



Survey Methodology, Respondent Demographics, and Glossary

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Executive Summary

In Fall 2025, the American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists. This survey was designed to provide information about salaries, working conditions, and service delivery as well as to update and expand information gathered during previous *Audiology Surveys*.

Highlights

- The response rate was 14%.
- 88% of the audiologists worked full time.
- 35% were employed in nonresidential health care facilities.
- 73% were clinical service providers.
- 83% received an annual salary.
- Of those with a doctorate, 88% held only a Doctor of Audiology (AuD) degree.
- The median number of years of experience in the profession was 16.
- The mean number of years of experience in the profession was lowest in hospitals (15 years).
- 44% worked in a city/urban area, 40% in a suburban area, and 17% in a rural area.
- 30% worked in the South, 28% in the West, 22% in the Midwest, and 20% in the Northeast.

Survey Methodology

Fieldings

We have been conducting biennial surveys of the professions, like this one, since 2004. This was the first of the surveys to be conducted entirely electronically and the first to include the entire population of ASHA-certified audiologists as well as individuals with dual certification (i.e., certification in both audiology and speech-language pathology) who are employed as audiologists.

Educational audiologists were included in the sample for the biennial *Schools Survey* between 2010 and 2024 but were returned to the *Audiology Survey* in 2025.

We began fielding the survey electronically via SurveyMonkey on September 23, 2025. Individuals who returned their surveys were removed from reminders sent on September 30, October 7, and October 21. They had each been sent a be-on-the-lookout email on September 18. The survey closed on November 10.

ASHA's member database indicated that there were 11,705 individuals with ASHA certification in audiology (11,250) or with dual certification in both audiology and speech-language pathology (455), all of whom had postal addresses in the 50 states or the District of Columbia. These 11,705 individuals were reduced to a population of 11,514 (11,089 audiologists and 425 duals) by deleting individuals who were ineligible because they were not employed full- or part time, not working in the profession, had wrong email addresses, or some other reason.

Invitations were emailed to 11,514 individuals. Of that group, 243 had emails that bounced, 219 opted out of SurveyMonkey, and 8 were found to not have ASHA certification in audiology, reducing the population to 11,044. The number of usable responses from emailed invitations was 1,478 (see table in appendix).

Experiment: Web Link

This was also the first survey that we promoted in ways other than sending repeated email invitations to nonresponders. We tried to engage as many respondents as possible by promoting the survey through social media. In addition to the 1,478 individuals who responded to the emailed invitations, 86 responded via a web link at LinkedIn (posted on October 13 and 23), Instagram (October 2 and 8), *ASHA Now* (November 4), and the Education Audiology Association (EAA) listserv (October 13). Of those 86 individuals, 47 were in the ASHA member database and had not responded through the emailed invitation so their unique responses were included. The data for the remaining 39 individuals were excluded because they were not ASHA constituents or because they were duplicate responses.

Response Rates

After cleaning the data, we accepted 1,525 completed surveys (1,478 from email invitations + 47 from social media links). The overall response rate was **13.8%** (1,525 / 11,044).

We can also calculate response rates to the emailed invitation by area of certification.

- 1,442 surveys were returned by individuals who were ASHA-certified in audiology only, **13.5%** (1,442 / 10,653)
- 36 surveys were returned by individuals who were dually certified and employed as audiologists, **9.2%** (36 / 391).

Response Rate Trends

Table 1 shows how response rates have fallen over the last five iterations of the *Audiology Surveys* from a high of 46% in 2014.

Table 1. Response Rates From Previous Audiology Surveys				
Year	Gross Sample Size	Net Sample Size	Number of Responses	Response Rate
2023	5,000	4,880	1,329	27.2%
2021	5,000	4,840	1,487	30.7%
2018	4,500	4,420	1,756	39.7%
2016	4,000	3,971	1,569	39.5%
2014	4,000	3,962	1,811	45.7%

Experiment: Result

We found that the response rates to direct emails with a SurveyMonkey link were much higher than those from the marketing campaign. As was noted earlier, 86 individuals responded directly through the combined social media campaign. However, only 47 of them were unique individuals who could be included in the data set because the rest did not provide valid ASHA membership identification numbers.

