Appendix 2

Pennsylvania Physician Survey

Individual information from this survey is confidential and will not be shared or distributed.

DEMOGRAPHIC INFORMATION – *This information will be used to develop aggregate baseline information about the demographic makeup of the physician work force in Pennsylvania.*

1. **Year of Birth** ☐☐☐☐ 2. **Gender** ☐ Male ☐ Female

3. **Hispanic Origin** ☐ Yes ☐ No

4. **Race** (*check one*)
☐ White ☐ Black ☐ American Indian/Alaska Native
☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other

5. **In what year did you graduate from medical school?** ☐☐☐☐

6. **In what state did you obtain your DO or MD degree? (two letter postal code)** ☐☐ **Non-US Grad** ☐

7. **In what state were you first licensed as a physician?** ☐☐

8. **In what state did you complete your medical/osteopathic residency (primary specialty)?** ☐☐

9. **State of Residence** (*enter two letter postal code*) ☐☐
Zip Code of Residence ☐☐☐☐☐
County of Residence (*PA only – see codes on back of form*) ☐☐

PROFESSIONAL INFORMATION – *This information will be used to develop baseline data about the distribution of physicians by specialty in Pennsylvania and practice patterns.*

10. **American (or Foreign) Specialty Board Certification** (Check all that apply, if not board certified, check "None")

☐ 01=Allergy/Immunology
☐ 02=Anesthesiology
☐ 03=Colon/Rectal Surgery
☐ 04=Dermatology
☐ 05=Emergency Medicine
☐ 06=Family Practice
☐ 07=Medical Genetics
☐ 08=Internal Medicine
☐ 09=Neurological Surgery
☐ 10=Nuclear Medicine
☐ 11=Obstetrics/Gynecology
☐ 12=Ophthalmology
☐ 13=Orthopedic Surgery
☐ 14=Otolaryngology
☐ 15=Pathology
☐ 16=Pediatrics
☐ 17=Physical Medicine/Rehabilitation
☐ 18=Plastic Surgery
☐ 19=Preventive Medicine
☐ 20=Psychiatry/Neurology
☐ 21=Radiology
☐ 22=Surgery
☐ 23=Thoracic Surgery
☐ 24=Urology
☐ 25=Other
☐ 26=None

11. **Sub-Specialty Information** Are you certified or do you hold a certificate of special qualification in any of the following sub-specialties (Check all that apply. If none, leave blank)

☐ 27=Cardiology
☐ 28=Critical Care Surgery
☐ 29=Endocrinology/Diabetes/Metabolism
☐ 30=Gastroenterology
☐ 31=General Practice
☐ 32=Geriatrics
☐ 33=Infectious Disease
☐ 34=Oncology
☐ 35=Nephrology
☐ 36=Pulmonology
☐ 37=Rheumatology
☐ 38=Other

12. **Primary Practice Situation** (*check the one which best describes your situation*)

☐ Direct Patient Care
☐ Administrative
☐ Medical Education
☐ Medical Research
☐ Other Non-Patient Care
☐ Research Fellow
☐ Retired
☐ Currently not in Practice
☐ Volunteer
☐ Resident – All years
☐ Clinical Fellow
☐ Other

13. **Self-Designated Practice Specialty** - *(Enter the code number from 10 or 11 which best describes your field of practice. The primary field of practice is the one where you spend the majority of your time, or to which you limit your practice. If you do not have a secondary field of practice, leave that section blank)*

Primary field of practice ☐☐ Secondary field of practice ☐☐

14. **If you entered 11 (Obstetrics/Gynecology) or 06 (Family Practice) or 31 (General Practice) to question 13, please answer the following questions:**

a. Do you currently deliver babies? Yes ☐ No ☐

b. Have you stopped delivering babies within the last 12 months? Yes ☐ No ☐

c. Are you planning to stop delivering babies within the next 12 months? Yes ☐ No ☐

15. **Practice or employment sector** *(The sector in which you spend **most** of your scheduled time. **Primary job** only – check one)*

