

**Federation of State Boards of Physical Therapy**  
Minimum Data Set Questionnaire

**Purpose:**

Understanding the current United States Health Workforce enables Federal and State Governments and Health Professional Associations and organizations to utilize common terminology, more appropriately plan for supply and distribution of the health workforce, build better models of supply and demand, healthcare education and develop programs and policies that can be evaluated for effectiveness. The Federation of State Boards of Physical Therapy (FSBPT) in conjunction with the American Physical Therapy Association (APTA) and Health Resources and Services Administration (HRSA) has developed the following survey questions to help better understand the current United States Physical Therapy workforce.

**Section 1: Demographics**

1. What is your given first name?
2. What is your middle name?
3. What is your last name/surname?
4. Maiden name or Other?
5. Social Security Number?
6. What is your date of birth?
7. Gender?
  - a. Male
  - b. Female
  - c. Other
  - d. I prefer not to answer
  
8. Which of the following best describes your race or ethnicity? You may select more than one.
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Hispanic, Latino, or Spanish origin\*
  - e. Native Hawaiian or Pacific Islander
  - f. White (not Hispanic)
  - g. Other
  - h. I prefer not to answer
  
- 8a. Which of the following best describes your Hispanic, Latino or Spanish origin?
  - a. Cuban
  - b. Mexican, Mexican American, Chicano/a
  - c. Puerto Rican
  - d. Portuguese
  - e. Spanish
  - f. Other Hispanic, Latino, or Spanish origin

## Section 2: Licensure and Education

1. Which license or certification do you hold?
  - a. Physical Therapist
  - b. Physical Therapist Assistant
  - c. Both
  
2. What is your entry-level physical therapy degree?
  - a. Certificate
  - b. Associate
  - c. Bachelors
  - d. Masters
  - e. Doctor of Physical Therapy
  
3. In which year did you earn your entry-level physical therapist or physical therapist assistant degree?
  
4. Did you complete your entry-level physical therapist or physical therapist assistant education in the United States?
  - a. Yes
  - b. No
  - 4a. In which state did you receive your entry-level physical therapist or physical therapist assistant education?
  - 4b. In which country did you receive your entry-level physical therapist or physical therapist assistant education?

## Section 3: Physical Therapy Employment Status

1. Are you currently employed as a physical therapist or physical therapist assistant?

This includes non-patient care or a non-clinical environment related to physical therapy.

  - a. Yes
  - b. No
  
2. Select the option that best describes your current employment situation.
  - a. Actively working in a field other than physical therapy
  - b. Unemployed, but seeking work in physical therapy
  - c. Unemployed, and not seeking work in physical therapy
  - d. Retired

## Section 4. Place of Practice/Work

You will have the opportunity to list up to three places of practice/work.

1. In which of the following areas is your PRIMARY place of practice/work?

Your Primary place of practice/work is where you spend the majority of your time. Select just one.

  - a. Academic Institution (post secondary)
  - b. Acute Care Hospital
  - c. Home Care
  - d. Inpatient Rehabilitation Facility
  - e. Industry
  - f. Non-patient care or non-clinical environment related to physical therapy  
(law, governmental or regulatory, medical sales, product development, public health, publishing, etc)
  - g. Outpatient Clinic affiliated with a hospital, health system, military or other government agency

- h. Outpatient Clinic not affiliated with a hospital, health system, military or other government agency
  - i. Pediatric Clinic (non-school based)
  - j. Skilled Nursing Facility, Long Term Care Facility, Assisted Living Facility or Group Home
  - k. School System
  - l. Other, please specify
2. What is the zip code where your PRIMARY place of practice/work is located?
3. Do you have a SECONDARY place of employment?
- a. No
  - b. Yes
4. In which of the following areas is your SECONDARY place of practice/work?
- Your Primary place of practice/work is where you spend the majority of your time.
- a. Academic Institution (post secondary)
  - b. Acute Care Hospital
  - c. Home Care
  - d. Inpatient Rehabilitation Facility
  - e. Industry
  - f. Non-patient care or non-clinical environment related to physical therapy  
(law, governmental or regulatory, medical sales, product development, public health, publishing, etc)
  - g. Outpatient Clinic affiliated with a hospital, health system, military or other government agency
  - h. Outpatient Clinic not affiliated with a hospital, health system, military or other government agency
  - i. Pediatric Clinic (non-school based)
  - j. Skilled Nursing Facility, Long Term Care Facility, Assisted Living Facility or Group Home
  - k. School System
  - l. Other, please specify
5. What is the zip code where your SECONDARY place of practice/work is located?
6. Do you have a third place of employment?
- a. No
  - b. Yes
7. In which of the following areas is your TERTIARY place of practice/work?
- Your Primary place of practice/work is where you spend the majority of your time.
- a. Academic Institution (post secondary)
  - b. Acute Care Hospital
  - c. Home Care
  - d. Inpatient Rehabilitation Facility
  - e. Industry
  - f. Non-patient care or non-clinical environment related to physical therapy  
(law, governmental or regulatory, medical sales, product development, public health, publishing, etc)
  - g. Outpatient Clinic affiliated with a hospital, health system, military or other government agency

