

Appendix B: 2008 APA Survey of Psychology Health Service Providers Online Instrument

Base Questions - 1-8, 16-26, 28, 30-36, 58-77 (100% of participants)
Module A (Doctoral Internship)- **Questions 9-15** (25% of participants)
Module B (Practice Information on Telepsychology, Medication and Collaboration)
- **Questions 27, 40-47** (25% of participants)
Module C (Client Complexity and Revenue)- **Questions 37-39** (25% of participants)
Module D (Insurance)- **Questions 29, 48-57** (25% of participants)

=====
=====
2008 APA Survey of Psychology Health Service Providers
=====
=====

=====
Lead-in Page
=====

Please respond to each question as fully as possible. If you are not certain about the best response to a specific question, please provide your best estimate. All data will be held confidential and reported in the aggregate only.

Should you have any questions about this survey, please contact Daniel Michalski or Tanya Jacobsen at 1-800-374-2721, ext. 5980, or via email at 2008PsychologyHSPSurvey@apa.org.

Thank you in advance for your contribution.

Center for Workforce Studies (CWS)

American Psychological Association

1. Are you a doctoral-level provider of health services in the United States?

(Note: Questions with a red asterisk are required.)* (Advanced Page Jumping/Skip Logic)

() Yes (continue to question 2)

() No (Skip to Thank You page at the end of the survey)

=====

Education

=====

Education

2. Please indicate your highest earned degree(s) in psychology and the corresponding year, country, and U.S. state (if applicable) in which you received the degree. (check all that apply)

	Degree	Year	Country	U.S. State
Ph.D.	()	_____	_____	_____
Ed.D.	()	_____	_____	_____
Psy.D.	()	_____	_____	_____
Other	()	_____	_____	_____

(please specify in next question)

3. If applicable, please specify "other" highest earned degree in psychology in the previous question.

4. Please indicate the subfield(s) of your highest earned degree in psychology. (Press CTRL key to select multiple choices.)

Behavioral	Educational	Personality
Biological	Environmental	Physiological/Psychobiology
Child Clinical	Experimental	
Clinical	Family	Psychoanalysis
Clinical-	Forensic	Psychometrics/Quantitative
Neuropsychology	Geropsychology	Psychopharmacology
Cognitive	Health	School
Community	Industrial/Organizational	Social
Counseling	Neurosciences (not clinical)	Sport
Developmental	neuropsychology)	Other (please specify in next question)

5. If applicable, please specify "other" subfield of your highest earned degree in psychology in the previous question.

6. Please indicate any other professional degrees you have earned (check all that apply).

- () Medical Degree (e.g., M.D.)
- () Law Degree (e.g., J.D.)
- () Nursing Degree (e.g., B.S.N.)
- () Public Health Degree (e.g., M.P.H., D.P.H.)
- () Business Degree (e.g., M.B.A.)
- () Social Work Degree (e.g., M.S.W.)
- () Theological Degree / Ordination (e.g., M.Div.)

() Other (please specify:)

7. Which of the following fields best represents your current focus and work in psychology? (select all that apply). (Press CTRL key to select multiple choices.)

Behavioral	Experimental	Physiological/Psychobiology
Biological	Family	Psychoanalysis
Child Clinical	Forensic	Psychometrics/Quantitative
Clinical	Geropsychology	Psychopharmacology
Clinical Neuropsych.	Health	School
Cognitive	Industrial/Organizational	Social
Community	Neurosciences (not clinical	Sport
Counseling	neuropsychology)	Other (please specify in next question)
Developmental	Personality	
Educational		
Environmental		

8. If applicable, please specify "other" field that represents your current focus and work in psychology in the previous question.

