

ADRESP: P

INITIALS _____ DATE _____ COMMENTS _____

NAME: ROBERT _____

SURVEY: _____ LICENSE NUMBER _____

KANSAS HEALTH CARE RESOURCE QUESTIONNAIRE FOR MEDICINE AND SURGERY - 2007

Demographics

1. Gender: Please check the appropriate box. Male Female
2. Ethnicity: Please check the appropriate box. Hispanic or Latino Not Hispanic or Latino
3. Race: Please check all that apply.
 American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or Other Pacific Islander Other (Specify) _____
4. Languages that you speak: Please check all that apply.
 Arabic Chinese English French German Hindi Filipino Spanish
 Tagalog Urdu Vietnamese Sign Language Other (Specify) _____
5. Are you a graduate of an international school? Yes No
6. Are you a permanent US resident or US citizen? Yes No

Physician Information

7. Please indicate your practice specialties using the codes shown on your License Renewal Application:

Code	Name	If Other, please specify:	Board Certified?
18	GENERAL PRACTICE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Are you currently enrolled in a residency program? Yes No
- If yes, it is located at: _____
 Institution City State Zip Code

9. Are you presently working as a Physician? Yes No TOT HRS **40**

10. Please enter the number of hours you work per week as indicated below:
 Use a whole number or decimal rather than a range; do NOT use <, >, or + (for example, 45+).
 Direct Patient Care* + Administration + Teaching + Other = Total Weekly Hours

If you answered NO to question 9 above, please skip to the signature line on the reverse side.
If you answered YES to question 9 then continue with the practice questions below.

IN THE QUESTIONS THAT FOLLOW, PLEASE CHECK THAT THE SUM OF THE HOURS (IF ANY) YOU ENTER AT QUESTIONS 14, 21, 28 AND 33 EQUALS THE TOTAL YOU ENTERED FOR QUESTION 10. THANK YOU.

11. Kansas Work Site #1: (This may be an office, hospital, nursing facility, etc.)

Office Name ROBERT L STEVENS MD			Street Address 202 W 4th		
City Garnett	State KS	Zip	Telephone 7854485454	Fax	E-mail Address

12. What kind of work setting is Site #1? (See the back.)
 If "OTHER", please specify: _____

13. At this site, how many patients do you see during an average week?

14. How many hours of direct patient care do you provide at work site #1 in a typical week? Use a whole number or decimal rather than a range; do NOT use <, >, or + (for example, 45+). Hrs

15. How many weeks per year do you work here? Wks

16. Of the hours you spend in direct patient care at site #1, what percentages are in:

% in Specialty 1	<input type="text" value="100"/>	%	GENERAL PRACTICE
% in Specialty 2	<input type="text" value="0"/>	%	
% in Specialty 3	<input type="text" value="0"/>	%	

TOTAL = 100%

17. Do you have another direct patient care site in Kansas? (Office, hospital, nursing facility, etc.) Yes No
 IF NOT, PLEASE GO TO THE SIGNATURE LINE ON THE BACK. IF YES, CONTINUE TO WORK SITE #2 ON THE BACK.

18. Kansas Work Site #2: (This may be an office, hospital, nursing facility, etc.)

Office Name			Street Address		
City	State	Zip	Telephone	Fax	E-mail Address

19. What kind of work setting is Site #2? (See below.)
 If "OTHER", please specify: _____

20. At this site, how many patients do you see during an average week?

21. How many hours of direct patient care do you provide at work site #2 in a typical week? Use a whole number or decimal rather than a range; do NOT use <, >, or + (for example, 45+). Hrs

22. How many weeks per year do you work here? Wks

23. Of the hours you spend in direct patient care at site #2, what percentages are in:

% in Specialty 1	<input type="text" value="0"/>	%	GENERAL PRACTICE
% in Specialty 2	<input type="text" value="0"/>	%	
% in Specialty 3	<input type="text" value="0"/>	%	

TOTAL = 100%

24. Do you have another direct patient care site in Kansas? (Office, hospital, nursing facility, etc.) Yes No
 IF NOT, PLEASE GO TO THE SIGNATURE LINE BELOW. IF YES, CONTINUE TO WORK SITE #3.

25. Kansas Work Site #3: (This may be an office, hospital, nursing facility, etc.)

Office Name			Street Address		
City	State	Zip	Telephone	Fax	E-mail Address

26. What kind of work setting is Site #3? (See the last page.)
 If "OTHER", please specify: _____

27. At this site, how many patients do you see during an average week?

28. How many hours of direct patient care do you provide at work site #3 in a typical week? Use a whole number or decimal rather than a range; do NOT use <, >, or + (for example, 45+). Hrs

29. How many weeks per year do you work here? Wks

30. Of the hours you spend in direct patient care at site #3, what percentages are in:

% in Specialty 1	<input type="text" value="0"/>	%	GENERAL PRACTICE
% in Specialty 2	<input type="text" value="0"/>	%	
% in Specialty 3	<input type="text" value="0"/>	%	

TOTAL = 100%

32. If you answered Yes to question 31, how many other direct patient care sites do you have in Kansas?

33. If you answered Yes to question 31, how many hours in total in a typical week do you spend in direct patient care in all of your other work sites (those referred to in question 32) combined? Hrs

Survey Return Rates for Health Care Professionals: 2003-2008

Survey Return Rates	2003	2004	2005	2006	2007	2008
Medical Doctors (MDs)	NA	65.1	53.2	75.7	78.0	NA
Doctors of Osteopathy (DOs)	NA	83.6	66.1	54.2	81.6	NA
Physician Assistants	76.9	75.9	43.8	70.1	88.8	NA
Clinical Marriage and Family Therpaists	34.9	35.2	33.9	40.1	28.2	17.7
Clinical Counselors	42.1	41.4	38.6	41.7	32.0	21.0
Psychotherapists	34.4	35.0	35.1	45.8	37.9	20.5
Marriage and Family Therapists	20.3	15.1	10.8	12.4	10.3	7.1
Masters Level Psychologists	26.2	24.8	21.9	25.9	19.5	12.0
Ph.D. Level Psychologists	37.3	36.1	34.4	49.4	46.0	31.9
Clinical Social Workers (LSCSW)	36.0	35.5	35.2	39.1	30.8	18.8
Advanced Registered Nurse Practitionerse (ARNPs)	21.3	20.8	11.2	24.1	17.7	23.3
Dentists*	99.6	95.3	NA	97.3	NA	NA
Dental Hygienists*	NA	NA	96.3	NA	96.5	NA

*Licenses are renewed
on alternate years
NA=Not Available