

## MDS: PHYSICAL THERAPISTS

### Demographics

**1. Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden or other \_\_\_\_\_

**2. Social Security Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**3. Birth date**

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**4. Sex**

Male  Female

**5. Race/ethnicity**

- American Indian or Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Black or African American
- White
- Other (Please specify) \_\_\_\_\_

**6. Are you Hispanic, Latino/a, or of Spanish Origin (optional) (1 or more categories may be selected)**

- No
- Yes, Puerto Rican
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban
- Yes, Another Hispanic, Latino/a, or of Spanish origin (specify) \_\_\_\_\_

### Education, Training and Licensure

**7. What is your entry level physical therapy degree <sup>β</sup>?**

- Certificate
- Associate
- Bachelors
- Masters
- Doctor of Physical Therapy
- Fellowship

<sup>β</sup> degree means the degree in which you received your education to become a physical therapist or physical therapist assistant; do not check advanced degrees that you received after your basic physical therapy education.

**8. What year did you earn your entry degree?**

**9. Where did you complete your entry level physical therapy education?**

- United States (Please specify): [List of States]]
- Other (Please specify): \_\_\_\_\_

**7. License or certification held**

- Physical therapist
- Physical therapist assistant

**Employment Status and Characteristics**

**10. What is your employment status?**

- Actively working in the field of physical therapy
- Actively working in a field other than physical therapy
- Unemployed by seeking work in physical therapy
- Unemployed, not seeking work in physical therapy
- Retired

**11. Please check the item that best describes your primary and, if applicable, secondary place of employment. When appropriate please provide the zipcode+4 for each practice site(s).**

Practice Setting	Primary	Secondary	Zip Code of Practice Site
Academic Institution (post-secondary)			
Acute Care Hospital			
Health and Wellness Facility			
Health System or Hospital-based Outpatient Facility or Clinic			
Industry			
Inpatient Rehab Facility (IRF)			
US Military/Veterans Administration			
Patient's home/home care			
Private Outpatient Office or Group Practice			
Research Center			
School System (preschool/primary/secondary)			
Skilled Nursing Facility (SNF)/Long-term Care			
Other			

**12. For all positions held, indicate the average number of hours spent per week in each physical therapy major activity.**

	Primary location	Secondary location
Hours worked in the field of physical therapy* per week		
Weeks worked in the field of physical therapy per year		
Hours worked in direct patient care per week <sup>φ</sup>		
Weeks worked in direct patient care per year		

*\*include such non-direct patient care activities such as administration, research and teaching in these hours*

*<sup>φ</sup>exclude time spent in such activities as administration, research and teaching*

**13. What are your employment plans for the next 12 months?**

- Increase hours in the field of physical therapy
- Decrease hours in the field of physical therapy
- Increase hours in direct patient care
- Decrease hours in direct patient care
- Leave employment in the field of physical therapy
- No planned change