



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

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