

Occupational Therapy Workforce Survey 2017

Q1 Do you currently provide Occupational Therapy services in Utah?
 Yes, as an Occupational Therapist Yes, as a Occupational Therapy Assistant No

Q2 If you don't provide services in Utah, please explain why you have a Utah license:

IF YOU DO NOT PROVIDE SERVICES IN UTAH, STOP HERE AND RETURN THE SURVEY. THANK YOU

Section 1: Demographics

Q3 Are you of Hispanic ethnicity? Yes No

Q4 What is your race?
 White Black/African American Asian
 American Indian/Alaska Native Hawaiian/Pacific Islander Other (Specify below)
Specify:

Q5 Please describe the area where you spent the majority of your upbringing (when you lived there):
 Rural Suburban Urban
State:

Section 2: Education

Q6 Please mark what degree was conferred with your ENTRY level OT degree:
 Certificate Baccalaureate Degree Professional Doctorate
 Associates Degree Masters Degree PhD

Q7 Please indicate the type of University, State and Year you received it:
 State School Private School
State:
Year:

Q8 Please mark what degree was conferred with your Highest level OT degree:
 Certificate Baccalaureate Degree Professional Doctorate
 Associates Degree Masters Degree PhD

Q9 Please indicate the type of University, State and Year you received it:
 State School Private School
State:
Year:

Q10 Please mark any additional degree you have received that has assisted with your Occupational Therapy services:

- Certificate
- Associates Degree
- Baccalaureate Degree
- Masters Degree
- Professional Doctorate
- PhD

Q11 Please indicate the type of University, State and Year you received it:

- State School
- Private School

State:

Year:

For the next question enter number corresponding to your debt obtained while obtaining that degrees:

- | | | |
|-----------------------|-------------------------|-------------------------|
| 1- \$20,000 or less | 6- \$100,001-\$120,000 | 11- \$200,001-\$220,000 |
| 2- \$20,001-\$40,000 | 7- \$120,001-\$140,000 | 12- \$220,001-\$240,000 |
| 3- \$40,001-\$60,000 | 8- \$140,001-\$160,000 | 13- \$240,001-\$260,000 |
| 4- \$60,001-\$80,000 | 9- \$160,001-\$180,000 | 14- \$260,001-\$280,000 |
| 5- \$80,001-\$100,000 | 10- \$180,001-\$200,000 | 15- \$280,001 or more |

Q19 Enter the codes above into the following boxes corresponding with your total educational debt and current debt :

Entry Level degree

Highest Level degree

Additional Degree

Current Debt

Section 3: Current Work

Q12 Please rank the following factors from most to least influential for working in Utah.

| | 1-Least Influential | 2 | 3 | 4 | 5-Most Influential |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Climate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pay/Wages/Benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cost of Living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lifestyle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Specify:

Q15 Are you currently licensed in another state outside of Utah? Yes No

States licensed:

Q17 Do you practice in another state outside of Utah? Yes No

States practicing in:

Q16 What best describes your current work status?

- Employed in occupational therapy related capacity
- Employed in non-occupational therapy related capacity
- Voluntary unemployment
- Involuntary unemployment
- Volunteer work only
- Retired

Q17 Please indicate your city, zip code and hours worked for your practice locations

| | | | |
|---------------------------|----------------------|-----------------------------|----------------------|
| Primary Zip Code | <input type="text"/> | Secondary Zip Code | <input type="text"/> |
| Primary hours worked/wk | <input type="text"/> | Secondary Hours/Wk | <input type="text"/> |
| Primary contracted hrs/wk | <input type="text"/> | Secondary Contracted Hrs/Wk | <input type="text"/> |

Q18 Please indicate your PRIMARY and SECONDARY practice settings type:

| | Primary Setting | Secondary Setting |
|------------------------------|--------------------------|--------------------------|
| Academia | <input type="checkbox"/> | <input type="checkbox"/> |
| Community | <input type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Clinic | <input type="checkbox"/> | <input type="checkbox"/> |
| Home Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital (Non-Mental Health) | <input type="checkbox"/> | <input type="checkbox"/> |
| LTC/SNF | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Schools | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify below) | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify: | <input type="text"/> | |

Q19 How many hours a week do you spend in each of the following categories?

| | | | |
|----------------------------|----------------------|---------------------|----------------------|
| Direct Client Intervention | <input type="text"/> | Research | <input type="text"/> |
| Administration/Indirect | <input type="text"/> | Education | <input type="text"/> |
| Consultation | <input type="text"/> | All other functions | <input type="text"/> |
| Documenting/Planning | <input type="text"/> | | |

Q20 What is your annual gross compensation from employment in occupational therapy? (before taxes and excluding benefits)

