

Introduction and Consent

2020 Matriculating Student Survey

Important Information About the PAEA Matriculating Student Survey: Please Read Carefully

The Physician Assistant Education Association (PAEA) is the national organization that represents physician assistant (PA) programs and advocates on behalf of students, faculty, and educational programs. PAEA administers the Matriculating Student Survey (MSS) annually to all incoming first-year PA students. The MSS seeks information from entering PA students to improve education, recruitment, and retention.

The survey will take approximately 20 to 25 minutes to complete. Students who complete the survey will have the opportunity to enter into a prize drawing. Questions on the MSS cover topics such as:

- Demographic information
- Academic and employment background
- Factors related to your choice of the PA profession and your PA program
- Educational financing
- Intended specialty and practice environments
- Health and well-being

Incentives

Respondents who complete the survey will have the opportunity to enter into a drawing for one of four \$25 Amazon gift cards. PAEA will enter each PA program with at least an 80% response rate into a drawing for a \$250 gift card that can be used to help sponsor a pizza party or other event decided by your class. Additionally, each PA program with at least an 80% response rate will be entered into a drawing for a free 2021 PAEA Education Forum registration.

Participation is Voluntary

Participation in this survey is completely confidential and voluntary. You have the right to not answer any questions you choose. There is no penalty for not completing the survey or for discontinuing it. You may withdraw at any time by simply closing the survey. Although you may skip any questions you do not feel comfortable answering, providing honest and complete information helps improve the reliability and validity of these important data. If you believe you are being coerced into participation, please contact PAEA research staff (research@PAEAonline.org).

Confidentiality Statement

The data collected in this survey are classified as confidential. You will have the option of providing your email address if you wish to participate in the incentive drawing but it will not be stored with your answers. Once this survey closes and incentive drawing participants are contacted, email addresses will be permanently removed from the dataset to ensure confidentiality. Your email address and identified responses will never be released to your program or any other entity under any circumstances.

Individually identifying data will only be released to IRB-approved faculty at your PA program and only with your explicit permission. The responses you provide on this survey are retained by PAEA in a secure server which may only be accessed by a small number of designated PAEA research staff trained in human subjects protections and confidentiality procedures. PA programs typically receive data in reports that aggregate responses at the national level. On occasion, for the purpose of conducting further studies, researchers may request a de-identified (i.e., all identifying information is stripped from anonymous responses) file of individual-level data. PAEA reduces the probability of connecting responses to specific individuals by not providing information where the small number of respondents in a specific category could potentially allow individuals to be identified. Researchers requesting de-identified files will be required to agree to terms that outline how the data may be used and for how long. This data collection activity has been reviewed according to PAEA policies and procedures and its Institutional Review Board and is considered to be minimal risk. PAEA has taken extensive measures to ensure the security of the data and the confidentiality of the responses. We believe that there are no anticipated risks or discomforts associated with taking this survey. PAEA does not use survey data for marketing purposes.

If you have any questions about your rights as a participant or experience technical difficulties while completing the survey, please contact PAEA research staff (research@PAEAonline.org; 703-667-4328).

Thank you for participating and welcome to PA school!

PAEA Research Staff

Please select an option below to indicate whether you have read the above disclosure and agree to participate in this research.

- I have read and understood the preceding information and **freely consent to participate in the survey.**
- I have read and understood the preceding information and **choose not to participate in the survey.**

Important Note

Your responses will automatically save as you progress through the survey. If you close your survey before you finish, you may pick up where you left off **if you use the same device and the same browser.** Please contact PAEA research staff (research@PAEAonline.org, 703-667-4328) at any time if you have any questions or experience any technical difficulties. Thank you for participating!

Unique Identifier

Collecting student data at the beginning and end of PA school helps PAEA identify the factors that improve student experiences and education. To help us **anonymously** link your responses between this survey and the End of Program Survey, please create your own unique code, following the example below. **Your code will be kept separate from your survey responses and researchers will not be able to determine your identity.** Thank you for helping us conduct important research and improve PA student educational experiences.

Example:

First 2 letters of your mother's first name: If your mother's name is Jane, enter **JA**

First and last letters of your mother's maiden name: If your mother's maiden name is **Smith**, enter SH

Last letter of your first name: If first name is John, enter **N**

Last 2 digits of your year of birth: If year of birth is 1960, enter **60**

First letter of the city you were born: If born in Boston, enter **B**

Unique code will be **JASHN60B**

Please provide the following information to create your own unique code:

First 2 letters of your mother's first name

First and last letters of your mother's maiden name

Last letter of your first name

Last 2 digits of your year of birth

First letter of the city you were born

Screening

1. Did you start your current PA program **less than three months ago**?

Yes

No

1a. Will you be starting your PA program within the next month?

