

## 2022 Dietitian Re-Licensure Survey Instrument

1. Sex  
DROP DOWN
  - a. Female
  - b. Male
  
2. Are you of Hispanic, Latina/o, or Spanish origin?  
RADIO BUTTONS
  - a. Yes
  - b. No
  
3. What is your race? Mark one or more boxes.  
MULTI CHECK BOX
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian/Pacific Islander
  - e. White
  - f. Some Other Race
  
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 0 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. Please indicate which of the following services you routinely provide or support as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.  
CHECKBOXES
- a. Cancer screening
  - b. Dementia/Alzheimer's care
  - c. Diabetes screening
  - d. Hepatitis C Treatment/Management
  - e. High-risk pregnancy services
  - f. HIV/AIDS Treatment/Management
  - g. Labor and delivery services
  - h. Obesity screening and/or counseling
  - i. Post-natal services
  - j. Pre-natal services
  - k. Screening for substance use or behavioral health conditions (ex: SBIRT)
  - l. Screening for high-risk pregnancy
  - m. STD screening
  - n. Tobacco use counseling
  - o. None of the above
13. Please indicate the population groups to which you provide services:  
CHECKBOXES
- a. Newborns

- b. Children (ages 2-10)
  - c. Adolescents (ages 11-19)
  - d. Adults
  - e. Geriatrics (ages 65+)
  - f. Pregnant women
  - g. Inmates
  - h. Disabled individuals
  - i. Individuals in recovery
  - j. None of the above
14. Where is your primary practice (the location you spend the majority of your time as a dietician) located? If this does not apply, please select "not applicable."  
Dropdown List
- a. Not applicable
  - b. Indiana
  - c. Michigan
  - d. Illinois
  - e. Kentucky
  - f. Ohio
  - g. Another State (not listed)
  - h. Another Country (not U.S.)
15. If your primary practice is located in Indiana, please provide the county in which it is located. If this does not apply, please write "N/A"  
TEXT-BOX
16. Please identify the type of setting that most closely corresponds to this location. If this does not apply, please select "not applicable."  
Dropdown List
- a. Not applicable
  - b. Academia
  - c. Ambulatory/Outpatient Care Facility
  - d. Community or Public Health Program
  - e. Government Agency
  - f. Inpatient Acute Care Facility
  - g. Long-term, Extended Care, or Assisted Living Facility
  - h. School/School System
  - i. Other
17. What is your primary area of practice at this location? If this does not apply, please select "not applicable."  
Dropdown List
- a. Not applicable
  - b. Clinical nutrition
  - c. Community
  - d. Consultation and business
  - e. Dietetics education and research
  - f. Food and nutrition management
  - g. Other
18. How many hours do you spend in direct care per week at this location? If this does not apply, please select "not applicable."  
Dropdown List
- a. Not applicable

- b. 0 hours per week
- 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