2011/12 WISCONSIN PHYSICIAN SURVEY QUESTIONNAIRE

Two versions of the survey were used, one (Survey A) in September-October 2011 and the other (Survey B) in January-February 2012. Survey B eliminated some redundant items, included a few additional questions, and the question order in the last section of the questionnaire was altered. Both surveys were administered only online. The questions were displayed somewhat differently than they appear in this abbreviated paper version. Survey logic was used to control required questions, validate responses to some items, and determine which follow-up questions should appear.

The following definitions were used in both surveys, embedded in the question as appropriate:

**Active in medicine** includes providing clinical services, conducting medical research, medical teaching, health care administration and other professional medical activities

**Patient-related care** includes clinical practice, related office work, communications with hospitals/physicians regarding patients and other related activities.

**Primary care** is defined as providing first contact and continuing care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, preventive health services, and appropriate referral(s).

The **patient centered medical home** is an approach to providing comprehensive primary care for children, youth and adults. It is a health care setting that facilitates partnerships between individual patients and their personal physicians, and, when appropriate, the patient’s family. Joint principles of the patient-centered medical home, as endorsed by the AAFP, AAP, ACP and AOA are:

1. ongoing patient relationship with a personal physician trained to provide first contact, continuous and comprehensive care;
2. physician directed medical practice, leading a team of individuals at the practice level;
3. whole person orientation;
4. care coordinated and/or integrated across all elements of the complex health care system.

In developing the Wisconsin questionnaire we consulted a variety of surveys from other states and national organizations:

- **Wisconsin Physician Profile Survey** (DHFS, 2000 – the last year a survey was included with licensure)
- **Wisconsin Medical Society Survey, 2009**
- **Wisconsin HPSA Online Survey Questions for Primary Care and Mental Health** (provided by Anne Dopp in DHS)
- **Proposed Minimum Data Sets for Physicians, PAs and NPs** (distributed at February 2011 State Health Care Workforce Development grantees meeting sponsored by the National Center for Health Workforce Analysis, Health Resources and Services Administration)
- **New York Physician Survey, 2009-2011** (New York State Education Department)
- **Massachusetts Physician Workforce Study** (Massachusetts Medical Society, 2007 and 2010)
- **Michigan Survey of Physicians, Survey Findings 2009** (Michigan Department of Community Health)
- **Survey of Physicians Over 50** (American Medical Association and Association of American Medical Colleges)
- **Survey of Physicians Under 50** (American Medical Association and Association of American Medical Colleges)
- **Physician Survey on Primary Care** (American Medical Association and Association of American Medical Colleges, 2009)

We are very grateful to these organizations, and other State Health Care Workforce Development grantees, for the assistance they provided in developing and testing the survey.

As with any survey, some questions worked better than others. For further information, please contact

Nancy Sugden  
Director, Wisconsin AHEC Program  
University of Wisconsin School of Medicine and Public Health  
nasugden@wisc.edu
**2011/12 WISCONSIN PHYSICIAN SURVEY ITEMS**

[R] = required response item  
[A only] = item appeared on Survey A only. Was revised or relocated for Survey B.  
[B only] = item added for Survey B only. 

The longer response item lists are grouped at the end of the survey.

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### INTRODUCTORY TEXT

As part of the license renewal process, we request that you complete a questionnaire that will enable the Department of Workforce Development to prepare an accurate description of the physician workforce currently licensed to practice in Wisconsin. This information will provide a basis for preparing projections of the future supply of physicians in Wisconsin and will assist in identifying provider shortage areas.

The questionnaire was developed by members of the Wisconsin Healthcare Workforce Data Collaborative (WHWDC), with assistance from the Wisconsin Council on Medical Education and Workforce (WCMEW) and the Wisconsin Medical Society. The questionnaire should take no more than 15 minutes to complete.

Your responses to this questionnaire are restricted. This means that individually identifiable information will never be published (data will be reported to the public only in aggregate), but data sets may be released to qualified researchers who agree to protect individually identifiable information under formal data sharing and privacy agreements.

