations), or even multiple sites, such as several patients’ homes and an office (3 or more locations).

- 1 location
- 2 locations
- 3 or more locations

- 10) [If Q9 = “3 or more locations”] Do you have a primary work location (that is, a physical work site where you spend the largest share of your time)?

- Yes
- No

[If Q9 = “1 location”; “2 locations”, or Missing or (Q9= “3 or more locations” and Q10 = “Yes”)]

Section 2: Where You Work (continued)

Your Primary Work Location

Think of the physical location where you spend most of your work hours. If you split your time evenly between two or more locations, choose any as your “primary” location.

In 2019, these address questions are only asked of Pharmacists, Pharm Technicians, Physical Therapists, and PTAs:

[Why does the Minnesota Department of Health need information on where I work?](#) (mouseover/link. When respondents click or mouseover, a box opens up with the following text):

MDH collects information on your work location so that we can understand where care is being provided. We combine data from all respondents to estimate the number of providers in all areas of Minnesota. This data informs state policies (such as loan forgiveness and similar policies) to ensure that all Minnesotans have access to care. You may request that MDH treat your practice address as private if this is required for your safety. If you wish to do so, please submit your request in writing to health.orhpc@state.mn.us (include your license type and number). You will receive confirmation from an MDH staff member.

Name of organization

Street address of the **place where you work** (do not include PO boxes or building names)

City

State

Zip Code

11) [If Q9 ne “1 location”] Approximately how many hours per week do you work here?

_____ hours per week worked at this location (Enter one number. If the number varies, an estimate is fine.)

12) Which of these *best* describes this work site?

*(If your work site falls into more than one category, please choose the one that best applies. If you work in more than one of these settings, please choose the one where you spend the **most time**.)*

- Academic** (Teaching / Research)
- Clinic / Professional Office / Health Center / Ambulatory Care** (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
- Community / Faith-Based Organization** (including community collaboratives, non-profit organizations, or social service agencies)
- Correctional Facility**
- Home Health Care** (including any medical or behavioral health care that is provided in patients' or clients' homes including Home Infusion)
- Hospital** (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
- Insurance / Benefits Management Organization**
- Long-Term Care Facility** (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
- Pharmacy** (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
- Public Health Agency** (including city/county health board, or city/county/state public health entity)
- Commercial or Private Research Laboratory**
- School (Pre-K through 12)**
- State, County, or City Agency**
- Other (please specify):** _____

[For Pharmacists and Pharmacy Technicians only; and if Q12 = "Pharmacy"]

12b) Please select pharmacy type:

(If your work site falls into more than one category, please choose the category you think best applies.)

- Chain community pharmacy**
- Centralized service pharmacy**
- Clinic-based pharmacy**
- Compounding pharmacy**
- Hospital-based pharmacy**
- Independent community pharmacy**
- Mail service pharmacy**
- Medication therapy management**
- Nuclear pharmacy**
- Supermarket or mass merchandiser pharmacy**
- Telepharmacy**

[For Dentists, Dental Hygienists, Dental Assistants; and if Q12 = “Clinic/Professional Office/Health Center/Ambulatory Care”]

12c) Please select clinic/office/health center type:

(If your work site falls into more than one category, please choose the category you think best applies.)

- Solo private practice
- Small group private practice (2-4 dentists)
- Large group private practice (5+ dentists)
- Community based non-profit (e.g. church, homeless shelter, early childhood education, etc.)
- Community Health Center (CHC)/Federally Qualified Health Center (FQHC)
- Mobile dental clinic (e.g. Southside, Operation Grace)
- Dental education institution clinic

[If (Q9 = Missing or “2 locations”) or (Q9= “3 or more” and Q10 = “Yes”)]

Your Secondary Work Location

*(Think of the **physical location** where you spend the second-highest number of work hours. If you split your time evenly between two or more locations, choose any as your “secondary” location.)*

13) Approximately how many hours per week do you work here?

_____ hours per week worked at this location (Enter one number. If the number varies, an estimate is fine.)

14) Which of these *best* describes this work site?

