



Healthcare Regulatory Research Institute

Physical Therapist and Physical Therapist Assistant Cross- Profession Minimum Data Set Questions (PTCPMDS)

Sex¹

1. What is your sex?
SINGLE SELECT
 - a. Female
 - b. Male

Gender¹

2. What is your gender?¹
 - a. Male
 - b. Female

¹ Note: This question and response options should align with the American Community Survey to support standardization across implementation efforts and ensure alignment and comparability to population data. Any future changes to ACS questionnaires should be reflected in future PTCPMDS updates.

- c. Transgender
- d. Gender Non-Binary
- e. Other
- f. Prefer not to answer

Race/Ethnicity¹

3. What is your race? Mark one or more boxes.

MULTI-SELECT

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Some Other Race

4. Are you of Hispanic, Latina/o, or Spanish origin?

SINGLE SELECT

- a. No
- b. Yes

Age/Year of Birth

5. What is your year of birth?^{2,3}

OPEN FIELD

Qualifying Education

6. What type of degree/credential did you complete that first qualified you for this license?

SINGLE SELECT

- a. *PTA only* High school diploma (or equivalency)
- b. *PTA only* Some college, no degree

² Note: If possible through survey administration software, encode the response field as **required to be numeric** (number validation), with **length maximum** (i.e. 4 numeric characters) or **validation** (ex. must be a number between 1920-2010).

³ This is a fixed data point that may be readily available for analysis through other sources (such as initial license application). If this information is already available for respondents and can be individually linked to CPMDS response, this question can be excluded from PTCPMDS implementation.

- c. Technical/Vocational Certificate
- d. Associate Degree
- e. Bachelor's Degree
- f. Master's Degree
- g. Doctorate Degree

Year Completed Education

7. What year did you complete the education program/degree that first qualified you for this license?^{2,3}

OPEN FIELD

Where Completed Education

8. Where did you complete the education program/degree that first qualified you for this license?
(Note: for online programs, please select the location where this program was housed)

SINGLE SELECT

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
U.S. Virgin Islands
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Another Country (not U.S.) – Canada
Another Country (not U.S.) – United Kingdom
Another Country (not U.S.) – Other

Highest Level of Education

9. Please indicate your highest level(s) of education in physical therapy and/or another field.

MULTI SELECT

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/Vocational Certificate
- d. Associate Degree – Physical Therapy
- e. Associate Degree – Other Field
- f. Bachelor’s Degree – Physical Therapy
- g. Bachelor’s Degree – Other Field
- h. Master’s Degree – Physical Therapy
- i. Master’s Degree – Other Field
- j. Doctorate Degree – Physical Therapy
- k. Doctorate Degree – Other Field
- l. Postdoctoral training – Physical Therapy
- m. Postdoctoral training – Other Field

10. What year did you complete your highest education program/degree?²

OPEN FIELD

Specialty

11. What, if any, specialty certifications have you received related to physical therapy?

MULTI SELECT

- a. Not Applicable
- b. Cardiovascular and Pulmonary
- c. Clinical Electrophysiology
- d. Geriatrics
- e. Neurology
- f. Oncology
- g. Orthopaedics
- h. Pediatrics
- i. Sports
- j. Women's Health
- k. Wound Management
- l. Other⁴

⁴ If possible through survey administration software, include branching logic to allow for an open text field if a respondent selects “Other.”

State(s)/Jurisdictions(s) of Licensure

12. In what state(s) and/or jurisdiction(s) do you hold an active PT/PTA license or have authority to practice as a physical therapist or work as a physical therapist assistant (such as through compact privilege)? (Select all that apply)

MULTI-SELECT

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
U.S. Virgin Islands
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Another Country (not U.S.)

Employment Status

13. What is your employment status?

SINGLE SELECT

- a. Actively working in a position in the field of physical therapy
- b. Actively working in a position in a field other than physical therapy
- c. Not currently working
- d. Retired

Future Employment Plans

14. What best describes your employment plans for the next 2 years?

SINGLE SELECT

- a. Increase hours in the field of physical therapy
- b. Decrease hours in the field of physical therapy
- c. Seek employment outside of the field of physical therapy

- d. Retire
- e. Continue as you are
- f. Unknown

Telehealth

15. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Do you use telehealth to deliver services to patients?

SINGLE SELECT

- a. No
- b. Yes

Practice Location⁵

16. In what state is your primary practice location? For telehealth providers practicing in multiple locations, please indicate where most of your patients are located. If this does not apply, please select "N/A."⁵

SINGLE SELECT

- Not applicable
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois

⁵ Questions 16-22 may be repeated to capture additional detail on up to two practice locations, depending on interest and desired outcomes from data collection initiatives.

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
U.S. Virgin Islands
Utah
Vermont
Virginia
Washington
Washington D.C.
West Virginia
Wisconsin
Wyoming

Another Country (not U.S.)

17. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A."⁵

OPEN TEXT FIELD

Employment Type/Arrangement

18. Which of the following best describes your current employment arrangement at your principal practice location?⁵

MULTI SELECT

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment / Locum tenens/Travel
- e. Other
- f. Not Applicable

Position Type/Role

19. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.⁵

MULTI SELECT

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other⁶
- f. Not Applicable

Setting Type

20. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable."⁵

⁶ If possible, through survey administration software, include branching logic to allow for an open text field if a respondent selects "Other."

SINGLE SELECT

- a. Not Applicable
- b. Academic Institution (post-secondary)
- c. Acute Care Hospital
- d. Correctional Facility
- e. Health and Wellness Facility
- f. Home Health
- g. Hospice
- h. Industry
- i. Inpatient Rehab Facility (IRF)
- j. Long-term Care (Assisted Living Facility, Group Home, etc.)
- k. Non-patient care or non-clinical environment related to physical therapy (law, governmental or regulatory, medical sales, product development, public health, publishing, etc.)
- l. Outpatient Clinic affiliated with a hospital or health system
- m. Outpatient Clinic not affiliated with a hospital or health system
- n. Outpatient Clinic – Occupational Health
- o. Outpatient Clinic – Pediatric Clinic (non-school based)
- p. Research Facility or Institute
- q. School Health
- r. Skilled Nursing Facility
- s. Telehealth
- t. U.S. Military/Veterans Administration-affiliated Hospital or Clinic
- u. Other

Hours/Week

21. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.”⁵

SINGLE SELECT

- a. 0 hours per week/Not applicable
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week

- k. 37 – 40 hours per week
- l. 41 or more hours per week

Hours/Week in Direct Patient Care

22. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”⁵

SINGLE SELECT

- a. 0 hours per week/Not applicable
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- g. 41 or more hours per week

Patient Panel Characteristics⁷

23. Please indicate the population groups to which you provide services. Please check all that apply.

MULTI-SELECT CHECKBOXES

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. None of the above

⁷ This question can be implemented as optional, if desired by survey administrators or determined by end-audience as providing important value to the end goal/outputs.