

# Arizona Occupational Therapy Workforce Survey

Thank you for participating in the Arizona Occupational Therapy Workforce Survey. The purpose of this survey is to gather insight regarding current professional trends and demographics of practitioners within Arizona. We truly value your opinion.

Only collective responses will be provided in a final report for the ArizOTA newsletter. Your individual responses will remain strictly confidential.

Check the box  below to indicate your response:

**1.) What best describes your job title?**

- Occupational Therapist (OT)  OT Inactive Status  
 Occupational Therapy Assistant (OTA)  OTA Inactive Status

**2.) Choose the one area that is your primary focus of your position:**

- Academic  Community  Hospital (non-mental health)  
 Home Health  Mental Health  Long-Term Care/SNF  
 Schools/Early Intervention  Outpatient (free standing)  
 Private Practice  
 Other (please specify) \_\_\_\_\_

**3.) How many years of experience do you have as a licensed OT/OTA?**

- Less than 1 year  6-10 years  more than 20 years  
 1-2 years  11-15 years  
 3-5 years  16-20 years

**4.) Are you an employee or a contractor?**

- Yes, full time  Yes, part time  No, by choice  
 No, not by choice  Retired

**5.) How long have you been employed/contracted at your present place of work?**

- Less than 1 year  6-10 years  more than 20 years  
 1-2 years  11-15 years  
 3-5 years  16-20 years

**6.) How many hours per week do you work:**

- Less than 30 hours  30-40 hours  more than 40 hours

**7.) In which county do you work (if multiple indicate primary)?**

\_\_\_\_\_

**8.) In which city/county do you reside?**

City: \_\_\_\_\_ County: \_\_\_\_\_

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9.) How many OT/OTA are currently employed and/or contracted at your place of work? OT \_\_\_\_\_ OTA \_\_\_\_\_

10.) How many current openings are there for these positions at your place of work? OT \_\_\_\_\_ OTA \_\_\_\_\_

11.) What is your annual income as an occupational therapy provider?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> < \$21,000      | <input type="checkbox"/> \$21,000-30,000 | <input type="checkbox"/> \$31,000-40,000 |
| <input type="checkbox"/> \$41,000-50,000 | <input type="checkbox"/> \$51,000-60,000 | <input type="checkbox"/> \$61,000-70,000 |
| <input type="checkbox"/> \$71,000-80,000 | <input type="checkbox"/> \$81,000-90,000 | <input type="checkbox"/> > \$91,000      |

12.) By which method do you receive compensation?

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Salary      | <input type="checkbox"/> Hourly                       | <input type="checkbox"/> Fee for service (consult) |
| <input type="checkbox"/> Combination | <input type="checkbox"/> Other (please specify) _____ |  |

13.) Which best describes your type of employment?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single Employer                          | <input type="checkbox"/> Contract Agency | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Primary Employer plus some contract work | <input type="checkbox"/> Business Owner  |  |
| <input type="checkbox"/> Other (please describe): _____           |  |  |

Any additional comments: \_\_\_\_\_

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Thank you for taking the time to complete this survey. Your perspective is important as we forecast the outlook of the occupational therapy profession in Arizona.

*Please return by **December 20<sup>th</sup>** to:*

**The Arizona Occupational Therapy Association  
PO Box 5214  
Peoria AZ 85385**

**OR**

*Scan and E-mail to:*  
**President.Elect@arizota.org**