Thank you!

### I. DEMOGRAPHIC

<table>
<thead>
<tr>
<th>Q1</th>
<th>What is your current status?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[R]</td>
<td>1=pt care in WI, 2=in WI but no pt care, 3=pt care only outside WI, 4=not working as physician</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2a</th>
<th>Where do you spend most of your time as a physician?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[R]</td>
<td>1=hospital, 2=office, 3=residential facility, 4=teaching, research, all other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2b</th>
<th>Did you change your practice location in the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[B only]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th>Are you currently enrolled in a post-graduate training program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[R]</td>
<td>1=internship or residency, 2=fellowship, 3=no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4</th>
<th>What year of post-graduate training are you completing this year?</th>
</tr>
</thead>
</table>

| Q5  | Survey A (Sept-Oct): Including this year, how many more years of post-graduate training do you plan to complete?  
Survey B (Jan-Feb): After this year, how many more years of post-graduate training do you plan to complete? |
|-----|----------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Q5b</th>
<th>Do you plan to seek a position in Wisconsin after completion of your residency or fellowship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[B only]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q6</th>
<th>In what year were you born?</th>
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<table>
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<tr>
<th>Q7</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>[R]</td>
<td>1=male, 2=female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q8</th>
<th>Are you of Hispanic, Latino or Spanish background?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=no, 2=Puerto Rican, 3=Mexican/Mexican American/Chicano, 4=Cuban, 5=Other Hispanic</td>
<td></td>
</tr>
</tbody>
</table>

| Q9  | Please indicate your racial/ethnic/cultural origins (check all that apply)  
[See list] |
|-----|---------------------------------------------------------------|

| Q10 | Are you able to communicate with patients in a language other than English? (check all that apply)  
[See list] |
|-----|----------------------------------------------------------------|

| Q11 | Where did you attend high school? (check all that apply)  
1=In Wisconsin, 2=In another state in the U.S., 3=In another country |
|-----|----------------------------------------------------------------|

**Physician Workforce Survey Questionnaire**
Q12  How would you describe the area where you grew up?
1=town or small city pop<50,000, 2=suburb in metro area, 3=city 50,000=500,000, 4=large city >500,000

Q13  What is your citizenship/visa status?
1=native-born US, 2=permanent resident, 4=temporary visa (H-1B), 5=Exchange visa (J-1), 6=J-1 visa waiver, 7=Other

Q14  Where do you reside at present?
In Wisconsin (zip code)/Another state (zip code)/Canada/Another country (specify)

Q15  If you are living in Wisconsin, please indicate the county where your home is located.

II. EDUCATION and LICENSURE

16  What is your medical degree?
1=MD, 2=DO, 3=MBBS/MBChB

17a  Where did you complete your medical degree?
1=US, 2=Canada, 3=another country

17b  In what state did you complete your medical degree?

18  At what institution did you complete your medical degree?
1=UW, 2=MCW, 3=other (specify)

19  In what year did you complete your medical degree?

20  In what year did you obtain your initial U.S. licensure? (If you can’t remember exactly, please provide your best estimate.)

21  In what U.S. state were you first licensed?

22  (number skipped)

23  In addition to Wisconsin, in what other U.S. states are you currently licensed?
Michigan, Illinois, Iowa, Minnesota, Other: (specify), Other: (specify), Other: (specify)
I am licensed only in Wisconsin

24  (number skipped)

25  In what general field did you complete/are you completing your initial post-graduate training?
[Used ACGME residency specialties; see list]

26a  Where did you complete/are you completing your initial residency training?
1=In Wisconsin, 2=In another state, 3=In Canada, 4= in another country

26b  In what state did you complete/are you completing your initial residency training?

27  Have you done more than one residency, or a fellowship in addition to your residency? (check all that apply)
1=Yes, another residency, 2=Yes, a fellowship, 3=No

28a  Where did you complete/are you completing your most recent residency or fellowship?
1=In Wisconsin, 2=In another state, 3=In Canada, 4= in another country

28b  In what state did you complete/are you completing your most recent residency or fellowship?

