

MDS: PHYSICIANS

Demographics

1. Birth date **Month** **Day** **Year**

2. Sex: Male Female

3. Race (1 or more categories may be selected)—Recommended as Optional
 White Black or African American
 American Indian or Alaska Native Asian
 Native Hawaiian/Other Pacific Islander Other (specify) _____

The workgroup acknowledges that this is a condensed list and state boards may choose to use more detailed response sets (e.g., HHS Data Standards for Race and US Census Bureau Race Categories).

4. Ethnicity

Are you Hispanic, Latino/a, or of Spanish origin?

(1 or more categories may be selected)—Recommended as Optional

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

5. Do you speak a language other than English at home? (optional)

Yes
 No

6. What is this language? (if you answered Yes to #5)

Spanish
 Other Language (identify) _____

Education & Training

6. Medical Education

A. What is your medical degree?

M.D. D.O. M.B.B.S.

B. What year did you complete your medical degree?

C. Where did you complete your medical degree?

United States (specify state): _____
Medical School Name _____
 Foreign Country (specify): _____

7. Residency Training/Graduate Medical Education

A. First Specialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

B. Subspecialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

C. Additional Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

8. Training and Certification

	Completed Accredited Residency Program / Fellowship		Board Certified	
Principal Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Secondary Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Practice Characteristics

9. What is your employment status?

- Actively working in a position that requires a medical license
- Actively working in a field other than medicine
- Not currently working
- Retired

10. Are you currently providing direct clinical or patient care on a regular basis?

- Yes
- No

11. If no, how many years has it been since you provided clinical or patient care?

- Less than 2 years
- 2 to 5 years
- 5 to 10 years
- More than 10 years

12. Which of the following best describes the area(s) of practice in which you spend most of your professional time:

Area of Practice	Principal	Secondary	Completed Accredited Residency Program or Fellowship
Adolescent Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon and Rectal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine/General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatric Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecology Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hematology & Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Medicine (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nephrology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics Subspecialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Med. & Rehab.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive Medicine/Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Which of the following categories best describes your primary and secondary practice or work setting(s) where you work the most hours each week?

Practice Setting	Principal	Secondary
Office/Clinic—Solo Practice	<input type="radio"/>	<input type="radio"/>
Office/Clinic—Partnership	<input type="radio"/>	<input type="radio"/>
Office/Clinic—Single Specialty Group	<input type="radio"/>	<input type="radio"/>
Office/Clinic—Multi Specialty Group	<input type="radio"/>	<input type="radio"/>
Hospital—Inpatient	<input type="radio"/>	<input type="radio"/>
Hospital—Outpatient	<input type="radio"/>	<input type="radio"/>
Hospital—Emergency Department	<input type="radio"/>	<input type="radio"/>

Hospital—Ambulatory Care Center	<input type="radio"/>	<input type="radio"/>
Federal Government Hospital	<input type="radio"/>	<input type="radio"/>
Research Laboratory	<input type="radio"/>	<input type="radio"/>
Medical School	<input type="radio"/>	<input type="radio"/>
Nursing Home or Extended Care Facility	<input type="radio"/>	<input type="radio"/>
Home Health Setting	<input type="radio"/>	<input type="radio"/>
Hospice Care	<input type="radio"/>	<input type="radio"/>
Federal/State/Community Health Center(s)	<input type="radio"/>	<input type="radio"/>
Local Health Department	<input type="radio"/>	<input type="radio"/>
Telemedicine	<input type="radio"/>	<input type="radio"/>
Volunteer in a Free Clinic	<input type="radio"/>	<input type="radio"/>
Other (specify):	<input type="radio"/>	<input type="radio"/>

14. How many weeks did you work in medical related positions in the past 12 months? ___

15. For all medical related positions held in (insert state name), indicate the average number of hours per week spent on each major activity:

- Clinical or patient care _____ hours/week
- Research _____ hours/week
- Teaching/Education _____ hours/week
- Administration _____ hours/week
- Volunteering (medical related only) _____ hours/week
- Other (specify): _____ hours/week

Another approach to obtaining this information would be to ask licensees: (1) number of weeks worked in the past 12 months, (2) average number of hours worked per week, and (3) the percentage of time per week spent on each major activity (e.g., clinical or patient care, research etc.).

16. What is the location of the site(s) where you spend most of your time providing direct clinical or patient care? Please enter the complete address for up to three locations and your direct patient care hours per week at each site.

(The workgroup strongly recommends collecting full addresses if all possible, but zip codes only would be acceptable for a minimal data set.)

Principal Location Address

Number	Street	

City/Town	State	Zip Code: □□□□□

Direct patient care hours per week at site: _____

Second Location Address

Number Street

City/Town State Zip Code: □□□□□

Direct patient care hours per week at site: _____

Third Location Address

Number Street

City/Town State Zip Code: □□□□□

Direct patient care hours per week at site: _____