

**Goldman R, Parker DR, Brown J, Walker J, Eaton CB, Borkan JM.
Recommendations for a Mixed Methods Approach for Evaluating the Patient-
Centered Medical Home. *Ann Fam Med.* 2015;13(2):.**

Supplemental Appendix 3. Clinician Demographic Questionnaire



Practice _____

Date ____/____/____

Clinician Demographic Questionnaire

(to be completed by all Physicians, NPs and Pas)

Please circle the appropriate response or fill in the blanks below.

Q1. What is your occupation?

- 1=NP
- 2=PA
- 3=Physician

Q2. What is your age?

_____ years

Q3. What is your gender?

- 1=Male
- 2=Female

Q4. What is your race/ethnicity? (circle all that apply)

- 1= White
- 2= Black or African American
- 3= American Indian
- 4= Asian
- 5= Native Hawaiian or Pacific Islander
- 6= Hispanic/Latino
- 7= Other _____

Q5. Are you Board Certified?

- 1=Yes Specialty _____
- 2= No

Q6. What type of residency/training did you complete? _____

Q7. How many years have you been in practice? _____

Q8. Which best describes your employment position?

- 1= Full or part owner
 - 2= Employed by other physician or group
 - 3= Employed by HMO
 - 4= Employed by other organization
- Specify the other organization _____

Q9. How long have you been working at this practice? _____