Module A - Questions 9-15 (25% of participants)

=====

Doctoral Internship

=====

Doctoral Internship

9. In what year did you obtain your doctoral internship?

10. Did you receive a stipend as part of this internship?

☐ Yes

☐ No

11. Was your doctoral internship full time or part time?

☐ Full time (35 hours or more per week)

☐ Part time (less than 35 hours per week)

12. Did you obtain an internship through the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match program? (Show/Hide Trigger Question)

☐ Yes (*Continue to Question 13 - Show Question 13 / Skip 14 and 15*)

☐ No (*Skip to Question 14 - Show Questions 14 and 15*)

13. What kind of internship did you obtain? (*Hidden unless Q12 = Yes*)

☐ APA/CPA accredited

☐ Not APA/CPA accredited, but listed with APPIC

☐ Other (Please specify:)

14. If not, how did you obtain your internship? (*Hidden unless Q12 = No*)

☐ APPIC Clearing house

☐ School/Program based consortium

☐ CAPIC member

☐ I created my own internship

☐ Other (please specify:)

15. What kind of internship did you obtain? (*Hidden unless Q12 = No*)

☐ APA/CPA accredited

☐ Not APA/CPA accredited, but listed with APPIC

☐ Conforming to CDSPP guidelines

☐ CAPIC member

() Other (Please specify:)

=====
Licensure Information
=====

Licensure Information

16. Are you currently licensed as a psychologist? * (Show/Hide Trigger Question)

- () Yes (*Skip to Question 18 - Show Questions 18 and 19*)
- () No (*Continue to Question 17 - Skip Questions 18 and 19*)

17. What is your current licensure status? (*Hidden unless Q16 = No*)

- () Inactive
- () Suspended
- () Not applicable

18. How long have you been licensed as a psychologist (in years)?
(*Hidden unless Q16 = Yes*)

19. What is your current licensure status? (*Hidden unless Q16 = Yes*)
(Show/Hide Trigger Question)

- () Active (*Continue to Question 20 - Show Question 20*)
- () Provisional (*Continue to Question 20 - Show Question 20*)
- () Inactive (*Skip to Question 21 - Hide Question 20*)
- () Suspended (*Skip to Question 21 - Hide Question 20*)
- () Not applicable (*Skip to Question 21 - Hide Question 20*)

20. In which state(s) are you currently licensed? (Press CTRL key to select multiple choices if applicable.) (*Hidden unless Q19 = a or b*)

=====
Employment-lead in
=====

Employment

21. Please select the option that best describes your current employment

- status.* (*Simple page jumping*)
- () Working full time, including self-employment, consulting, and practice (at least 35 hours/week or 31 client contact hours/week)
Continue to Question 22)

- ☐ Working part time (less than 35 hours/week or less than 31 client contact hours/week) (Continue to Question 22)
- ☐ Postdoctoral study (Continue to Question 22)
- ☐ Not working and seeking work (Skip to Question 58)
- ☐ Not working and not seeking work (Skip to Question 58)
- ☐ Retired and not working (Skip to Question 58)
- ☐ Other (please specify:) (Continue to Question 22)

=====
 Employment
 =====

22. How many work positions do you have? (Primary position is the one in which you spend the most time.)

- ☐ 1 position (answer the following questions for primary position only)
- ☐ 2 positions (answer the following questions for both primary and secondary positions)
- ☐ 3 or more positions (answer the following questions for the two positions in which you spend the most time)

23. What is the ZIP code of the location for your primary and secondary (if applicable) positions? Primary position is the one in which you spend the most time.

Primary position: _____
 Secondary position: _____

24. Using the list below, please indicate the category (1-10) that best describes the type of position you hold in your primary and secondary work setting respectively. You may be involved in several types of work activities; however, your employment position can usually be described by one of the following categories.

Primary position: _____
 Secondary position: _____

1. Direct Human Services. Includes diagnosis and assessment, psychotherapy, counseling and guidance, school psychological services, prevention and consultation.

2. Administration of Human Services. Includes the management of a program of human services. Although you may be directly involved in the delivery of human services, your primary responsibility is administering human service activities, including supervising human service personnel.

