

	Basic Data and Demographics	one time data request unless there are updates to name		
q1	Full Name (ideally parsed into first, middle, last name fields)			
q2	Gender			
q3	Standard Race/Ethnicity Questions			
q4	Year of Birth			
	Employment	Comments	Action	
q5	Status	If currently employed, continue. If retired, terminate survey	Survey Termination if retired	a. <input type="checkbox"/> Actively working in a position that requires a medical license b. <input type="checkbox"/> Actively working in a field other than medicine c. <input type="checkbox"/> Not currently working d. <input type="checkbox"/> Retired
q6	Employment plans (for instance, retire in two years) optional question as some providers may feel this is an overreach into personal decisionmaking			
q7	Do you see patients directly?		yes/no	
q8	Do you work for/in a concierge/fee-based practice?	answer to this question could filter out some subsequent questions	IF yes, THEN Remove questions about Medicare/Medicaid	
	Education	one time data request unless there are updates as a part of educational progress (residency>fellowship)		
q9	degree or certification upon which your license is based			please see additional spreadsheet

q10	school attended			
q11	Future education plans			
Current primary employment				
q10	Employment setting	ie, solo practice, hospital, VA, nursing home, etc.	picklist	<ul style="list-style-type: none"> a. <input type="checkbox"/> Office/Clinic – Solo Practice b. <input type="checkbox"/> Office/Clinic – Partnership c. <input type="checkbox"/> Office/Clinic – Single Specialty Group d. <input type="checkbox"/> Office/Clinic – Multi Specialty Group e. <input type="checkbox"/> Hospital – Inpatient f. <input type="checkbox"/> Hospital – Outpatient g. <input type="checkbox"/> Hospital – Emergency Department h. <input type="checkbox"/> Hospital – Ambulatory Care Center i. <input type="checkbox"/> Federal Government Hospital j. <input type="checkbox"/> Research Laboratory k. <input type="checkbox"/> Medical School l. <input type="checkbox"/> Nursing Home or Extended Care Facility m. <input type="checkbox"/> Home Health Setting n. <input type="checkbox"/> Hospice Care o. <input type="checkbox"/> Federal/State/Community Health Center(s) p. <input type="checkbox"/> Local Health Department q. <input type="checkbox"/> Telemedicine r. <input type="checkbox"/> Volunteer in a Free Clinic s. <input type="checkbox"/> Other
	Primary Employment location (not to be confused with licensee preferred address for DHCQ correspondence)	if this is the only location, go to languages spoken section	if one location, skip to Q41	
q11	street address			
q12	Hours per week at this location			

q13	Time spent in direct patient care provision (as a percentage)	handled as one question with the two fields below	
q14	Time spent in indirect patient care (as a percentage)		
q15	Time spent in administrative hours (as a percentage)		
q16	Medicaid accounts for % of this practice location by patient	not by revenue	<p>a. <input type="checkbox"/> do not accept Delaware Medicaid</p> <p>b. <input type="checkbox"/> Delaware Medicaid accounts for >0% - 5% of my practice</p> <p>c. <input type="checkbox"/> Delaware Medicaid accounts for 6% - 10% of my practice</p> <p>d. <input type="checkbox"/> Delaware Medicaid accounts for 11% - 20% of my practice</p> <p>e. <input type="checkbox"/> Delaware Medicaid accounts for 21% - 30% of my practice</p> <p>f. <input type="checkbox"/> Delaware Medicaid accounts for 31% - 50% of my practice</p> <p>g. <input type="checkbox"/> Delaware Medicaid accounts for greater than 50% of my practice</p>

q17	Medicare accounts for % of this practice location by patient	not by revenue		<p>a. <input type="checkbox"/> do not accept Delaware Medicare</p> <p>b. <input type="checkbox"/> Delaware Medicare accounts for >0% - 5% of my practice</p> <p>c. <input type="checkbox"/> Delaware Medicare accounts for 6% - 10% of my practice</p> <p>d. <input type="checkbox"/> Delaware Medicare accounts for 11% - 20% of my practice</p> <p>e. <input type="checkbox"/> Delaware Medicare accounts for 21% - 30% of my practice</p> <p>f. <input type="checkbox"/> Delaware Medicare accounts for 31% - 50% of my practice</p> <p>g. <input type="checkbox"/> Delaware Medicare accounts for greater than 50% of my practice</p>
q18	Sliding Scale fee? Yes/no	recommend against asking for additional detail		
	Secondary Employment location		if only two locations, skip to Q41	
q19	State			
q20	County			
q21	Zip code			
q22	street address			
q23	Hours per week at this location			
q24	Medicaid accounts for % of this practice location by patient			
q25	Medicare accounts for % of this practice location by patient			
q26	Sliding Scale fee?			
	Tertiary Employment location	if there is not a third location, go to languages spoken section		
q27	State			

q28	County		
q29	Zip code		
q30	street address		
q31	Hours per week at this location		
q32	Medicaid accounts for % of this practice location by patient		
q33	Medicare accounts for % of this practice location by patient		
q34	Sliding Scale fee?		
	Languages	I feel asking this question provides valuable understanding of our practice community and its ability to interact with non-english speaking patients, thus driving health outcomes	
q35	fluent languages?		picklist
q36	interpreter services?		yes/no
q37	written materials in other languages?		yes/no



English
Spanish
Chinese
French Creole
Gujarati (India)
French