MDS: SUBSTANCE ABUSE/ADDICTION COUNSELORS

Demographics

1. Birth date ☐☐☐☐

2. Sex: ☐ Male ☐ Female

3. Race/Ethnicity (mark one or more boxes)
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Hispanic/Latino of any race
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White/Caucasian
   - ☐ Prefer not to answer

Education & Training

4. Do you currently hold an addiction counseling certification?
   - ☐ Yes ☐ No

5. What year did you attain your addiction counseling certification? ☐☐☐☐

6. Do you currently hold an addiction counseling license?
   - ☐ Yes ☐ No

7. What year did you attain your addiction counseling license? ☐☐☐☐

8. Please mark all counseling certifications you currently hold.
   - ☐ Certified Alcohol and Drug Counselor (CADC)
   - ☐ Certified Advanced Alcohol and Drug Counselor (CAADC)
   - ☐ Certified Clinical Supervisor (CCS)
   - ☐ Certified Advanced Alcohol and Drug Counselor (CAADC)
   - ☐ Certified Prevention Specialist (CPS)
   - ☐ Certified Criminal Justice Addictions Professional (CCJP)
   - ☐ Certified Co-Occurring Disorders Professional (CCDP)
   - ☐ Certified Co-Occurring Disorders Professional Diplomate (CCDPD)
   - ☐ National Certified Counselor (NCC)
   - ☐ National Certified Addiction Counselor I
   - ☐ National Certified Addiction Counselor II
   - ☐ Master Addictions Counselor (MAC)
   - ☐ Certified Clinical Mental Health Counselor (CCMH)
   - ☐ National Certified School Counselor (NCSC)
   - ☐ None
   - ☐ Other (please specify; include state-specific and non-reciprocal credentials): ____________

9. Where did you obtain your addiction counseling certification or license?
   - State (postal abbreviation) ☐☐
10. What is your highest level of education you have completed?
   - High school diploma/GED
   - Associate degree
   - Bachelor's degree
   - Master's degree
   - Doctoral degree

11. What year did you complete your highest level of education?

12. Where did you complete your highest level of education?
   - State (postal abbreviation)

## Practice Characteristics

13. What is your employment status? (mark all that apply)
   - Actively working in a substance abuse/addiction counseling position that requires a substance abuse/addiction counseling license/certification
   - Actively working in a substance abuse/addiction counseling position that does not require a substance abuse/addiction counseling license/certification
   - Actively working in a field other than substance abuse/addiction counseling
   - Not currently working
   - Retired

14. For all positions held, indicate the average number of hours spent per week (excluding call) on each substance abuse/addiction counseling major activity:

<table>
<thead>
<tr>
<th></th>
<th>Direct Patient care</th>
<th>Clinical Supervision</th>
<th>Clinical/Community Consultation and Prevention</th>
<th>Administration</th>
<th>Other</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OPTIONAL 14B. For all direct patient care, indicate the average number of hours spent per week (excluding call) on each major activity:

- Assessment / Evaluation
- Medication prescription and management
- Treatment

15. Did you work part-time or full time as a substance abuse/addiction counselor in the past year:
   - Full-time
   - Part-time

16. Do you have a National Provider Identification (NPI) number?
   - No
   - Yes:

**The remaining items should be completed only by substance abuse/addiction counselors

September 1, 2013
practicing direct patient care.**

17. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing direct patient care:

<table>
<thead>
<tr>
<th>Principal practice site</th>
<th>Secondary Practice Site (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code of practice site: □□□□□</td>
<td>Zip Code of practice site: □□□□□</td>
</tr>
<tr>
<td>Direct care hours at site*: □□</td>
<td>Direct care hours at site*: □□</td>
</tr>
</tbody>
</table>

ALTERNATE

17. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing addiction counseling:

**Principal Location Address**

________________________________________________________________________

Number Street

City/Town State

Zip Code □□□□□

**Secondary Location Address** (if applicable)

________________________________________________________________________

Number Street

City/Town State

Zip Code □□□□□
18. Which best describes the type of setting that most closely corresponds to your principal and secondary (if applicable) direct patient care practice location(s): (Select One)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Principal</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized substance abuse outpatient treatment facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary or specialist medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child welfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal justice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Government hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-federal hospital: Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-federal hospital: General Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-federal hospital: Psychiatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-federal hospital: Other - e.g. nursing home unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery support services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School health service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith-based setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other setting (specify): ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. What best describes your employment plans for the next 12 months?

- Increase hours
- Decrease hours
- Seek non-clinical job
- Retire
- No change
- Seek career advancement
- Move to a different career
- Unknown

OPTIONAL

20. Is your principal practice site formally affiliated with a network of other practices or health providers?

- No
- Yes, Staff Model HMO
- Yes, Medical-Hospital Organization
- Yes, Independent Practice Association
- Yes, Federally Qualified Health Center
- Yes, other: ________________________

21. Which of the following best describes your current employment arrangement at your principal practice location?

- Self employed
- Salaried employment
- Hourly employment
- Temporary
- Other (specify): ________________________
22. Number of substance abuse/addiction counselors at each practice location:

Principal [ ] [ ] [ ] Secondary [ ] [ ] [ ]

23. Are you able to communicate with patients in a language other than English?

O Yes O No

If yes – What language(s)? ___________________________