Yes

No

Your PA Program

2. Please select the state in which your program is located from the drop-down list below.

3. Please select your program from the drop-down list below.

Note: Several programs have similar names; please make sure that you select the correct one.

3a. Are you enrolled at a distant or satellite campus?

Yes

No

3b. Please provide the full name of the distant or satellite campus you are enrolled in.

Consent to be included in a student database

The $\{q://QID147/ChoiceGroup/SelectedChoices\}$ PA program is collecting student data for inclusion in a student database for use in educational research and program improvement. The Physician Assistant Education Association (PAEA) will only release your data to $\{q://QID147/ChoiceGroup/SelectedChoices\}$ with your written consent. You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your identified data to any parties and will store your data according to the standard confidentiality and privacy protections outlined

previously. If you choose not to release your data to $\{q://QID147/ChoiceGroup/SelectedChoices\}$ you can still complete the survey and are eligible to win any prizes associated with completing the survey.

In order for this data to be released to $\{q://QID147/ChoiceGroup/SelectedChoices\}$, your first and last name will be supplied to the $\{q://QID147/ChoiceGroup/SelectedChoices\}$ but will be permanently removed from the PAEA database. $\{q://QID147/ChoiceGroup/SelectedChoices\}$ will protect this information using the standards and protections detailed in their IRB agreement with their home institution, and may not share your data with any external individuals or parties.

Please select an option below to indicate whether you have read the above disclosure and agree to release your data to $\{q://QID147/ChoiceGroup/SelectedChoices\}$.

- I have read and understood the preceding information and freely **agree** that PAEA may release my data to $\{q://QID147/ChoiceGroup/SelectedChoices\}$ for inclusion in a student database.
- I have read and understood the preceding information and **choose NOT** to release my data to $\{q://QID147/ChoiceGroup/SelectedChoices\}$ for inclusion in a student database.

Thank you for agreeing to share your information with the $\{q://QID147/ChoiceGroup/SelectedChoices\}$ PA program for inclusion in their student database. Please provide your first and last name. This information will be permanently removed from the PAEA database.

First name

Last name

4. Did you complete an application on CASPA, the Central Application System for PA programs?

- Yes
- No

5. In what month did you enter (or expect to enter if you are in orientation now) the official PA program?

6. Please enter your age at the time you entered the [graduate, professional phase](#) of your PA program.

About You, Your Health, and Well-Being

You, Your Health, and Well-Being

Why do we collect this information?

7. Which of the options below best describes your current gender identity?

- Male
- Female
- Indigenous or other cultural gender minority (e.g. two-spirit)
- Something else (e.g. gender fluid, non-binary)
- I don't know the answer/Prefer not to answer

8. What sex were you assigned at birth, meaning on your original birth certificate?

- Male
- Female
- I don't know the answer/Prefer not to answer

8a. What gender do you currently live as in your day-to-day life?

- Male
- Female
- Sometimes male, sometimes female
- Something other than male or female
- I don't know the answer/Prefer not to answer

9. Which of the following best represents how you think of yourself?

- Bisexual
- Gay or lesbian or homosexual
- Straight or heterosexual
- Other
- I don't know the answer/Prefer not to answer

10. What is your race? Please check as many as apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or European American
- I prefer not to answer
- Other, please specify:

10a. How do you self-identify? Please check as many as apply.

- Bangladeshi
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Japanese
- Korean
- Laotian
- Pakistani
- Taiwanese
- Thai
- Vietnamese
- Other Asian, please specify:

10b. How do you self-identify? Please check as many as apply.

- African
- African American
- Afro-Caribbean
- Other Black or African American, please specify:

10c. How do you self-identify? Please check as many as apply.

- Guamanian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander, please specify:

11. Are you Hispanic, Latino, or Spanish in origin?

- Yes
- No
- I prefer not to answer

11a. How do you self-identify? Please check as many as apply.

- Argentinean
- Colombian
- Cuban
- Dominican
- Mexican, Mexican American, Chicano/Chicana
- Peruvian
- Puerto Rican
- Other Hispanic, Latino, or Spanish origin, please specify:

12. Are you Middle Eastern or Arabic in origin?

- Yes
- No
- I prefer not to answer

13. Approximately what percentage of your life have you spent in the following environments?
Percentages must sum to 100%. If you prefer not to answer, please enter '100' in 'I prefer not to answer.'