3. Applied Psychology. Includes the practice of industrial/organizational psychology, personnel selection or assessment, systems or equipment design, organizational consultation, analysis or training.

4. Administration of Applied Psychology. Includes the management of an applied psychology organization or program, such as a consulting firm specializing in industrial/organizational psychology. Although you may be directly involved in applied psychology activities, your primary responsibility is administering the program, including supervising personnel.

5. Educational Administration. Includes college or university administrative positions (such as president, provost, asst. dean, etc.) although you may also have a faculty appointment. Does not include department chair. Includes superintendent of school district or other administrative position related to education.

6. Research. Includes basic or applied research in any field. Includes non-faculty research positions, and work in government or private research laboratories and institutes.

7. Administration of Research. Includes the management of a research organization or program. Although you may be directly involved in research design, data collection, and so forth, your primary responsibility is administering research activities, including supervising research personnel.

8. Faculty position. Includes teaching and/or research activities appropriate to your academic setting. Includes Chair/Department Head.

9. Other Administrative Position. Includes management of a business, government agency, or non-profit organization that cannot be described as the direct administration of educational, research, human services, or applied psychology. Often this type of position is related to psychology, such as administering a government program to fund psychological research. Includes policy or program development or review, personnel administration, and budgeting.

10. Other Position. Includes any type of position that cannot be reasonably assigned to the above categories (e.g., sales, publishing, secondary school teacher)

25. Using the codes listed below, please indicate your current primary and secondary work setting.

Primary setting: _____
Secondary setting: _____

Private Practice

- 41 Individual private practice
- 42 Group psychological practice
- 43 Primary care group practice

Organized Human Service Settings

- 31 Public general hospital
- 32 Private general hospital
- 33 City/county/state psychiatric hospital
- 34 Not for profit, private psychiatric hospital
- 36 For profit, private psychiatric hospital
- 35 VA medical center
- 37 Military hospital (e.g., Air Force)
- 71 Rehabilitation facility
- 47 Counseling or guidance center (not university or college)
- 44 Outpatient mental health clinic, free-standing
- 45 Community mental health center or clinic (CMHC)
- 73 Primary care office/community health center
- 40 Nursing home
- 48 Specialized health service (e.g., substance abuse or mental retardation)
- 39 Preferred Provider Organization (PPO)
- 38 Independent Practice Association (IPA)
- 46 Health Maintenance Organization (HMO), excluding IPA
- 70 Other managed care setting
- 49 Other human service setting not listed above

Business and Government Settings

- 51 Self-employed (not private practice)
- 52 Consulting firm
- 53 Private research organization or lab
- 54 Govt. research organization or lab
- 56 Independent consultant
- 72 Union
- 55 Business or industry (excluding consulting firm or research organization)
- 61 Criminal justice system
- 62 Military service (not military hospital)
- 63 Federal government agency (other than above settings)
- 64 State government agency (other than above settings)
- 65 Local government agency (other than above settings)
- 66 Other non-profit organization
- 69 Other non-educational or non service setting not listed above

University (not medical or independent professional school)

- 01 Psychology department
- 02 Education department
- 03 Business school or department
- 04 Other academic department or unit
- 05 Management or administrative office
- 06 Student counseling or services center
- 07 Research center or institute
- 24 Professional school of psychology, University based
- 09 Other university setting

Four-year College

- 11 Psychology department
- 12 Education department
- 13 Business school or department
- 14 Other academic department or unit
- 15 Management or administrative office
- 16 Student counseling or services center

- 17 Research center or institute
- 19 Other four-year college setting

Other Educational settings

- 21 Two-year college
- 22 Medical school, psychiatry department
- 23 Medical school, other than psychiatry department
- 28 Independent professional school of psychology
- 29 Professional schools not listed above(e.g., law, nursing)
- 25 Elementary or secondary school
- 26 School system district office
- 27 Other educational setting (e.g., vocational or special education)

26. Please indicate the total hours you spent in your primary and secondary positions in the last typical week respectively.