We cannot measure directly the number of audiologists who saw these external messages and then completed their surveys from the email reminders that they also received, but we do have some data to report from the LinkedIn message that was posted on October 30.

- 116 (the number of screens the message was displayed on)
- 84 (the number of unique individuals who were reached)
- 5 (the number of unique individuals who reacted to the post)
- 2 (the number who clicked on the SurveyMonkey link)

Nonresponse

Not only is it typically the case that some individuals who receive a survey do not complete it (unit nonresponse), but it is likewise true that some who return their surveys do not answer every question (item nonresponse) and thus do not qualify for inclusion in portions of a report. They may be excluded from analyses because they did not answer a question at all or because their answer disqualified them (e.g., stating that they were employed part time when a particular analysis was limited to full-time employees). For example, among the 1,525 respondents, only 1,473 were included in the analysis of primary employment function because they were the only respondents who indicated that they were employed either full time or part time. Similar restrictions apply to other analyses in the report, resulting in analyses with a varied number of respondents.

Respondents
Versus
Membership
Database

As is our practice, we do not report data for any groups with fewer than 25 respondents. This both protects respondent confidentiality and increases data stability. Note, too, that some percentages total 99% or 101% because of rounding.

As a rule of thumb, the closer a sample approximates the characteristics of the population from which it is drawn, the greater the external validity or ability to generalize to that population. The membership database does not include information about whether the individuals with dual certification are employed as audiologists, so the dually certified will not be included in this section. Comparisons will be limited to characteristics of individuals with certification that is solely in audiology.

Below are comparisons of survey respondent characteristics of ASHA-certified audiologists with those of the population of CCC-A in the ASHA membership database who were sent email invitations to participate in the survey. Note that there may be slight differences in these percentages from those in subsequent figures because the latter group was often limited to respondents who were employed full time or part time.

Employment Status

- Respondents:
 - 88% full time
 - 12% part time
- Population:
 - 85% full time,
 - 12% part time
 - 3% other

Facility

- Respondents:
 - 35% Nonresidential health care facility
 - 31% Hospital
 - 14% College/university
 - 12% School
 - 3% Industry
 - 2% Audiology franchise, retail chain
 - 1% Occupational/environmental safety program*
 - 3% Other
- Population:
 - 45% Nonresidential health care facility
 - 30% Hospital
 - 6% College/university
 - 7% School
 - 4% Industry
 - 2% Audiology franchise, retail chain
 - 7% Other

Function

- Respondents:
 - 73% clinical service provider
 - 11% faculty
 - 7% administrator, supervisor, director, owner
 - 2% sales, training, technical support
 - 2% researcher
 - 2% consultant
 - 1% hearing conservationist
 - 1% other
- Population:
 - 78% clinical service provider
 - 5% faculty
 - 7% administrator, supervisor, director, chair
 - 2% researcher
 - 2% consultant
 - 7% other

Highest Degree

- Respondents:
 - 11% master's
 - 89% doctorate
- Population:
 - 27% master's
 - 67% doctorate
 - 6% other (Missing, AA, Bachelors....)

*This code is not used in the membership database, so it was merged into Industry for the population.

State

- Respondents:
 - 20% Northeast
 - 21% Midwest
 - 30% South
 - 29% West
- Population:
 - 20% Northeast
 - 25% Midwest
 - 37% South
 - 18% West

Years of experience, salary basis, and population setting are variables that are available only for the respondents to the survey, so those comparisons cannot be made.

