2017 Speech Language Pathologist and Audiologist Re-Licensure Survey Instrument

1. What is your employment status? If you are currently retired or unemployed please select the appropriate responses to this question and skip the remaining questions.
   a. Actively employed in speech-language pathology or audiology full-time
   b. Actively employed in speech-language pathology or audiology part-time
   c. Actively employed in speech-language pathology or audiology per diem
   d. Working in speech-language pathology or audiology only as volunteer
   e. Unemployed and seeking work as speech-language pathologist or audiologist
   f. Unemployed and not seeking work as speech-language pathologist or audiologist
   g. Retired

2. Sex
   a. Male
   b. Female

3. What is your racial background? Please select all that apply.
   a. White
   b. American Indian or Alaska Native
   c. Native Hawaiian / Pacific Islander
   d. Black or African American
   e. Asian
   f. Other

4. What is your ethnicity?
   a. Hispanic or Latino
   b. Not Hispanic or Latino

5. What is the name of the school (education program) you graduated from that qualified you for your first U.S. speech-language pathologist or audiologist license?
   a. TEXT-BOX

6. In what city was this education program located?
   a. TEXT-BOX

7. In what state was this education program located? Please indicate the state with its 2-letter postal abbreviation.
   a. DROP DOWN LIST

8. What is your highest level of education?
   a. Master’s
   b. Doctorate
9. Do you currently hold an ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) or Audiology (CCC-A)?
   a. Yes
   b. No

10. What is your current employment status at your primary employment setting?
   a. Self-employed
   b. Full-time salaried
   c. Part-time salaried
   d. Hourly employed
   e. Contractor/Consultant (e.g., per diem, temporary)
   f. Other

11. Please identify the type of setting that most closely corresponds to your primary employment.
   a. Education—Early Intervention
   b. Education—Preschool
   c. Education—K-12 Schools
   d. Education—Colleges and Universities
   e. Hospitals (i.e. acute care, rehabilitation, psychiatric, etc.)
   f. Residential Health Care Facilities (i.e. skilled nursing facilities, assisted living facilities, etc.)
   g. Nonresidential Health Care Facilities (i.e. home health, outpatient settings)
   h. Private or Group Practice
   i. Corporate Speech-Language Pathology (i.e. working as a consultant for a company)
   j. Federal Government
   k. Public Health Department (State)
   l. Uniformed Services (i.e. U.S. Air Force, Army, Navy, U.S. Public Health Services, etc.)
   m. Audiology Franchise or Retail Chain
   n. Industry (i.e. hearing aid manufacturing, hearing conservation)

12. What is the street address of your primary employment setting?
   a. TEXT-BOX

13. In what city is your primary employment setting?
   a. TEXT-BOX

   a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

15. What is the 5-digit ZIP code of your primary practice location?
   a. TEXT-BOX
16. Estimate the average number of hours per week spent at your primary employment setting.

DROP-DOWN LIST
   a. 0 hours per week
   b. 1 – 4 hours per week
   c. 5 – 8 hours per week
   d. 9 – 12 hours per week
   e. 13 – 16 hours per week
   f. 17 – 20 hours per week
   g. 21 – 24 hours per week
   h. 25 – 28 hours per week
   i. 29 – 32 hours per week
   j. 33 – 36 hours per week
   k. 37 – 40 hours per week
   l. 41 or more hours per week

17. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.
   a. TEXT-BOX

18. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
   a. TEXT-BOX

19. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. Please skip this question if you do not have a secondary practice location.
   a. DROP-DOWN LIST OF STATES

20. 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.
   a. TEXT-BOX

21. Estimate the average number of hours per week spent at your secondary practice location. Please skip this question if you do not have a secondary practice location.
   a. 0 hours per week
   b. 1 – 4 hours per week
   c. 5 – 8 hours per week
   d. 9 – 12 hours per week
   e. 13 – 16 hours per week
   f. 17 – 20 hours per week
   g. 21 – 24 hours per week
   h. 25 – 28 hours per week
   i. 29 – 32 hours per week
   j. 33 – 36 hours per week
   k. 37 – 40 hours per week
   l. 41 or more hours per week

22. How many paid positions do you currently hold in your field?
   a. 1 position
   b. 2 positions
   c. 3 positions
   d. 4 or more positions