

5 CURRENT WORK STATUS IN MEDICINE

Full-Time (30 hours or more per week)
 Part-Time (less than 30 hours per week)
 Inactive in Medicine
 Retired

NOTE: If you are inactive in medicine or retired, STOP HERE and return the questionnaire to the State Education Department.

6 CURRENT TRAINING STATUS

Resident Fellow Neither

7 CURRENT ACTIVITIES IN MEDICINE

Please indicate hours per week in medicine for which the major activity is:

	Hours/Week					
	None	1-9	10-19	20-29	30-39	40+
Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 LOCATION OF SCHOOLING

Residence on Graduation from High School	Location of Medical School from which You Graduated	Location of most recent Residency Training
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> New York State
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Other United States
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Canada
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Other Foreign

9 MEDICAL SCHOOL

Allopathic Osteopathic

IF NEW YORK STATE, indicate school:

<input type="radio"/> Albany Medical College	<input type="radio"/> New York Medical College
<input type="radio"/> Albert Einstein (Yeshiva University)	<input type="radio"/> New York University
<input type="radio"/> Columbia University	<input type="radio"/> SUNY Brooklyn
<input type="radio"/> Cornell University	<input type="radio"/> SUNY at Buffalo
<input type="radio"/> Mount Sinai School of Medicine	<input type="radio"/> SUNY at Stony Brook
<input type="radio"/> New York College of Osteopathic Medicine	<input type="radio"/> SUNY Syracuse
	<input type="radio"/> University of Rochester

10 PATIENT CARE: Practice Locations

Location of sites where you spend the most time providing direct patient care. Print the address of your practice location(s) including your 5-digit zip code. Also, indicate the average hours per week you spend at each practice location.

Principal Location

Number _____ Street _____

City/Town _____ State _____

Zip Code	Patient Care Hours
0 0 0 0 0	0 0
1 1 1 1 1	1 1
2 2 2 2 2	2 2
3 3 3 3 3	3 3
4 4 4 4 4	4 4
5 5 5 5 5	5 5
6 6 6 6 6	6 6
7 7 7 7 7	7 7
8 8 8 8 8	8 8
9 9 9 9 9	9 9

Secondary Location

Number _____ Street _____

City/Town _____ State _____

Zip Code	Patient Care Hours
0 0 0 0 0	0 0
1 1 1 1 1	1 1
2 2 2 2 2	2 2
3 3 3 3 3	3 3
4 4 4 4 4	4 4
5 5 5 5 5	5 5
6 6 6 6 6	6 6
7 7 7 7 7	7 7
8 8 8 8 8	8 8
9 9 9 9 9	9 9

11 At your principal practice location, do you supervise other physicians?

Yes No

12 Number of hospitals in New York State at which you have admitting privileges:

None Two
 One Three or more

13 PATIENT CARE: Practice Settings

What best describes the patient care practices in question 10? Mark one circle for principal and one for secondary practice location where applicable.

Principal	Secondary
<input type="radio"/>	<input type="radio"/> Solo Practice
<input type="radio"/>	<input type="radio"/> Physician Partnership
<input type="radio"/>	<input type="radio"/> Group Practice—Owner/Operator
<input type="radio"/>	<input type="radio"/> Group Practice—Employee/Staff
<input type="radio"/>	<input type="radio"/> Free-Standing Health Center or Clinic (D & TC)
<input type="radio"/>	<input type="radio"/> Staff Model HMO
<input type="radio"/>	<input type="radio"/> Hospital—Inpatient
<input type="radio"/>	<input type="radio"/> Hospital—OPD
<input type="radio"/>	<input type="radio"/> Hospital—Satellite
<input type="radio"/>	<input type="radio"/> Hospital—Emergency Room
<input type="radio"/>	<input type="radio"/> Nursing Home
<input type="radio"/>	<input type="radio"/> Home Health
<input type="radio"/>	<input type="radio"/> State or Local Health Dept.
<input type="radio"/>	<input type="radio"/> Other Setting

14 What percent of your patients have the following primary source of payment?

	Medicare	Medicaid	Self-Pay	All Other
0-2%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-9%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10-19%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20-29%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30-39%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40-49%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50-59%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60-79%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80-100%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15

