



SECTION ONE: PURCHASING PROFESSIONAL PRODUCTS

1. How do you find out about new books on topics relevant to your work? (Select all that apply.)

- Advertisements in The ASHA Leader, Advertisements in Advance newsmagazines, Browsing online stores, At conferences and workshops, Direct Mail about new and existing products, Online search engines, Podcasts, Print catalogs, Promotional e-mails about new and existing products, Social networking sites (Facebook, MySpace, Twitter, etc.), Word of mouth, Other (please specify):

2. Please list any reference books, internet sites, or other materials you rely on regularly for your SLP or Audiology practice:

3a. Have you purchased products from ASHA in the past 12 months? Yes No

b. IF YES, how did you purchase these products from ASHA? (Select all that apply.)

- Bookstore at convention or conference, Calling a product sales representative, The ASHA Online Store, Purchase order, My employer purchases for me, Mailed a paper order form with payment to ASHA, Faxed an order, Placed an order while visiting the National Office

c. IF YOU PURCHASED PRODUCTS FROM ASHA in the past 12 months, please rate each of the following statements as they relate to your most recent purchase. (Choose from "1" for not at all to "4" for very.)

Table with 5 columns: Not at all (1), 2, 3, Very (4), I don't know/No opinion. Rows: How easy was it to place your order with ASHA?, How fair was the price you paid for the product(s)?, How satisfied were you with the quality of the product(s)?, How satisfied were you with the time it took to receive the product(s)?, How likely are you to purchase another product from ASHA in the future?

4a. In the past 12 months how often have you visited the ASHA Online Store? Never Once or twice Several times I don't know

b. IF YOU HAVE NOT VISITED the ASHA Online Store in the past 12 months, why not? (Select all that apply.)

- I wasn't aware there was an ASHA Online Store, I don't think about it as an option, I have difficulty navigating the Web site, I like to touch, see, and experience a product, I prefer catalog shopping, I prefer to talk to a product sales representative on the phone, Purchases are made by someone other than me (e.g., supervisor, employer), Other (please specify):

c. IF YOU HAVE VISITED the ASHA Online Store in the past 12 months, how easy was it to...

Table with 5 columns: Not at all easy (1), Not very easy (2), Easy (3), Very (4), I don't know/No opinion. Rows: ...find the products you were looking for?, ...understand the product categories?, ...see member and nonmember pricing?, ...get the information you needed about the product?, ...purchase a product online?

5. Which online stores do you visit most often to purchase continuing education or professional reference products:

6a. Have you purchased ASHA consumer education brochures in the past 3 years? Yes No I don't remember

b. IF YES, how do you use these ASHA brochures? (Select all that apply.)

- I mail the brochures to my clients, I display them in my waiting room for clients to take freely, I distribute the brochures to my clients who read them independently, I distribute the brochure to my clients and review the information with them, I distribute brochures to attendees during speech, language, and hearing events, I use the space on the back of the brochure to include my contact information, In addition to distributing the brochure, I instruct clients to visit www.asha.org for more information about a specific disorder, In addition to the brochures, I distribute other printed materials about a specific disorder to my clients, I use them during Better Hearing and Speech Month events.

**7. Do you share ASHA brochures with individuals in any of the following professions? (Select all that apply.)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Other SLPs                      | <input type="checkbox"/> Teachers                      |
| <input type="checkbox"/> Physical Therapists     | <input type="checkbox"/> Other Audiologists              | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Physicians              | <input type="checkbox"/> Nutritionists                   |  |
| <input type="checkbox"/> Psychologists           | <input type="checkbox"/> Educational Testers/Consultants |  |

**8. Please indicate whether you were aware that the following publishers' products are available from ASHA, and whether you have purchased them through ASHA. (Select all that apply.)**

	I am <u>AWARE</u> that ASHA distributes products from this publisher	I have <u>PURCHASED</u> at least one of this publisher's products from ASHA.
PsychCorp, a Pearson brand	<input type="checkbox"/>	<input type="checkbox"/>
Pearson	<input type="checkbox"/>	<input type="checkbox"/>
Plural Publishing Inc.	<input type="checkbox"/>	<input type="checkbox"/>
Pro-Ed Publishing	<input type="checkbox"/>	<input type="checkbox"/>
Delmar Cengage Learning (formerly Delmar Thompson)	<input type="checkbox"/>	<input type="checkbox"/>
AUDIITEC	<input type="checkbox"/>	<input type="checkbox"/>
Hear Again Inc.	<input type="checkbox"/>	<input type="checkbox"/>
Brookes Publishing Co.	<input type="checkbox"/>	<input type="checkbox"/>

**9. List up to THREE publishers and/or books you would like ASHA to consider for product distribution.**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**SECTION TWO: CONTINUING EDUCATION**

**10. How important are each of the following factors in your decision to register for a continuing education activity?**

