2017 Speech Language Pathologist and Audiologist Re-Licensure Survey Instrument

1. What is your employment status?
   RADIO BUTTONS
   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. Actively employed in a field other than speech-language pathology or audiology
   f. Unemployed and seeking work as speech-language pathologist or audiologist
   g. Unemployed and not seeking work as speech-language pathologist or audiologist
   h. Retired

2. What is your race? Mark one or more boxes.
   MULTI CHECK BOX
   a. White
   b. American Indian or Alaska Native
   c. Native Hawaiian/Pacific Islander
   d. Black or African American
   e. Asian
   f. Some Other Race

3. Are you of Hispanic or Latino origin?
   RADIO BUTTONS
   a. Yes
   b. No

4. 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?
   TEXT-BOX (64 CHARACTER LIMIT)

5. In what city was this education program located?
   TEXT-BOX (64 CHARACTER LIMIT)

6. In what state was this education program located? Please indicate the state with its 2-letter postal abbreviation.
   DROP DOWN LIST
   Please include all states’ 2-letter postal abbreviation

7. What is your highest level of education?
   RADIO BUTTONS
a. Master’s  
b. Doctorate

8. Do you currently hold an ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) or Audiology (CCC-A)?  
RADIO BUTTONS  
a. Yes  
b. No

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

10. Please identify the type of setting that most closely corresponds to your primary employment.  
DROP-DOWN LIST  
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)

11. What is the street address of your primary employment setting?  
TEXT-BOX (64 CHARACTER LIMIT)

12. In what city is your primary employment setting?  
TEXT-BOX (64 CHARACTER LIMIT)

13. In what state is your primary employment setting? Please indicate state using 2-letter postal abbreviation.  
DROP-DOWN LIST OF STATES  
Please include all states’ 2-letter postal abbreviation
14. What is the 5-digit ZIP code of your primary practice location?
   TEXT-BOX (5 CHARACTER LIMIT)

15. 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

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 (64 CHARACTER LIMIT)

17. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
   TEXT-BOX (64 CHARACTER LIMIT)

18. 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.
   DROP-DOWN LIST OF STATES
   Please include all states’ 2-letter postal abbreviation

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 (5 CHARACTER LIMIT)

20. 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.
   DROP-DOWN LIST
   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. How many paid positions do you currently hold in your field?
   RADIO BUTTONS
   1 position
   2 positions
   3 positions
   4 or more positions