III. PRACTICE SPECIALTY

29  Please enter the three digit code for your principal practice specialty and secondary specialty (if applicable) from this list of medical practice specialties. Indicate whether you have completed a residency or fellowship in that specialty and whether you are board certified in that specialty.
Principal practice specialty (See list of practice specialties for specialty codes)
Residency or fellowship 1=Yes, 2=No, 3= In Progress
Board certified 1=Yes, 2=No, 3=In Progress

Secondary practice specialty (See list of practice specialties for specialty codes)
Residency or fellowship 1=Yes, 2=No, 3= In Progress
Board certified 1=Yes, 2=No, 3=In Progress
You indicated “other” as your specialty in the previous question. Please enter the title of that specialty on the appropriate line below.

- Other Principal Practice Specialty
- Other Secondary Practice Specialty

Approximately what percent of your patient care time is spent in the principal and secondary specialties you listed?

- Survey A asked only for % time in principal specialty
- Survey B: Principal practice specialty
- Secondary practice specialty

Are you currently practicing as a Hospitalist (specializing in the medical care of acutely ill hospitalized patients only)?
1=Yes, 2=No

Are you currently practicing only as an Urgent Care physician?
1=Yes, 2=No

Use this space if you wish to provide any additional details about your specialty:

### IV. EMPLOYMENT STATUS

Are you currently active in medicine*? (check only one)
1=Yes, full-time (≥32 hrs/wk), 2=Yes, part-time (<32 hrs/wk), 3=No, not currently active in medicine

Please indicate your current work status (check only one)
1=retired, 2=permanently disabled, 3=working in another field & no plans to return, 4=unemployed, seeking work in medicine, 5=unemployed, seeking work in another field, 6=taking time out & planning to return

At what age did you retire?

Are you still involved in teaching health professions students or residents?
1=Yes, 2=No

Do you continue to provide clinical services as a volunteer at a free clinic or other location?
1=Yes, 2=No

How many hours per month do you provide clinical services as a volunteer?

When are you most likely to return to the practice of medicine?
1=currently seeking a position, 2=return within 2 years, 3=return within 5 years, 4=plans uncertain

Do you plan to return to medicine in Wisconsin?
1=plan to return to pt care in WI, 2=plan to return to WI, but not pt care, 3=no immediate plans to return to WI

All those not currently active in medicine per Q33 exit at this point.

(Questions incorporated in Section VI, Practice Locations)

Do any of the following describe your current situation? (check all that apply)
1=Active duty military, 2=Working primarily as locum tenens physician, 3=Academic Practice, 4=None of the above
| A:38 | B:38b [R] | If ACTIVE IN MEDICINE
Do you provide patient care in Wisconsin? Please check the statement that best describes your patient care activity:
1=provide patient care in person at a location in Wisconsin [A only]
   1a=maintain a regular patient care practice located in Wisconsin [B only]
   1b=work in a neighboring state and see patients occasionally at locations in Wisconsin [B only]
2=provide patient care in WI both in person and via telemedicine [A only]
3= provide patient care in Wisconsin as a locum tenens [B only]
4=provide patient care in Wisconsin only for brief periods, as a camp physician or in a similar position [B only]
5= I provide patient care in Wisconsin only on a volunteer basis [B only]
6= I provide patient care in Wisconsin only via telemedicine, from a location outside the state
7= I do not provide patient care in Wisconsin

| 38c [B only] | If telemedicine only from location outside the state
What type of patient care do you provide to patients in Wisconsin via telemedicine?
Open response item

| A: 39 | B: 39a [R] | If NOT CURRENTLY PROVIDING PATIENT CARE IN PERSON IN WISCONSIN
What best describes your current place of employment?
1=Patient care facility, 2=State or local health department or other government agency, 3=University academic or research facility, 4=Health care business or corporation (e.g., insurance, pharmaceutical or biotechnology company), 5=Non-health care business or corporation, 6=Other (please specify _______________________), 7=I work as a locum tenens, either through an agency or by independent contract