*(If your work site falls into more than one category, please choose the one that best applies. If you work in more than one of these settings, please choose the one where you spend the **most time**.)*

- Academic (Teaching / Research)
- Clinic / Professional Office / Health Center / Ambulatory Care (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
- Community / Faith-Based Organization (including community collaboratives, non-profit organizations, or social service agencies)
- Correctional Facility
- Home Health Care (including any medical or behavioral health care that is provided in patients’ or clients’ homes including Home Infusion)
- Hospital (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
- Insurance / Benefits Management Organization
- Long-Term Care Facility (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
- Pharmacy (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)

- Public Health Agency** (including city/county health board, or city/county/state public health entity)
- Commercial or Private Research Laboratory**
- School (Pre-K through 12)**
- State, County, or City Agency**
- Other (please specify):** _____

[For Pharmacists and Pharmacy Technicians only – if Q14 = “Pharmacy”]

14b) Please select pharmacy type:

(If your work site falls into more than one category, please choose the category you think best applies.)

- Chain community pharmacy**
- Centralized service pharmacy**
- Clinic-based pharmacy**
- Compounding pharmacy**
- Hospital-based pharmacy**
- Independent community pharmacy**
- Mail service pharmacy**
- Medication therapy management**
- Nuclear pharmacy**
- Supermarket or mass merchandiser pharmacy**
- Telepharmacy**

[For Dentists, Dental Hygienists, Dental Assistants; if Q14 = "Clinic/Professional Office/Health Center/Ambulatory Care"]

14c) Please select clinic/office/health center type:

(If your work site falls into more than one category, please choose the category you think best applies.)

- Solo private practice
- Small group private practice (2-4 dentists)
- Large group private practice (5+ dentists)
- Community based non-profit (e.g. church, homeless shelter, early childhood education, etc.)
- Community Health Center (CHC)/Federally Qualified Health Center (FQHC)
- Mobile dental clinic (e.g. Southside, Operation Grace)
- Dental education institution clinic

[if Q9= "3 or more" and Q10 = "No"]

Your Work Location

*When answering the following questions, think of the general region where you serve the **most** patients or clients.*

Pharmacy and PT professions only

15) In which region do you serve the **most** clients or patients?

- Twin Cities Metro area
- Central Minnesota
- Northwest Minnesota
- Northeast Minnesota
- Southwest Minnesota
- Southeast Minnesota
- Outside Minnesota (please specify): _____

16) Approximately how many hours per week do you work in this region?

_____ hours per week worked in this region (Enter one number. If the number varies, an estimate is fine.)

All professions

17) Which of these *best* describes the work site where you spend the most time?
*(If your work site falls into more than one category, please choose the one that best applies. If you work in more than one of these settings, please choose the one where you spend the **most time.**)*

- Academic (Teaching / Research)**
- Clinic / Professional Office / Health Center / Ambulatory Care** (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
- Community / Faith-Based Organization** (including community collaboratives, non-profit organizations, or social service agencies)
- Correctional Facility**
- Home Health Care** (including any medical or behavioral health care that is provided in patients' or clients' homes including Home Infusion)
- Hospital** (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
- Insurance / Benefits Management Organization**
- Long-Term Care Facility** (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
- Pharmacy** (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
- Public Health Agency** (including city/county health board, or city/county/state public health entity)
- Commercial or Private Research Laboratory**
- School (Pre-K through 12)**
- State, County, or City Agency**
- Other (please specify):** _____

[For Pharmacists and Pharmacy Technicians; if Q17 = "Pharmacy"]

17b) Please select pharmacy type:

(If your work site falls into more than one category, please choose the category you think best applies.)

- Chain community pharmacy**
- Centralized service pharmacy**
- Clinic-based pharmacy**
- Compounding pharmacy**
- Hospital-based pharmacy**
- Independent community pharmacy**
- Mail service pharmacy**
- Medication therapy management**
- Nuclear pharmacy**
- Supermarket or mass merchandiser pharmacy**
- Telepharmacy**

[For Dentists, Dental Hygienists, Dental Assistants – if Q14 = “Clinic/Professional Office/Health Center/Ambulatory Care”]

17c) Please select clinic/office/health center type:

(If your work site falls into more than one category, please choose the category you think best applies.)

