



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2017 Podiatrist Re-Licensure Survey Instrument

1. Sex

Dropdown List

- a. Male
- b. Female

2. Ethnicity: Are you Hispanic or Latino?

Yes/No Dropdown

- a. Yes
- b. No

3. = Race (Check all that apply.)

Multi Checkbox

- a. American Indian or Alaska Native
- b. Black or African American
- c. White
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. Other

4. What type of degree/credential qualified you for your first U.S. podiatrist license?

Dropdown List

- a. Certificate
- b. Associate degree
- c. Bachelor's degree
- d. Master's degree
- e. Doctor of Podiatric Medicine

5. Where did you complete the podiatric education that first qualified you for your U.S. podiatrist license?

Dropdown List

- a. Arizona
- b. California
- c. Florida
- d. Illinois
- a. Iowa
- b. New York
- c. Ohio
- d. Pennsylvania
- e. Another State (not listed)
- f. Another Country (not U.S.)

6. What year did you complete the podiatric education that first qualified you for your U.S. podiatrist license? Please indicate using the four digit year.

- a. Text Box

7. If you have completed a residency, where did you complete your residency training?

Dropdown List

- a. No residency completed
- b. Indiana
- c. Michigan
- d. Illinois
- e. Kentucky
- f. Ohio
- g. Another State (not listed)
- h. Another Country (not U.S.)

8. If you have completed a residency, in which specialty was your residency program? If you did not complete a residency, please skip this question.

Multi Checkbox

- a. No residency completed
- b. Podiatric Medicine and Surgery Residency (PMSR)
- c. Podiatric Medicine and Surgery Residency with the added credential in Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA)

9. What is your employment status?

Dropdown List

- a. Actively working in a position that requires a podiatrist license
- b. Actively working in a podiatric-related field that does not require a podiatrist license
- c. Actively working in a field that does not require a podiatrist license
- d. Not currently working, disabled
- e. Not currently working, seeking work in a position that requires a podiatrist license
- f. Not currently working, seeking work in a position that does not require a podiatrist license
- g. Student
- h. Leave of absence or Sabbatical
- i. Retired

10. What are your employment plans for the next 12 months?

Dropdown List

- a. Increase hours in the field of podiatry
- b. Decrease hours in the field of podiatry
- c. Leave employment in the field of podiatry and seek employment elsewhere
- d. Retire
- e. No planned change

11. How many weeks did you work as a podiatrist in the past year? Please approximate and enter a number 1 through 52 (no decimals).

- a. Text Box

12. If your primary practice is located in Indiana, please provide the county in which it is located.

- a. Text Box

13. Which best describes the type of setting that most closely corresponds to your primary direct patient care practice location:

Dropdown List

- a. Private or Group Medical Practice
- b. Health Maintenance Organization (HMO)
- c. Preferred Provider Organization (PPO)
- d. Hospital
- e. Long-Term Care/Extended Care Facility
- f. School Public Health Service
- g. Department of Veterans Affairs
- h. Armed Forces
- i. Municipal Health Department
- j. Health Profession School

14. Estimate the average number of hours per week spent at your primary practice location.

Dropdown 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

15. Estimate the average number of hours per week spent in direct patient care at your primary practice location.

Dropdown 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