



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2015 Licensed Professional Counselors Re-Licensure Survey Instrument (including Social Worker, Clinical Social Worker, Marriage & Family Therapist, Marriage & Family Associate, Mental Health Counselor, Mental Health Associate)

1. Sex
 - a. Male
 - b. Female

2. What is your racial background? Please select all that apply.
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

3. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No

4. What type of counseling degree/credential qualified you for your first U.S. counseling license?
 - a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. Vocational/Practical certificate – counseling or related field
 - c. Diploma – counseling or related field
 - d. Associate degree – counseling or related field
 - e. Baccalaureate degree – counseling or related field
 - f. Master’s degree – counseling or related field
 - g. Doctoral degree – counseling or related field

5. Where did you complete your initial counseling degree?
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. 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 (please select all that apply).
 - a. National Certified Counselor (NCC)
 - b. Approved Clinical Supervisor (ACS)
 - c. Other

8. What is your employment status?
 - a. Actively working in a counseling position that requires a counseling license
 - b. Actively working in a counseling position that does not require a counseling license
 - c. Actively working in a field other than counseling
 - d. Not currently working
 - e. Retired

9. Please indicate which languages you are able to use to communicate with your patients.
 - a. CHECK BOXES
 - b. English
 - c. Spanish

10. What are your employment plans for the next 12 months?
 - a. Increase hours in patient care
 - b. Decrease hours in patient care
 - c. Seek employment in a field outside of patient care
 - d. Leave direct patient care to complete further training
 - e. Leave direct patient care for family reasons/commitments
 - f. Leave direct patient care due to physical demands
 - g. Leave direct patient care due to stress/burnout
 - h. Retire
 - i. Continue as you are

11. What is the street address of your primary 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?
- 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week
16. Which best describes the type of setting that most closely corresponds to your principal practice location(s):
- Ambulatory Care Facility – Community health center
 - Ambulatory Care Facility – Community Mental Health Center/Mental health clinic
 - Ambulatory Care Facility – Methadone clinic
 - Ambulatory Care Facility – Primary or specialist medical care
 - Ambulatory Care Facility – Specialized substance abuse treatment facility
 - Child welfare
 - Criminal justice
 - Hospital – Federal Government hospital
 - Hospital – Non-federal hospital: General Medical
 - Hospital – Non-federal hospital: Psychiatric
 - Hospital – Non-federal hospital: Other – e.g. nursing home unit
 - Private practice
 - Rehabilitation
 - Residential setting
 - School health service
 - In-home setting
 - Other
17. What is the street address of your secondary practice location? If you do not have a secondary practice location, please skip this question.
- TEXT-BOX
18. In what city is your secondary practice location? If you do not have a secondary practice location, please skip this question.
- 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 location, please skip this question.
- DROP-DOWN LIST OF STATES (2LETTER ABV.)
20. What is the 5-digit ZIP code of your secondary practice location? If you do not have a secondary practice location, please skip this question.
- TEXT-BOX

21. How many hours do you spend in direct care at your secondary practice location? If you do not have a secondary practice location, 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
2. Which best describes the type of setting that most closely corresponds to your secondary practice location(s): (If you do not have a secondary practice site, please skip this question.)
- a. Ambulatory Care Facility – Community health center
 - b. Ambulatory Care Facility – Community Mental Health Center/Mental health clinic
 - c. Ambulatory Care Facility – Methadone clinic
 - d. Ambulatory Care Facility – Primary or specialist medical care
 - e. Ambulatory Care Facility – Specialized substance abuse treatment facility
 - f. Child welfare
 - g. Criminal justice
 - h. Hospital – Federal Government hospital
 - i. Hospital – Non-federal hospital: General Medical
 - j. Hospital – Non-federal hospital: Psychiatric
 - k. Hospital – Non-federal hospital: Other – e.g. nursing home unit
 - l. Private practice
 - m. Rehabilitation
 - n. Residential setting
 - o. School health service
 - p. In-home setting
 - q. Other