MDS: PHYSICAL THERAPISTS

Demographics

1. **Name:**

   First_____ Middle_____ Last _____ Maiden or other _____

2. **Social Security Number** ____ - __ - ____

3. **Birth date** **Month** ☐☐ **Day** ☐☐ **Year** ☐☐☐☐

4. **Sex**
   O Male O Female

5. **Race/ethnicity**
   - o American Indian or Alaska Native
   - o Asian
   - o Native Hawaiian/Pacific Islander
   - o Black or African American
   - o White
   - o Other (Please specify)_____

6. **Are you Hispanic, Latino/a, or of Spanish Origin (optional) (1 or more categories may be selected)**
   - o No
   - o Yes, Puerto Rican
   - o Yes, Mexican, Mexican American, Chicano/a
   - o Yes, Cuban
   - o Yes, Another Hispanic**,** Latino/a, or of Spanish origin (specify)_____

Education, Training and Licensure

7. **What is your entry level physical therapy degree [β]?**
   - o Certificate
   - o Associate
   - o Bachelors
   - o Masters
   - o Doctor of Physical Therapy
   - o Fellowship

[β] 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?**
   - o United States (Please specify): [List of States]]
   - o Other (Please specify): _____

7. License or certification held

- o Physical therapist
- o Physical therapist assistant

Employment Status and Characteristics

10. What is your employment status?

- o Actively working in the field of physical therapy
- o Actively working in a field other than physical therapy
- o Unemployed by seeking work in physical therapy
- o Unemployed, not seeking work in physical therapy
- o 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 [Φ]		
Weeks worked in direct patient care per year		

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

[Φ]exclude time spent in such activities as administration, research and teaching

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

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