Inner city	<input type="text" value="0"/>	%
Rural	<input type="text" value="0"/>	%
Suburban	<input type="text" value="0"/>	%
Urban	<input type="text" value="0"/>	%
Outside the US	<input type="text" value="0"/>	%
Military base(s)	<input type="text" value="0"/>	%
Native American/American Indian reservation	<input type="text" value="0"/>	%
Other, please specify: <input type="text"/>	<input type="text" value="0"/>	%
I prefer not to answer	<input type="text" value="0"/>	%
Total	<input type="text" value="0"/>	%

This section is based on the Association of American Medical Colleges (AAMC) Matriculating Student Questionnaire (MSQ).

14. Please select the number that best describes your feelings **during the past week, including today**. "0" represents "as bad as it can be" and "10" represents "as good as it can be."

	As bad as it can be 0	1	2	3	4	5	6	7	8	9	As good as it can be 10
Overall quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall mental well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall physical well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of social activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please select the number that best describes your level of fatigue, on average, **during the past 30 days**. "0" represents "no fatigue" and "10" represents "constant tiredness."

	No fatigue 0	1	2	3	4	5	6	7	8	9	Constant tiredness 10
Level of fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please select the number that best describes your level of satisfaction with social support from friends and family **during the past 30 days**. "0" represents "not at all satisfied" and "10" represents "highly satisfied."

	Not at all satisfied 0	1	2	3	4	5	6	7	8	9	Highly satisfied 10
Level of social support from friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please select the number that best describes your financial concerns **during the past 30 days**. "0" represents "no concerns" and "10" represents "constant concerns."

	No concerns 0	1	2	3	4	5	6	7	8	9	Constant concerns 10
Financial concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please indicate how often you felt or thought a certain way **during the past 30 days**.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Military Experience

Military Experience

19. Are you currently, or have you ever, served in the military?

- Yes
- No
- I prefer not to answer

19a. What is your current military status?

- Veteran/commitment complete
- Regular military – active
- Regular military – inactive
- Reserve military – active
- Reserve military - inactive
- I prefer not to answer

19b. In which of the following branches did you serve/do you currently serve? If you served in more than one branch, please select the branch in which you served the most time

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy

19c. How many years were you/have you been enlisted in active duty military service?

19d. Did you receive health care-related training/experience in the military?

- Yes

- No
- I prefer not to answer

19e. Which of the following describe your military healthcare experience? Please select all that apply. If your exact experience is not listed, please select the responses that most closely match your experiences.

- Combat lifesaving
- Dental
- Emergency medical technician (EMT)
- General Duty Medic or Corpsman
- Healthcare Administration
- Medical Logistics
- Mental Health
- Nursing
- Nutrition Care
- Operating Room (e.g., surgical tech)
- Patient Administration
- Pharmacy
- Radiology
- Respiratory
- Special Operations/Special Forces Medic
- Other specialized medic (e.g., Independent Duty Corpsman, Flight Medic)
- Other, please specify:
- I prefer not to answer

Your Education

Your Education

20. Please indicate the highest level of education you completed prior to entering the [graduate, professional phase](#) of your PA program. If your exact degree is not listed, please select the degree that most closely match yours.

- High school diploma/GED
- Some college but no degree

- Associate's degree
- Bachelor of Arts
- Bachelor of Science
- Other Bachelor's degree (e.g., business, BFA)
- Master's degree (health- or natural sciences-related; e.g., MPH)
- Master's degree (not health- or natural-sciences related; e.g., MBA)
- Academic doctorate (health- or natural sciences-related; e.g., Biology PhD)
- Academic doctorate (not health- or natural sciences-related; e.g., EdD)
- Professional doctorate (health-related; e.g., MD)
- Professional doctorate (not health-related; e.g., JD)
- Foreign medical graduate/unlicensed medical graduate
- Other, please specify:
- I prefer not to answer

20a. For your bachelor's degree, in which primary discipline did you major? Please select the choice that best matches your major. If your exact major is not listed, please select the major that most closely match yours.

Note: If you double-majored, you will be asked for your secondary major in the following question.

- Audiology/Speech-Language Pathology
- Biology (includes Anatomy, Physiology, Microbiology, and Zoology)
- Business
- Chemistry (includes Biochemistry)
- Communications (includes Advertising and Journalism)
- Exercise Science/Athletic Training
- Fine Arts (e.g., Performing or Visual Arts)
- Foreign Language (e.g., Spanish, French)
- General Studies
- Healthcare Administration
- Health Sciences
- Humanities (e.g., History, Philosophy)
- Kinesiology
- Mathematics
- Medical laboratory sciences
- Neuroscience
- Nursing

- Nutrition/Dietetics
- Physics
- Premedical Studies
- Psychology
- Public Health
- Social Sciences (e.g., Social Work, Anthropology)
- Other, please specify:
- Not applicable

20b. Did you complete a double major in your undergraduate education?

