

Appendix: Partial Instrument—Telepsychology and Collaboration Module

1. 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.)	<input type="text"/>	<input type="text"/>
b. Practice management (case/file preparation, communication with insurance companies, interactions with parents/teachers)	<input type="text"/>	<input type="text"/>
c. Clinical supervision (staff and trainees)	<input type="text"/>	<input type="text"/>
d. Clinical/community consultation and prevention (not including direct care)	<input type="text"/>	<input type="text"/>
e. Educational activities (teaching, course evaluation, curriculum development)	<input type="text"/>	<input type="text"/>
f. Management and administration (policy/program development, personnel administration, recruiting, budgeting)	<input type="text"/>	<input type="text"/>
g. Research (basic and applied)	<input type="text"/>	<input type="text"/>
h. Other activities not mentioned above	<input type="text"/>	<input type="text"/>
Total hours in the last typical week	<input type="text"/>	<input type="text"/>

2. "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.**

	Never	Several times a year or less	Once a month	Two or three times a month	Once a week or more
a. Internet chat room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet videoconference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listservs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal e-mail (Actual communications about therapeutic issues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Telephone (including cell phone) (Actual communications about therapeutic issues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Videoconference (non-Internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Podcast (via iPod, computer, cell phone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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:) _____

4. What percentage of your client load is currently being treated with psychotropic medication?
_____ %

5. 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.)

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

5a. Please specify "other" category (if applicable) in the previous question.

6. 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):_____

7. 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.
- ☐ Forensic assessment
- ☐ Provision of training
- ☐ Other (please specify):_____

8. 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