Primary position (hours): _____

Secondary position (hours): _____

Module B - Q 27 (also, 40-47) (25% of responses)

27. Please indicate the number of hours in the last typical week that you spent on each of the following activities in your primary and secondary (if applicable) work positions.

Primary position _____

Secondary position _____

a. Direct client/patient care (diagnostic assessment, evaluation, medication/prescription, rehabilitation, treatment, etc.) _____

b. Practice management (case/file preparation, communication with insurance companies, interactions with parents/teachers) _____

c. Clinical supervision (staff and trainees) _____

d. Clinical/community consultation and prevention (not including direct care) _____

e. Educational activities (teaching, course evaluation, curriculum development) _____

f. Management and administration (policy/program development, personnel administration, recruiting, budgeting) _____

g. Research (basic and applied) _____

h. Other activities not mentioned above _____

Total hours in the last typical week _____

=====

Clinical Practice Information

=====

Clinical Practice Information

28. Please indicate your current primary theoretical orientation (select one only).

- ☐ Behavioral
- ☐ Biological
- ☐ Cognitive
- ☐ Cognitive/Behavioral
- ☐ Developmental
- ☐ Family
- ☐ Humanistic/Existential
- ☐ Integrative
- ☐ Interpersonal
- ☐ Psychodynamic/Psychoanalytic
- ☐ Systems
- ☐ Not applicable
- ☐ Other (please specify):

Module D - Q 29 (also, 48-57) (25% of participants)

29. How long have you been providing health services?

Years _____
Months _____

30. In the last typical WEEK, what proportion of your client or caseload time was spent providing services to (categories should add up to 100%):

- ☐ Children (under 13)
- ☐ Adolescents (13-18)
- ☐ Adults (19-64)
- ☐ Older adults (65 and over)

31. In the last typical WEEK, what proportion of your client or caseload time was spent providing services to (categories should add up to 100%):

- ☐ Individual clients or patients
- ☐ Couples
- ☐ Groups
- ☐ Families (parents, children, and/or relatives as a unit)
- ☐ Community prevention services
- ☐ Communities/Organizations
- ☐ Other

32. In the last typical WEEK, what proportion of your caseload was:

- ☐ Male
- ☐ Female
- ☐ Transgender

33. In the last typical WEEK, what proportion of your caseload was (categories should add up to 100%):

- ☐ Racial/ethnic minority (African American/Black, Alaskan Native,
American Indian, Asian, Hispanic, Pacific Islander)
- ☐ White/Caucasian
- ☐ Do not know

[] Other (please specify)

34. In the last typical MONTH, with how many clients/patients from each of the following underserved groups did you work? Please fill in any applicable boxes with numbers and leave the boxes blank if you don't know the number.

	Number of clients
Disabled	_____
HIV/AIDS	_____
Homeless	_____
Immigrant populations (excluding undocumented)	_____
Undocumented immigrants	_____
Gay/Lesbian/Bisexual	_____
Low income	_____
Medicaid	_____
Seriously mentally ill	_____
Returning service members	_____
Rural	_____
Other	_____
Please specify other:	_____

35. In the last typical WEEK, did you provide direct services to clients in any of the following areas? If so, please indicate what percentage of your clinical caseload falls under each category (please select all that apply).

	Yes	No	Yes	No	Proportion of the case load (%)
a. Primary Axis I mental disorders (other than adjustment or substance abuse disorders)	_____	_____	_____	_____	() () () ()
b. Substance use disorders	()	()	()	()	_____
c. Primary physical health or medical diagnoses (e.g., psychological factors affecting medical condition, management of physical diagnosis, treatment of obesity)	()	()	()	()	_____
d. Adjustment disorders	()	()	()	()	_____
e. Primary Axis II mental disorders	()	()	()	()	_____
f. V codes	()	()	()	()	_____
g. Family/Relationship problems	()	()	()	()	_____
h. No mental or physical health diagnoses	()	()	()	()	_____
i. Other (if yes, please specify in next question)	()	()	()	()	_____

36. Please specify "other" category (if applicable) in the previous question.

Module C - Questions 37-39 (25% of participants)

37. Since you began providing health care services, has your average client become more complex, less complex, or stayed about the same?

