



## 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? 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
  
14. In what state is your primary employment setting? Please indicate state using 2-letter postal abbreviation.
  - 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