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In 2010 the Clinical Exercise Physiology Association (CEPA) conducted its first clinical exercise physiology practice survey. The purpose of this survey was to collect employment data including salary, scope of work, patient base, and job responsibilities among practicing clinical exercise physiologists. In 2015, CEPA followed up with their second clinical exercise physiology practice survey. In 2020 we wish to continue with our third survey. We at CEPA are thankful that you have clicked on the link that brought you here, and ask that you take your time and answer these following questions to the best of your ability.

1. My age is ___ years

2. My gender is:

Male

Female

3. My race is:

- Non-Hispanic White
- Hispanic or Latino
- Black or African American
- Asian / Pacific Islander
- Native American or Alaskan Native
- Other (please specify)

4. What country do you work in?

5. What state do you work in?

6. Highest level of education

- Associate's
- BS/BA

- MS/MA
- PhD/EdD
- Other (please specify)

7. Is your highest degree in Exercise Science/Exercise Physiology/Kinesiology?

- Yes
- No

7a. What field is your highest degree in?

7b. What level is your Exercise Science/Exercise Physiology/Kinesiology degree?

- Associate's
- BS/BA
- MS/MA

8. How many years have you worked in the field of clinical exercise physiology?

- Currently not working in the field
- 0-1 years
- 2-3 years
- 4-5 years
- 6-7 years
- 8-9 years
- 10-15 years
- 16-20 years
- 21-25 years
- >25 years

9. What is your current job title?

- Exercise Specialist
- Exercise Physiologist
- Clinical Exercise Physiologist
- Cardiovascular Technologist
- Program Director
- Program Coordinator
- Research Coordinator
- Research Assistant
- College/University Instructor/Professor
- Researchers
- Other (please specify)

10. What percent of your time is spent doing the following?

0 4 8 12 16 20 24 28 32 36 40 44 48 52 56 60 64 68 72 76 80 84 88 92 96 100

<p>Patient contact and related tasks (e.g., clinic notes, medical records review) <input type="radio"/></p>	<input type="text"/>
<p>Administrative tasks <input type="radio"/></p>	<input type="text"/>
<p>Research <input type="radio"/></p>	<input type="text"/>
<p>Other (please specify) <input type="radio"/></p> <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	<input type="text"/>

11. What is your primary work or educational setting?

- Cardiac rehabilitation
- Pulmonary rehabilitation
- Cardiovascular stress testing
- Physical therapy
- Exercise oncology
- Diabetes education
- Weight loss/bariatric surgery program
- Senior living center
- Corporate fitness
- Government fitness setting
- College/University classroom
- College/University research
- Community center (e.g., YMCA, Jewish community center)
- Hospital wellness facility

- Medical Fitness Center
- Commercial fitness center (e.g., Planet Fitness, Golds Gym)
- Non-University research
- Other (please specify)

12. Which ACSM certifications do you currently have?

Reminder. ACSM Registered Clinical Exercise Physiologist has been retired

- Program Director
- Clinical Exercise Physiologist
- Cancer Exercise Trainer
- Exercise Physiologist
- Personal Trainer
- Group Exercise Instructor
- Inclusive Fitness Trainer
- Physical Activity in Public Health Specialist
- Exercise is Medicine Level 1
- Exercise is Medicine Level 2
- Exercise is Medicine Level 3
- None

12a. At the time you took your first ACSM certification, what was the highest exercise science/physiology degree you had earned or were near completing?

- BA/BS

- MA/MS
- PhD/EdD
- Other (please specify)

13. What certifications/credentials do you currently have other than ACSM certifications?

- AACVPR Certified Cardiac Rehabilitation Professional (CCRP)
- Certified Personal Trainer (CPT)
- Registered Nurse (RN)
- Physical Therapist (PT)
- Registered Dietitian (RD)
- Occupational Therapist (OT)
- NSCA Certified Strength and Conditioning Specialist (CSCS)
- NSCA Certified Special Population Specialist (CSPS)
- Athletic Trainer Certified (ATC)
- Respiratory Therapist (RT)
- ASEP Certified Exercise Physiologist
- None
- Other (please specify)

14. What is your work status?

- Full-time
- Part-time
- PRN

15. How many hours do you work per week (on average)?

16. What is your hourly pay rate (If salaried, calculate based on 40 hours per week)?

17. What is your current annual salary?

18. Does your job include direct patient contact or the supervision of clinical services?

- Yes (continue with survey)
- No (end survey)

19. What patient population do you **primarily** work with?

- Cardiac rehabilitation
- Pulmonary rehabilitation
- Cardiovascular stress testing
- Physical therapy
- Exercise oncology
- Diabetes education
- Weight loss / bariatric surgery program
- Senior living center
- Corporate fitness
- Government fitness setting
- College / University classroom
- College / University research
- Community center (e.g., YMCA, Jewish community center)
- Hospital wellness facility
- Commercial fitness center
- Non-University research
- Other (please specify)

20. List all other programs / settings you currently work with
(select all that apply)

- Cardiac rehabilitation
- Pulmonary rehabilitation
- Cardiovascular stress testing
- Physical therapy
- Exercise oncology
- Diabetes education
- Weight loss / bariatric surgery program
- Senior living center
- Corporate fitness

- Government fitness setting
- College / University classroom
- College / University research
- Community center (e.g., YMCA, Jewish community center)
- Hospital wellness facility
- Commercial fitness center
- Non-University research
- None
- Other (please specify)

21. How often do you work with the following populations?

	All the time	Very often	Often	Less often	Seldom	Never
Cardiovascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metabolic (obesity, diabetes, metabolic syndrome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromuscular / Musculoskeletal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunologic / Hematologic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletes / Healthy populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How do you primarily bill for your services?

- Private pay

- Under hospital or program services
- Under a physician
- Other (please specify)

23. What CPT or G-codes do you bill for services? (Use a single code per entry, select multiple entries if you use more than one)

- #1
- #2
- #3
- #4
- None

24. Are you required to have an ACSM certification for your job?

- No
- Yes [please list certification(s)]

25. If you perform exercise stress testing, does your job require direct supervision (in the same room) by either a physician or another Allied Health Professional (not including another CEP)?

- Yes, for all tests
- No, for all tests
- Only for high risk patients
- N/A

26. If you work in cardiac rehabilitation, does your job require direct supervision (in the same room) by either a physician or another Allied Health Professional (not including another CEP)?

- Yes, for all classes
- No, for all classes
- Only for high risk patients
- N/A

27. Choose below the statement that best describes your job status since the start of the COVID-19 pandemic.

- No change to my job status
- I am still working my same hours, but in a different capacity
- My work hours have been reduced
- I have been temporarily furloughed
- I was let go of my job

28. Since the start of the COVID-19 pandemic, have you continued patient services?

- Yes, we still see patients
- Yes, but we now work with patients remotely (phone, video, other)
- No, all patient program have been temporarily suspended

29. Describe below what new job responsibilities, if any, you have needed to do as a result of the COVID-19 pandemic

What is your email address? ***Optional***

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