In conclusion, there was virtually no difference between the respondents and the population from which they came with regard to employment status. However, compared to the population, among the respondents to the survey, there were

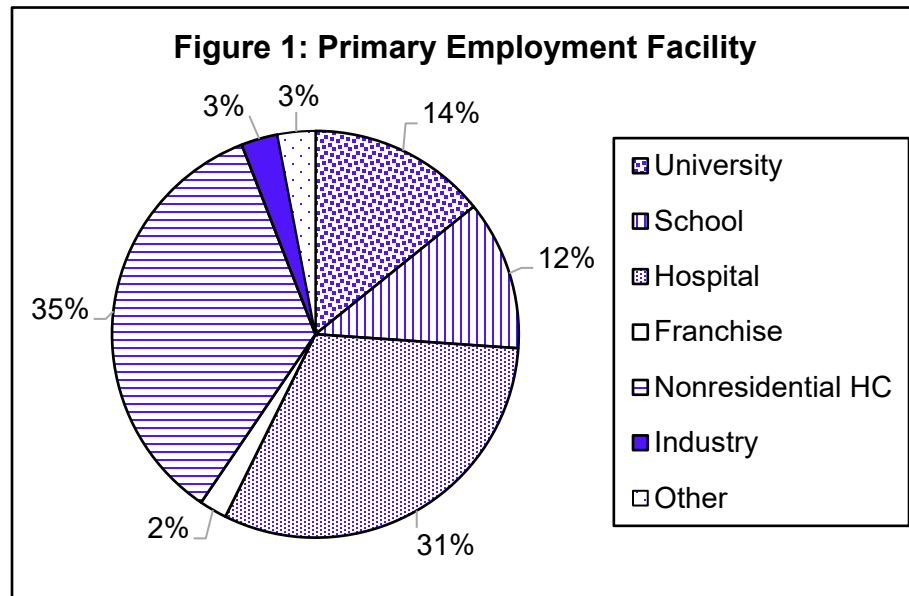
- more from colleges and universities and from schools
- more whose function was faculty
- more who held doctoral degrees, and
- more from the West.

The difference in highest degree may be due at least in part to audiologists' having received a doctorate but not updating the membership database with that information.



Demo- graphics

More than one third of the respondents who were employed either full time or part time worked in nonresidential health care facilities (35%), and nearly one third worked in hospitals (31%; see Figure 1).



Note. $n = 1,467$.

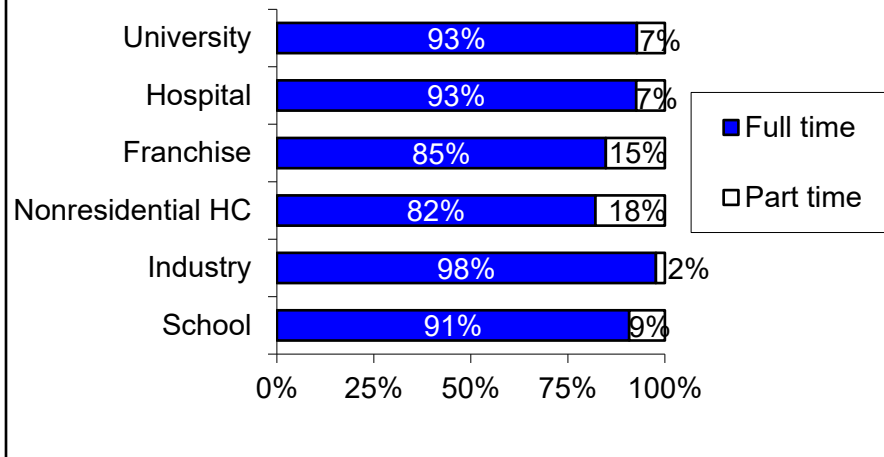
Excluded Categories

There are 58 individuals who were employed full- or part time and are included in the *ASHA 2025 Audiology Survey Reports* only where totals are reported—not as a separate category of facility. Of that group 37 worked in an *other* type of facility, 8 worked in occupational/environmental safety programs, and the 13 did not answer the question about the type of facility in which they were employed.

