



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

## 2017 Optometrist Re-Licensure Survey Instrument

1. Sex  
DROP DOWN
  - a. Male
  - b. Female
  
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
  
3. Are you of Hispanic or Latino origin?  
RADIO BUTTONS
  - a. Yes
  - b. No
  
4. Where did you complete the degree that first qualified you for your U.S. optometry 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 employment status?  
DROP-DOWN LIST OR RADIO BUTTONS
  - a. Actively working in a position that requires this license
  - b. Actively working in a related position that does not require this license
  - c. Actively working in a field not related to this license
  - d. Not currently working
  - e. Retired

6. Please indicate in which field you spend the majority of your time.

DROP-DOWN LIST OR RADIO BUTTONS

- a. Direct Patient Care – optometry
- b. Direct Patient Care – other
- c. Research – optometry
- d. Research – other
- e. Education – optometry
- f. Education – other
- g. Administration – optometry
- h. Administration – other
- i. Other

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

DROP-DOWN LIST OR RADIO BUTTONS

- a. Increase hours in patient care
- b. Decrease hours in patient care
- c. Seek employment in a field outside of patient care
- d. Leave direct patient care to complete further training
- e. Leave direct patient care for family reasons/commitments
- f. Leave direct patient care due to physical demands
- g. Leave direct patient care due to stress/burnout
- h. Retire
- i. Continue as you are
- j. Unknown

8. Do you use telemedicine to deliver services to patients located in Indiana (telemedicine as defined in Indiana Code 25-1-9.5-6: delivery of health care services using electronic communications and information technology, including: secure videoconferencing; interactive audio-using store and forward technology; or remote patient monitoring technology)?

DROP DOWN

- 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 at your 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. Do you currently see (or accept) Medicaid patients at your primary practice location?

DROP-DOWN LIST

- a. Yes
- b. No

13. Do you currently see (or accept) Medicare patients at your primary practice location?

DROP-DOWN LIST

- a. Yes
- b. No

14. Which of the following categories best describes the practice setting at your primary practice location:

DROP-DOWN LIST OR RADIO BUTTONS

- a. Government
- b. Independent practice
- c. Ophthalmology practice
- d. Optical chain affiliation
- e. Other medical
- f. Telemedicine
- g. Other

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

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

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

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

17. How many hours do you spend in direct patient care at your secondary practice location? If you do not have a secondary practice location, please skip this question.

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

18. Do you currently see (or accept) Medicaid patients at your secondary practice location? If you do not have a secondary practice location, please skip this question.

DROP-DOWN LIST

- a. Yes
- b. No

19. Do you currently see (or accept) Medicare patients at your secondary practice location? If you do not have a secondary practice location, please skip this question.

DROP-DOWN LIST

- a. Yes
- b. No

20. Which of the following categories best describes the practice setting at your secondary practice location: (If you do not have a secondary practice location, please skip this question.)

DROP-DOWN LIST OR RADIO BUTTONS

- a. Independent practice
- b. Optical chain affiliation
- c. Ophthalmology practice
- d. Other medical
- e. Government
- f. Telemedicine
- g. Other