

On-line Renewal Survey Questions for Physicians

1. Current work status in medicine:

- Full-time (30 hours or more per week)
- Part-time (less than 30 hours per week)
- Inactive in the profession
- Retired from the profession

If you are inactive in the profession or retired, please skip to question #8.

2. Please indicate the category that best describes your primary professional position:

- Direct patient care
- Administrator/Manager
- Educator/Faculty
- Consultant
- Researcher
- Other

3. Please indicate the setting of your primary professional employment:

- Solo practice
- Physician partnership
- Group practice-owner/operator
- Group practice-employee/staff
- Community health center
- School-based clinic or school health
- Outpatient clinic
- Outpatient Surgical Facility
- Hospital
- Public health (local or state)
- Insurance company or HMO
- Nursing Home
- Home Health
- Industry (e.g., pharmaceutical, other)
- Health professions educational institution
- Other _____ (100 characters)

4. Patient Care Practice Location:

If you are providing direct patient care, please identify the location of site where you spend the most time providing direct patient care, including the 5-digit zip code.

Street Address

City/Town

State

Please identify the principal indicate the zip code of your primary work setting: _ _ _ _ _

5. Number of hours per week providing direct patient care: _____

7. 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 some new/additional patients; my practice is far from full
- Not applicable

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

	Medicare	Medicaid	Self-Pay	Other
less than 10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-75%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76-100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 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?
- Move your practice out of state?

10. If you are NOT working in your licensed profession, please indicate your plans for returning to work in your licensed field.

- I am not planning on returning to work in my licensed profession
- I plan to return to work in my licensed profession within the next year
- I plan to return to work in my licensed profession within the next 5 years

11. Gender

- Male
- Female

12. Race/Ethnicity

**Choices will be provided in accordance with Federal standards