



## SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH  
WORKFORCE RESEARCH & POLICY

### 2024-2025 Indiana Qualified Medication Aide (QMA) Certification Renewal Survey

#### Demographic Characteristics

1. What is your sex?  
SINGLE SELECT
  - a. Male
  - b. Female
2. What is your race? Mark one or more boxes.  
MULTI SELECT
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian/Pacific Islander
  - e. White
  - f. Some Other Race
3. Are you of Hispanic, Latina/o or Spanish origin?  
SINGLE SELECT
  - a. No
  - b. Yes

#### Education Characteristics

4. In what state did you receive your QMA training?  
SINGLE SELECT
  - a. Indiana
  - b. Ohio
  - c. Kentucky
  - d. Illinois
  - e. Michigan
  - f. Another State (not listed)
5. What is your highest level of education?  
SINGLE SELECT
  - a. Some high school, no diploma
  - b. High School diploma/GED
  - c. Some college, no degree
  - d. Vocational/Practical certificate
  - e. Associate degree
  - f. Baccalaureate degree
  - g. Other
6. If you indicated your highest education as 'Other', please describe. Otherwise, please write 'N/A'  
OPEN TEXT FIELD
7. What education or training are you currently pursuing?  
SINGLE SELECT
  - a. I am not enrolled in any school/training
  - b. Licensed Practical Nurse Program

- c. Associate-level RN Program
  - d. Bachelor-level RN Program
  - e. Another education/training/certification program in health care
  - f. Another education/training/certification program not in health care
8. If you are not currently pursuing education or training but interested in doing so, what program are you interested in?  
SINGLE SELECT
- a. I am not interested in further school/training.
  - b. Licensed Practical Nurse Program
  - c. Associate-level RN Program
  - d. Bachelor-level RN Program
  - e. Another education/training/certification program in health care
  - f. Another education/training/certification program not in health care
9. If you indicated interest in a training program but are unable enroll, please provide the potential barriers you may have faced. If you have not experienced any barriers or not interested in training, please type 'N/A'.  
OPEN TEXT FIELD

### **Employment Characteristics**

10. What is your current employment status?  
SINGLE SELECT
- a. Actively employed as a QMA
  - b. Actively employed but I work in a different field, not as a QMA
  - c. Unemployed and seeking work as a QMA
  - d. Unemployed and NOT seeking work as a QMA
  - e. Retired
11. What best describes your employment plans for the next 12 months?  
SINGLE SELECT
- a. Increase hours
  - b. Decrease hours
  - c. Find a different type of job
  - d. Leave my current job to complete further training
  - e. Leave my current job for family reasons/commitments
  - f. Leave my current job due to physical demands
  - g. Leave my current job due to stress/burnout
  - h. Retire
  - i. Remain at my current job

Note to PLA for survey coding: Please display the remaining questions on the survey if an individual selects "a-d" on Q10 and "a-g, or i" on Q11. In other words, if an individual selects BOTH "e" "Retired" on Q10 AND "h" "Retire" on Q11, no additional questions would be displayed.

12. How many facilities to you currently work at?  
SINGLE SELECT
- a. 0
  - b. 1

- c. 2
- d. 3
- e. 4
- f. 5 or more

13. What is your base hourly wage?

DROP-DOWN LIST OR RADIO BUTTONS

- a. Less than \$12.00 per hour
- b. \$12.00 to \$12.99 per hour
- c. \$13.00 to \$13.99 per hour
- d. \$14.00 to \$14.99 per hour
- e. \$15.00 to \$15.99 per hour
- f. \$16.00 to \$16.99 per hour
- g. \$17.00 to \$17.99 per hour
- h. \$18.00 to \$18.99 per hour
- i. \$19.00 to \$19.99 per hour
- j. \$20.00 to \$20.99 per hour
- k. \$21.00 to \$21.99 per hour
- l. \$22.00 per hour or more
- m. Paid but not on an hourly basis
- n. Volunteer (not paid)
- o. Not sure
- p. Not comfortable sharing

14. Which of the following benefits are offered by your employer at your main place of employment?  
Please check all that apply.

MULTI-SELECT

- a. Benefits - Child Care
- b. Benefits - Dental Insurance
- c. Benefits - Disability Insurance
- d. Benefits - Elder Care
- e. Benefits - Health Insurance
- f. Benefits - Life Insurance
- g. Benefits - Paid Sick Leave/Wellness Leave
- h. Benefits - Paid Time Off
- i. Benefits - Paid Transportation or Transportation Subsidies or Assistance
- j. Benefits - Retirement Benefits (401K, 403B, employer match, etc.)
- k. Benefits - Vision Insurance
- l. Housing Stipend, Support, or Assistance
- m. Sign-on Bonus
- n. Other benefits
- o. Not applicable

15. What factors are most important to you in a job? Please check all that apply.

MULTI-SELECT

- a. Benefits - Child Care
- b. Benefits - Dental Insurance
- c. Benefits - Disability Insurance
- d. Benefits - Elder Care
- e. Benefits - Health Insurance
- f. Benefits - Life Insurance

