2015 Addiction Counselor and Clinical Addiction Counselor Re-Licensure Survey Instrument

1. Sex
   a. RADIO BUTTONS
   b. Male
   c. Female

2. Ethnicity: Are you Hispanic or Latino?
   a. RADIO BUTTONS
   b. Yes
   c. No

3. Race (Check all that apply.)
   a. CHECK BOXES
   b. American Indian or Alaska Native
   c. Black or African American
   d. White
   e. Asian
   f. Native Hawaiian or Other Pacific Islander

4. What type of degree/credential qualified you for your first addiction counselor or clinical addiction counselor license?
   a. DROP DOWN LIST
   b. High school diploma/GED
   c. Associate degree
   d. Bachelor’s degree – addiction counseling, addiction therapy, or related area
   e. Bachelor’s degree – other
   f. Master’s degree – addiction counseling, addiction therapy, or related area
   g. Master’s degree – other
   h. Doctoral degree – addiction counseling, addiction therapy, or related area
   i. Doctoral degree – other

5. Where did you complete the degree first qualified you for your 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.)
6. What is your highest level of education?
   a. DROP-DOWN LIST OR RADIO BUTTONS
   b. Baccalaureate degree – counseling or related field
   c. Baccalaureate degree – other field
   d. Master’s degree – counseling or related field
   e. Master’s degree – other field
   f. Doctoral degree – counseling or related field
   g. Doctoral degree – other field

7. Please mark all counseling certifications you currently hold.
   a. CHECK BOXES
   b. Certified Alcohol and Drug Counselor (CADC)
   c. Certified Advanced Alcohol and Drug Counselor (CAADC)
   d. Certified Clinical Supervisor (CCS)
   e. Certified Prevention Specialist (CPS)
   f. Certified Criminal Justice Addictions Professional (CCJP)
   g. Certified Co-Occurring Disorders Professional (CCDP)
   h. Certified Co-Occurring Disorders Professional Diplomate (CCDPD)
   i. National Certified Counselor (NCC)
   j. National Certified Addiction Counselor I
   k. National Certified Addiction Counselor II
   l. Master Addictions Counselor (MAC)
   m. Certified Clinical Mental Health Counselor (CCMHC)
   n. National Certified School Counselor (NCSC)
   o. None
   p. Other

8. What is your employment status?
   a. RADIO BUTTONS
   b. Actively working in a substance abuse/addiction counseling position that requires a substance abuse/addiction counseling license/certification
   c. Actively working in a substance abuse/addiction counseling position that does not require a substance abuse/addiction counseling license/certification
   d. Actively working in a field other than substance abuse/addiction counseling
   e. Not currently working
   f. Retired

9. What best describes your employment plans for the next 12 months?
   a. DROP DOWN LIST
   b. Increase hours
   c. Decrease hours
   d. Seek non-clinical job
   e. Retire
   f. No change
   g. Seek career advancement
   h. Move to a different career
   i. Unknown

10. Please indicate which languages you are able to use to communicate with your patients.
    a. CHECK BOXES
    b. English
    c. Spanish
    d. Other
11. What is the street address of your principal practice location?
   a. TEXT-BOX

12. In what city is your principal practice location?
   a. TEXT-BOX

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

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

15. How many hours do you spend in direct patient care at your principal 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

16. Which best describes the type of setting that most closely corresponds to your principal direct patient care practice location(s):
   a. DROP DOWN LIST
   b. Specialized substance abuse outpatient treatment facility
   c. Community health center
   d. Community Mental Health Center/Mental health clinic
   e. Methadone clinic
   f. Primary or specialist medical care
   g. Child welfare
   h. Criminal justice
   i. Hospital
   j. Federal Government hospital
   k. Non-federal hospital: Inpatient
   l. Non-federal hospital: General Medical
   m. Non-federal hospital: Psychiatric
   n. Non-federal hospital: Other – e.g. nursing home unit
   o. Private practice
   p. Rehabilitation
   q. Detox
   r. Residential setting
   s. Recovery support services
   t. School health service
   u. Faith-based setting
   v. Other
17. What is the street address of your secondary practice location? If you do not have a secondary practice site, please skip this question.
   a. TEXT-BOX

18. In what city is your secondary practice location? If you do not have a secondary practice site, please skip this question.
   a. TEXT-BOX

19. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. If you do not have a secondary practice site, please skip this question.
   a. DROP-DOWN LIST OF STATES (2 LETTER ABV.)

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

21. How many hours do you spend in direct patient care per week at your secondary practice location? If you do not have a secondary practice site, please skip this question.
   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
22. Which best describes the type of setting that most closely corresponds to your secondary direct patient care practice location(s): (If you do not have a secondary practice site, please skip this question.)
   m. Specialized substance abuse outpatient treatment facility
   n. Community health center
   o. Mental health clinic
   p. Methadone clinic
   q. Primary or specialist medical care
   r. Child welfare
   s. Criminal justice
   t. Hospital
   u. Federal Government hospital
   v. Non-federal hospital: Inpatient
   w. Non-federal hospital: General Medical
   x. Non-federal hospital: Psychiatric
   y. Non-federal hospital: Other – e.g. nursing home unit
   z. Private practice
   aa. Rehabilitation
   bb. Detox
   cc. Residential setting
   dd. Recovery support services
   ee. School health service
   ff. Faith-based setting
   gg. Other