1. Enter the letter from page 1 that best describes your primary and/or secondary practice setting in 2016: (enter one response for each item)
   A. Primary Practice Setting
   B. Secondary Practice Setting

2. In addition to providing primary eye care, what specialty services do you provide on a referral basis? (select all that apply)
   - No specialty, I am primary care
   - Infant/pediatric vision
   - Geriatric/home care vision
   - Disease management
   - Contact lens
   - Vision therapy
   - Impaired vision/low vision

In efforts to better understand and describe practice characteristics among our diverse profession, please indicate your gender, ethnicity, race and year of graduation from optometry school.

Please note: this information is intended for aggregate analysis only and is not shared at the individual level.

A. Gender: Male Female
B. Ethnicity: Hispanic or Latino Not Hispanic or Latino
C. Race: (please select no more than two)
   - American Indian/Alaska Native
   - Black/African-American
   - Hawaiian/Pacific Islander
   - Asian
   - White/Caucasian
   - Other (please specify)
D. Year of graduation from optometry school:

Please complete this questionnaire if you were a practicing optometrist during any part of 2016. Otherwise, please stop here and return the questionnaire. Thank you.

Individual Optometrist Questions

If you worked in more than one practice during 2016, please give information for the practice in which you spent the majority of your time in 2016. If there are two or more office in your primary practice, please total the figures for all offices and respond for the whole practice, not just one office.

3. What was the zip code for your primary practice in 2016?

4. What year did you start/join your 2016 primary practice?

5. What was your employment situation when you first joined your primary practice, and what was it in 2016?
   A. The practice was:
      - First Year 2016
        - A private practice owned entirely by one or more optometrists and NOT affiliated with a regional/national company or chain
        - 01
        - A franchise practice that was affiliated with a regional/national company or chain
        - 02
        - Owned entirely or in part by a regional/national company or chain
        - 03
        - Owned by a non-optometrist health care provider or entity
        - 04
        - Owned or operated by any branch of government
        - 05
        - An educational institution
        - 06
   B. You were:
      - 01. The only owner
      - 02. One of two or more owners
      - 03. An employee paid on a salary, commission, percentage or associate basis
      - 04. An independent contractor

6. Answer the following about the time you spent in your primary practice in 2016:
   A. Total number of weeks worked: (do not include vacation)
   B. Total number of hours per week spent in the practice:
   C. Number of these weekly hours spent treating patients in the office:

7. Which of the following best describes you in your primary practice in 2016?
   - A. Too busy to treat all patients requesting appointments
   - B. Provided care to all who requested appointments but was overworked
   - C. Provided care to all who requested appointments but was not overworked
   - D. Not busy enough; could have treated more patients

8. Answer the following about patient care you personally provided, AND that all optometrists in the practice (including yourself) provided in the primary practice during 2016.

In 2016, did the entire primary practice have more than one office location?
   A. Yes
   B. No

Of the 52 weeks in 2016, how many weeks was the entire primary practice scheduled to be open to provide care to patients (not including emergency cases)?

7. Which of the following best describes you in your primary practice in 2016?
   - A. Too busy to treat all patients requesting appointments
   - B. Provided care to all who requested appointments but was overworked
   - C. Provided care to all who requested appointments but was not overworked
   - D. Not busy enough; could have treated more patients

8. Answer the following about patient care you personally provided, AND that all optometrists in the practice (including yourself) provided in the primary practice during 2016.

9. On AVERAGE, how many patient visits per week were for each of the following eye care services in 2016? (Total should equal amounts entered in 8A above.)

10. Did the entire 2016 primary practice have more than one office location?
    A. Yes
    B. No

11. Of the 52 weeks in 2016, how many weeks was the entire primary practice scheduled to be open to provide care to patients (not including emergency cases)?

12. Please indicate the total number of doctors in the entire primary practice during 2016.
    - A. Total number of OWNER optometrists
    - B. Total number of NONOWNER optometrists (i.e., employed optometrists, associates and independent contractors)
    - C. Total number of OPHTHALMOLOGISTS

13. In 2016, in your entire primary practice what was the total:
    - A. Number of exam rooms
    - B. Total square feet of office space

14. What was the average scheduled length of an appointment for the entire primary practice in 2016?

15. For the entire practice during 2015, how long did the average patient of record and average new patient have to wait:
    - A. for the initial scheduled appointment (No. of Days)
    - B. to see the optometrist after arriving for the scheduled appointment
16. How many times did a typical patient visit the entire primary practice in 2016?

Number of Visits

17. Approximately what percentage of all patients who visited the entire primary practice in 2016 were:

A. Less than 5 years of age?
   %

B. 5 to 17 years of age?
   %

C. 18 to 34 years of age?
   %

D. 35 to 54 years of age?
   %

E. 55 to 64 years of age?
   %

F. 65 years of age or older?
   %

Total must equal 100%

18. Of the gross receipts collected in 2016, approximately what percentage was received:
   (if none, enter zero)

A. As direct patient payment?
   %

B. As payment from government or public programs (e.g., Medicare, Medicaid, or other public insurance)?
   %

C. As direct payment from commercial medical insurance carriers?
   %

D. As direct payment from VSP?
   %

E. As direct payment from self-directed vision plans? (i.e., Davis Vision, EyemEd, etc.)?
   %

F. From other sources of payment?
   %

Total must equal 100%

Paraoptometric Questions

19. Please indicate the number of staff in each position who were members of the AOA Paraoptometric Certification (CPC) in 2016. (If none, enter zero.)