	Not at all important <u>1</u>	Not very important <u>2</u>	Pretty important <u>3</u>	Very important <u>4</u>	I don't know/No opinion
Provides an appropriate number of CEUs for the price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of CEU reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format: Accessible via the Web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format: Accessible in print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fits my schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topic of interest to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-known speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. In the past 12 months, how many hours of continuing education have you completed? (Consider all continuing education programs you completed, whether or not they carried ASHA CEUs.)**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> I have not completed any continuing education in the past 12 months. | <input type="checkbox"/> 1-4 hours  | <input type="checkbox"/> 11-20 hours        |
|   | <input type="checkbox"/> 5-10 hours | <input type="checkbox"/> More than 20 hours |

**12. Who were the providers of the continuing education programs you completed in the past 12 months?**

\_\_\_\_\_

**SECTION THREE: CONTINUING EDUCATION ONLINE**

**13a. Have you ever completed a continuing education program delivered online in the past?**

- Yes     No     I don't remember    -- IF NO or DON'T REMEMBER, please skip to question 14

**b. How important are each of the following factors to your decision to choose an online program for CEUs?**

	Not at all important <u>1</u>	Not very important <u>2</u>	Pretty important <u>3</u>	Very important <u>4</u>	I don't know/No opinion
No travel required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content available on demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could move through material at my own pace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could ask questions of the instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could interact with other course participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. During the online program you most recently completed, what formats were included? (Select all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Material to read  | <input type="checkbox"/> Discussion with other participants via chat, e-mail, or bulletin board |
| <input type="checkbox"/> Narrated slideshow  | <input type="checkbox"/> Exercises or short tests to check your learning                        |
| <input type="checkbox"/> Video examples (clients/patients, assessments, intervention approaches, etc.) | <input type="checkbox"/> Feedback or critique of your work from presenter(s)                    |
| <input type="checkbox"/> Video of presenter giving the lecture   | <input type="checkbox"/> Final test for CEUs  |
| <input type="checkbox"/> Discussion with presenter(s) via chat, e-mail, or bulletin board              | <input type="checkbox"/> Other (please specify): _____  |

**d. How satisfied were you with the online delivery format?**

- Not at all satisfied     Not very satisfied     Mostly satisfied     Very satisfied     I don't know/No opinion

**14. IF YOU HAVE NOT participated in continuing education programs online, what stops you? (Select all that apply.)**

- Fear of technical issues     My employer provides in-service training that meets my needs  
 I prefer attending programs in person     Have not seen Web programs on a topic that interests me  
 I prefer to complete programs offered in a print format     Other (please specify): \_\_\_\_\_

**15. How likely are you to participate in a continuing education program delivered online in the next 12 months?**

- Not at all likely     Not very likely     I don't know     Pretty likely     Very likely

**SECTION FOUR: ASHA PROFESSIONAL DEVELOPMENT**

**16. How important are each of the following factors to the quality of a continuing education activity?**

	Not at all important	Not very important	Pretty important	Very important	I don't know/No opinion
Provides practical information I can apply in my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
Features an engaging presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents current research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides evidence for claims of efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphasis on theory behind the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focuses on assessment or treatment of a specific disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has interesting content, whether or not I can immediately apply it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addresses the impact of cultural and linguistic diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17a. Have you EVER participated in ASHA Professional Development (APD) programs?**

- Yes     No     I don't remember    -- IF NO or DON'T REMEMBER, please skip to question 18

**b. After completing an APD course, have you done any of the following? (Select all that apply.)**

- Referred back to the program as a reference     Used to supplement student's textbooks  
 Lent the program to a library     Provided the program to allied professionals  
 Shared the program content with a colleague     Other (please specify): \_\_\_\_\_  
 Used the material as part of a lecture

**c. How satisfied are you with the APD program you most recently completed in each of the following areas?**

	Not at all satisfied	Not very satisfied	Pretty satisfied	Very satisfied	I don't know/No opinion
Provides practical information I can apply in my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
Features an engaging presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents current research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides evidence for claims of efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphasis on theory behind the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focuses on assessment or treatment of a specific disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has interesting content, whether or not I can immediately apply it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addresses the impact of cultural and linguistic diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**d. Thinking of the APD program you completed most recently, did you pay for it yourself, was it paid for by your employer, or did you share the cost?**

- I paid for the program myself.     I shared the cost with one or more other professionals.  
 My employer paid for the program.     I shared the cost with one or more other professionals and my employer.  
 I shared the cost of the program with my employer.

