



SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

Indiana Cross-Profession Minimum Data Set

Adopted from the [National Cross-Profession Minimum Data Set](#)

1. What is your sex?
SINGLE SELECT
 - a. Male
 - b. Female

2. What is your race? Mark one or more boxes.
MULTI-SELECT
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race

3. Are you of Hispanic, Latina/o, or Spanish origin?
SINGLE SELECT
 - a. No
 - b. Yes

4. What is your year of birth?
OPEN FIELD

5. What type of degree/credential first qualified you for this license?
SINGLE-SELECT
 - a. High school diploma (or equivalency)
 - b. Some college, no degree
 - c. Technical/Vocational Certificate
 - d. Associate Degree
 - e. Bachelor's Degree
 - f. Master's Degree
 - g. Post-graduate training
 - h. Professional/Doctorate Degree
 - i. Postdoctoral training

6. Where did you complete the education program/degree that first qualified you for this license?
(Note: for online programs, please select the location where this program was housed)
SINGLE SELECT
 - a. Alabama
 - b. Alaska
 - c. American Samoa
 - d. Arizona
 - e. Arkansas
 - f. California
 - g. Colorado
 - h. Connecticut
 - i. Delaware

- j. District of Columbia
- k. Florida
- l. Georgia
- m. Guam
- n. Hawaii
- o. Idaho
- p. Illinois
- q. Indiana
- r. Iowa
- s. Kansas
- t. Kentucky
- u. Louisiana
- v. Maine
- w. Maryland
- x. Massachusetts
- y. Michigan
- z. Minnesota
- aa. Mississippi
- bb. Missouri
- cc. Montana
- dd. Nebraska
- ee. Nevada
- ff. New Hampshire
- gg. New Jersey
- hh. New Mexico
- ii. New York
- jj. North Carolina
- kk. North Dakota
- ll. Northern Mariana Islands
- mm. Ohio
- nn. Oklahoma
- oo. Oregon
- pp. Pennsylvania
- qq. Puerto Rico
- rr. Rhode Island
- ss. South Carolina
- tt. South Dakota
- uu. Tennessee
- vv. Texas
- ww. U.S. Virgin Islands
- xx. Utah
- yy. Vermont
- zz. Virginia
- aaa. Washington
- bbb. West Virginia
- ccc. Wisconsin
- ddd. Wyoming
- a. Another Country (not U.S.)

7. What is your highest level of education?

SINGLE SELECT

- a. High school diploma (or equivalency)

- b. Some college, no degree
 - c. Technical/Vocational Certificate
 - d. Associate Degree
 - e. Bachelor's Degree
 - f. Master's Degree
 - g. Post-graduate training
 - h. Professional/Doctorate Degree
 - i. Postdoctoral training
8. In what state(s) and/or jurisdiction(s) do you hold an active license or have authority to practice?
(Select all that apply)
- Note: This question should only be included if it is not already asked as a part of standard license renewal.*
- a. MULTI-SELECT
 - b. Alabama
 - c. Alaska
 - d. American Samoa
 - e. Arizona
 - f. Arkansas
 - g. California
 - h. Colorado
 - i. Connecticut
 - j. Delaware
 - k. District of Columbia
 - l. Florida
 - m. Georgia
 - n. Guam
 - o. Hawaii
 - p. Idaho
 - q. Illinois
 - r. Indiana
 - s. Iowa
 - t. Kansas
 - u. Kentucky
 - v. Louisiana
 - w. Maine
 - x. Maryland
 - y. Massachusetts
 - z. Michigan
 - aa. Minnesota
 - bb. Mississippi
 - cc. Missouri
 - dd. Montana
 - ee. Nebraska
 - ff. Nevada
 - gg. New Hampshire
 - hh. New Jersey
 - ii. New Mexico
 - jj. New York
 - kk. North Carolina
 - ll. North Dakota
 - mm. Northern Mariana Islands

- nn. Ohio
- oo. Oklahoma
- pp. Oregon
- qq. Pennsylvania
- rr. Puerto Rico
- ss. Rhode Island
- tt. South Carolina
- uu. South Dakota
- vv. Tennessee
- ww. Texas
- xx. U.S. Virgin Islands
- yy. Utah
- zz. Vermont
- aaa. Virginia
- bbb. Washington
- ccc. West Virginia
- ddd. Wisconsin
- eee. Wyoming
- fff. Another Country (not U.S.)

9. What is your employment status?

SINGLE SELECT

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field related to this license, but in a position that does not require this license
- c. Actively working in a position in a field not related to this license
- d. Not currently working
- e. Retired

10. What best describes your employment plans for the next 2 years?

SINGLE SELECT

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire
- e. Continue as you are
- f. Unknown

Note: If an individual selects "a-d" on Q9 and "a-d" or "f" on Q10, please display the subsequent questions. In other words, if an individual selects BOTH "e. Retired" on Q9 AND "e. Continue as you are" on Q10, no additional questions would be displayed.

11. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Do you use telehealth to deliver services to Indiana patients?

SINGLE SELECT

- a. No
- b. Yes

12. Please indicate the population groups to which you provide services. Please check all that apply.

MULTI-SELECT

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals who speak a language other than English
- k. Medicaid
- l. Medicare
- m. Sliding Fee Scale
- n. None of the above

13. In what state is your primary practice location or place of employment? If this does not apply, please select "N/A"

- a. Alabama
- b. Alaska
- c. Arizona
- d. Arkansas
- e. California
- f. Colorado
- g. Connecticut
- h. Delaware
- i. Florida
- j. Georgia
- k. Hawaii
- l. Idaho
- m. Illinois
- n. Indiana
- o. Iowa
- p. Kansas
- q. Kentucky
- r. Louisiana
- s. Maine
- t. Maryland
- u. Massachusetts
- v. Michigan
- w. Minnesota
- x. Mississippi
- y. Missouri
- z. Montana
- aa. Nebraska
- bb. Nevada
- cc. New Hampshire
- dd. New Jersey
- ee. New Mexico
- ff. New York
- gg. North Carolina

- hh. North Dakota
- ii. Ohio
- jj. Oklahoma
- kk. Oregon
- ll. Pennsylvania
- mm. Rhode Island
- nn. South Carolina
- oo. South Dakota
- pp. Tennessee
- qq. Texas
- rr. Utah
- ss. Vermont
- tt. Virginia
- uu. Washington
- vv. West Virginia
- ww. Wisconsin
- xx. Wyoming
- yy. Not Applicable

14. What is the 5-digit ZIP code of your primary practice location or place of employment? If this does not apply, please indicate "N/A"

OPEN TEXT FIELD

15. Which of the following best describes your current employment arrangement at your primary practice location or place of employment?

MULTI SELECT

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment / Locum tenens
- e. Other
- f. Not Applicable

16. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.

MULTI SELECT

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other
- f. Not Applicable

17. Estimate the average number of hours per week spent at your primary practice location or place of employment. If this does not apply, please select "not applicable."

SINGLE SELECT

- a. 0 hours per week/Not applicable
- 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. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location or place of employment. If this does not apply, please select “not applicable.”

- a. SINGLE SELECT
- b. 0 hours per week/Not applicable
- c. 1 – 4 hours per week
- d. 5 – 8 hours per week
- e. 9 – 12 hours per week
- f. 13 – 16 hours per week
- g. 17 – 20 hours per week
- h. 21 – 24 hours per week
- i. 25 – 28 hours per week
- j. 29 – 32 hours per week
- k. 33 – 36 hours per week
- l. 37 – 40 hours per week
- m. 41 or more hours per week

19. Do you have a second practice location or place of employment?

SINGLE SELECT

- a. No
- b. Yes

Note: If “yes”, the following additional questions will be displayed.

i) In what state is your secondary practice location or place of employment? If this does not apply, please select “N/A”

- 1. Alabama
- 2. Alaska
- 3. Arizona
- 4. Arkansas
- 5. California
- 6. Colorado
- 7. Connecticut
- 8. Delaware
- 9. Florida
- 10. Georgia
- 11. Hawaii
- 12. Idaho
- 13. Illinois
- 14. Indiana
- 15. Iowa
- 16. Kansas
- 17. Kentucky
- 18. Louisiana

19. Maine
20. Maryland
21. Massachusetts
22. Michigan
23. Minnesota
24. Mississippi
25. Missouri
26. Montana
27. Nebraska
28. Nevada
29. New Hampshire
30. New Jersey
31. New Mexico
32. New York
33. North Carolina
34. North Dakota
35. Ohio
36. Oklahoma
37. Oregon
38. Pennsylvania
39. Rhode Island
40. South Carolina
41. South Dakota
42. Tennessee
43. Texas
44. Utah
45. Vermont
46. Virginia
47. Washington
48. West Virginia
49. Wisconsin
50. Wyoming
51. Not Applicable

ii) What is the 5-digit ZIP code of your secondary practice location or place of employment? If this does not apply, please indicate "N/A"
OPEN TEXT FIELD

iii) Which of the following best describes your current employment arrangement at your secondary practice location or place of employment?

MULTI SELECT

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment / Locum tenens
- e. Other
- f. Not Applicable

iv) Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.

MULTI SELECT

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other
- f. Not Applicable

v) Estimate the average number of hours per week spent at your secondary practice location or place of employment. If this does not apply, please select "not applicable."

SINGLE SELECT

- a. 0 hours per week/Not applicable
- 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

vi) Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location or place of employment. If this does not apply, please select "not applicable."

SINGLE SELECT

- a. 0 hours per week/Not applicable
- 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