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$40,999-49,999 | <input type="checkbox"/> \$70,000-79,999 | <input type="checkbox"/> \$100,000-109,999 |
| <input type="checkbox"/> \$20,000-29,999 | <input type="checkbox"/> \$50,999-59,999 | <input type="checkbox"/> \$80,000-89,999 | <input type="checkbox"/> \$110,000-119,999 |
| <input type="checkbox"/> \$30,000-39,999 | <input type="checkbox"/> \$60,000-69,999 | <input type="checkbox"/> \$90,000-99,999 | <input type="checkbox"/> \$120,000 or more |

Q21 In the last two years, have you experienced any of the following? (check all that apply):

| | | |
|---|--|---|
| <input type="checkbox"/> Voluntary unemployment | <input type="checkbox"/> Switched employers/practices | <input type="checkbox"/> Hours decreased involuntarily |
| <input type="checkbox"/> Involuntary unemployment | <input type="checkbox"/> Worked two or more positions at the same time | <input type="checkbox"/> Worked part time, but would have preferred full time |

Q22 If you have switched employers in the last two years, please select the reasons why

| | | |
|--|--|---|
| <input type="checkbox"/> More Flexible | <input type="checkbox"/> Advancement | <input type="checkbox"/> Wanted to Start Own Practice |
| <input type="checkbox"/> Better Pay | <input type="checkbox"/> Productivity Requirements Were Too High | <input type="checkbox"/> Employer Shut Down |
| <input type="checkbox"/> Family/Personal Reasons | <input type="checkbox"/> Elimination of Position | <input type="checkbox"/> Fired |
| <input type="checkbox"/> Better Hours | <input type="checkbox"/> Reduction in Hours/Pay | <input type="checkbox"/> Other |
| <input type="checkbox"/> Different Client Population | <input type="checkbox"/> Relocation of Self or Spouse | |

Q23 If you have switched employers within the last two years, please indicate the work setting you left, as well as the work setting you moved to:

| | Setting- LEFT | Setting - MOVED TO |
|------------------------------|--------------------------|---------------------------|
| Academia | <input type="checkbox"/> | <input type="checkbox"/> |
| Community | <input type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Clinic | <input type="checkbox"/> | <input type="checkbox"/> |
| Home Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital (Non-Mental Health) | <input type="checkbox"/> | <input type="checkbox"/> |
| LTC/SNF | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Schools | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

Patient Demographics

Q24 Please estimate the PERCENTAGE of clients you see in the following age groups: (Total:100%, or indicate if its not applicable.)

| | |
|--|--|
| <p>0-19 <input style="width: 100px; height: 20px;" type="text"/></p> <p>20-64 <input style="width: 100px; height: 20px;" type="text"/></p> | <p>Not Applicable (N/A) <input style="width: 100px; height: 20px;" type="text"/></p> <p>65-84 <input style="width: 100px; height: 20px;" type="text"/></p> <p>Over 85 <input style="width: 100px; height: 20px;" type="text"/></p> |
|--|--|

Q25 Please estimate the PERCENTAGE of clients insured by: (Total:100%, or indicate if its not applicable)

| | |
|--|---|
| <p>Medicaid <input style="width: 100px; height: 20px;" type="text"/></p> <p>Medicare <input style="width: 100px; height: 20px;" type="text"/></p> <p>Self-Pay <input style="width: 100px; height: 20px;" type="text"/></p> | <p>Not Applicable (N/A) <input style="width: 100px; height: 20px;" type="text"/></p> <p>Private Insurance <input style="width: 100px; height: 20px;" type="text"/></p> <p>Charity Care <input style="width: 100px; height: 20px;" type="text"/></p> <p>VA/Tri-Care <input style="width: 100px; height: 20px;" type="text"/></p> |
|--|---|

Future Work

Q26 In the next TWO years, do you plan to do any of the following? (check all that apply)

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Retire | <input type="checkbox"/> Cease working in Utah | <input type="checkbox"/> Increase client hours | <input type="checkbox"/> Increase teaching hours |
| <input type="checkbox"/> Cease working in OT | <input type="checkbox"/> Pursue further education | <input type="checkbox"/> Decrease client hours | <input type="checkbox"/> Decrease teaching hours |

Q27 At what age are you planning to retire completely from Occupational Therapy?

Q28 Are you planning on reducing the number of hours you work before you retire? Yes No

Q29 If YES, in how many years will you reduce your hours?

Q30 If YES, how many hours per week will you practice after this reduction?

| | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Less than 5 hours | <input type="checkbox"/> 16-20 hours | <input type="checkbox"/> 31-35 hours |
| <input type="checkbox"/> 5-10 hours | <input type="checkbox"/> 21-25 hours | <input type="checkbox"/> 36-40 hours |
| <input type="checkbox"/> 11-15 hours | <input type="checkbox"/> 26-30 hours | <input type="checkbox"/> More than 40 hours |