<table>
<thead>
<tr>
<th>Member</th>
<th>Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Clinical Staff</td>
<td></td>
</tr>
<tr>
<td>B. Optical Dispensing Staff</td>
<td></td>
</tr>
<tr>
<td>C. Optical Laboratory Staff</td>
<td></td>
</tr>
<tr>
<td>D. Administration/Other Office Staff</td>
<td></td>
</tr>
</tbody>
</table>

20. Please indicate the number of full-time and part-time paraoptometric staff in the entire primary practice during 2016. (If none, enter zero.)

<table>
<thead>
<tr>
<th>Number of Paraoptometric Positions</th>
<th>Full-Time (32 hrs+ per week)</th>
<th>Part-Time (less than 32 hrs per week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Clinical Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Optical Dispensing Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Optical Laboratory Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Coding &amp; Billing/Insurance Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Secretary/Receptionist - Patient Scheduling Coordinator*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Office Managers*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Financial Coordinator (accounting/business personnel)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: For options a, e, and g, if one person performs more than one of these functions, please list that person in the category in which the largest percentage of his/her time is spent.

21. Please provide the following information for each of the paraoptometric positions in the entire primary practice during 2016. Provide information for the maximum number of employees in each category. If the practice did not employ someone in these positions, please check the appropriate box in the first column.

<table>
<thead>
<tr>
<th>N/A</th>
<th>Annual Salary/Wages/Commission per year Dollars</th>
<th>Weeks Worked</th>
<th>Hours Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Clinical Staff:</td>
<td>Position #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Optical Dispensing Staff:</td>
<td>Position #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Optical Laboratory Staff:</td>
<td>Position #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Coding &amp; Billing Staff:</td>
<td>Position #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Secretary/Receptionist:</td>
<td>Position #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Office Manager:</td>
<td>Position #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Financial Coordinator:</td>
<td>Position #1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Professional Expense & Gross Billings (Owners Only)

For Question 22, if your primary practice shared expenses for eye care facilities or staff with optometrists outside your primary practice, report only on your entire primary practice’s share of the expenses.

22. For your entire primary practice, what were the total professional expenses for operating the practice during 2016?

$__________

Entire Practice

23. Total wages paid to employees in 2016 (includes bonuses, insurance premiums, pension contributions, etc.)

$__________

Entire Practice

24. In the entire primary practice, what were the total gross receipts actually collected in 2016?

$__________

Entire Practice

25. Total 2016 Gross Revenue from the primary optometric practice

$__________

Professional Income (All Optometrists)

26. What was your personal 2016 net income from the following sources?

(When calculating net income, please include salary, commission, bonus and/or dividends. Also include any payments made to retirement plan on your behalf during 2016.)

A. Net income from primary practice

$__________

B. Net income from any secondary practice (leave blank if not applicable)

$__________

C. All other income from optometry, i.e., third practice, research, lectures, etc. (leave blank if not applicable)

$__________
27. If you were an employee in 2016, estimate the amount you received in non-cash fringe benefits from your employer as:
   A. Employer-paid health insurance premiums $__________
   B. Employer-paid dental insurance premiums $__________
   C. Employer-paid life insurance premiums $__________
   D. Employer pension/retirement contributions $__________

Third Party Payers

28. If you were a provider for any HMO or PPO during 2016, which services did you provide?
   A. Eyewear dispensing _______Yes _______No
   B. Treatment of glaucoma _______Yes _______No
   C. Vision Therapy _______Yes _______No
   D. Comprehensive eye exam _______Yes _______No
   E. Co-management of refractive surgery _______Yes _______No
   F. Co-management of cataract surgery _______Yes _______No
   G. Contact lenses _______Yes _______No
   H. Directly refer to specialty care for medical/surgical systemic conditions _______Yes _______No

29. Please tell us the number of medical plans you participated in during 2016:
   Number of Plans _______
   A. HMOs _______
   B. PPOs _______
   C. Other Plans _______

30. Please tell us the number of vision plans you participated in during 2016:
   Number of Plans _______
   A. HMOs _______
   B. PPOs _______
   C. Other Plans _______

31. For each service listed below, what percentage of your total patients did you accept a reduced fee for in 2016 and what was the average percentage reduction of that fee?

   % of Patients accepted a reduced fee % of Reduction in Fees
   A. Exam Fee _______ % _______
   B. Frames & Lenses _______ % _______
   C. Contact Lens _______ % _______

Retirement

32. At what age do you plan to fully retire from optometric patient care (i.e., zero patient care hours per year)?
   A. Expected Age: _______
   B. Already fully retired _______
   C. Don’t know _______

33. Do you plan to significantly reduce your patient care hours prior to retirement?
   Yes _______ No _______

34. At what age do you plan to significantly reduce your patient care hours?
   A. Expected Age: _______
   B. Already significantly reduced patient care hours _______
   C. Don’t know _______

35. Which factors will be most influential in your decision about when to retire? (select all that apply)
   A. Financial reasons/eligibility to apply for retirement benefits _______
   B. Changes in practice environment from government or managed care _______
   C. Increased competition or surplus of providers _______
   D. Health status or physical illness _______
   E. Desire to pursue other interests _______
   F. Career dissatisfaction or burnout _______
   G. Personal reasons not mentioned above _______
   H. Other (please specify) _______

36. Additional Comments:

Thank you for your assistance in this research project.

Please return this questionnaire by folding and placing tape as indicated. Drop into the mail; postage is already paid.

If you prefer, you may complete this survey online at: http://sgiz.mobi/s3/2017-OD-Prac and enter your online survey key.

Please complete online or return by September 1, 2017.
Thank you for your participation in this survey project.

We welcome any comments regarding this survey or other research projects conducted by the AOA or which you feel would be beneficial to the profession of optometry.