- Yes
- No

20c. For your bachelor's degree, in which secondary discipline did you major? Please select the choice that best matches your major. If your exact major is not listed, please select the major that most closely match yours.

- Audiology/Speech-Language Pathology
- Biology (includes Anatomy, Physiology, Microbiology, and Zoology)
- Business
- Chemistry (includes Biochemistry)
- Communications (includes Advertising and Journalism)
- Exercise Science/Athletic Training
- Fine Arts (e.g., Performing or Visual Arts)
- Foreign Language (e.g., Spanish, French)
- General Studies
- Healthcare Administration
- Health Sciences
- Humanities (e.g., History, Philosophy)
- Kinesiology
- Mathematics
- Medical laboratory sciences
- Neuroscience
- Nursing
- Nutrition/Dietetics
- Physics

- Premedical Studies
- Psychology
- Public Health
- Social Sciences (e.g., Social Work, Anthropology)
- Other, please specify:
- Not applicable

20d. What was your college/university **undergraduate overall grade point average (GPA)** at the time of your graduation?

Note: Do not include cumulative GPA for additional college work done after graduation for prerequisites-requisites. Use a 4-point scale where an A = 4.0. If not applicable, please leave the space below blank.

20e. Approximately how many additional semester credits did you complete to only satisfy prerequisite requirements for the PA programs where you applied?

Note: Please enter "0" if you did not take any additional credits to satisfy prerequisite requirements.

21. Is the place you consider home (or the place where you spent the majority of your life before college) within the United States and its territories?"

- Yes
- No

21a. Please enter the five-digit code for the place you considered to be home or spent the majority of your life before college.

Note: Please do not enter the zip code of the college or university attended while applying to your PA program—unless you grew up in that zip code in addition to attending college there.

Application to PA School and The Health Professions

Applying to PA School

22. When did you decide to become a PA?

- Before high school
- During high school/before college
- During the first two years of college
- After receiving an associate's degree
- During junior year of college
- During senior year of college
- After receiving a bachelor's degree
- During advanced/graduate training or degree (non-PA)
- After completing an advanced/graduate training or degree (non-PA)

23. People choose to pursue a PA career for many reasons. Please drag all the reasons that made you choose to become a PA to the box and then rank them by importance, with "1" being the most important reason. You can rank as many reasons as you would like.

Items	Reasons I chose to become a PA
Other health professions were less appealing	
Prestige	
Excitement of health care	
Mobility (geographically)	
Desire to care for underserved populations	
Desire to care for patients	
Desire to influence the direction of health care	
Cost of education/affordability	
Parental/peer pressure	
Want to expand scope of practice as a health professional (previously served in a more limited provider role)	
Mobility within PA specialties	
Work-life balance	

Level of education

A "calling" to the
healthcare profession

Length of education

Financial stability

Relieving pain and suffering

Other, please specify

24. In what year did you complete your most recent degree? Please enter the full, four-digit year (e.g., 2010).

- Year most recent degree was completed:
- Have not yet completed a non-PA degree
- Moved from undergraduate, pre-professional phase directly to the [graduate, professional phase](#) of the program without completing an undergraduate degree.

25. For the following statements regarding your application to PA programs for the current school year, please enter the appropriate number of programs:

Number of PA programs

Submitted an
application

Granted an interview

Received an acceptance
letter

26. Please estimate the total amount of money you spent applying to PA school, including fees and cost of interviews, **for this year only**.

Note: Please **do not** include costs from campus visits that were not associated with an interview, other non-mandatory expenses (e.g., interview clothes), prerequisite coursework, or the cost of applying to PA school in previous years.

- No cost (\$0)
- \$1 to \$499
- \$500 to \$999
- \$1,000 to \$1,499

- \$1,500 to \$1,999
- \$2,000 to \$2,499
- \$2,500 to \$2,999
- \$3,000 to \$3,499
- \$3,500 to \$4,999
- \$5,000 to \$5,499
- \$5,500 to \$5,999
- \$6,000 to \$6,499
- \$6,500 to \$6,999
- \$7,000 or more

27. Have you applied to PA school **before this academic year**?

- Yes
- No

27a. For how many **distinct school years** have you applied to one or more PA programs, including this school year?