**e. Excluding live conferences and workshops, approximately what percentage of the APD programs in which you've participated in the last 12 months were group activities where you earned CEUs by using additional manuals or participated in a Web/telephone seminar?**

\_\_\_\_\_ %

**18. IF YOU HAVE NEVER participated in an APD program, which of the following describes your reasons? (Select all that apply.)**

- I am unfamiliar with the courses ASHA offers.     My employer provides in-service professional development programs.  
 APD programs are too expensive.     I prefer local, in-person professional development programs.  
 ASHA does not offer courses on topics relevant to my interests.     I do not need CEUs.  
 APD programs are difficult.     Other (please specify): \_\_\_\_\_  
 I purchase professional development programs from other providers. (Please specify): \_\_\_\_\_

19. Are you aware that APD offers ways to purchase programs such as Web/telephone seminars and multimedia programs and additional manuals for groups at reduced prices?

Yes

No

## SECTION FIVE: CONTACT AND COMMUNICATION

20. In the past 12 months have you recommended any of the following types of ASHA products to a colleague? (Select all that apply.)

ASHA Professional Development program

ASHA logo merchandise

Reference book about specific disorder

Have not recommended ASHA products in past 12 months.

Service delivery and practice management book

A colleague has recommended an ASHA product to me.

Reimbursement and coding

Other (please specify): \_\_\_\_\_

Consumer education product

21. The number of e-mails I receive from ASHA about ASHA products is...

Too much

Just right

Too few

I don't recall receiving e-mails about products from ASHA.

22. If you had a choice, how would you most like to receive the new ASHA Product Catalog?

I would like to receive a print copy by mail.

I do not wish to receive an ASHA Product Catalog.

I prefer to view and browse through the catalog online.

I would like to both receive a catalog by mail and be able to view the catalog online.

23. Do you do any of the following? (Select all that apply.)

Use a social networking site such as Facebook, MySpace, or Twitter

In my  
professional career

In my  
personal life

Use a professional networking site such as LinkedIn or Yammer

Use an MP3 player

Subscribe to Twitter feeds

Read blogs

Download and read content from a wireless reading device (e.g., Kindle)

## SECTION SIX: OTHER TOPICS

24. Which of the following topics would you like to see more of in the ASHA catalog and online store? (Select all that apply.)

Autism spectrum disorders

School-based service delivery

Attention deficit/hyperactivity disorder

Cochlear implants

Audiologic rehabilitation

Central auditory processing disorder

Business management

Ethics issues

Coding and reimbursement

Hearing assessment and amplification

Early childhood language

Hearing, hearing loss, and balance

Early childhood literacy

Private practice

Augmentative and alternative communication

Speech-language pathology assistants

English language learners

Supervision

Fluency

Accent modification services

Voice disorders

Response to intervention

Swallowing disorders

Other (please specify): \_\_\_\_\_

Neurogenic disorders

25. Which of the following new topics would you like to see products for in the ASHA catalog and online store?

Interpersonal effectiveness

Singing and the performing arts

Working with allied professionals

Presentations and public speaking

Corporate speech pathology

Other (please specify): \_\_\_\_\_

Communication etiquette

Organizational administration

25a. Do you work in private practice?

Yes

No

b. IF YES, what types of materials would you find beneficial?

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The month of May is Better Hearing and Speech Month (BHSM). This annual event provides opportunities to raise awareness about communication disorders and to promote treatment that can improve the quality of life for those who experience problems with speaking, understanding speech, or hearing. We have many resources to help you celebrate BHSM every day. ASHA currently provides products for those working in an educational setting and for young children.

26a. In the past 3 years have you purchased any products for BHSM?

Yes

No

I don't remember.

**b. IF YOU HAVE NOT purchased any BHSM products in the past 3 years, what's stopping you? (Select all that apply.)**

- I was not aware of the event.
- I am not familiar with the products offered.
- None of the products offered are appropriate to my work.
- The quality of the products
- The product logo
- I don't find the campaign useful.
- Other (please specify): \_\_\_\_\_

**27. Besides education/young children, what other segments of ASHA membership would you like BHSM to focus on?**

- Health care
- Geriatrics
- Audiology
- Other (please specify): \_\_\_\_\_

**28. Which Certificates of Clinical Competence do you hold? (Select both if applicable.)**

- CCC-A
- CCC-SLP
- None

**29. What is your primary employment setting?**

- School
- College/university
- Hospital facility
- Residential health care facility
- Nonresidential health care facility
- Private SLP or AUD practice
- Industry
- Agency, organization, research facility
- Any other facility (please specify): \_\_\_\_\_

**30. For what age populations(s) do you provide services? (Select all that apply.)**

- Birth to 2 years
- 3-5 years
- 6-11 years
- 12-17 years
- 18-21 years
- 22-64 years
- 65-84 years
- 85 years or older

**31. In what year were you born? 19\_\_\_\_\_**

**32. What is your gender?  Female  Male**

**33. What state do you practice in? \_\_\_\_\_**

**34. Please feel free to tell us more about your thoughts and opinions on ASHA products.**

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**Thank you for your help. Please return this survey via fax to 919-246-9238, or by mail to Lewis&Clark, 6512-203B Six Forks Road, Raleigh, NC 27615**