APPENDIX

Optometrist Compensation Survey

Optometrist Demographics

Which optometry school did you attend? (Short answer)

What year did/will you graduate from optometry school? (Short answer)

Did you complete a residency after graduation? *(Yes/No)

What was/will be your age upon graduation? (Short answer)

What is your gender identity? *(Female/Male/Other fill in the blank)

How many years have you been in practice?*(This is/will be my first year/2-5 years/5-10 years/10-20 years/20+ year)

What race or ethnicity do you associate with most? *(Asian/Black/African American/Hispanic Native American/American Indian/Pacific Islander/White/Prefer not to answer/Other fill in the blank)

First Practice Demographics

In what type of practice did you first practice optometry? *(Private Practice/Commercial Practice/MD/OD/VA/Educational Institution/Other fill in the blank)

What was your position in your first practice? *(Associate/Owner/Partner/Sublease/Buying in/Preceptor/Instructor/Independent contractor/Other fill in the blank)

What year did you start at your first position? (Short answer)

Was your first position full time or part time? *(Full time/Part time)
How many years did you work in your first practice? If you are still working at the same practice, leave this question blank. (Short answer)

Did you work in multiple practices in your first year of practice? *(Yes/No)

What was your starting salary? (Please use total salary if working multiple positions) *(Short answer)

What benefits did you receive in your first position? *(Choose all that apply: 401k/Paid time off/Health insurance/Dental insurance/Vision insurance/Insurance coverage for family members/Professional membership dues paid for or reimbursed/Continuing education paid for or reimbursed/Licensure fees paid for or reimbursed/Malpractice insurance paid for or reimbursed/Liability insurance paid for or reimbursed/Property insurance paid for or reimbursed/Umbrella/cyber insurance paid for or reimbursed/Paid family leave/Maternity/Paternity leave/No benefits/Other fill in the blank)

What bonuses did you receive with your first position? (Long answer)

If you know the total annual monetary values of your salary, benefits, and bonuses of your first position, please provide it here. (Short answer)

What were the details of your restrictive covenant or non-compete clause? (Long answer)

Did you negotiate the salary, benefits, or bonuses of your first position? *(Yes/No)

If you negotiated, how did the starting offer differ from the accepted offer? (Long answer)

Did you ever ask for a raise at your first position? (Yes/No)

How many raises did you receive while at your first position? (Short answer)
What was the total value of raises received in your first position, if any? (Short answer)

If still employed in the position described above, what is your current salary? If not, what was your salary at the end of your first position? (Short answer)

If still employed in the position described above, what is your current total compensation (salary, benefits, and bonuses)? If not, what was your total compensation at the end of your first position? (Short answer)

How many doctors worked in your first practice? (Short answer)

How many staff members were there in your first practice? (Short answer)

What was the net income of your first practice? (Short answer)

How many patients were seen per day at your first practice? (Short answer)

How many patients did YOU see per day in your first practice? (Short answer)

In which state was your first practice? *(Short answer)

In what city was your first practice? (Short answer)

Would you consider the location of the city you first practiced: *(Rural/Urban/Suburban/Other fill in the blank)

**Current Practice Demographics**

In what type of practice do you currently practice optometry? (Private Practice/Commercial Practice/MD/OD/VA/Educational Institution/N/A I am still at my first practice/Other fill in the blank)
What is your position in your current practice? (Associate/Owner/Partner/Sublease/Buying in/Preceptor/Instructor/Independent contractor/Other fill in the blank)

What year did you start in your current position? (Short answer)

Is your current position full time or part time? (Full time/Part time)

Do you work in multiple practices? (Yes/No)

What is your current salary? (Please use total salary if working multiple positions) (Short answer)

What benefits do you receive in your current position? (Choose all that apply: 401k/Paid time off/Health insurance/Dental insurance/Vision insurance/Insurance coverage for family members/Professional membership dues paid for or reimbursed/Continuing education paid for or reimbursed/Licensure fees paid for or reimbursed/Malpractice insurance paid for or reimbursed/Liability insurance paid for or reimbursed/Property insurance paid for or reimbursed/Umbrella/cyber insurance paid for or reimbursed/Paid family leave/Maternity/Paternity leave/No benefits/Other fill in the blank)

What bonuses do you receive with your current position? (Long answer)

If you know the total annual monetary values of your salary, benefits, and bonuses of your current position, please provide it here. (Short answer)

What were the details of your restrictive covenant or non-compete clause? (Long answer)

Did you negotiate your salary? (Yes/No)

If you negotiated, how did the starting offer differ from the accepted offer? (Long answer)
Were you asked about your salary history? (Yes/No)

Did you ever ask for a raise in your current position? (Yes/No)

How many raises have you received in your current position? (Short answer)

What was the total value of raises received in your current position, if any? (Short answer)

How many doctors work in your current practice? (Short answer)

How many staff members are there in your current practice? (Short answer)

What was the net income of your current practice? (Short answer)

How many patients are seen per day at your current practice? (Short answer)

How many patients do YOU see per day in your current practice? (Short answer)

In which state is your current practice? (Short answer)

In what city is your current practice? (Short answer)

Would you consider the location of the city you currently practice: (Rural/Urban/Suburban/Other fill in the blank)