

MDS: SUBSTANCE ABUSE/ADDICTION COUNSELORS

Demographics

- Year
1. Birth date
2. Sex: Male Female
3. Race/Ethnicity (mark one or more boxes)
- | | |
|-----------------------------------------------------------------|---------------------------------------------------|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Hispanic/Latino of any race |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander | <input type="radio"/> White/Caucasian |
| <input type="radio"/> 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 Diplomat (CCDPD)
 - National Certified Counselor (NCC)
 - National Certified Addiction Counselor I
 - National Certified Addiction Counselor II
 - Master Addictions Counselor (MAC)
 - Certified Clinical Mental Health Counselor (CCMHC)
 - 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:

| Direct Patient care | Clinical Supervision | Clinical/Community Consultation and Prevention | Administration | Other | Total hours |
|-------------------------------------------|-------------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

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

| | |
|-----------------------------------------|-------------------------------------------|
| Assessment / Evaluation | <input type="text"/> <input type="text"/> |
| Medication prescription and management: | <input type="text"/> <input type="text"/> |
| Treatment: | <input type="text"/> <input type="text"/> |

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**

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:

Principal practice site

Zip Code of practice site:

Direct care hours at site*:

Secondary Practice Site (if applicable)

Zip Code of practice site:

Direct care hours at site*:

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)

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

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?

Yes No

If yes – What language(s)? _____