



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Optometrist Survey Instrument

1. Sex
 - a. Male
 - b. Female

2. What is your racial background? Please select all that apply.
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander
 - f. Other

3. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No

4. Where did you complete the degree that first qualified you for your optometry license?
 - a. DROP DOWN LIST
 - b. Indiana
 - c. Michigan
 - d. Illinois
 - e. Kentucky
 - f. Ohio
 - g. Another State (not listed)
 - h. Another Country (not U.S.)

5. What is your employment status? (mark all that apply)
 - a. CHECK BOXES
 - b. Actively working in a position that requires an optometrist license
 - c. Actively working in an optometrist-related field that does not require an optometrist license
 - d. Actively working in a field that does not require an optometrist license
 - e. Not currently working, disabled
 - f. Not currently working, seeking work in a position that requires an optometrist license
 - g. Not currently working, seeking work in a position that does not require an optometrist license
 - h. Student
 - i. Leave of absence or Sabbatical

6. Please indicate in which field you spend the majority of your time.
 - a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. Direct Patient Care – optometry
 - c. Direct Patient Care – other
 - d. Research – optometry
 - e. Research – other
 - f. Education – optometry
 - g. Education – other
 - h. Administration – optometry
 - i. Administration – other
 - j. Other

7. What are your employment plans for the next 12 months?
 - 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. What is the street address of your primary practice location?
 - a. TEXT-BOX

9. In what city is your primary practice location?
TEXT BOX

10. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.
 - a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

11. What is the 5-digit ZIP code of your primary practice location?
 - a. TEXT-BOX

12. How many hours do you spend in direct patient care at your primary 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

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

DROP-DOWN LIST

- a. Yes
- b. No

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

DROP-DOWN LIST

- a. Yes
- b. No

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

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

16. What is the street address of your secondary practice location? If you do not have a secondary practice location, please skip this question.

- a. TEXT-BOX

17. In what city is your secondary practice location? If you do not have a secondary practice location, please skip this question.

- a. TEXT-BOX

18. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. If you do not have a secondary practice location, please skip this question.

- a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

19. What is the 5-digit ZIP code of your secondary practice location? If you do not have a secondary practice location, please skip this question.

- a. TEXT-BOX

20. 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.
- 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week
21. 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
- Yes
 - No
22. 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
- Yes
 - No
23. 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.)
- Independent practice
 - Optical chain affiliation
 - Ophthalmology practice
 - Other medical
 - Government
 - Other