



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

## 2016 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