| 39b [B only] | If NOT CURRENTLY PROVIDING PATIENT CARE IN PERSON IN WISCONSIN
Where is your current place of work?
City/State/ZIP code

| 40 [R] | If NOT CURRENTLY PROVIDING PATIENT CARE IN PERSON IN WISCONSIN
Do you plan to provide patient care in person in Wisconsin in the future?
1= currently seeking a position providing patient care in Wisconsin, 2= I plan to return to patient care in Wisconsin within the next two years, 3= I plan to return to patient care in Wisconsin within the next five years, 4= My plans are uncertain, 5= I am not planning to provide patient care in person in Wisconsin

| 41a&b [R] | (questions moved to Section VI, Practice Locations)

| A: 42 [A only] | Survey A: How much longer do you plan to maintain a patient care practice?
1=Less than 2 years, 2=2-5 years, 3=6-10 years, 4=11-15 years, 5=16-20 years, 6=21-25 years, 7=26-30 years, 8=more than 30 years

| B: 42b [B only] | Survey B: At what age do you plan to retire from your patient care practice?

| 43 | Survey A: What are your plans for your patient care practice in the next 2 years? (check all that apply)
Survey B: What are your plans for your patient care practice during the next 2 years?
1=plan to continue providing patient care in Wisconsin at my current level of activity
2=plan to increase patient care hours
3=plan to significantly reduce patient care hours.
4=plan to temporarily stop providing patient care in Wisconsin.
5=plan to retire from patient care within the next two years.
6=plan to relocate to a different practice in Wisconsin.
7=plan to relocate to a different practice outside Wisconsin.
8=Other/Uncertain.
### V. PATIENT CARE PRACTICE CHARACTERISTICS

<table>
<thead>
<tr>
<th>Question</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>44</strong> [R]</td>
<td>In the previous twelve months, how many weeks did you work providing patient care at locations in Wisconsin?</td>
</tr>
<tr>
<td><strong>45</strong> [R]</td>
<td>During the weeks that you worked in the past year, how many hours per week, on average, did you spend on patient-related care* at all locations where you practice in Wisconsin. Include on-call time only to the extent you were actually engaged in patient care or coordination.</td>
</tr>
<tr>
<td><strong>45b</strong> [B only]</td>
<td>How many hours are you on call in a typical month?</td>
</tr>
<tr>
<td><strong>46, 47</strong> [A only]</td>
<td>(Questions incorporated in Section VI, Practice Locations)</td>
</tr>
<tr>
<td><strong>48</strong></td>
<td>Are you involved in any of the following professional activities? <strong>(check all that apply)</strong></td>
</tr>
<tr>
<td><strong>49</strong></td>
<td>During the previous twelve months, about how many hours per week, on average, did you spend in all these other professional activities?</td>
</tr>
<tr>
<td><strong>49b</strong> [B only]</td>
<td>In addition to any uncompensated care you may provide at your regular practice location, do you provide volunteer clinical services at a free clinic or similar location?</td>
</tr>
<tr>
<td><strong>49c</strong> [B only]</td>
<td>How many hours per month do you provide clinical services as a volunteer?</td>
</tr>
<tr>
<td><strong>50</strong></td>
<td>Are you a salaried employee at your principal practice location?</td>
</tr>
</tbody>
</table>

*Denotes activities that are patient-related.*
### 51. What best describes your principal practice setting – the location in Wisconsin where you spend the most time providing patient care?