28. Did you apply to and/or seriously consider a career in another health profession (e.g., MD, NP, PT)?

- Yes
- No

28a. Why did you choose to attend PA school instead of pursuing training in another health profession? Please select all factors that apply.

- Length of PA education was shorter
- Was not accepted by another health professions program
- PA scope of practice
- PA profession was a better fit for my personality
- Cost of attending PA school was lower
- Wanted supervising physician relationship
- Other, please describe:

29. Many factors may have influenced your decision to become a PA. Please **drag** all of the factors that made you want to become a PA to the box on the right, then **rank** them by how influential they were to your decision. "1" should be the factor that had the greatest influence on your decision to become a PA, or that most made you want to become a PA.

Items	Most influential factors that made you want to become a PA
AAPA website/literature	
PA who treated me/my family	
Project Access	
Family member	
PA program literature	
Public media (e.g., television, newspaper, radio)	
Friend	
Previous military experience	
Career counselor/teacher (high school or college)	
Social media (e.g., YouTube, Facebook)	
Previous healthcare experience	
PA program faculty/staff	
PAEA website/literature	
Physician who treated me/my family	
College/campus admissions department	
Other physician acquaintance	
Other PA acquaintance	
Other health professional	
Other, please specify	
<input type="text"/>	

30. As you were choosing which PA programs you would like to attend, which of the following **program attributes** did you consider and how important was it to you that your PA program have these attributes?

	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
High likelihood of admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program offers scholarships and financial aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good faculty reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rigorous clinical curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse student body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Program mission consistent with personal values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required few or no prerequisites beyond what I had already completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small class size/student-faculty ratio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desirable program location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many opportunities to gain clinical experience (e.g., rotations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Good program reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High PANCE pass rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dual degree offered (e.g. PA plus MPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affiliated with a hospital or clinic system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Quality program facilities (e.g., labs and equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Please rate how the following **experiences** influenced your decision to accept the offer of admission to the program in which you are currently enrolled.

	Made me not want to attend the program	No influence on my decision to attend the program	Made me want to attend the program	Did not experience/Not applicable
Conversations with program alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations with program faculty and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations with current students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program interview experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program admissions outreach/recruitment efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work Experience

Work Experience

32. Have you ever been employed in a health care field (**excluding internships or other experiences related to completion of a degree**)?

- Yes
- No
- I prefer not to answer

32a. Please check the appropriate box(es) if you have experience in one or more of the following health care professions or fields.

- Alternative/complementary/naturopathic medicine

- Athletic trainer
- Case manager
- Chiropractor
- Clinical research coordinator/assistant
- Dental assistant/hygienist
- Emergency room technician
- EMT/paramedic
- Healthcare administrator
- Health services researcher
- Home health aide
- Medic or medial corpsman
- Medical assistant
- Medical lab technician
- Medical reception/records
- Medical technician
- Nurse practitioner
- Nurse, licensed practical
- Nurse, registered
- Nursing assistant
- Nutritionist/dietitian
- Occupational therapist/occupational therapy assistant
- Ophthalmic technician/assistant
- Optometrist
- Pharmacist
- Pharmacy technician
- Phlebotomist
- Physical therapist/physical therapy assistant
- Physician
- Podiatrist
- Psychologist
- Radiologic technologist
- Radiology technician
- Respiratory technician
- Respiratory therapist
- Scribe
- Social worker
- Sonographer

- Surgical technician/assistant
- Other, please specify:

32b. How many weeks and hours per week did you work in a health care field? If none, please enter '0'. **Please only include paid work experiences.**

	Weeks	Hours per week
Direct patient contact (e.g., Nurse or nursing aide)	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>
Healthcare setting (indirect patient contact; e.g., medical secretary or receptionist)	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>
Total	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>

33. Have you ever participated in any paid or voluntary community service work (e.g., Peace Corps, AmeriCorps, service learning activities, mission work)?

- Yes
- No
- I prefer not to answer

33a. How many weeks did you spend in the following settings during your paid or voluntary community service work?

	Weeks of paid experiences	Weeks of volunteer experiences	Weeks of service learning experiences associated with completion of academic studies
International medical	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>
International non-medical	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>
U.S. medical	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>
U.S. non-medical	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>
Total	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>	<input style="width: 50px; height: 25px;" type="text" value="0"/>

Your Future Practice

Your Future Practice

34. Please rate the desirability of practicing in the following environments.

	Very undesirable	Undesirable	Neither desirable or undesirable	Desirable	Very desirable
Inner city	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suburban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal/state prison system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military base(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice outside the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American/American Indian Reservation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Affairs (VA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Upon graduation, how likely are you to choose to work in a [medically underserved community](#)?