- g. Benefits - Paid Sick Leave/Wellness Leave
- h. Benefits - Paid Time Off
- i. Benefits - Paid Transportation or Transportation Subsidies or Assistance
- j. Benefits - Retirement Benefits (401K, 403B, employer match, etc.)
- k. Benefits - Vision Insurance
- l. Different assignments
- m. Housing Stipend, Support, or Assistance
- n. Lighter workload
- o. Opportunity for advancement
- p. Pay/Hourly Rate/Salary
- q. Regular or less hours
- r. Staff appreciation activities
- s. Supportive co-workers
- t. Supportive supervisor or management
- u. Training or education offered
- v. Flexible Hours Scheduling
- w. Other

16. Please select which of the following services you routinely provide as a part of your job: (Note: The purpose of this services list is to gather information on key health issues in Indiana). Please check all that apply.

MULTI-SELECT

- a. Activities of Daily Living (assistance with basic skills such as grooming, toileting, eating and moving from one place to another)
- b. Instrumental Activities of Daily Living (assistance with more complex skills such as meal prep, shopping, household chores)
- c. Medication Assistance (Provide reminders or cues, open pre-set containers, dispense)
- d. Medication Administration (Non-injectable)
- e. Subcutaneous Medication Administration (such as insulin)
- f. Routine healthcare assistance as delegated by a nurse or physician
- g. Vocational Support (job coaching)
- h. Dementia/ Alzheimer's Care
- i. Behavioral Management
- j. Transportation
- k. None of the above

17. Please indicate the population groups to which you provide services: (Please check all that apply.)

MULTI-SELECT

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant Women
- g. Individuals who are incarcerated
- h. Individuals with chronic mental/psychological disabilities
- i. Individuals with physical disabilities
- j. Individuals with intellectual or developmental disabilities

- k. Individuals in Recovery
- l. Veterans/Individuals who have served in the military
- m. None of the Above Populations

18. In what state do you primarily work? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select "N/A"

SINGLE SELECT

Please include all states 2-letter postal abbreviation along with an option for N/A

19. If located in Indiana, what is the county where you primarily work? If this does not apply, please select "Not applicable"

SINGLE SELECT with option for Not Applicable

20. What type of setting do you work at?

SINGLE SELECT

- a. Assisted Living
- b. Adult day center
- c. Continuing Care Retirement Community (CCRC)
- d. Correctional Facilities
- e. Group Home/Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- f. Home Health
- g. Hospice
- h. Hospital
- i. Mental health facility/psychiatric hospital
- j. Nursing home (Long-term Care Facility)
- k. Outpatient clinic (Physician Office)
- l. Physical Rehabilitation Facilities
- m. School-based Health
- n. Other
- o. Not applicable

21. On average, approximately how many hours per week do you work as a QMA?

SINGLE SELECT

- a. 0 hours per week/Not Applicable
- b. 1 – 8 hours per week
- c. 9 – 12 hours per week
- d. 13 – 16 hours per week
- e. 17 – 20 hours per week
- f. 21 – 24 hours per week
- g. 25 – 28 hours per week
- h. 29 – 32 hours per week
- i. 33 – 36 hours per week
- j. 37 – 40 hours per week
- k. 41 – 44 hours per week
- l. 45 – 48 hours per week
- m. 49 or more hours per week

22. If you work in a home or community-based setting, how many hours per day do you spend traveling for your job (i.e. From your home to patients, between patients/clients, errands for patients and other patient related needs)?

SINGLE SELECT

- a. Less than 30 minutes per day

- b. 30 minutes to 1 hour per day
- c. 1 hour to 1.5 hours per day
- d. 1.5 hour to 2 hours per day
- e. 2 hours to 2.5 hours per day
- f. 2.5 hours to 3 hours per day
- g. 3 hours to 3.5 hours per day
- h. 3.5 hours to 4 hours per day
- i. 4 hours to 4.5 hours per day
- j. 4.5 hours to 5 hours per day
- k. More than 5 hours per day
- l. I do not work in a home or community-based setting/Not Applicable

**Mandatory Regulatory Questions**

23. 12 in-service hours are required each year. Please mark all topics you received in-service hours in below:

MULTI-SELECT

- a. Resident Rights
- b. Infection Control
- c. Fire Prevention / Emergency
- d. Safety & Accident Prevention
- e. Needs of a Specialized Population
- f. Care of the Cognitively Impaired
- g. Dementia Specific Training
- h. Changes in Condition / Environment
- i. Communication
- j. Nutrition and Fluid Intake
- k. ADLs
- l. Documentation
- m. Other

24. If you are on the Registry in another state(s) please select the state(s) below. Select N/A if you are not on the Registry in another state.

MULTI-SELECT

[List all 50 states and N/A as first option]

25. If you have had a Finding in another state(s), please select the state(s) below. Select N/A if you have not had a Finding in another state.

MULTI-SELECT

[list of all 50 states, also N/A as first option]