☐ 01=Correctional Facility
☐ 02=Consulting Firm
☐ 03=Free Clinic
☐ 04=Gov't Inpatient/Outpatient Facility
☐ 05=Government Executive
☐ 06=Hospital inpat./outpat.
☐ 07=Industrial Clinic
☐ 08=Law Office
☐ 09=Managed Care/Insurance-Executive
☐ 10=Managed Care-Medical Staff
☐ 11=Medical Personnel Pool
☐ 12=Medical School
☐ 13=Military(Federal or State)
☐ 14=Multi-specialty Group
☐ 15=Non-profit Comm. Hlth Ctr
☐ 16=Nursing Home
☐ 17=Private Practice Partnership
☐ 18=Private Practice Solo
☐ 19= University/College Hlth Ctr
☐ 20= Other

16. **Practice Locations**

Practice Site Locations (Complete in descending order of office time spent)	Location of site where you practice or are employed			List the # of regularly scheduled hours you practice at each site per week	Are you considered full time or part time at this site?	For each practice site, indicate whether you participate (accept patients) in the Medical Assistance and Medicare Programs	
	State- Enter two letter postal code	Zip Code of site where practice is located	County – PA only – see codes below	# of Regularly Scheduled Hours	FT PT	Medical Assistance? Yes No	Medicare? Yes No
Primary	☐☐	☐☐☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Second	☐☐	☐☐☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Third	☐☐	☐☐☐☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

17. **How long have you practiced medicine in Pennsylvania**

☐ 5 years or less ☐ 6 – 10 years ☐ 11 – 15 years ☐ 16+ years ☐ Never practiced in PA

18. **How long do you anticipate practicing medicine?**

☐ 5 years or less ☐ 6 – 10 years ☐ 11 – 15 years ☐ 16+ years ☐ Retired/Currently not in practice

19. **How much longer do you anticipate practicing medicine *in Pennsylvania*?**

☐ 5 years or less ☐ 6 – 10 years ☐ 11 – 15 years ☐ 16+ years ☐ Retired/Currently not in practice

PENNSYLVANIA COUNTY CODES

01=Adams	12=Cameron	23=Delaware	34=Juniata	45=Monroe	56=Somerset
02=Allegheny	13=Carbon	24=Elk	35=Lackawanna	46=Montgomery	57=Sullivan
03=Armstrong	14=Centre	25=Erie	36=Lancaster	47=Montour	58=Susquehanna
04=Beaver	15=Chester	26=Fayette	37=Lawrence	48=Northampton	59=Tioga
05=Bedford	16=Clarion	27=Forest	38=Lebanon	49=Northumberland	60=Union
06=Berks	17=Clearfield	28=Franklin	39=Lehigh	50=Perry	61=Venango
07=Blair	18=Clinton	29=Fulton	40=Luzerne	51=Philadelphia	62=Warren
08=Bradford	19=Columbia	30=Green	41=Lycoming	52=Pike	63=Washington
09=Bucks	20=Crawford	31=Huntingdon	42=McKean	53=Potter	64=Wayne
10=Butler	21=Cumberland	32=Indiana	43=Mercer	54=Schuylkill	65=Westmoreland
11=Cambria	22=Dauphin	33=Jefferson	44=Mifflin	55=Snyder	66=Wyoming
					67=York

APPENDIX 1

HD1112F

Commonwealth of Pennsylvania
Department of Health
Survey of Registered Nurses

DEPARTMENT OF HEALTH
...in pursuit of good health

In order to gain a better understanding of the nurse work force, the Department of Health, with the support of the Department of State, asks that you complete this brief questionnaire, and return it with your license renewal application. Individual information from this survey is confidential and will not be shared or distributed. Information gained from this survey will be used to improve our knowledge of the nurse workforce and guide policy development. Your cooperation will assure that we have accurate and timely information. Thank you for your cooperation.