(Show/Hide Trigger Question)

- () Become more complex (*Continue to Question 38 - show Q38*)
- () Become less complex (*Skip to Question 39*)
- () Stayed about the same (*Skip to Question 39*)

38. Please check all the ways in which the average client has become more complex: (*Hidden unless Q37 = "Become More Complex"*)

- () More comorbid Axis I disorders
- () More severe Axis I and Axis II disorders
- () More comorbid Axis I and health disorders
- () More comorbid substance use and other Axis I disorders
- () More complex social/environmental situations
- () Other

39. What proportion of your revenue as a psychologist comes from (% of all categories should add up to 100):

- [] Self pay
- [] Private insurance
- [] Medicare
- [] Medicaid
- [] Tricare
- [] Other government program
- [] Salary
- [] Consulting
- [] Other contract work
- [] Other (please specify)

Module B - Questions 40-47 (also, 27) (25% of participants)

40. Telepsychology refers to health services that are provided to patients/clients by a health professional in which parties are physically separated when the service is rendered. Various media are used as mechanisms to enable communication between the parties.

Please circle the appropriate number to indicate how frequently you have used each of the following media to deliver health services. Do not include use of the media in scheduling or coordinating care in your answers and please do focus on the delivery of health services.

	less	Once a month	Two or three times a month	Never	Several times a year or more
a. Internet chat room	_____	_____	_____	_____	_____
b. Internet videoconference	_____	_____	_____	_____	_____
c. Listservs	_____	_____	_____	_____	_____
d. Personal e-mail (Actual communications about therapeutic issues)	_____	_____	_____	_____	_____

e. Telephone (including cell phone) (Actual communications about therapeutic issues) _____

f. Videoconference (non-Internet) _____

g. Podcast (via iPod, computer, cell phone, etc.) _____

41. Please indicate all the ways in which you use the media described above in the previous question to provide health services (check all that apply).

- ☐ Providing resources
- ☐ Psychotherapy
- ☐ Counseling
- ☐ Referrals
- ☐ Communication in between sessions
- ☐ Scheduling appointments
- ☐ Consulting
- ☐ Supervision
- ☐ Other (please specify:)

42. What percentage of your client load is currently being treated with psychotropic medication?

43. When you have clients who are on psychotropic medication, typically how often do you engage in the following activities? (Please select an option for each item.)

- | | Always | Not applicable | Not at all | Somewhat often |
|---|--------|----------------|------------|----------------|
| a. You talk with prescribing physicians. | _____ | _____ | _____ | _____ |
| b. You make recommendations regarding medication. | _____ | _____ | _____ | _____ |
| c. You provide information/literature to client about medication. | _____ | _____ | _____ | _____ |
| d. You prescribe medication. | _____ | _____ | _____ | _____ |
| e. Other (If applicable, please specify in next question) | _____ | _____ | _____ | _____ |

44. Please specify "other" category (if applicable) in the previous question.

45. Please indicate other professionals (individuals, groups) with whom you collaborate in your work. Collaboration can include one-time referrals or interactions with those working in the same practice or business. (check all that apply)

- ☐ Other psychologists (e.g. neuropsychologist or other psychologists with needed specialization)

- ☐ Primary care physicians
- ☐ Specialty care physicians (other than psychiatrists)
- ☐ Psychiatrists
- ☐ Social workers
- ☐ Nurse practitioners
- ☐ Physicians assistants
- ☐ Clinical nurses
- ☐ Registered dieticians
- ☐ Physical therapists
- ☐ Personal trainers
- ☐ Alternative medicine practitioners
- ☐ Court system personnel
- ☐ Attorneys
- ☐ Law enforcement personnel
- ☐ Probation officers
- ☐ Human resources
- ☐ EAP personnel
- ☐ Other (please specify):