Employment Status

More than three-fourths (88%) of the respondents were employed full time, and 12% were employed part time. Audiologists who were not currently employed were removed from the group of survey respondents.

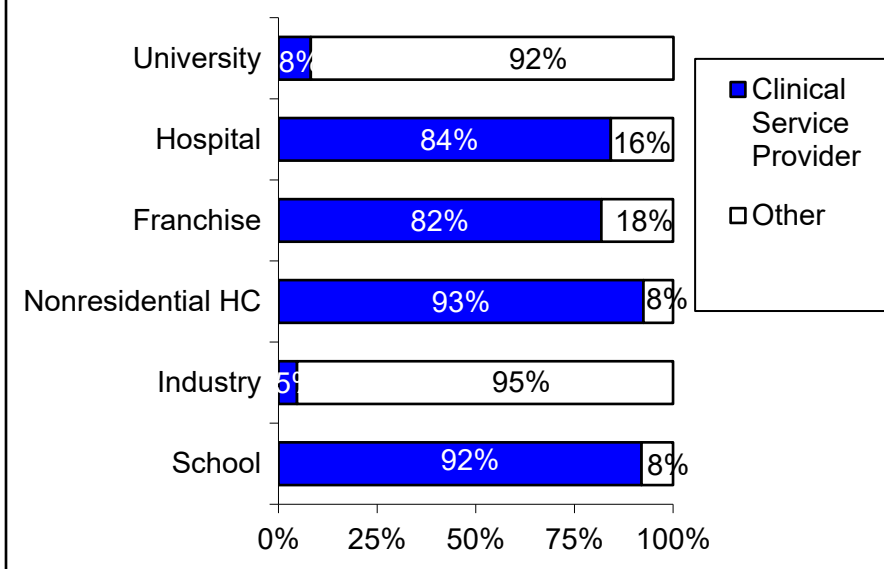
A closer look at the audiologists who were employed shows that full-time and part-time status varied significantly by the type of facility where they worked. Part-time audiologists were more likely to be found working in nonresidential health care facilities than in other types of facilities ($p < .001$; see Figure 2).

Figure 2: Employment Status, by Facility

Note. $n = 1,422$.

Primary Employment Function

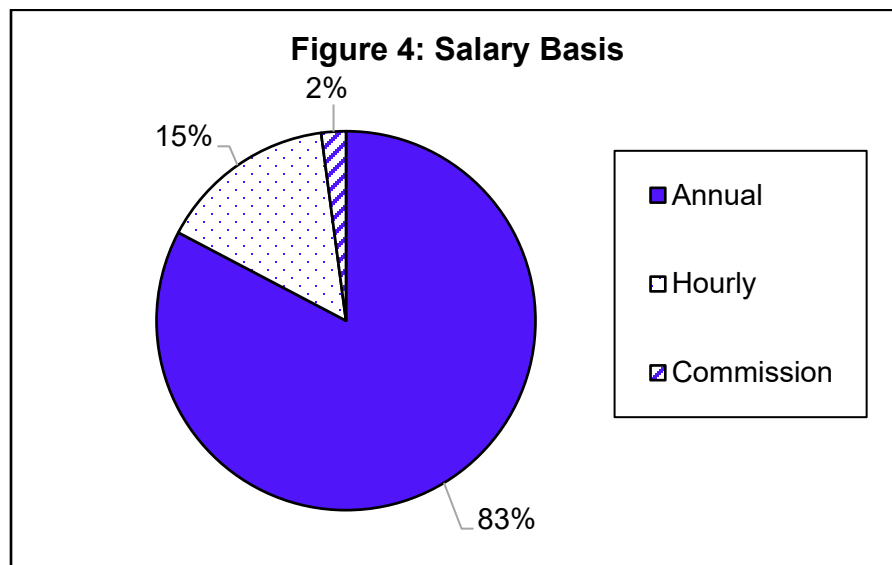
The vast majority of respondents who were employed full time or part time were clinical service providers (73%). Clinicians were more likely to be employed in hospitals, franchises and retail chains, nonresidential health care facilities, and schools than in colleges and universities or industry ($p < .001$; see Figure 3).