Note: Examples of medically underserved communities include inner city, rural, prison, military and VA, and Native American/American Indian reservations.

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely

36. Please rate the desirability of practicing in the following specialty areas after your graduation.

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
<u>Other specialties</u>				
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventional radiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retail clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric subspecialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Occupational medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry/Behavioral medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correctional medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other specialty, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Internal medicine specialties

Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oncology/Hematology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Nephrology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other internal medicine subspecialty, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Primary care specialties

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Family/General medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General internal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology/Women's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Inpatient specialties

Critical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Hospitalist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Emergency medicine specialties</u>				
Emergency medicine (not urgent care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Surgery specialties</u>				
General surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular/Cardiothoracic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surgical subspecialties, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36a. Please **rank** each specialty that you are interested in based on your desire to practice in them after graduation. Drag the specialties into the correct order. '1' should be the specialty you want to practice in the most.

- Family/General medicine
- General internal medicine
- General pediatrics
- Geriatrics
- Obstetrics/Gynecology/Women's health
- General surgery
- Orthopedic surgery
- Cardiovascular/Cardiothoracic surgery

Neurosurgery

Urologic surgery

Plastic surgery

Other surgical specialties: \${q://QID132/ChoiceTextEntryValue/12}

Emergency medicine (not urgent care)

Urgent care

Cardiology

Oncology/Hematology

Nephrology

Endocrinology

Gastroenterology

Infectious disease

Rheumatology

Other internal medicine specialties: \${q://QID132/ChoiceTextEntryValue/23}

Critical care

Hospitalist

Dermatology

Neurology

Interventional radiology

Palliative care

Pain management

Retail clinic

Pediatric specialties

Occupational medicine

Psychiatry/Behavioral medicine

Correctional medicine

Other specialty: \${q://QID132/ChoiceTextEntryValue/36}

37. Please estimate the annual salary you expect at graduation for a full-time position as a PA.

- \$49,999 or less
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to 109,999
- \$110,000 to \$119,999
- \$120,000 to \$129,999
- \$130,000 or more

38. This question is based on an item from Higher Education Research Institute's (HERI) College Senior Survey. When thinking about your career path after PA school, how important are the following considerations?

	Not important	Somewhat important	Very important	Essential
Ability to pay off debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible working schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High income potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High level of autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social recognition or status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stable, secure future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervising physician relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work/life balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working for social change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Family

Your Family

39. Which of the following best describes your current civil status?

- Single (never legally married, includes engaged but never legally married)
- Married
- Domestic partnership
- Civil union
- Separated, but still legally married
- Divorced
- Widowed
- I prefer not to answer

40. Other than yourself, how many legal dependents do you have? If you do not have any legal dependents, please enter "0".

41. Are you considered a dependent by your parents (i.e., did they claim you on their income taxes last year)?

- Yes
- No
- I do not know/prefer not to answer

42. What is your parents'/guardians' **combined estimated annual gross income**?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 or higher

I do not know/prefer not to answer

43. What is the **combined estimated gross annual income** for your household (this includes your income in addition to the income of your spouse/partner, if applicable)?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 or higher
- I do not know/prefer not to answer

44. What is the highest level of education of your parent(s) or guardian(s)? For example, if one parent/guardian holds an Associate's degree, and one holds a Master's degree, please select "Master's degree."

- Grade school (did not enter high school)
- Some high school
- High school diploma/GED
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Academic doctorate (e.g., PhD, EdD)
- Professional doctorate (e.g., MD, DO, PharmD, JD)
- Other, please specify:
- I prefer not to answer

Financing Your Education

Financing Your Education

All of the information you share in this survey, including financial data, is confidential and will not be released to your school or any other person or institution. No identifying information will be linked to your answers.

The information you provide will help the PA community and PAEA better understand the costs of education and inform advocacy efforts to make PA education more affordable.

If you cannot remember the actual figures for some of the questions, please enter your best estimates. You may also check your federal loans, grants, and aid overpayments at the [National Student Loan Data System](#).

45. Have you received any scholarships, stipends, or grants (not loans) for the [graduate, professional phase](#) of your PA program?

- Yes
- No

45a. Please enter the **dollar amount** of the scholarships, stipends, or grants (**not loans**) that have been offered to you, and you have accepted, for the [graduate, professional phase](#) of your PA education.