46. Please indicate which activities/issues are involved in your collaborations with other professionals. (check all that apply)
- ☐ Provision of psychological services (e.g., if a PCP refers a patient to someone for treatment)
 - ☐ Treatment adherence
 - ☐ Life style changes
 - ☐ Health conditions
 - ☐ Medication suggestions
 - ☐ Making referrals for psychological services
 - ☐ Consulting on treatment approaches that can be used (e.g., physicians with patients with mental health conditions, probation officers with parolees needing psychological treatment)
 - ☐ Screening for mental health problems, pediatric issues, etc.
 - ☐ Other (please specify:)
 - ☐ Forensic assessment
 - ☐ Provision of training

47. How regularly do you collaborate with other health care providers or other professionals?
- ☐ Daily
 - ☐ Once a week or more
 - ☐ Two or three times a month
 - ☐ Once a month
 - ☐ Several times a year or less
 - ☐ Never

Module D - Questions 48-57 (also, 29) (25% of participants)

=====

Insurance Information

=====

Insurance

48. Through which federal programs do you provide services on a contractual basis? (mark all that apply)

- ☐ Tricare
- ☐ VA
- ☐ Other government program(s) (please specify)

49. Do you contract with any behavioral health carve-out plans (e.g., Magellan, PacifiCare)?

- ☐ No
- ☐ Yes (please specify)

50. What is the proportion of clients

- ☐ that pay you directly
- ☐ for whom you bill insurance on their behalf

51. Are you currently a participating Medicare provider? (Show/Hide Trigger Question)

- ☐ Yes (*Skip to Question 54*)
- ☐ No, I was never a participating provider (*Skip to Question 53*)
- ☐ No, I am no longer a participating provider (*Continue to Question 52 - Show Question 52*)

52. If you previously participated in Medicare but no longer do so, when (month/year) did you leave the Medicare program? (*Hidden unless Q51 = "No, I am no longer a participating provider"*)

Month _____
Year _____

53. Indicate the reason(s) you no longer or do not participate in Medicare. (mark all that apply)(*Hidden unless Q51 = B or C*)

- ☐ Client case-mix is primarily non-Medicare eligible
- ☐ I stopped participating in all/do not participate in any insurance plans
- ☐ Reimbursement rates became/are too low
- ☐ Delays in getting paid
- ☐ Other (please specify)

54. Are you currently a participating Medicaid provider? (Show/Hide Trigger Question)

- ☐ Yes (*Skip to Question 57*)
- ☐ No, I was never a participating provider (*Skip to Question 56*)
- ☐ No, I am no longer a participating provider (*Continue to Question 55 - Show Question 55*)

55. If you previously participated in Medicaid but no longer do so, when (month/year) did you leave the Medicaid program? *(Hidden unless Q54 = C)*

Month _____

Year _____

56. Indicate the reason(s) you no longer or do not participate in Medicaid. (mark all that apply) *(Hidden unless Q54 = B or C)*

☐ Client case-mix is primarily non-Medicaid eligible

☐ I stopped participating in all/do not participate in any insurance plans

☐ Reimbursement rates became/are too low

☐ Delays in getting paid

☐ Other (please specify)

57. Of your total client caseload, in the last typical week, what proportion of your clients are covered by (categories should add up to 100%):

☐ Private insurance

☐ Medicare

☐ Medicaid

☐ VA

☐ Tricare

☐ Other government program

☐ Self-pay

=====
Demographics
=====

Demographics

58. What is your gender?

☐ Male

☐ Female

☐ Transgender

59. Are you Spanish / Hispanic / Latino(a)? (Check the appropriate group(s) below.)

☐ No, I am not Spanish / Hispanic / Latino.

☐ Cuban.

