



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2018 Certified Dietician 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. Where did you complete the degree/credential that qualified you for your first U.S. dietetics certification?
Dropdown List
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. Another Country (not U.S.)

5. What type of degree/credential qualified you for your first U.S. dietetics certification?
Dropdown List
 - a. Bachelor's degree
 - b. Master's degree
 - c. Doctoral degree
 - d. Other

6. What year did you complete the education that first qualified you for your U.S. dietetics certification? Please indicate using the four digit year.
TEXT BOX

7. What is your highest earned degree/credential?

Dropdown List

- a. Bachelor's degree
- b. Master's degree
- c. Specialist degree/Certificate of Advanced Graduate Study
- d. Doctoral degree
- e. Other

8. What is your employment status?

Dropdown List

- a. Actively working in the field of dietetics
- b. Actively working in a field other than dietetics
- c. Unemployed but seeking work in dietetics
- d. Unemployed, not seeking work in dietetics
- e. Retired

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

Text box

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

Dropdown List

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

11. In how many locations do you provide dietetic services?

Dropdown List

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4 or more

12. Where is your primary practice (the location you spend the majority of your time as a dietitian) located?

Dropdown List

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

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

TEXT-BOX

14. Please identify the type of setting that most closely corresponds to this location.

Dropdown List

- a. Academia
- b. Ambulatory/Outpatient Care Facility
- c. Community or Public Health Program
- d. Government Agency
- e. Inpatient Acute Care Facility
- f. Long-term, Extended Care, or Assisted Living Facility
- g. School/School System
- h. Other

15. What is your primary area of practice at this location?

Dropdown List

- a. Clinical nutrition
- b. Community
- c. Consultation and business
- d. Dietetics education and research
- e. Food and nutrition management
- f. Other

16. How many hours do you spend in direct care per week at this 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