1. Year of Birth ☐☐☐☐

2. Sex ☐ Male ☐ Female

3. Hispanic Origin ☐ Yes ☐ No

4. Race (*check one*) ☐ White ☐ Black ☐ American Indian/Alaska Native
☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐ Other

5. State of Residence (*enter two letter postal code*) ☐☐
County of Residence (*PA only – see codes on back of form*) ☐☐
Zip Code of Residence ☐☐☐☐☐

6. **In what year did you graduate from your basic nursing education?** ☐☐☐☐

7. **In which state did you obtain your basic nursing education?**(two letter postal code) ☐☐

8. **In which state was your first RN license issued?** (two letter postal code) ☐☐

9. **In what year was your first RN license issued?** ☐☐☐☐

10. Highest Educational Level Attained (*check one*)
☐ Associate Degree ☐ Hospital Based Diploma/Certificate ☐ Bachelor ☐ Master ☐ Doctorate

11. Specialty/Advanced Certification (*check one*)
☐ None ☐CNM ☐CRNA ☐CRNP ☐ Clinical Specialist ☐ Other

Year Graduated ☐☐☐☐ **State where advanced program was located (two letter postal code)** ☐☐

12. Employment Status (*check one*)
☐ Employed in health care
☐ Employed in other than health care
☐ Unemployed, seeking health care employment
☐ Unemployed, not seeking health care employment
☐ Retired
☐ Student

Please answer items 13-18 only if currently employed in health care.

13. Type of position (*primary job only – check one*)
☐ Direct patient care ☐ Quality Assurance/Utilization Review
☐ Administration/Management ☐ Infection Control ☐ Educator (includes in-service)
☐ Researcher/Consultant ☐ Other

Note: Questions in bold were added to the basic survey, beginning with the October 2002 and subsequent surveys.

PLEASE COMPLETE THE REVERSE SIDE OF FORM

14. Employment sector (*primary job only – check one*)

☐ 01=Hospital	☐ 02=Nursing Home	☐ 03=Home Health Agency
☐ 04=Health Department	☐ 05=Physician/Dentist Office	☐ 06=Clinic
☐ 07=Public/Private School	☐ 08=Military/Federal	☐ 09=State Inpatient Facility
☐ 10=Community Agency	☐ 11=Professional School Faculty	☐ 12=Business/Industry
☐ 13=Consulting Firm	☐ 14=Pharmaceutical Sales	☐ 15=Insurance/HMO
☐ 16=Law Office	☐ 17=Independent Practice	☐ 18=Personnel Pool
☐ 19=Other		

15. Current Employer(s)

	Location of site where employed			List the regularly scheduled and overtime hours worked in the past **TWO WEEKS** Indicate whether your employer considers you a full-time or part-time employee. Check box if any of overtime was mandatory.				Direct Patient Care		Employment Sector (enter using codes in item 14)
	State – Enter two letter postal code	County – PA only – see codes below	Zip Code of site where employed	Regularly Scheduled Hours	Over-time Hours	FT	PT	Mandatory Overtime? (check if yes)	Yes	No	
Primary Job	☐☐	☐☐	☐☐☐☐☐	☐☐	☐☐	☐	☐	☐			
Second Job	☐☐	☐☐	☐☐☐☐☐	☐☐	☐☐	☐	☐	☐	☐	☐	☐☐
Third Job	☐☐	☐☐	☐☐☐☐☐	☐☐	☐☐	☐	☐	☐	☐	☐	☐☐

