Supplementary Material S1 – Forms (English Version)

Profile of Physical Therapists and Occupational Therapists in the State of São Paulo

a - E-mail*
b - CPF (Brazilian Individual Taxpayer Registry Number)*
Enter numbers only, without punctuation.
c - Indicate whether you are a Physical Therapist or Occupational Therapist.*
( ) Physical Therapist
( ) Occupational Therapist
( ) Both

Enter your professional registration number using numbers only (CREFITO-3 / XXXXXXX).*

Block 1 - Socioeconomic Identification

a - What is your gender?*
( ) Male
( ) Female
( ) Cisgender
( ) Transgender
( ) Gender-neutral
( ) Agender
( ) Pangender
( ) Genderqueer
( ) Two-spirit
( ) Third gender
( ) Intersex
( ) A combination of these
( ) None of the above
( ) Other: _____

b - What is your age (in years)?*

c - What is your nationality?*
( ) Brazilian
( ) Foreign

d1 - What is your place of birth? Please indicate the state abbreviation.*
Example: SP

d2 - What is your place of birth? Please indicate the city.*
Example: Campinas

e - Marital status*
( ) Single
( ) Married
( ) Divorced
( ) Separated
( ) Living with a partner
( ) Widowed
( ) Other: _____

f1 - Place of residence (please indicate the state abbreviation).*
Example: SP

f2 - Place of residence (please indicate the city).*

f3 - Place of residence (please indicate the neighborhood).*

g - Self-identified race/ethnicity:*
( ) White
( ) Black
( ) Brown/Mixed race
( ) Indigenous
( ) Asian
( ) Other: _____

h - Father's educational level:*
( ) Elementary school
( ) High school
( ) Higher education
( ) Postgraduate degree
( ) Master's degree
( ) Doctoral degree (PhD)
( ) Not applicable
( ) Other: _____

i - Mother's educational level:*
( ) Elementary school
( ) High school
( ) Higher education
( ) Postgraduate degree
( ) Master's degree

( ) Doctoral degree (PhD)
( ) Not applicable
( ) Other: _____

j1 - Do you have any physical therapist(s) in your family?*
( ) Parents
( ) Siblings
( ) Uncles/Aunts
( ) Children
( ) Nephews/Nieces
( ) Spouse/Partner
( ) None
( ) Other: _____

j2 - Do you have any occupational therapist(s) in your family?*
( ) Parents
( ) Siblings
( ) Uncles/Aunts
( ) Children
( ) Nephews/Nieces
( ) Spouse/Partner
( ) None
( ) Other: _____

j3 - Are there any other health professionals in your family?*
( ) Parents
( ) Siblings
( ) Uncles/Aunts
( ) Children
( ) Nephews/Nieces
( ) Spouse/Partner
( ) None
( ) Other: _____

k - Please select your age group.*
( ) Up to 25 years
( ) 26–35 years
( ) 36–50 years
( ) 51–60 years
( ) 61 years or older

l1 - Do you identify as a person with a disability?*
( ) Yes
( ) No

l2 - If yes, which type of disability do you identify with?
( ) Hearing disability
( ) Physical disability
( ) Intellectual/developmental disability
( ) Visual disability
( ) Multiple disabilities
( ) Not applicable

Block 2 - Professional Education

a - At what age did you graduate (in years)?*
Example: 25

b - What is your professional degree?*
( ) Physical Therapy
( ) Occupational Therapy
( ) Both

c - Type of educational institution where you graduated*
( ) Public
( ) Private
( ) Philanthropic
( ) Other: _____

d - In which year did you graduate?*
Example: 2007

e - Did you receive any financial support to pay for your degree program?*
( ) No
( ) FIES – Student Financing Fund (Brazilian Federal Student Loan Program)
( ) ProUni – University for All Program (Brazilian Federal Scholarship Program)
( ) Scholarship provided by the educational institution
( ) Other: _____

f - Where did you complete your undergraduate degree?*
( ) Brazil
( ) Abroad

g - In which state was your undergraduate degree completed?*
State selection list

h - What was the modality of your degree program?*
( ) In-person
( ) Distance Education (DE) (including flexible, blended, and hybrid learning formats)

i1 - Do you hold another undergraduate degree?*
( ) Yes
( ) No

i2 - If yes, which degree?
Example: Physical Education

j1 - Did you work while completing your undergraduate degree?*
( ) Yes
( ) No

j2 - If yes, from which semester onward?
( ) 1st semester
( ) 2nd semester
( ) 3rd semester
( ) 4th semester
( ) 5th semester
( ) 6th semester
( ) 7th semester
( ) 8th semester
( ) 9th semester
( ) 10th semester

k - How long did it take you to complete your degree program? (Answer in semesters)*
Example: 10

l1 - Do you hold a postgraduate qualification (Specialization, MBA, or equivalent)?*
( ) Yes
( ) No

l2 - If yes, in which area?

m1 - Do you hold a Master's degree (Stricto Sensu)?*
( ) Yes
( ) No

m2 - If yes, in which area?