Figure 3: Primary Employment Function, by Facility

Note. $n = 1,422$.

Salary Basis

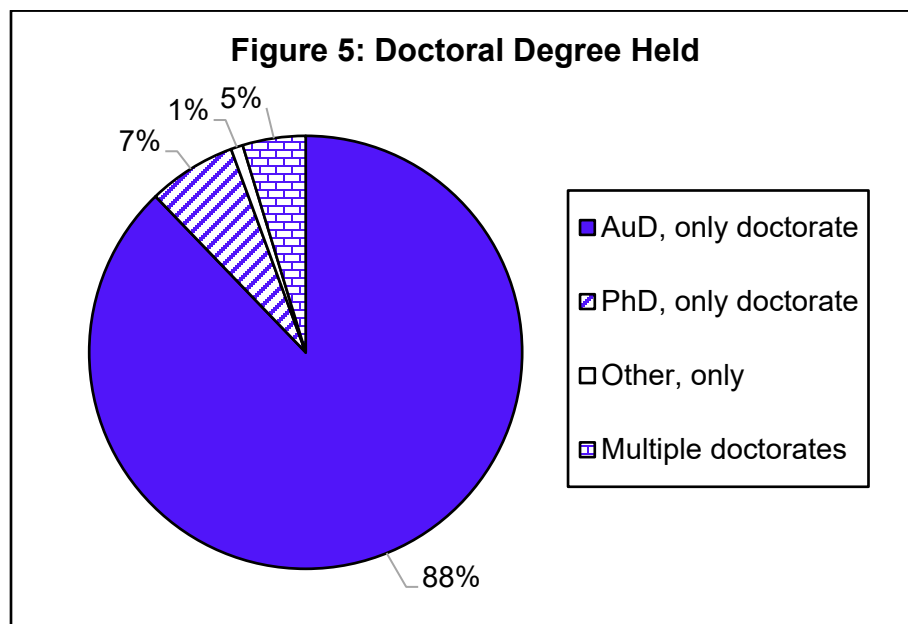
A large majority (83%) of the audiologists reported receiving primarily an annual salary (see Figure 4).



Note. $n = 1,392$.

Highest Degree

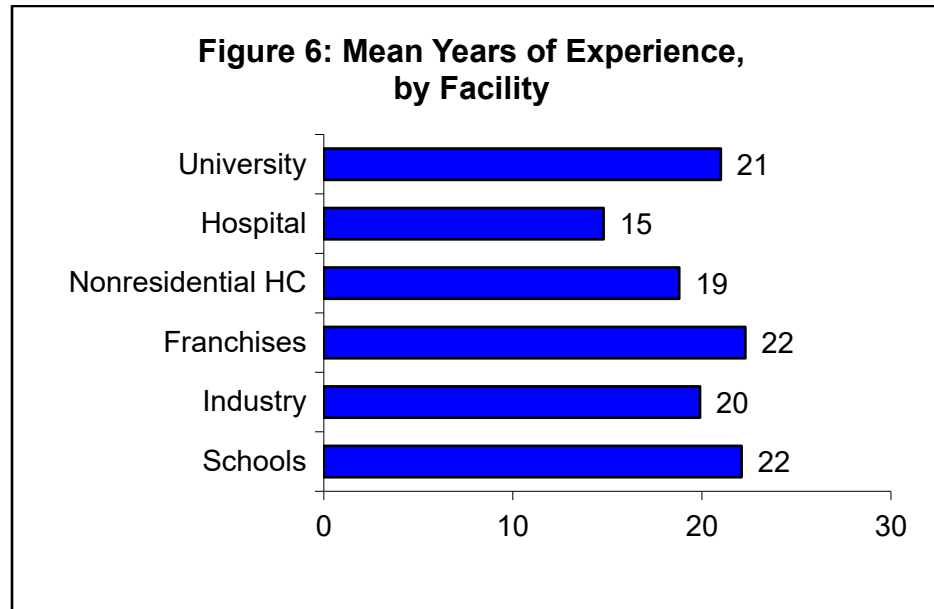
Among the recipients who said that they had earned a doctoral degree, most (88%) held only an AuD degree (see Figure 5).



