



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Chiropractor Re-Licensure Survey Instrument

1. Sex
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No

3. Race (Check all that apply.)
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. Where did you complete the chiropractic degree/credential that qualified you for your first U.S. chiropractic license?
 - a. DROP DOWN LIST
 - b. Indiana
 - c. Michigan
 - d. Illinois
 - e. Kentucky
 - f. Ohio
 - g. Another State (not listed)
 - h. Another Country (not U.S.)

5. What year did you complete the chiropractic education that first qualified you for your U.S. chiropractic license? Please indicate using the four digit year.
 - a. TEXT BOX

6. What is your highest level of non-chiropractic education?
 - a. High school diploma
 - b. Associate degree
 - c. Bachelor's degree
 - d. Master's degree
 - e. Doctoral degree
 - f. Other

7. What is your employment status?
DROP DOWN LIST OR RADIO BUTTONS
- Actively working in a position that requires a chiropractic license
 - Actively working in a chiropractic-related field that does not require a chiropractic license
 - Actively working in a non-chiropractic field that does not require a chiropractic license
 - Not currently working, disabled
 - Not currently working, seeking work in a position that requires a chiropractic license
 - Not currently working, seeking work in a position that does not require a chiropractic license
 - Student
 - Leave of absence or sabbatical
 - Retired
8. What are your employment plans for the next 12 months?
- RADIO BUTTONS
 - Increase hours in the field of chiropractic
 - Decrease hours in the field of chiropractic
 - Leave employment in the field of chiropractic
 - No planned change
9. How many weeks did you work in chiropractic in the past year? Please approximate and enter a number 1 through 52 (no decimals).
- TEXT BOX
10. What is the street address of your primary practice location?
- TEXT-BOX
11. In what city is your primary practice location?
- TEXT-BOX
12. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.
- DROP-DOWN LIST OF STATES (2LETTER ABV.)
13. What is the 5-digit ZIP code of your primary practice location?
- TEXT-BOX
14. How many hours do you spend in direct patient care per week at primary practice location?
DROP DOWN LIST OR RADIO BUTTONS
- 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week

15. Please identify the type of setting that most closely corresponds to your primary practice location.
DROP DOWN LIST OR RADIO BUTTONS
- Chiropractic office
 - Integrated health care facility
 - Spine surgical center
 - Community health center
 - Other
16. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.
- TEXT-BOX
17. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
- TEXT-BOX
18. In what state is your secondary practice location? Please skip this question if you do not have a secondary practice location.
- Please indicate state using 2-letter postal abbreviation
 - DROP-DOWN LIST OF STATES
19. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.
- TEXT-BOX
20. How many hours do you spend in direct patient care per week at your secondary practice location? Please skip this question if you do not have a secondary practice location.
DROP DOWN LIST OR RADIO BUTTONS
- 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week
21. Please identify the type of setting that most closely corresponds to your secondary practice location. Please skip this question if you do not have a secondary practice location.
DROP DOWN LIST OR RADIO BUTTONS
- Chiropractic office
 - Integrated health care facility
 - Spine surgical center
 - Community health center
 - Other