16. How satisfied are you with nursing as a career?
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

17. How satisfied are you with your current primary job?
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

18. How much longer do you plan to remain in nursing?
- ☐ 0 – 5 years
- ☐ 6 – 10 years
- ☐ 11 – 15 years
- ☐ 16+ years

PENNSYLVANIA COUNTY CODES

01=Adams	15=Chester	29=Fulton	43=Mercer	57=Sullivan
02=Allegheny	16=Clarion	30=Greene	44=Mifflin	58=Susquehanna
03=Armstrong	17=Clearfield	31=Huntingdon	45=Monroe	59=Tioga
04=Beaver	18=Clinton	32=Indiana	46=Montgomery	60=Union
05=Bedford	19=Columbia	33=Jefferson	47=Montour	61=Venango
06=Berks	20=Crawford	34=Juniata	48=Northampton	62=Warren
07=Blair	21=Cumberland	35=Lackawanna	49=Northumberland	63=Washington
08=Bradford	22=Dauphin	36=Lancaster	50=Perry	64=Wayne
09=Bucks	23=Delaware	37=Lawrence	51=Philadelphia	65=Westmoreland
10=Butler	24=Elk	38=Lebanon	52=Pike	66=Wyoming
11=Cambria	25=Erie	39=Lehigh	53=Potter	67=York
12=Cameron	26=Fayette	40=Luzerne	54=Schuylkill	
13=Carbon	27=Forest	41=Lycoming	55=Snyder	
14=Centre	28=Franklin	42=McKean	56=Somerset	

DEPARTMENT OF HEALTH
...in pursuit of good health

Appendix 1
Commonwealth of Pennsylvania
Department of Health
Survey of Dentists

License Number_____

Individual information from this survey is confidential and will not be shared or distributed

1. **Year of Birth** ☐☐☐☐ 2. **Sex** ☐ Male ☐ Female

3. **Hispanic Origin** ☐ Yes ☐ No

4. **Race** (*check one*) ☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐ Other

5. **State of Residence** (*Enter two letter postal code*) ☐☐
County of Residence (*PA only – see codes on back of form*) ☐☐
Zip Code of Residence ☐☐☐☐☐

6. **In what year did you graduated from dental school?** ☐☐☐☐

7. **In which state did you graduate from dental school?** *(Enter two letter postal code)* ☐☐

8. **In what state were you first licensed as a dentist?** *(Enter two letter postal code)* ☐☐

9. **Have you taken an accredited general dentistry education program of at least one-year duration?**

☐ Yes ☐ No

10. **Specialty Board Certification** (*Check all that apply*)

☐ 01=American Board of Dental Public Health
☐ 02=American Board of Endodontics
☐ 03=American Board of Oral and Maxillofacial Pathology
☐ 04=American Board of Maxillofacial Radiology
☐ 05=American Board of Oral and Maxillofacial Surgery
☐ 06=The American Board of Orthodontics
☐ 07=American Board of Pediatric Dentistry
☐ 08=American Board of Periodontology
☐ 09=American Board of Prosthodontics
☐ 00=None

11. **Primary Employment** (*Check the one which best describes your situation*)

☐ Direct Patient Care
☐ Dental/Medical Research
☐ Retired
☐ Resident
☐ Administrative
☐ Other non-patient care
☐ Currently not in practice
☐ Volunteer
☐ Dental/medical Education
☐ Research Fellow
☐ Clinical Fellow
☐ Other

Answer questions 12-18 only if practicing direct patient care. If checked "retired" to question 11, check N/A for questions12-13 and 15-17

12. **Please indicate in what category the majority of your practice time is spent** *(Check one)*

☐ General Dentistry
☐ Pediatric Dentistry
☐ Geriatric Dentistry
☐ Esthetic Dentistry
☐ Forensic Dentistry
☐ Dental Implants
☐ Orthodontics
☐ Anesthesiology
☐ Facial/Pain Mgmt and/or TMJ treatment
☐ Oral Surgery
☐ Periodontics
☐ Endodontics
☐ Prosthodontics
☐ Maxillofacial Radiology
☐ N/A

PLEASE COMPLETE THE REVERSE SIDE OF FORM

13. **In your practice, are you able to offer general dentistry with the aid of general anesthesia or deep sedation when needed on patients with severe developmental or physical handicaps?**

☐ No ☐ Yes If yes, please indicate primary location: ☐Hospital ☐Ambulatory surgical setting ☐Office ☐ N/A

14. **Practice or employment sector** (*The sector in which you spend the majority of scheduled time.* ***Primary job only – check one***)