1 = Non-federal hospital and adjacent outpatient clinics  
2 = VA or military hospital and associated outpatient facilities  
3 = Free standing clinic/health center/urgent care clinic/ambulatory surgery center [Q51=3]  
4 = Individual private practice  
5 = Nursing home or other non-hospital extended care facility  
6 = Correctional facility  
7 = State/local health department or other public/community health setting, including free clinics  
8 = Other (specify)

### 52. What best describes the clinical setup where your principal practice is located?

1 = Single physician practice  
2 = Single physician practice that shares expenses with other physician practices  
3 = Single specialty group practice  
4 = Multi-specialty group practice  
5 = Locum Tenens  
6 = Other (specify)

### 52b. Is your principal practice hospital-owned or physician-owned?

Hospital-owned, Physician-owned, Other

### 52c. Is this practice site affiliated with one of these large health care systems? (Check all that apply)

- No  
- Affinity  
- Aspirus  
- Aurora  
- Bellin Health Care  
- Children’s Hospital of Wisconsin  
- Columbia St. Marys  
- Covenant  
- Dean Clinic  
- Essentia (Duluth St. Marys)  
- Froedtert Hospital  
- Gundersen Lutheran  
- Horizon  
- Humana  
- Marshfield Clinic  
- Mayo HealthCare/Franciscan-Skemp  
- Medical College of Wisconsin  
- Mercy Health System  
- Meriter  
- Ministry Health  
- Monroe Clinic  
- Physicians Plus  
- Prevea  
- ProHealth  
- SSM Health Care  
- ThedaCare  
- UW Health System  
- Wheaton Franciscan  
- Other

### 52d. Approximately what percentage of your patients at your principal practice site have the following primary source of payment? (Please provide your best estimate.)

% Medicare, % Medicaid, % Self Pay, including discounted care for un/under-insured, % Private Insurance and All Other (Must total 100%)

### 52e. Please select the statement that best describes the status of your patient care practice at this location. [Q52e]

1 = I cannot accept any additional patients; my practice is full  
2 = I can accept some additional patients; my practice is nearly full.  
3 = I can accept many additional patients; my practice is far from full.  
4 = None of the above/Not applicable/I do not have my own panel of patients.

### 52f. Please indicate if your principal practice site is any of the following: [Q52f]

1 = Certified Rural Health Clinic  
2 = Federally Qualified Community/Migrant/Homeless Health Center  
3 = Other Federally Qualified Health Center (FQHC)  
4 = Tribal Health Center  
5 = Free Clinic  
6 = None of the above  
7 = Don’t know
### 53
**How many physicians practice at this location, including yourself?** [Q53]

- 1=1 physician
- 2=2-5 physicians
- 3=6-10 physicians
- 4=11-20 physicians
- 5=21-50 physicians
- 6=51-75 physicians
- 7=76-100 physicians
- 8=More than 100

### 53b [B only]
**Is this practice site planning or implementing a patient-centered medical home* practice model?** [Q53b]

- 1=No, 2=Yes, discussing, 3=Yes, actively planning, 4=Yes, currently implementing, 5=Yes, already established, 6=I don’t know

### 54
**Are any of the following types of advanced practice providers a part of your practice group at this location?** *(check all that apply)*

**Survey A:** Physician assistants (PA)
- Nurse practitioners (NP)
- Certified nurse midwives (CNM)

**Survey B:** Physician Assistant (PA)
- Nurse Practitioner (NP)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Other Advanced Practice Nurse (APNP, NP or CNS)

### 55 [R]
**Do you or your patients have difficulty arranging a timely appointment when making referrals?**

- 1=Yes, 2=No, 3=Don’t know, 4=Not applicable to my practice

### 56 [R]
**Please identify the specialties for which you or your patients have the greatest difficulty scheduling appointments.** *(List up to three.)*

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### VI. PRACTICE LOCATIONS

*These questions were asked at different points in Survey A and Survey B. In most cases, responses to the same question have been combined in the same column in the merged survey data.*

| 37a [R] [A only] | **Do you work in Wisconsin?** 1=Yes, 2=No
|------------------|----------------------------------|
| [If ACTIVE IN MEDICINE] | This was a sorting item eliminated in reorganized Survey B.

