



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

2021 Survey of Health Service Psychologists

WELCOME TO THE 2021 SURVEY OF HEALTH SERVICE PSYCHOLOGISTS!

The purpose of the 2021 Survey of Health Service Psychologists is to provide up-to-date information about the employment and practice characteristics of the health service psychologist workforce.

The survey will take approximately **15-20 minutes** to complete. All responses to the survey are **confidential** and will be reported in the aggregate only.

Once you begin the survey, please use the **Next** and **Back** buttons at the bottom of the page to navigate through the survey pages. If you wish to return to a previous page, click the Back button. **DO NOT USE YOUR INTERNET BROWSER'S BACK BUTTON.**

Please contact APA's Center for Workforce Studies at cws@apa.org with questions or comments.

Thank you in advance for your participation!

ABOUT THE SURVEY

The 2021 Survey of Health Service Psychologists is conducted by the American Psychological Association (APA). The purpose of this survey is to gather key information about the employment and demographic characteristics of health service psychologists. In the survey, we will ask questions about your education background, employment, practice characteristics, as well as demographic characteristics. Your responses will help us learn more about the health service psychologist workforce, and help APA to better prepare the psychology discipline and profession for the future.

PARTICIPATION

Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. You are free to decline to answer any question you do not wish to answer for any reason.

RISKS

As part of this survey, we will be collecting identifiable information about demographic, employment, and educational information. While this information will be kept on a secure server, there is the risk of the data being compromised, either through a data breach or user error. In the unlikely event that this occurs, you will be notified of the incident and of any potential harm.

CONFIDENTIALITY

No personally-identifiable-information (PII) will be shared with any third parties or included in any publications or presentations based on results of the survey. All responses are confidential; results will be reported in aggregate only. De-identified data (all PII removed) or aggregate data may be made available to third parties for research purposes only. Release of data for research purposes will be permitted only with appropriate data sharing agreements in place that require confidentiality of de-identified or aggregate data. You may discontinue the survey at any time. Please follow [this link](#) to view the APA's privacy policy.

ELECTRONIC CONSENT

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read and understand the above information, including APA's privacy policy
- You voluntarily agree to participate
- You are 18 years of age or older

*

() Agree

() Disagree

Page entry logic: This page will show when: Question "

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- You are 18 years of age or older

" is one of the following answers ("Disagree")

Thank you for taking the time to respond to the 2021 Survey of Health Service Psychologists.

Although you do not meet the eligibility criteria for this survey at this time, we hope that you will be interested in participating in future projects.

If you would like to edit your response, please click the BACK button to return to the survey. Otherwise, you will exit the survey.

Page entry logic: This page will show when: Question "

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- You have read and understand the above information, including APA's privacy policy
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- You are 18 years of age or older

" is one of the following answers ("Disagree")

Thank you for taking time to respond to the 2021 Survey of Health Service Psychologists. Although you do not meet the eligibility criteria for this survey at this time, we hope that you will be interested in participating in future projects.

Page entry logic: This page will show when: Question "ELECTRONIC CONSENT"

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- You voluntarily agree to participate
- You are 18 years of age or older

" is one of the following answers ("Agree")

Education Information

First we are going to ask you questions about your educational background and psychology training.

Logic: Show/hide trigger exists.

1) Please indicate your highest earned degree(s) in psychology. (Check all that apply)*

☐ Ph.D.

☐ Ed.D.

☐ Psy.D.

☐ Master's Degree (MA, MS, MED)

☐ Specialist Degree/Certification of Advanced Graduate Study (e.g. Ed, PsyS, SSP, CAGS)

☐ Other - Please specify: _____

Logic: Hidden unless: #1 Question "Please indicate your highest earned degree(s) in psychology. (Check all that apply)" is one of the following answers ("Ph.D.", "Ed.D.", "Psy.D.")

2) Please indicate the year when you earned the most recent highest psychology degree(s).

- | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2021 | <input type="checkbox"/> 2011 | <input type="checkbox"/> 2001 | <input type="checkbox"/> 1991 | <input type="checkbox"/> 1981 | <input type="checkbox"/> 1971 | <input type="checkbox"/> 1961 | <input type="checkbox"/> 1951 |
| <input type="checkbox"/> 2020 | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2000 | <input type="checkbox"/> 1990 | <input type="checkbox"/> 1980 | <input type="checkbox"/> 1970 | <input type="checkbox"/> 1960 | <input type="checkbox"/> 1950 |
| <input type="checkbox"/> 2019 | <input type="checkbox"/> 2009 | <input type="checkbox"/> 1999 | <input type="checkbox"/> 1989 | <input type="checkbox"/> 1979 | <input type="checkbox"/> 1969 | <input type="checkbox"/> 1959 | <input type="checkbox"/> 1949 |
| <input type="checkbox"/> 2018 | <input type="checkbox"/> 2008 | <input type="checkbox"/> 1998 | <input type="checkbox"/> 1988 | <input type="checkbox"/> 1978 | <input type="checkbox"/> 1968 | <input type="checkbox"/> 1958 | <input type="checkbox"/> 1948 |
| <input type="checkbox"/> 2017 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 1997 | <input type="checkbox"/> 1987 | <input type="checkbox"/> 1977 | <input type="checkbox"/> 1967 | <input type="checkbox"/> 1957 | <input type="checkbox"/> 1947 |
| <input type="checkbox"/> 2016 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 1996 | <input type="checkbox"/> 1986 | <input type="checkbox"/> 1976 | <input type="checkbox"/> 1966 | <input type="checkbox"/> 1956 | <input type="checkbox"/> 1946 |
| <input type="checkbox"/> 2015 | <input type="checkbox"/> 2005 | <input type="checkbox"/> 1995 | <input type="checkbox"/> 1985 | <input type="checkbox"/> 1975 | <input type="checkbox"/> 1965 | <input type="checkbox"/> 1955 | <input type="checkbox"/> 1945 |
| <input type="checkbox"/> 2014 | <input type="checkbox"/> 2004 | <input type="checkbox"/> 1994 | <input type="checkbox"/> 1984 | <input type="checkbox"/> 1974 | <input type="checkbox"/> 1964 | <input type="checkbox"/> 1954 | |
| <input type="checkbox"/> 2013 | <input type="checkbox"/> 2003 | <input type="checkbox"/> 1993 | <input type="checkbox"/> 1983 | <input type="checkbox"/> 1973 | <input type="checkbox"/> 1963 | <input type="checkbox"/> 1953 | |
| <input type="checkbox"/> 2012 | <input type="checkbox"/> 2002 | <input type="checkbox"/> 1992 | <input type="checkbox"/> 1982 | <input type="checkbox"/> 1972 | <input type="checkbox"/> 1962 | <input type="checkbox"/> 1952 | |