n1 - Do you hold a Doctoral degree (PhD)?*
( ) Yes
( ) No

n2 - If yes, in which area?

o1 - Have you published any scientific articles?*
( ) Yes
( ) No

o2 - If yes, how many articles have you published?

p1 - Have you completed a professional residency program?*
( ) Yes
( ) No

p2 - If yes, in which area?

q1 - Have you completed an advanced professional training program?*
( ) Yes
( ) No

q2 - If yes, in which area?

r1 - Do you hold a specialist certification recognized by COFFITO (Federal Council of Physical Therapy and Occupational Therapy)?*
( ) Yes
( ) No

r2 - If yes, in which area(s)?
( ) Acupuncture Physical Therapy
( ) Aquatic Physical Therapy
( ) Cardiovascular Physical Therapy
( ) Dermatofunctional Physical Therapy
( ) Sports Physical Therapy
( ) Gerontological Physical Therapy
( ) Occupational Health Physical Therapy
( ) Neurofunctional Physical Therapy
( ) Oncology Physical Therapy
( ) Rheumatology Physical Therapy
( ) Respiratory Physical Therapy
( ) Musculoskeletal and Orthopedic Physical Therapy
( ) Osteopathic Physical Therapy
( ) Chiropractic Physical Therapy

( ) Women's Health Physical Therapy
( ) Intensive Care Physical Therapy
( ) Acupuncture Occupational Therapy
( ) Occupational Therapy in Hospital Settings
( ) Occupational Therapy in Social Contexts
( ) School-Based Occupational Therapy
( ) Gerontological Occupational Therapy
( ) Family Health Occupational Therapy
( ) Mental Health Occupational Therapy

s - What is your professional area of practice?*

Block 3 - Access to Scientific and Technical Information

a - How do you update your professional knowledge?*
( ) Scientific articles
( ) Courses
( ) Books
( ) Meetings
( ) Lectures
( ) Classes
( ) Study groups
( ) Other: _____

b - What type of reading do you usually perform?*
( ) Scientific books
( ) National scientific journals
( ) International scientific journals
( ) Other scientific and technical journals
( ) Other reading materials (newspapers, current affairs magazines, etc.)
( ) Literary books
( ) Do not read

c1 - Do you have internet access?*
( ) Yes
( ) No

c2 - If yes, which type?
( ) Wi-Fi
( ) Mobile data

( ) Other: _____

d - Which scientific database do you use most frequently?*
( ) PubMed
( ) SciELO
( ) PEDro (Physiotherapy Evidence Database)
( ) Cochrane Library
( ) Google Scholar
( ) LILACS (Latin American and Caribbean Health Sciences Literature)
( ) None
( ) Other: _____

e1 - Do you wish to pursue further professional qualifications?*
( ) Yes
( ) No

e2 - Desired qualification:
( ) Postgraduate specialization
( ) Advanced professional training
( ) Residency program
( ) Master's degree
( ) Doctoral degree (PhD)
( ) Postdoctoral training
( ) Other: _____

Block 4 - Labor Market

a1 - Current professional status*
( ) Employed
( ) Unemployed
( ) Retired
( ) Temporarily away from professional practice
( ) Left the profession
( ) Other: _____

a2 - If unemployed, what is the reason?
( ) Limited information about job vacancies
( ) Lack of public service recruitment examinations
( ) Few opportunities in my area of specialization
( ) Insufficient professional qualifications required for the position (specialization)
( ) Limited availability of part-time job opportunities
( ) Lack of professional experience

( ) Age-related difficulties
( ) Racial discrimination
( ) Discrimination based on sexual orientation
( ) Need for political or personal connections/recommendations
( ) Personal choice
( ) Other: _____

b - Professional experience (years)*

c - Do you work in more than one institution/clinic?*
( ) Yes
( ) No
( ) Not applicable

d - Employment relationship*
( ) Legal entity (corporate contract)
( ) Individual contract
( ) Outsourced
( ) Other: _____

e - Work shift*
( ) Day shift
( ) Night shift
( ) 12-hour shift followed by 36 hours off
( ) 12-hour shift followed by 36 hours without scheduled time off
( ) 24-hour shift
( ) Day and night shifts
( ) Day and/or night shifts plus on-call duties
( ) Day and night shifts plus on-call duties
( ) On-call schedule (e.g., 12/48, 12/60, 12/72, 12/76, 24/72, 24/86, or 24-hour shifts)
( ) Rotating schedule
( ) Not applicable
( ) Other: _____

f - Weekly workload (hours)*

g - Employee, employer, or self-employed?*
( ) Employee
( ) Employer
( ) Self-employed
( ) Not applicable

h - Do you receive hazardous-duty pay?*
( ) Yes
( ) No

i - Type of institution*
( ) Public sector
( ) Private sector
( ) Nonprofit/Philanthropic sector
( ) Other: _____