- Solo private practice
- Small group private practice (2-4 dentists)
- Large group private practice (5+ dentists)
- Community based non-profit (e.g. church, homeless shelter, early childhood education, etc.)
- Community Health Center (CHC)/Federally Qualified health Center (FQHC)
- Mobile dental clinic (e.g. Southside, Operation Grace)
- Dental education institution clinic

[(Q1 = Missing or “Working in a paid or unpaid position that requires my license”) and (Q8 NE “None”)]

SECTION 3: Caring for Patients or Clients

[Only see if serving patients. (Patient care question not equal to none.)]

If you work in more than one setting, or location, consider all of your work settings when answering the next set of questions.

18) Provide clinical training, precepting, or supervision to students, interns, or residents.

- Never
- Occasionally
- Frequently
- All the time

19) Use electronic health records or similar patient/client electronic records.

- Never
- Occasionally
- Frequently
- All the time

20) Diagnose or consult with patients or clients in real-time using dedicated telemedicine equipment or software.

- Never
- Occasionally
- Frequently
- All the time

21) Which of the following underserved patient groups do you serve on a daily basis, if any? (Check all that apply.)

- Immigrants/refugees**
- Other racial or ethnic minority group members**
- Low-income or uninsured patients**
- Medicaid (MA), MinnesotaCare, or other Minnesota Health Care program recipients**
- Patients who require an interpreter**
- Veterans**
- Populations with disabilities**
- Unsure**
- None of these**

The following set of questions in this section are for dentists only.

Please tell us about your staff. Do you employ any of the following?

Licensed dental assistants?

- Yes
- No
- Exploring

[If yes] Do any of your dental assistants perform restorative procedures? (Procedures may include place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns (Minnesota Statute 150A.10, Subd. 4)).

- Yes
- No
- Exploring
- Don't know

Licensed dental hygienists?

- Yes
- No
- Exploring

[If yes] Do any of your dental hygienists perform restorative procedures? (Procedures may include place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns (Minnesota Statute 150A.10, Subd. 4)).

- Yes
- No
- Exploring
- Don't know

[If yes] Do any of your dental hygienists have collaborative agreements with you (allowing service outside the dental office or in a non-traditional setting (Minnesota Statute 150A.10, Subd. 1a))?

- Yes
- No
- Exploring
- Don't know

Licensed dental therapists?

- Yes
- No
- Exploring

Advanced dental therapists?

- Yes
- No
- Exploring

Pharmacists only

From the list below, please indicate which services you provide at your practice site(s) (*check all that apply*).

- Adjusting medication therapy
- Complex non-sterile compounding
- Complex sterile compounding
- Disease state management
- Discharge counseling
- Health screening or coaching
- Immunization
- Medication reconciliation
- Medication therapy management services
- Ordering lab testing
- Point of care testing
- Services allowed through collaborative practice agreements
- None

SECTION 4: Your Education, Training, and Preparation

29) [Not physicians or dentists] What is the *highest* degree you have completed?

- High school diploma
- Short-term diploma or certificate (such as technical or vocational)
- Some college, no degree
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor's degree
- Certificate, certification or other credential (post Bachelor's degree)
- Master's degree
- Certificate, certification or other credential (post Master's degree)
- Doctorate or professional degree

30) [Not physicians or dentists] Where did you complete this degree?

Dropdown box with each state, plus Canada, plus "Another country" at the bottom.

31) [LPNs, RNs, APRNs, LSW, LGSW, LISW, LICSW, LPCS, LPCCS, LADCs, LMFTS, Psychologists] Was this degree in nursing / social work / marriage and family therapy / behavioral health / psychology?

- Yes
- No

32) [LPNs, RNs, APRNs, LSW, LGSW, LISW, LICSW, LPCS, LPCCS, LADCs, LMFTS, Psychologists] What was the *initial* degree you completed that qualified you to work as a[n] nurse / social worker / licensed counselor / marriage and family therapist / psychologist?

- Same as my highest degree
- High school diploma
- Short-term diploma or certificate (such as technical or vocational)
- Some college, no degree
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor's degree
- Certificate, certification or other credential (post Bachelor's degree)
- Master's degree
- Certificate, certification or other credential (post Master's degree)
- Doctorate or professional degree
- Certificate, certification or other credential (post Master's degree)
- Doctorate or professional degree

33) [If Q32 NE “Same as my highest degree?”] Was this degree in nursing / social work / marriage and family therapy / behavioral health / psychology?

