

Self-Queriers Survey: Module 3
Number of questions: 10

Demographic Information

We are collecting demographic information so that we can describe the different kinds of individuals participating in this survey.

Q 3.1. Which category best describes your status in the health care industry? Select all that apply.

- Full-time practice
- Part-time practice
- Locum tenens
- Undergoing training to be a health care practitioner
- Retired but practicing part-time
- Retired and not practicing → Skip to Module 4
- Currently not practicing (not retired) → Skip to Module 4

Survey Page Break

Q 3.2. Please select your current primary practicing position held as a health care practitioner.

- Physician (Doctor of Medicine)
- Physician (Doctor of Osteopathy)
- Chiropractor
- Dentist
- Dental Hygienist
- Advanced Practice Registered Nurse
- Registered Nurse
- Licensed Practical or Vocational Nurse
- Nursing Para-Professional
- Optometrist
- Pharmacist
- Physician Assistant
- Podiatrist
- Psychologist
- Social Worker
- Other Behavioral Health Provider (e.g., Pastoral Counselor, Mental Health Counselor, etc.)
- Therapist (e.g., Physical Therapist, Massage Therapist, etc.)
- Health Care Technician and Assistant (e.g., Radiologic Technician, Physical Therapy Assistant, etc.)
- Other (Please Explain) _____

Q 3.3. Do you currently practice at more than one facility?

Yes → If yes, go to Q 3.4, otherwise skip to Q 3.5.

No

Other (Please Explain) _____

Not Applicable

Q 3.4. If you currently practice at more than one facility, how many?

2

3

4

5 or more

Not Applicable

Survey Page Break

Q 3.5. Please select the jurisdiction(s) in which you practice most of the time. You may select up to five.

Alabama

Alaska

American Samoa

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia

Guam

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas

Kentucky

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virgin Islands
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Overseas Military
Canada
Other Foreign Country
Not Applicable

Survey Page Break

Q 3.6. Please select the jurisdiction(s) in which you are currently licensed or certified to practice. Select all that apply.

Alabama
Alaska
American Samoa
Arizona
Arkansas

California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virgin Islands

Virginia
Washington
West Virginia
Wisconsin
Wyoming
Canada
Other Foreign Country
Not Applicable

Q 3.7. For how long have you been working as a health care practitioner? (Select the numbers of months and years from the dropdown options.)

_____ years
Dropdown menu options: 0 to 50.
_____ months
Dropdown menu options: 0 to 12.

Survey Page Break

Q 3.8. Do you intend to continue to work as a health care practitioner in the foreseeable future?

Yes → End this module.
No

Survey Page Break

Q 3.9. When do you intend to stop working as a health care practitioner?
Textbox

Q 3.10. What are your reasons for wanting to stop working as a health care practitioner?
Textbox

Piping logic:

Survey will be directed to Module 4 next.