j - Institution modality*
( ) General Hospital
( ) Specialized Hospital
( ) University Hospital
( ) Day Hospital
( ) Philanthropic Hospital
( ) Intensive Care Unit (ICU)
( ) Birth Center
( ) Primary Health Care Unit / Health Center
( ) Psychosocial Care Center (CAPS) / Psychosocial Care Support Center (NAPS)
( ) Family Health Strategy (FHS) / Family Health Support Center (NASF)
( ) Emergency Department
( ) Emergency Care Unit (UPA)
( ) Mobile Emergency Care Service (SAMU)
( ) Outpatient Clinic
( ) Polyclinic / Mixed Health Care Unit
( ) Diagnostic and Therapeutic Support Service (SADT)
( ) Clinical Laboratory / Research Center
( ) Diagnostic Center
( ) Imaging Center
( ) Research Institute / Research Center
( ) Nursing School / College / Training Program
( ) Health Management – Central Level
( ) Health Management – Regulatory Center
( ) Cooperative
( ) Home Care
( ) Other: _____
k - Monthly income from profession*
( ) Up to BRL 2,000.00
( ) From BRL 2,000.00 to BRL 4,000.00
( ) From BRL 4,000.00 to BRL 8,000.00

( ) From BRL 8,000.00 to BRL 12,000.00
( ) From BRL 12,000.00 to BRL 16,000.00
( ) BRL 16,000.00 or more
( ) Other: _____

l - Ideal salary*
( ) Up to BRL 4,000.00
( ) From BRL 4,000.00 to BRL 8,000.00
( ) From BRL 8,000.00 to BRL 12,000.00
( ) From BRL 12,000.00 to BRL 16,000.00
( ) BRL 16,000.00 or more

m1 - Do you have another paid activity?*
( ) Yes
( ) No

m2 - If yes, which?

n1 - Do you hold a management position?*
( ) Yes
( ) No

n2 - If yes, which?

o - Would you like to work abroad?*
( ) Yes
( ) No

p - Do you provide telehealth services?*
( ) Yes
( ) No

Block 5 - Job Satisfaction

a - Are you currently satisfied with your profession?*
( ) Yes
( ) No

b - Have you ever considered leaving the profession?*
( ) Yes
( ) No

c1 - Have you ever experienced discrimination at work?*
( ) Yes
( ) No

c2 - Type of discrimination:
( ) Gender
( ) Sexual orientation
( ) Race/ethnicity
( ) Weight/obesity
( ) Disability

d - Have you experienced sexual harassment at work?*
( ) Yes
( ) No

e - Have you experienced moral/psychological harassment at work?*
( ) Yes
( ) No

f - Are you satisfied with your working conditions?*
( ) Yes
( ) No
( ) Not applicable

g - Is there a rest area available at your workplace?*
( ) Yes
( ) No
( ) Not applicable

h - Do you feel protected against workplace violence?*
( ) Yes
( ) No
( ) Not applicable

i - If you have experienced violence at work, indicate the type.
( ) I have never experienced violence at work
( ) Institutional violence
( ) Psychological violence
( ) Physical violence
( ) Sexual violence
Other: _____

j1 - How would you rate your working conditions in the public sector?*
( ) Excellent
( ) Very good
( ) Good
( ) Fair
( ) Poor
( ) Not applicable

j2 - How would you rate your working conditions in the private sector?*
( ) Excellent
( ) Very good
( ) Good
( ) Fair
( ) Poor
( ) Not applicable

j3 - How would you rate your working conditions in the philanthropic sector?*
( ) Excellent
( ) Very good
( ) Good
( ) Fair
( ) Poor
( ) Not applicable

j4 - How would you rate your working conditions in the education sector?*
( ) Excellent
( ) Very good
( ) Good
( ) Fair
( ) Poor
( ) Not applicable

k - How often do you take vacations?

( ) Annually
( ) Every two years
( ) Every three years
( ) Rarely
( ) Not applicable

l1 - Do you engage in physical activity?*

( ) Yes
( ) No

l2 - Main physical activity practiced.

l3 - Number of times per week.

m - Does your workplace provide health insurance?*
( ) Yes
( ) No

Block 6 - Socio-political Participation

a - Are you a member of any Physical Therapy or Occupational Therapy association?*
( ) Yes
( ) No

b - Have you participated in working groups or commissions addressing socio-political issues related to health and rehabilitation?*
( ) Yes
( ) No

c - Have you been involved in patient advocacy activities, especially regarding access to rehabilitation services?*
( ) Yes
( ) No

Block 7 - Professional Relationships

a - Do you trust your supervisor/manager?*
( ) Yes
( ) No
( ) Not applicable

b - Are your professional decisions respected?*
( ) Yes
( ) No

c - Do you have freedom of expression at work?*
( ) Yes
( ) No

d - Are you respected by the multidisciplinary team?*
( ) Yes
( ) No

Block 8 – Geographic Distribution of Services

a - In which city do you work professionally?*
b - In which neighborhood do you work professionally?*