- h. Outpatient Clinic not affiliated with a hospital, health system, military or other government agency
- i. Pediatric Clinic (non-school based)
- j. Skilled Nursing Facility, Long Term Care Facility, Assistive Living Facility or Group Home
- k. School System
- l. Other, please specify

8. What is the zip code where your TERTIARY place of practice/work is located?

**Section 5. Practice/Work Characteristics**

1. How would you characterize your current employment status? (select just one)
  - a. Self-employed
  - b. Employed
  - c. Combination of self employed and employed
  
2. Is any portion of your clinical work conducted through “Telehealth” or “Telemedicine”?  
 Telemedicine is the provision of health care services to a patient from a health care provider who is at a site other than where the patient is located using telecommunications technology.
  - a. Yes
  - b. No
  
3. What age ranges do you predominantly work within your PRIMARY, SECONDARY, or TERTIARY clinical practice/work setting? Check all that apply, but only if you see that population group on a regular basis. (age ranges are approximate)

	Primary Practice/Work Setting		Secondary Practice/Work Setting		Tertiary Practice/Work Setting	
	Yes	N/A	Yes	N/A	Yes	N/A
Infants & Toddlers (Birth-3 years)						
Early Childhood (4-6 yrs)						
Middle-Late Childhood (7-12 yrs)						
Adolescence (13-19 yrs)						
Adult (20-64 yrs)						
Geriatrics (65+yrs)						

4. Which of the following types of injuries or conditions do you predominantly see in your PRIMARY, SECONDARY, or TERTIARY clinical practice/work setting? Check all that apply, but only if you see that population group on a regular basis.

	Primary Practice/Work Setting		Secondary Practice/Work Setting		Tertiary Practice/Work Setting	
	Yes	N/A	Yes	N/A	Yes	N/A
Orthopedic or Sports						
Neurologic						
Oncology						
Women’s Health						
Cardiovascular or Pulmonary						
Industrial or Work Related						
Integumentary or Wound Care						

Wellness, Prevention, or Health						
Chronic infectious and metabolic disorders (AIDs, Diabetes, etc)						
Other, Please Specify						

5. On average, how many total hours per week do you work in the field of physical therapy (clinical and non-clinical) for your PRIMARY, SECONDARY, or TERTIARY practice/work settings (include per diem work)?

	Hours per week					
	N/A	<17	17-24	25-34	35-40	>40
Primary Practice/Work						
Secondary Practice/Work						
Tertiary Practice/Work						

6. What PERCENTAGE of your time working do you spend in each of the following categories? Make sure that the amount of time from all categories equal 100%

	0	10	20	30	40	50	60	70	80	90	100
Direct Patient Care											
Teaching in an Academic PT or PTA program											
Administration											
Research											
Other											

7. How many weeks per year do you typically work, including direct patient care and non-patient care such as administration, research or teaching? Do not include paid time off. Make sure that the amount of time from all practice/work settings does not exceed 52.

	0	5	10	16	21	26	31	36	42	47	52
PRIMARY											
SECONDARY											
TERTIARY											

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

- a. No planned change
- b. Increase my hours in the field of physical therapy
- c. Decrease my hours in the field of physical therapy
- d. Increase my hours of direct patient care
- e. Decrease my hours of direct patient care
- f. Stop working the field of physical therapy