☐ 01=Hospital ☐ 02=Nursing Home ☐ 03=Private Practice Solo
☐ 04=Private Practice Partnership ☐ 05= Employee of another dentist ☐ 06=Professional School
☐ 07= Univ./College Health Ctr ☐ 08=Public/Private Elementary/Secondary school ☐ 09= Correctional Facility
☐ 10= Consulting Firm ☐ 11=Non-profit Community Health Center ☐ 12=Government Administration
☐ 13=Gov't Inpt/Outpt Facility ☐ 14=Managed Care/Insurance Administration ☐ 15=Military (Federal or State)
☐ 16= Temp Agency/Personnel Pool ☐ 17=Managed Care/Insurance Clinical Staff ☐ 18= Other Business or industry
☐ 19=N/A

15. **Practice Locations**

Practice Site Locations (Complete in descending order of office time spent)	Location of site where you practice or are employed			List the regularly scheduled hours you practice at each site per week	Are you considered full time or part time at this site?	For each practice site, indicate whether you participate (accept patients) in the Medical Assistance and CHIP/Adult Basic Programs		Employment Sector (enter using codes in item 13) * *if retired, enter 19*
	State- Enter two letter postal code	County – PA only – see codes below	Zip Code of site where practice is located	Regularly Scheduled Hours	FT PT	Medical Assistance? Yes No	CHIP/Adult Basic Yes No	
Primary	☐☐	☐☐	☐☐☐☐☐	☐☐	☐ ☐	☐ ☐	☐ ☐	☐☐
Second	☐☐	☐☐	☐☐☐☐☐	☐☐	☐ ☐	☐ ☐	☐ ☐	☐☐
Third	☐☐	☐☐	☐☐☐☐☐	☐☐	☐ ☐	☐ ☐	☐ ☐	☐☐

16. **Please indicate the ability of your practice to accept new patients.** *(Check one)*

☐ Yes, practice is able to accept new patients ☐ No, practice is unable to accept new patient ☐ N/A

17. **Please indicate which of the following practice auxiliaries are employed in your office.** *(Check all that apply)*

☐ None ☐ Dental Assistant ☐ Dental Hygienist ☐ Expanded Function Dental Assistant ☐ N/A

18. **Please indicate if you have any vacancies in the following positions due to an inability to find qualified staff.** *(Check all that apply)*

☐ None ☐ Dental Assistant ☐ Dental Hygienist ☐ Expanded Function Dental Assistant ☐ N/A

19. **How long do you anticipate you will continue practicing dentistry?**

☐ 0 – 5 years ☐ 6 – 10 years ☐ 11 – 15 years ☐ 16+ years ☐ Retired/Currently not in practice

20. **How long do you anticipate you will continue practicing dentistry *in Pennsylvania*?**

☐ 0 – 5 years ☐ 6 – 10 years ☐ 11 – 15 years ☐ 16+ years ☐ Not currently practicing in Pennsylvania

PENNSYLVANIA COUNTY CODES

01=Adams
02=Allegheny
03=Armstrong
04=Beaver
05=Bedford
06=Berks
07=Blair
08=Bradford
09=Bucks
10=Butler
11=Cambria
12=Cameron
13=Carbon
14=Centre
15=Chester
16=Clarion
17=Clearfield
18=Clinton
19=Columbia
20=Crawford
21=Cumberland
22=Dauphin
23=Delaware
24=Elk
25=Erie
26=Fayette
27=Forest
28=Franklin
29=Fulton
30=Greene
31=Huntingdon
32=Indiana
33=Jefferson
34=Juniata
35=Lackawanna
36=Lancaster
37=Lawrence
38=Lebanon
39=Lehigh
40=Luzerne
41=Lycoming
42=McKean
43=Mercer
44=Mifflin
45=Monroe
46=Montgomery
47=Montour
48=Northampton
49=Northumberland
50=Perry
51=Philadelphia
52=Pike
53=Potter
54=Schuylkill
55=Snyder
56=Somerset
57=Sullivan
58=Susquehanna
59=Tioga
60=Union
61=Venango
62=Warren
63=Washington
64=Wayne
65=Westmoreland
66=Wyoming
67=York