Amount of scholarships, stipends, grants (not loans) that have been offered to you, and you have accepted, for the [graduate, professional phase](#) of your PA education:

45b. If you prefer not to provide a dollar amount, we would appreciate if you could select the category that best represents the amount.

Amount of scholarships, stipends, grants (**not loans**) that have been offered to you, and you have accepted, for the [graduate, professional phase](#) of your PA education:

- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999

- \$100,000 or more
- I don't know/I prefer not to answer

46. Do you have any outstanding **pre-PA (undergraduate or non-PA graduate) educational loans**?

- Yes
- No
- I prefer not to answer

46a. Please enter the dollar amount that you owe on your **outstanding pre-PA (undergraduate or non-PA graduate) educational loans**, excluding interest. We ask for this in order to provide the most accurate data possible to our government relations team, who work to make PA education more affordable for all students.

Amount you owe of outstanding pre-PA (undergraduate or non-PA graduate) educational loans, excluding interest:

46b. If you prefer not to provide a dollar amount, we would appreciate if you could select the category that best represents the amount you owe on your outstanding pre-PA educational loans.

Amount you owe of **outstanding pre-PA (undergraduate or non-PA graduate) educational loans**, excluding interest:

- \$1 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 or more
- I don't know/I prefer not to answer

47. Do you have any outstanding **service indebtedness** and/or currently participate in a loan forgiveness/repayment program associated with your pre-PA (undergraduate or non-PA graduate) education?

- Yes
 No

47a. Please select the type of service requirement and/or loan forgiveness/repayment program.

- Armed Services (e.g., military service)
 Department of Education's Public-Service Loan Forgiveness (PSLF)
 Employer-based program (e.g., hospital-based loan repayment)
 Indian Health Service Corps (IHSC)
 National Health Service Corps (NHSC)
 State loan forgiveness program
 Other Uniformed Service (e.g., Center of Disease Control [CDC], Department of Health and Human Services [HHS], Public Health Service [PHS] commissioned officer corp)
 Other, please specify:

47b. Please enter the total number of years required to fulfill your service requirement, and the number of years you have already completed.

	Years
Total number of years required to fulfill your service requirement	<input type="text"/>
Number of years you have already completed	<input type="text"/>

48. How were your **pre-PA (undergraduate and/or pre-PA graduate) education** costs paid? This refers to any education costs **prior** to entering your professional/graduate PA program. Please select all sources that apply.

- Employer support (e.g., tuition reimbursement)
 Loans
 Military benefits (e.g., GI Bill/VA tuition assistance)
 Money earned by spouse/partner
 Other family support (excludes money from spouse/partner)
 Personal income and savings
 Scholarships or awards from external sources

- Scholarships or awards from your college/university
- Work study program
- Other, please specify
- I prefer not to answer

48a. Please estimate the percentage of your **pre-PA (undergraduate and/or pre-PA graduate) education** costs that was paid for by each source. The total of all sources must equal 100%. If you prefer not to answer, please enter '100' in the box by 'I prefer not to answer.'

%

Employer support (e.g., tuition reimbursement)	<input type="text" value="0"/> %
Loans	<input type="text" value="0"/> %
Military benefits (e.g., GI Bill/VA tuition assistance)	<input type="text" value="0"/> %
Money earned by spouse/partner	<input type="text" value="0"/> %
Other family support (excludes money from spouse/partner)	<input type="text" value="0"/> %
Personal income and savings	<input type="text" value="0"/> %
Scholarships or awards from external sources	<input type="text" value="0"/> %
Scholarships or awards from your college/university	<input type="text" value="0"/> %
Work study program	<input type="text" value="0"/> %
Other: \${q://QID103/ChoiceTextEntryValue/8}	<input type="text" value="0"/> %
I don't know/I prefer not to answer	<input type="text" value="0"/> %
Total	<input type="text" value="0"/> %

49. How do you plan to finance the **graduate, professional phase of your PA education?** Please select all sources that apply.

- Employer support (e.g., tuition reimbursement)
- Loans
- Military benefits (e.g., GI Bill/VA tuition assistance)
- Money earned by spouse/partner
- Other family support (excludes money from spouse/partner)
- Personal income and savings
- Scholarships or awards from external sources
- Scholarships or awards from your college/university

- Work study program
- Other, please specify
- I prefer not to answer

49a. Please estimate the percentage of your [graduate, professional PA education costs](#) that will come from each source. The total of all sources must equal 100%. If you prefer not to answer, please enter '100' in the box by 'I prefer not to answer.'

