



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

## 2018 Chiropractor Re-Licensure Survey Instrument

1. Sex

DROP DOWN

- a. Male
- b. Female

3. Are you of Hispanic or Latino origin?

RADIO BUTTONS

- a. Yes
- b. No

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

4. Where did you complete the chiropractic degree/credential that qualified you for your first U.S. chiropractic license?

DROP DOWN LIST

- a. Indiana
- b. Michigan
- c. Illinois
- d. Kentucky
- e. Ohio
- f. Another State (not listed)
- g. Another Country (not U.S.)

5. What is your highest level of non-chiropractic education?

- a. High school diploma
- b. Associate degree
- c. Bachelor's degree
- d. Master's degree
- e. Doctoral degree
- f. Other

6. What is your employment status?

DROP DOWN LIST OR RADIO BUTTONS

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

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

RADIO BUTTONS

- a. Increase hours in the field of chiropractic
- b. Decrease hours in the field of chiropractic
- c. Leave employment in the field of chiropractic
- d. No planned change

8. Is your primary practice located in the state of Indiana (*the position in which you spend the majority of your time*)?

RADIO BUTTON

- a. Yes
- b. No

9. If located in Indiana, what is the county of your primary practice location?

\_\_\_\_\_ (*free text*)

10. If located in Indiana, what is the zip code of your primary practice location?

\_\_\_\_\_ (*free text*)

11. How many hours do you spend in direct patient care per week at primary practice location?

DROP DOWN LIST OR RADIO BUTTONS

- 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

12. Please identify the type of setting that most closely corresponds to your primary practice location.

DROP DOWN LIST OR RADIO BUTTONS

- a. Chiropractic office
- b. Integrated health care facility
- c. Spine surgical center
- d. Community health center
- e. Other

13. If you hold more than one position as a chiropractor, is your secondary practice located in the state of Indiana?

RADIO BUTTON

- a. Yes
- b. No

14. If located in Indiana, what is the county of your secondary practice location?

\_\_\_\_\_ (free text)

15. If located in Indiana, what is the zip code of your secondary practice location?

\_\_\_\_\_ (free text)

16. How many hours do you spend in direct patient care per week at your secondary practice location? Please skip this question if you do not have a secondary practice location.

DROP DOWN LIST OR RADIO BUTTONS

- 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. Please identify the type of setting that most closely corresponds to your secondary practice location. Please skip this question if you do not have a secondary practice location.

DROP DOWN LIST OR RADIO BUTTONS

- a. Chiropractic office
- b. Integrated health care facility
- c. Spine surgical center
- d. Community health center
- e. Other