| 37b [A only] | **Where is your principal place of work in Wisconsin?**
|--------------|--------------------------------------------------|
| [If ACTIVE IN MEDICINE] | County/City/ZIP Code
| In reorganized Survey B, this item replaced by Q41a (county) and Q80 in Section VI (place of work detail).

| 41a [R] [B only] | **In what county in Wisconsin is your principal practice site* located?**
|------------------|--------------------------------------------------|
| [If PROVIDING PATIENT CARE IN PERSON IN WISCONSIN] | [See list of county codes]

| A: 41 B: 41b | **Do you also provide patient care in another state?**
|--------------|--------------------------------------------------|
| 1= provide patient care in another state, but only via telemedicine, 2=provide patient care in person at a location in another state, 3=provide patient care both in person and via telemedicine at a location in another state, 4=No

| A: 46 B: 57a [R] | **At how many practice locations in Wisconsin do you provide patient care in person on a regular basis?**
|------------------|--------------------------------------------------|
**Please indicate the average hours per week you provide care at each location**

*principal practice location

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<tr>
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</thead>
<tbody>
<tr>
<td>Practice Location A*</td>
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<tr>
<td>Practice Location B</td>
<td></td>
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</tr>
<tr>
<td>Practice Location C</td>
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<tr>
<td>Practice Location D</td>
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<tr>
<td>All other practice locations</td>
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</tbody>
</table>

**A: 57**

**B: 57b**

Do you personally provide primary care* or mental health services in the outpatient setting at any of your practice locations?

1=Yes [go to next section, Primary Care Practice Sites], 2=No [Exit in Survey A, in Survey B, go to Q80]

**80**

Where is your principal practice location in Wisconsin?

City / ZIP Code

**81**

For how many weeks in the year do you provide patient-related care at this location?

**82**

Approximately how many hours per week do you work at this location?

**83**

Approximately how many patient encounters do you have in a typical week at this location?

**84**

Please list any additional locations where you provide care on a regular basis, indicate the number of weeks you work at each location in a year, the average hours per week you provide care at each location and the average number of patients you see.

Additional Questions about Primary Care and Mental Health Practice Locations

**58**

Please provide the address of the location in Wisconsin where you spend the most time providing primary care or outpatient mental health services.

Name of clinic or medical facility
Street Address (not P.O. Box)
City/Town
ZIP Code

**59**

What type of care do you provide at this practice location? (check all that apply) [Q59]

Deleted – question did not work as intended.

**60**

How do you provide patient care at this location?

1=I provide care for patients who are present in person at this location
2=I care for patients only via telemedicine from this location
3=I care for patients both in person and via telemedicine from this location.

Replaced with 60b in Survey B.

**60b**

What is your status at this location?

1=I provide care in person on a regular basis
2=I care for patients only via telemedicine from this location
3=I care for patients both in person and via telemedicine from this location.
4=I provide care as a locum tenens
5=I provide care only as a volunteer
6=Other: __________________________