- Yes
- No

34) How likely are you to pursue more education or credentials to advance in your field (**not including mandatory continuing education units**)?

- Not at all likely
- Somewhat likely
- Very likely
- I am currently enrolled in a training or education program

35) [If Q34 = “Very likely” or “Currently enrolled”] What type of education or credentials?

Specialty Questions—customized by profession

[Dentists] Do you hold a certification from a dental specialty board? (*Check all that apply or “No certification.”*)

- No certification
- Dental public health
- Endodontics
- Oral and maxillofacial pathology
- Oral and maxillofacial radiology
- Oral and maxillofacial surgery
- Orthodontics and dentofacial orthopedics
- Pediatric dentistry
- Periodontics
- Prosthodontics

[LPCs/LPCCs] What is your specialty area/primary focus area? (*Check all that apply.*)

- None
- Addiction counseling
- Career counseling
- EAP—Employee Assistance Program
- Marriage and family counseling
- Mental health counseling
- Rehabilitation counseling
- School counseling
- Testing/assessment
- Other (please describe specialty): _____

[LPNs / RNs] What is your specialty area(s)? (Check all that apply.)

- None
- Acute care/Critical care
- Adult Health/Family Health
- Anesthesia/Anesthesiology
- Community Health
- Emergency Care/Trauma
- Geriatric/Gerontology
- Home Health
- Hospice/Palliative Care
- Intensive Care
- Maternal – Child Health
- Medical/Surgical
- Neonatal/Perinatal
- Nursing Administration/Leadership
- Obstetrics/Gynecology (Women’s Health)
- Occupational Health
- Oncology
- Operating Room/Recovery
- Pediatrics
- Psychiatric/Mental/Behavioral Health/Substance Abuse
- Public Health
- Rehabilitation
- School Health
- Other (please specify): _____

[APRNs] What is your specialty area(s)? (Check all that apply.)

- None
- Acute care/Critical care
- Adult Health/Family Health
- Anesthesia/Anesthesiology
- Cardiology/Pulmonology
- Community Health
- Dermatology
- Emergency Care/Trauma
- Endocrinology
- Gastroenterology
- Geriatric/Gerontology
- Home Health
- Hospice/Palliative Care
- Maternal – Child Health
- Medical/Surgical
- Nephrology
- Neonatal/Perinatal
- Nursing Administration/Leadership
- Neurology
- Obstetrics/Gynecology (Women’s Health)

- Occupational Health
- Oncology
- Orthopedics
- Pain Management
- Pediatrics
- Psychiatric/Mental/Behavioral Health/Substance Abuse
- Public Health
- Rehabilitation
- School Health
- Transplant
- Urology
- Vascular
- Other (please specify): _____

[Psychologists] Which do you consider your primary areas(s) of practice? (Check all that apply.)

- Behavioral and Cognitive Psychology
- Clinical Child Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Psychology
- Counseling Psychology
- Family Psychology
- Forensic Psychology
- Industrial/Organization Psychology
- Police and Public Safety Psychology
- Professional Geropsychology
- Psychoanalysis in Psychology
- School Psychology
- Sleep Psychology
- Other (please describe practice area): _____

[All social workers] What is your specialty area/primary focus area(s)? (Check all that apply.)

- None
- Addictions
- Adolescents
- Aging
- Child Welfare/Families
- Community Organization
- Diversity, Discrimination, Poverty
- Developmental Disorders, Disabilities
- Medical Health
- International
- Mental/Behavioral Health
- Research, Education, Policy
- School Social Work
- Other (please describe specialty): _____

[Dental Hygienists] Do you have a collaborative agreement with a dentist allowing you to provide services outside the dental office or in a non-traditional setting (MN Statute 150A.10, Subd. 1a)?

- Yes**
- No**
- Don't know**

[If Yes] How often do you use your collaborative agreement in your current job?

- Never**
- Occasionally**
- Frequently**
- All the time**

[Dental Assistants] Do you provide hands-on dental services to patients in a non-traditional dental setting (e.g. school, community health, long-term care) while working with a dental hygienist as a part of a collaborative agreement with a MN licensed dentist (MN Statute 150A.10, Subd. 1a)?

- Yes**
- No**
- Don't know**

[If Yes] How often do you provide services outside the dental office or in a non-traditional setting (working with a dental hygienist)?

