Practice Patterns and Professional Liability Issues in Washington State

Please answer these questions as they pertain to your personal practice, unless specified to respond for your larger office practice.

1. Are you currently in clinical practice?
   - Yes
   - No ➔ SKIP TO QUESTION 9, on reverse

2. Are you currently in a fellowship, residency, or internship program?
   - Yes
   - No

3. Do you personally provide any obstetrical (OB) care at the present time?
   - Yes ➔ SKIP TO QUESTION 6, on reverse
   - No

4. Did you ever include OB care in your practice?
   - Yes ➔ Stopped doing OB in: Month: ____________ Year: __________
   - No ➔ SKIP TO QUESTION 9, on reverse

5. List up to three reasons that you stopped practicing OB in order of importance (1 is most important):
   rank #
   - 1. Wanted more personal time
   - 2. Lost call or back-up arrangements
   - 3. Age-related reason
   - 4. Change in personal situation
   - 5. Gained OB providers in community
   - 6. Inadequate number of OB patients
   - 7. Fear of litigation
   - 8. Negative experience with litigation
   - 9. Could not afford liability insurance
   - 10. Failed to obtain liability insurance
   - 11. Wanted change in professional focus
   - 12. Other reason (specify: __________________________________________________)

   SKIP TO QUESTION 9, on reverse
6. Since December 2001, has your personal obstetrics on-call schedule changed due to physicians or midwives in your practice or community leaving or entering obstetrics practice?

☐ Yes, more on-call time
☐ Yes, less on-call time
☐ No
☐ Not applicable

7. Since December 2001, have your personal referral patterns for obstetrics changed due to physicians or midwives in your practice or community leaving or entering obstetrics practice?

☐ Yes, fewer available providers —for referral/consultation
☐ Yes, more available providers —for referral/consultation
☐ Yes, other changes: ____________________________
☐ No

8. What are your plans regarding obstetrics practice in the next 12 months? (Check only one.)

☐ I will continue to accept the same number of OB patients as I do now
☐ I will increase the number of OB patients in my practice
☐ I will decrease the number of OB patients in my practice
☐ I will stop accepting OB patients in my practice
☐ I am uncertain at this time

9. What is your gender?

☐ Male
☐ Female

10. What is your age?     ________

Please make any other comments you would like here:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Thank you for completing this questionnaire!
Please return in the enclosed self-addressed, stamped envelope.