



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