- Never**
- Occasionally**
- Frequently**
- All the time**

[Dental Hygienists and Dental Assistants] Do you have a restorative procedures credential? (Procedures may include: place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns.)

- Yes**
- No**
- Don't know**

[If Yes] How often do you perform restorative procedures in your job?

- Never**
- Occasionally**
- Frequently**
- All the time**

[Physician Assistants] Which do you consider your primary area of practice? (Select all that apply.)

- Family Medicine
- Internal Medicine
- Pediatrics
- OB/GYN
- Dermatology
- General Surgery
- Other Surgery
- Psychiatry
- Other (please specify): _____

[Physical Therapists] What is your specialty area/primary focus area? (Select all that apply.)

- None
- Pediatrics
- Geriatrics
- Orthopedics
- Sports
- Neurology
- Cardiovascular and Pulmonary
- Clinical Electrophysiology
- Women's Health
- Other (please describe specialty): _____

[Pharmacists] What is your specialty area(s)? (Check all that apply.)

- None
- Ambulatory Care Pharmacy
- Critical Care Pharmacy
- Nuclear Pharmacy
- Nutrition Support Pharmacy
- Oncology Pharmacy
- Pediatric Pharmacy
- Pharmacotherapy
- Psychiatric Pharmacy
- Other (please describe specialty): _____

36) Which of the following work or educational experiences **best prepared you** to work with people from a variety of backgrounds when providing care (sometimes referred to as “culturally competent” care)?

- None
- Informal learning on the job
- Formal on-the-job training (e.g., seminars, preceptorship or mentorship)
- Course work or training in my formal educational program
- Continuing education or professional development coursework
- Does not apply—culturally competent care is not part of my job

37) Which of the following work or educational experiences **best prepared you** to work with a multi-disciplinary team when providing care?

- None
- Informal learning on the job
- Formal on-the-job training (e.g., seminars, preceptorship or mentorship)
- Course work or training in my formal educational program
- Continuing education or professional development coursework
- Does not apply—working with multi-disciplinary teams is not part of my job

[If Q1 = “Working in a paid or unpaid position that requires my license” or Q1 is Missing]

SECTION 5: Your Work Satisfaction

[The following work satisfaction questions are not mandatory]

[Only see if serving patients. (Patient care question not equal to none.)]

38) How satisfied have you been with your career **in the last 12 months**?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

39) How satisfied are you with your career **overall**?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

SECTION 6: Demographics

40) Which racial/ethnic categories apply to you? (*Check all that apply.*)

- African
- Black/African American
- American Indian or Alaskan Native
- Asian—South Asian
- Asian—Southeast Asian
- Asian—Other (please specify other Asian race): _____
- Hispanic/Latino
- Middle Eastern/North African (MENA)
- White
- Other (please specify your other race): _____

41) [If Q8 is not “None”] Other than English, what languages do you speak in your practice?
(*Check all that apply. Do not include languages spoken only through a medical interpreter.*)

- None—English only
- Amharic
- Arabic
- French
- Hmong
- Karen
- Khmer
- Lao
- Oromo
- Russian
- Serbo-Croatian
- Sign Language
- Somali
- Spanish
- Swahili
- Vietnamese
- Other (please specify): _____

APPENDIX
List of professions surveyed

Profession Name	Abbreviation
Counselors—Licensed Alcohol and Drug Counselors	LADC
Counselors—Licensed Professional Clinical Counselors	LPCC
Counselors—Licensed Professional Counselors	LPC
Dental Assistants	DA
Dental Hygienists	DH
Dental Therapists	DT
Dentists	D
Licensed Marriage and Family Therapists	LMFT
Nurses—Advanced Practice Registered Nurses	APRN
Nurses—Licensed Practical Nurses	LPN
Nurses—Registered Nurses	RN
Pharmacists	PHARM
Pharmacy Technicians	PHARMT
Physical Therapist Assistants	PTA
Physical Therapists	PT
Physician Assistants	PA
Physicians	PY
Psychologists	LP
Respiratory Therapists	RT
Social Workers—Licensed Graduate Social Workers	LGSW
Social Workers—Licensed Independent Clinical Social Workers	LICSW
Social Workers—Licensed Independent Social Workers	LISW
Social Workers—Licensed Social Workers	LSW