Note. $n = 1,161$.

Years of Experience

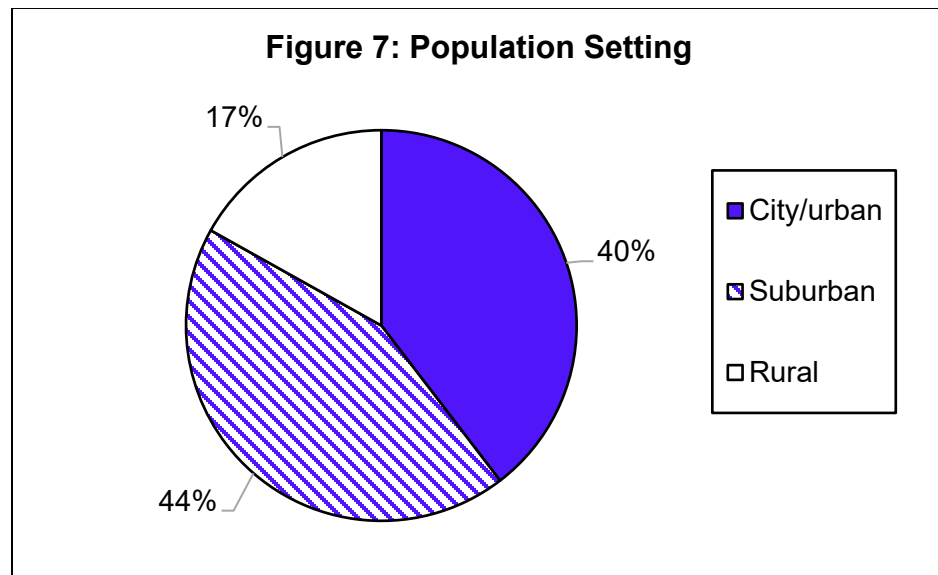
The median number of years of experience in the profession was 16. It was lowest in hospitals (12 years) and highest in schools (25 years; median numbers are not shown in any figure). The mean number of years of experience was 19 and varied by type of facility ($p < .001$; see Figure 6).



Note. $n = 1,246$.

Population Setting

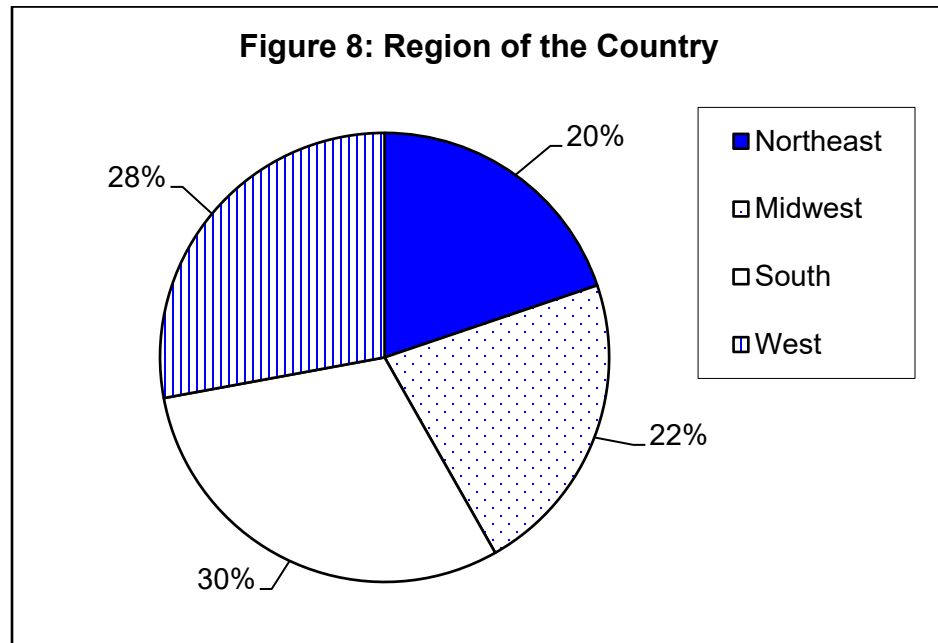
Few of the audiologists who were employed either full- or part time worked in rural areas. The rest were fairly evenly divided between suburban and city/urban areas (see Figure 7).



