



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

## 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