☐ Mexican, Chicano

☐ Puerto Rican

☐ South/Central American

☐ Other Spanish / Hispanic / Latino(a) (please specify:)

60. How would you describe your race/ethnicity? Check all that apply. (Show/Hide Trigger Question)

☐ American Indian/Alaskan Native (Please specify enrolled tribe:) *(Skip to Question 63)*

- ☐ Asian (*Continue to Question 61 - show Question 61*)
- ☐ Black/African American (*Skip to Question 63*)
- ☐ Native Hawaiian or Pacific Islander (*Skip to Question 62 - Show Question 62*)
- ☐ Other race (please specify:) (*Skip to Question 63*)
- ☐ White/Caucasian (*Skip to Question 63*)

61. If your racial/ethnic heritage is Asian, please indicate the appropriate group(s): (*Hidden unless Q60 = B*)

- ☐ Chinese
- ☐ East Indian
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Other Asian (please specify:)
- ☐ Vietnamese

62. If your racial/ethnic heritage is Native Hawaiian or Pacific Islander, please indicate the appropriate group(s): (*Hidden unless Q60 = D*)

- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Other Pacific Islander (please specify:)
- ☐ Samoan

63. What is your year of birth?

64. What is your marital status?

- ☐ Married/Partnered
- ☐ Single/Never married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

65. Are you a person with a disability? (*Show/Hide Trigger Question*)

- ☐ Yes (*Continue to Question 66 - Show Question 66*)
- ☐ No (*Skip to Question 67*)

66. If yes, please indicate your disabilities using the following categories. (*Hidden unless Q65 = Yes*)

- ☐ Blind/Visually impaired
- ☐ Deaf/Hard of hearing
- ☐ Physical/Systemic Disability (e.g., Lupus, MS, CP)
- ☐ Learning Disability
- ☐ Cognitive Disability
- ☐ Psychiatric Disability (e.g., depression, bi-polar disorder)
- ☐ Other (please specify:)

67. What is your religious affiliation?

68. What is your sexual orientation?

- ☐ Prefer not to answer
- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Other (please specify):

69. What is the ZIP code of your home address? (Your zip code will be kept confidential and used in aggregate analyses regarding geographic distributions only.)

70. Do you have a home office?

- ☐ Yes
- ☐ No

71. Are you sufficiently proficient in any language(s) other than English such that you are able to provide direct services, conduct research, or teach in this language(s)?

- ☐ Yes (please specify what languages:)
- ☐ No

72. Do you provide direct services to clients, conduct research or teach in any languages other than English?

- ☐ Yes (please specify what languages:)
- ☐ No

73. If you are sufficiently proficient in any language(s) other than English such that you are able to provide direct services, conduct research, or teach in this language(s), but you do not do so, please specify why:

74. Please provide any comments you have about the survey. (e.g., length, quality of questions, questions you think should be added, etc.)

=====
Contact Information
=====

Contact Information

75. We would like your permission to contact you by mail and/or email to clarify your answers to this survey and follow up with you in future surveys of health service providers. (check all that apply) (Show/Hide Trigger Question)

☐ YES, you can contact me regarding clarifications for this survey (Continue to Question 76 - show Questions 76 and 77)

☐ YES, you can contact me regarding future surveys conducted by the APA Center for Workforce Studies (Continue to Question 76 - show Questions 76 and 77)

☐ NO, you may not contact me for ANY purpose (Skip to Thank You Section)

76. What is your preferred mailing address? (Hidden unless Q75 = A or B)

Name _____
Address1 _____
Address2 _____
Address3 _____
City _____
State _____
Zip _____

77. What is your preferred email address? (Hidden unless Q75 = A or B)

=====
Thank You!
=====

Thank you for participating in our survey!

Your response is very important to us.

Center for Workforce Studies (CWS)

American Psychological Association

The Center for Workforce Studies is dedicated to the collection, analysis, and dissemination of data on demographics, education, and employment in psychology.

Please visit our website at <http://research.apa.org>