%

Employer support (e.g., tuition reimbursement)	<input type="text" value="0"/>	%
Loans	<input type="text" value="0"/>	%
Military benefits (e.g., GI Bill/VA tuition assistance)	<input type="text" value="0"/>	%
Money earned by spouse/partner	<input type="text" value="0"/>	%
Other family support (excludes money from spouse/partner)	<input type="text" value="0"/>	%
Personal income and savings	<input type="text" value="0"/>	%
Scholarships or awards from external sources	<input type="text" value="0"/>	%
Scholarships or awards from your college/university	<input type="text" value="0"/>	%
Work study program	<input type="text" value="0"/>	%
Other: \${q://QID140/ChoiceTextEntryValue/8}	<input type="text" value="0"/>	%
I don't know/I prefer not to answer	<input type="text" value="0"/>	%
Total	<input type="text" value="0"/>	%

50. Did you take out any **educational loans** to pay for the [graduate, professional phase of your PA education](#)?

- Yes
- No
- I prefer not to answer

50a. Please enter the outstanding dollar amount of the educational loans you took out to pay for the [graduate, professional phase](#) of your PA education, excluding interest. We ask for this in order to provide the most accurate data possible to our government relations team, who work to make PA education more affordable for all students.

50b. If you prefer not to provide a dollar amount, we would appreciate if you could select the category that best represents the amount you of PA educational loans you hold.

Amount of outstanding educational loans you took out to pay for the [graduate, professional phase](#) of your PA education, excluding interest.

- \$1 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 or more
- I don't know/I prefer not to answer

51. Do you have any **non-educational, consumer debt**? Please check all categories that apply.

- Car loan(s)
- Credit card debt
- Mortgage(s)
- Other consumer debt or loan(s)
- No non-educational, consumer debt
- I prefer not to answer

51a. Please estimate the dollar amount(s) of **non-educational, consumer debt** you currently have. Please enter 0 for non-applicable categories and do not use dollar signs or commas.

We ask for this in order to provide the most accurate data possible to our government relations team, who work to make PA education more affordable for all students. This information will help PAEA gather a more complete picture of PA students' financial situations.

Dollar Amount

Car loan(s)

Dollar Amount

Credit card debt

Mortgage(s)

Other consumer debt or loan(s)

51b. If you prefer not to provide a dollar amount, we would appreciate if you could select the category(ies) that best represents the amount(s) you owe.

Amount of non-educational, consumer debt:

	Car loan(s)	Credit card debt	Other consumer debt or loan(s)
N/A : \$0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$1 to \$4,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$5,000 to \$9,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$10,000 to \$14,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$15,000 to \$19,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$20,000 to \$24,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$25,000 to \$29,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$30,000 to \$49,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$50,000 to \$74,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$75,000 to \$99,999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$100,000 or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know/I prefer not to answer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51c. If you prefer not to provide a dollar amount, we would appreciate if you could select the category that best represents the amount you owe.

Amount of non-educational, consumer debt: **mortgage(s)**.

	Mortgage(s)
N/A : \$0	<input type="radio"/>
\$1 to \$4,999	<input type="radio"/>
\$5,000 to \$9,999	<input type="radio"/>
\$10,000 to \$14,999	<input type="radio"/>
\$15,000 to \$19,999	<input type="radio"/>
\$20,000 to \$24,999	<input type="radio"/>
\$25,000 to \$29,999	<input type="radio"/>

Mortgage(s)

- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 to \$249,999
- \$250,000 to \$274,999
- \$275,000 to \$299,999
- \$300,000 to \$349,999
- \$350,000 to \$399,999
- \$400,000 to \$449,999
- \$450,000 to \$499,999
- \$500,000 to \$549,999
- \$550,000 to \$599,999
- \$600,000 or higher
- I don't know/I prefer not to answer

52. What do you anticipate your total debt (**excluding personal debt**) to be from attending PA school?

- \$0
- \$1 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 or greater
- I don't know/I prefer not to answer

Conclusion and Thank You

53. Thank you for your participation. Please comment below on any questions that you considered to be confusing or difficult to respond to. We would also appreciate any other feedback you would like to offer in order to improve our survey.

54. If you are interested in being entered into a drawing for one of four \$25 Amazon gift cards, please provide your email address below. Your email address is not stored with your responses and will be permanently deleted as soon as the drawing is complete.

If you have any questions or need to report any errors concerning your survey, please contact PAEA Research Staff at research@PAEAonline.org. If you need to change any responses, PAEA Research Staff will be happy to assist you. Please be sure to hit the "submit" button and close this browser window when you are done in order to protect your privacy.

Best wishes for your PA career,

PAEA Research Staff

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