Note. $n = 1,278$.

Region of the Country

Overall, more of the audiologists who were employed full- or part time worked in the South and West than in the Northeast or Midwest (see Figure 8).



Note. $n = 1,473$.

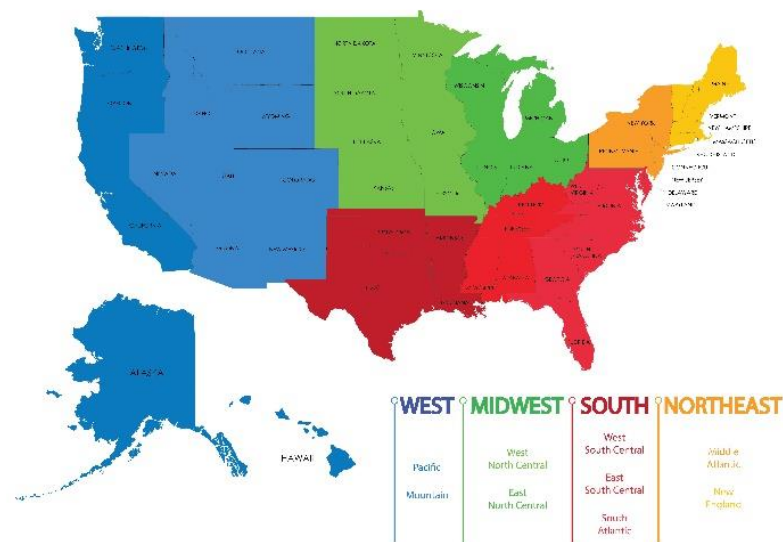
Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT

Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI

South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

The type of facility in which they worked was not related to the region of the country where audiologists were employed ($p = .065$).



Glossary

Types of Facilities

Terms used in the *ASHA 2025 Audiology Survey Reports*:

College/university:

School: Special day school
Special residential school
Pre-elementary (preschool)
Elementary school
Secondary school
Combined school settings
Special day/residential school
School district office

Hospital: General medical hospital
Psychiatric hospital
Rehabilitation hospital
Pediatric hospital
VA hospital/medical center
University hospital
Military hospital
All other hospitals

Nonresidential health care facility:
Home health agency/client's home
Health maintenance organization (HMO)
Private physician's office
SLP's or audiologist's office
Speech and hearing center
Outpatient rehabilitation center
Ambulatory care center
Eye/ear institute
Audiology/hearing clinic
Speech/language clinic
All other nonresidential facilities

