MDS: OCCUPATIONAL THERAPISTS

Demographics

1. Birth date [ ] [ ] [ ] [ ]

2. Sex
   O Male O Female

3. Race/Ethnicity (mark one or more boxes)
   o American Indian or Alaska Native
   o Asian
   o Black or African American
   o Hispanic/Latino of any race
   o Native Hawaiian or Other Pacific Islander
   o White
   o Prefer not to answer

Education & Training

4. What degree or certificate were you awarded upon completion of your occupational therapy education?
   OTR Credential
   o Entry-level Master’s degree
   o Entry-level Doctoral degree
   o OTED (including internationally educated)
   COTA Credential
   o Associate Degree
   o Certificate

5. What year did you complete your entry-level occupational therapy education? [ ] [ ] [ ] [ ]

6. Where did you receive your occupational therapy education?
   o United States (Please specify): [State]
   o Other (Please specify): _____________________

Practice Characteristics

7. What is your current employment status? (mark all that apply)
   o Actively working in a position that requires an OT license
   o Actively working in a field other than OT
   o Not currently working

8. If you are currently employed, what is your current employment status at your primary OT practice location?
   o Self-employed
   o Salaried
9. Practice Locations

Enter the following information related to your employment settings:

**Principal practice site**

Zip Code of practice site:

Hours worked during a typical week at this site*: 

10. Which area of practice best describes your current primary OT employment?

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<thead>
<tr>
<th>Area of Practice</th>
<th>Primary</th>
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<tbody>
<tr>
<td>Pediatrics</td>
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<td>School systems</td>
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<td>OT professional education and/or research</td>
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<td>Administration and/or management</td>
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<td>Work and industry</td>
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<td>Mental health</td>
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<td>Developmental disability</td>
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<td>Rehabilitation</td>
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<td>Skilled nursing facility</td>
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<td>Home health</td>
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<td>Health and wellness</td>
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<td>Other (specify):</td>
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11. Do you communicate with clients in a language other than English at your primary OT employment setting?

- Yes (specify):
- No

12. Do you have a National Provider Identification (NPI) number?

- Yes
- No