PRACTICE SPECIALTY(IES) IN WHICH YOU SPEND MOST OF YOUR PROFESSIONAL TIME

MARK ONE PRINCIPAL AND IF APPLICABLE, ONE SECONDARY

Principal Secondary

- Allergy & Immunology
- Anesthesiology
- Dermatology
- Emergency Medicine
- Family Medicine
- General Practice
- Internal Medicine (General)
- Cardiovascular Disease
- Critical Care
- Endocrinology and Metabolism
- Gastroenterology
- Geriatrics
- Infectious Disease
- Medical Oncology
- Nephrology
- Pulmonary Disease
- Rheumatology
- Other Internal Medicine Sub-specialty
- Neurology
- Obstetrics and Gynecology
- Gynecology (Only)
- Occupational Medicine
- Ophthalmology
- Otolaryngology
- Pathology (General)
- Pathology (Sub-specialty)
- Pediatrics (General)
- Pediatric Sub-specialty
- Physical Medicine and Rehabilitation
- Preventive Medicine
- Psychiatry—Adult
- Psychiatry—Child & Adolescent
- Radiology—Diagnostic
- Radiology—Therapeutic
- Surgery (General)
- Surgery, Neurological
- Surgery, Orthopedic
- Surgery, Plastic
- Surgery, Thoracic
- Other Surgical Sub-specialty
- Urology
- Other

SERIAL #

16

What percent of your direct patient care time is spent in your principal specialty?

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

17

Training and Certification:

	Completed Accredited Residency Program	Board Certified/Cert. of Added/Special Qualification
Principal Specialty	<input type="radio"/>	<input type="radio"/>
Secondary Specialty	<input type="radio"/>	<input type="radio"/>

18

In the next 12 months, do you plan to: (Please mark all that apply)

- retire from patient care?
- significantly reduce patient care hours?
- move your practice to another geographic location in NYS?
- move your practice out of state?

19

Mark the response that best describes your patient care practice status or activities:

- I cannot accept any new/additional patients; my practice is full
- I can accept some new/additional patients; my practice is nearly full
- I can accept many new/additional patients; my practice is far from full
- Not applicable

20

Do you use the internet/email for any of the following: (Please mark all that apply.)

- To obtain lab results, x-rays or hospital records?
- To obtain information about treatment alternatives?
- To communicate with/answer questions from your patients?
- To obtain Continuing Medical Education credits?
- To transmit prescriptions to pharmacies?

21

RACIAL/ETHNIC ORIGIN (MARK ONE)

- Native American or Alaskan Native
- Asian or Pacific Islander
- Black/African American (Not Hispanic)
- Hispanic/Latino (Puerto Rican)
- Hispanic/Latino (All other)
- White (Not Hispanic)

New York State Education Department

PHYSICIAN SURVEY
2006-2008

This questionnaire is a supplemental part of your registration application. Complete and return it with your registration form and fee.

Your responses will be maintained in a strictly confidential manner by the Center for Health Workforce Studies (chws.albany.edu) at the University at Albany, SUNY. The responses will be analyzed and presented only in aggregate form.

Item 2 asks for your NYS license number. This is clearly indicated on the enclosed registration application.

Instructions

- Use a No. 2 pencil only.
- Make dark marks that completely fill the circle.
- Erase cleanly any answer you wish to change.
- Do not make any stray marks on this form.



CORRECT MARK

INCORRECT MARKS

DATE COMPLETING SURVEY:

A			B		
<input type="radio"/> Jan	<input type="radio"/> May	<input type="radio"/> Sep	<input type="radio"/> 2006		
<input type="radio"/> Feb	<input type="radio"/> Jun	<input type="radio"/> Oct	<input type="radio"/> 2007		
<input type="radio"/> Mar	<input type="radio"/> Jul	<input type="radio"/> Nov	<input type="radio"/> 2008		
<input type="radio"/> Apr	<input type="radio"/> Aug	<input type="radio"/> Dec			

2 NYS LICENSE NO.

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

3 GENDER

Male

Female

4 YR OF BIRTH

1	9		
0	0		
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		