**61a**

Approximately how many patient encounters do you have in a typical week at this location?
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>61b</td>
<td>For how many weeks in the year do you provide patient-related care at this location?</td>
</tr>
<tr>
<td>62 [A only]</td>
<td>What is the average number of hours per week you provide direct patient care* at this practice location? (Do not include on-call time): Hours/week outpatient/ambulatory care for individuals seen at this location Hours/week in telemedicine consultations Hours/week in hospital rounds for patients normally seen at this location Total</td>
</tr>
<tr>
<td>62b [B only]</td>
<td>During the weeks that you work at this location, what is the average number of hours per week you provide direct patient care*? (Do not include on-call time, administrative, teaching or research time.) Hours per week: Outpatient PRIMARY CARE** for individuals seen in person at this location Outpatient MENTAL HEALTH SERVICES (as a psychiatrist) for individuals seen in person at this location Outpatient obstetrical services All other outpatient specialty care for individuals seen at this location Telemedicine consultations TOTAL Hours direct patient care per week at this location [compute]</td>
</tr>
<tr>
<td>66 [R]</td>
<td>Do you provide patient care at another location in Wisconsin?</td>
</tr>
<tr>
<td>67</td>
<td>Please provide the address of your secondary practice location. [Q67] Name of clinic or medical facility Street Address City/Town ZIP Code WI County [requested on Survey A only]</td>
</tr>
<tr>
<td>68 to 71</td>
<td>Repeat of Q59, 60, 61b, 62, 62b for second primary care site.</td>
</tr>
<tr>
<td>74 [R]</td>
<td>Do you provide primary care or outpatient mental health services at a third location in Wisconsin?</td>
</tr>
<tr>
<td>75</td>
<td>Please provide the address of this third practice location. Name of facility/Street Address/City/ZIP Code/WI County</td>
</tr>
<tr>
<td>75b, 75c [B only]</td>
<td>Number of patient encounters in a typical week Number of weeks worked per year at this location Hours per week (same categories as Q62b0</td>
</tr>
<tr>
<td>76, 76b, 76c [B only]</td>
<td>Repeat of 75, 75b, 75c for fourth practice site.</td>
</tr>
<tr>
<td>77, 77b, 77c [B only]</td>
<td>Repeat of 75, 75b, 75c for fifth practice site.</td>
</tr>
</tbody>
</table>
Q8 - Are you of Hispanic, Latino or Spanish background?
No
Yes, Puerto Rican
Yes, Mexican, Mexican American, Chicano
Yes, Cuban
Yes other Hispanic/Latino/Spanish background

Q9 - Please indicate your racial/ethnic/cultural origins (check all that apply)
American Indian or Alaskan Native
Asian:
  East Asian (origins in Japan, China or Korea)
  South Asian (origins in India or Pakistan)
  Southeast Asian (origins in Burma/Myanmar, Thailand, Cambodia, Laos or Vietnam)
  Filipino
  Malaysian
  Indonesian
  Other Asian
  Black or African American
  Native Hawaiian or other Pacific Islander
  White
  Other

Question 10 – Other languages (from list of languages most frequently spoken at home in WI)
No other languages
American Sign Language
North American Indian Language (please specify: )
French
German
Italian
Polish
Russian
Spanish
Other European Language (please specify: )
Chinese
Japanese
Korean
Filipino, Tagalog
Hmong
Other Asian Language (please specify: )
African Language (please specify: )
Arabic
Hindi
Other (please specify: )

Question 25 - Short list – initial residency (from NRMP)
1=Allergy and Immunology
2=Anesthesiology
3=Dermatology
4=Emergency Medicine
5=Family Medicine
6=Internal Medicine
7=Internal Medicine - Pediatrics
8=Medical Genetics
9=Medical Physics
10=Nuclear Medicine
11=Obstetrics and Gynecology
12=Occupational Medicine
13=Ophthalmology
14=Otolaryngology
15=Neurology
16=Pathology
17=Pediatrics
18=Physical Medicine and Rehabilitation
19=Preventive Medicine
20=Psychiatry
21=Radiology-Diagnostic
22=Radiology-Therapeutic (Radiation Oncology)
23=Surgery (General, Neurological, Colon & Rectal, Orthopaedic, Plastic, Vascular, Other)
24=Urology
25=Other: [specify option included on Survey B only]
26=Did not do any post-graduate training
27=Completed Rotating Internship or Transitional Year only [listed on Survey B only]
Question 29: Specialty/Subspecialty Codes

