

Vermont Physical Therapist Census 2016

Identification

1) First Name* _____

2) Middle Name (if any) _____

3) Last Name* _____

4) Vermont Physical Therapist License Number*

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

Other - please specify: _____*

Prefer not to answer

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

Training

9) What is your highest earned degree or certificate related to this license?

() Certificate

() Associate Degree (AA, AS, etc)

() Bachelor's Degree (BA, BS, etc)

() Master's Degree (MA, MS, etc)

() Doctor of Physical Therapy

() Other (specify): _____*

10) In what year did you complete your highest earned degree related to this license? _____

11) Please enter the two letter code for the state where you completed your highest earned degree related to this license: (Use 2-letter abbreviations for states; CC for Canada, XX for other foreign countries) _____

12) If completed outside the U.S. or Canada, please specify country: _____

13) Please indicate any Board Certifications for physical therapy you currently hold:

- Cardiovascular & Pulmonary
- Geriatrics
- Lymphedema
- Neurology
- Orthopaedics
- Pediatrics
- Women's Health
- Other (specify): _____*

14) Please indicate any current credentials (license, certification, educational degree) that you hold, separate from your physical therapy credentials:

- Athletic training
- Massage therapy
- Orthotics
- Prosthetics
- Psychology
- Yoga
- Other (specify): _____*

15) In what year did you obtain your first Physical Therapist license? _____

16) Do you have a National Provider Identification number (NPI) as a Physical Therapist? If yes, please write in the NPI number.

- no
- yes: _____

17) In what year did you start practicing (anywhere) as a licensed physical therapist? If never, leave blank. _____

18) In what year did you start practicing as a licensed physical therapist in Vermont? _____

Employment status

19) What is your employment status? (select all that apply)*

- Actively working IN VERMONT in a position that requires a Physical Therapist license
 - Actively working OUTSIDE of Vermont in a position that requires a Physical Therapist license
 - Working in a position that does NOT require a Physical Therapist license
 - Not currently working
 - Retired
-

[if not actively practicing:]

21) Do you plan to start (or resume) work in Vermont as a PT within the next 12 months? Yes No

[skip to “final comments” page]

22) What are your plans for the next 12 months regarding your work as a PT in Vermont?

- Continue as you are
- Increase hours
- Decrease hours
- Seek a job in a different field
- Retire from work as a Physical Therapist
- Unknown

23) 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

24) 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 practice site):

25) Name of Vermont town within which this practice site is located (not a mailing address):* _____

26) Zip code of practice site location (not a mailing address):* _____

27) Practice name: _____

28) Street Address of practice site (not a mailing address):

29) Which best describes the **setting** of this practice location: (choose one)*

- Office-based Practice
- Hospital-based Outpatient Facility or Clinic
- Acute Care Hospital
- Inpatient Rehab Facility (IRF)
- Skilled Nursing Facility (SNF) / Long-term Care
- Health and Wellness Facility
- Patient's home / Home care
- School System (preschool/primary/secondary)
- Other - please specify: _____*

30) During how many weeks in a year do you work at this site as a Physical Therapist: (48 weeks per year is considered "year-round".)* _____

31) What is your primary specialty area of practice at this site?*

- General Physical Therapy
- Acute Care
- Geriatrics
- Neurology
- Orthopedics
- Pediatrics
- Sports
- Women's Health
- Other: (please specify): _____*

32) Please indicate the average number of hours spent per working week at this site providing direct Client/Patient Care in the primary specialty:* _____

33) What is your secondary specialty area of practice at this site, if any:

[same list]

34) Please indicate the average number of hours spent per working week at this site providing direct Client/Patient Care in the secondary specialty (if any):

35) 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 other activities (not mentioned above) at this site: _____

Please describe the "other activities", if any:

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

	yes	no
Do you accept new patients here	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in Medicaid here	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept new Medicaid patients here	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in Medicare here	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept new Medicare patients here	<input type="checkbox"/>	<input type="checkbox"/>

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

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

yes no

[if yes: same questions as for Site 1]

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

yes no

[if yes: same questions as for Site 1]

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

yes no

[if yes:] 68) Please describe your work at additional sites beyond the three you entered above, briefly, including locations, specialties and hours:

Final comments

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