On-line Renewal Survey Questions for Physicians

1. Current work status in medicine:
   - Full-time (30 hours of 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?

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
<th>Self-Pay</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 10%</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>11-25%</td>
<td>□</td>
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<tr>
<td>21-50%</td>
<td>□</td>
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<tr>
<td>51-75%</td>
<td>□</td>
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<tr>
<td>76-100%</td>
<td>□</td>
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</tbody>
</table>

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**