001 Addiction Medicine
002 Adolescent Medicine
072 Aerospace Medicine
003 Allergy & Immunology
004 Anesthesiology
005 Critical Care Medicine
006 Dermatology
007 Emergency Medicine
008 Family Medicine
016 Geriatric Medicine/Gerontology (Int Med or Fam Med)
009 General Practice
010 Hospice and Palliative Medicine
011 Internal Medicine – General
012 Internal Medicine-Advanced Heart Failure and Transplant Cardiology
013 Internal Medicine-Cardiovascular Disease
076 Internal Medicine-Clinical Cardiac Electrophysiology
014 Internal Medicine-Endocrinology, Diabetes and Metabolism
015 Internal Medicine-Gastroenterology
017 Internal Medicine-Hematology
018 Internal Medicine-Infectious Disease
019 Internal Medicine-Interventional Cardiology
020 Internal Medicine-Medical Oncology
021 Internal Medicine-Nephrology
022 Internal Medicine-Pulmonary Disease
023 Internal Medicine-Rheumatology
024 Internal Medicine-Transplant Cardiology
025 Internal Medicine-Transplant Hepatology
026 Internal Medicine-Other Subspecialty
027 Medical Genetics
028 Medicine & Pediatrics
029 Medical Physics
030 Medical Toxicology
031 Neurology
078 Neurophysiology
032 Nuclear Medicine
033 Obstetrics & Gynecology (General)
034 OB/Gyn - Gynecology (Only)
035 OB/Gyn - Gynecology Oncology
036 OB/Gyn - Maternal and Fetal Medicine (Perinatology)
037 OB/Gyn - Other subspecialty
038 Occupational Medicine
039 Ophthalmology
091 Osteopathic Manipulative Medicine
040 Otolaryngology
041 Pain Medicine
042 Pathology (General)
043 Pathology (Sub-specialty)
044 Pediatrics (General)
045 Pediatrics (Sub-specialty) ) including Neonatology
079 Pharmacology-Clinical
046 Physical Medicine & Rehabilitation
047 Preventive Medicine (Public Health and General Preventive Medicine)
048 Psychiatry
049 Psychiatry-Adult
050 Psychiatry-Child & Adolescent
051 Psychiatry-Geriatric
052 Psychiatry-Other subspecialty
053 Radiology-Diagnostic
082 Radiology-Diagnostic, Vascular & Interventional Radiology
083 Radiology-Diagnostic, Neuroradiology
084 Radiology-Diagnostic, Other subspecialty
054 Radiology-Therapeutic (Radiation Oncology)
055 Sleep Medicine
056 Sports Medicine
057 Surgery (General)
058 Surgery, Colon and Rectal
059 Surgery, Neurological
060 Surgery, Orthopaedic
061 Surgery, Plastic (used 361 for subspecialty)
062 Surgery, Peripheral Vascular
063 Surgery, Thoracic & Cardiovascular
064 Surgery, Other Sub-specialty
085 Ultrasound
065 Hyperbaric Medicine/Undersea and Hyperbaric Medicine
066 Urology

998 Other- Patient Care Specialty
999 Other – Non-patient care specialty

Blue=items added or edited in Survey B

Not included in survey list. Used in hand coding “other” responses.

99 NO INFORMATION

PATIENT CARE

073 Bariatric Medicine
074 Blood Banking
080 Phlebology
081 Radiology-Diagnostic, Breast Imaging
092 Neuromusculoskeletal Medicine (DO specialty certification)
093 Proctology (DO specialty certification)
094 Medical Acupuncture
095 Holistic/Integrative/Alternative Medicine
108 Hospitalist-Family Medicine
111 Hospitalist-Internal Medicine
145 Hospitalist-Pediatrics
208 Urgent Care (if trained in Family Medicine)
207 Urgent Care (if trained in Emergency Medicine)
209 Urgent Care (if no residency/transition year only)
211 Urgent Care (if trained in Internal Medicine)
245 Urgent Care (if trained in Pediatrics)
304 Subspecialty Anesthesiology
307 Subspecialty Emergency Medicine
308 Family Medicine - Women's Health/Ob
361 Subspecialty Plastic Surgery
NON-PATIENT CARE

071 Administrative Medicine
075 Epidemiology
077 Medical Informatics
371 Administrative, All Other - Utilization Review, QI, etc.
471 Academic Medicine
571 Legal Medicine
996 Clinical Research
990 Other - Unspecified
997 Insurance evaluations
998 Other patient care
999 Other non-patient care specialty