Audiology franchise or retail chain

Industry: Industry
Manufacturer–audiology related

Response Rate	The response rate was calculated using the following equation:
	$RR = \frac{(C + P)}{S - (Ret + I)}$
where	RR = Response rate C = Number of completed surveys P = Number of partial surveys S = Sample size Ret = Ineligible because of retirement I = Ineligible for other reasons (e.g., does not work in audiology, no longer in the field)
	$RR = \frac{1,525}{11,044} = 13.8\%$
<i>n</i>	The number of items in a set
Measures of Central Tendency	Mean: Add the total of all values. Divide by <i>n</i> .
	Median: Arrange the values in order, from lowest to highest. Select the value in the middle position.
	Mode: The value that occurs more often than any other.
	Example: Sample data set
	$1, 1, 7, 34, 88$ $\text{Mean: } (1 + 1 + 7 + 34 + 88) / 5 = 26.2$ $\text{Median: } 7$ $\text{Mode: } 1$
	Because medians are more stable and less sensitive to extreme values than are means, we use medians as the most commonly presented statistic in the <i>ASHA 2025 Audiology Survey Reports</i> .

Survey Notes and Methodology

The *ASHA Audiology Survey* has been fielded in even-numbered years between 2004 and 2018 to gather information of interest to the profession. The 2020 version was postponed by 1 year because of the COVID-19 pandemic, and the survey has been fielded in odd-numbered years since 2021. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of audiologists.

ASHA fielded the *2025 Audiology Survey* to all ASHA-certified audiologists (CCC-A) and dually certified constituents (CCC-A and CCC-SLP) who had addresses in the United States. Of the dually certified constituents, we included in the results only those who said that they were employed as audiologists. We also marketed the survey to known audiology communities and through social media invitations to provide additional avenues for audiologists to become aware that the survey was in the field. The survey was fielded electronically, via SurveyMonkey, six times between September 23 and November 6, closing on November 10.

Response Rate

We obtained a response rate of 13.8% (1,478 completed surveys directly from emailed invitations and an additional 47 responded on the web from a net sample of 11,044 audiologists).

Survey Reports

Results from the *ASHA 2025 Audiology Survey* are presented in a series of reports:

- Survey Summary
- Annual Salaries
- Hourly Wages
- Clinical Focus Patterns
- Workforce
- Educational Audiologists
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2026) *ASHA 2025 Audiology Survey: Annual Salaries*. www.asha.org

Resources

Agresti, A., & Finlay, B. (2008). *Statistical methods for the social sciences* (4th ed.). Pearson.

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2009). *Internet, mail, and mixed-mode surveys: The tailored design method* (3rd ed.). Wiley.

Consultation

For a free consultation with an ASHA staff audiologist, please contact audiology@asha.org.

Additional Information

For additional information regarding the *2025 Audiology Survey*, please contact ASHA's audiology practices unit at audiology@asha.org. To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit ASHA's website at www.asha.org/aud/.

Thank You!

ASHA would like to thank the audiologists who completed the *ASHA 2025 Audiology Survey*. Reports like this one are possible only because people like *you* participate.



Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.

Appendix

Response rates for the *2025 Audiology Survey*

Reason	Email		Web		Total
	CCC-A	CCC-Dual	In Pop	Not in Pop Invalid ID	
Gross sample size (Original mailing)	11,514				
	11,089	425			
Original data set, Nov 10	1,602		47	39	1,688
	1,530	67			
Removed ineligible, can remove from denominator:	Minus: 5				Net sample: 11,509
	0	5 (4 neither; 1 SLP)			
Removed bounced emails from denominator	Minus: 243				Net sample: 11,266
	230	13			
Removed opt-outs from denominator	Minus: 219				11,047
	203	16			
Removed ineligible, can remove from denominator: e.g., not working in US; etc.	Minus: 3				11,044
	3	0		Minus: 9	
Net Sample Size	11,044				11,044
	10,653	391			
Removed, equivalent to refusals; cannot remove from denominator: e.g., duplicates, skipped all/most questions	Ignore; these are same as refusals: 122		Ignore; these are same as refusals: 37		
Final, clean data set	1,478		47	0	1,525
	1,442	36	46 CCC-A only + 1 dual	0	
Response rate	13.38%				13.80%
	13.54%	9.21%	NA	NA	