Page entry logic: This page will show when: #1 Question "Please indicate your highest earned degree(s) in psychology. (Check all that apply)" is one of the following answers ("Ph.D.", "Ed.D.", "Psy.D.")

Licensure

In this next section, you will be asked questions regarding licensure in psychology.

Logic: Show/hide trigger exists.

3) Are you licensed as a doctoral-level psychologist in one or more US states?*

☐ Yes

☐ No

Logic: Hidden unless: #3 Question "Are you licensed as a doctoral-level psychologist in one or more US states?" is one of the following answers ("Yes")

4) How many states are you currently licensed as a doctoral-level psychologist?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 or more

Logic: Hidden unless: #3 Question "Are you licensed as a doctoral-level psychologist in one or more US states?" is one of the following answers ("Yes")

5) Please list the primary state where you practice as a doctoral-level licensed psychologist. If you have a secondary state where you also practice as a doctoral-level psychologist, please list the secondary state. If you are not located in the US, please select outside U.S.

State	Primary State	Secondary State (Leave blank if not applicable)
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		

District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Puerto Rico		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		

Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
U.S. Territories		
Outside U.S.		

Logic: Hidden unless: #3 Question "Are you licensed as a doctoral-level psychologist in one or more US states?" is one of the following answers ("Yes")

6) What year did you obtain your first psychological license?

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2021 | <input type="checkbox"/> 2001 | <input type="checkbox"/> 1981 | <input type="checkbox"/> 1961 |
| <input type="checkbox"/> 2020 | <input type="checkbox"/> 2000 | <input type="checkbox"/> 1980 | <input type="checkbox"/> 1960 |
| <input type="checkbox"/> 2019 | <input type="checkbox"/> 1999 | <input type="checkbox"/> 1979 | <input type="checkbox"/> 1959 |
| <input type="checkbox"/> 2018 | <input type="checkbox"/> 1998 | <input type="checkbox"/> 1978 | <input type="checkbox"/> 1958 |
| <input type="checkbox"/> 2017 | <input type="checkbox"/> 1997 | <input type="checkbox"/> 1977 | <input type="checkbox"/> 1957 |
| <input type="checkbox"/> 2016 | <input type="checkbox"/> 1996 | <input type="checkbox"/> 1976 | <input type="checkbox"/> 1956 |
| <input type="checkbox"/> 2015 | <input type="checkbox"/> 1995 | <input type="checkbox"/> 1975 | <input type="checkbox"/> 1955 |
| <input type="checkbox"/> 2014 | <input type="checkbox"/> 1994 | <input type="checkbox"/> 1974 | <input type="checkbox"/> 1954 |
| <input type="checkbox"/> 2013 | <input type="checkbox"/> 1993 | <input type="checkbox"/> 1973 | <input type="checkbox"/> 1953 |
| <input type="checkbox"/> 2012 | <input type="checkbox"/> 1992 | <input type="checkbox"/> 1972 | <input type="checkbox"/> 1952 |
| <input type="checkbox"/> 2011 | <input type="checkbox"/> 1991 | <input type="checkbox"/> 1971 | <input type="checkbox"/> 1951 |
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| <input type="checkbox"/> 2008 | <input type="checkbox"/> 1988 | <input type="checkbox"/> 1968 | <input type="checkbox"/> 1948 |
| <input type="checkbox"/> 2007 | <input type="checkbox"/> 1987 | <input type="checkbox"/> 1967 | <input type="checkbox"/> 1947 |
| <input type="checkbox"/> 2006 | <input type="checkbox"/> 1986 | <input type="checkbox"/> 1966 | <input type="checkbox"/> 1946 |
| <input type="checkbox"/> 2005 | <input type="checkbox"/> 1985 | <input type="checkbox"/> 1965 | <input type="checkbox"/> 1945 |
| <input type="checkbox"/> 2004 | <input type="checkbox"/> 1984 | <input type="checkbox"/> 1964 | |
| <input type="checkbox"/> 2003 | <input type="checkbox"/> 1983 | <input type="checkbox"/> 1963 | |
| <input type="checkbox"/> 2002 | <input type="checkbox"/> 1982 | <input type="checkbox"/> 1962 | |

Page entry logic: This page will show when: (#1 Question "Please indicate your highest earned degree(s) in psychology. (Check all that apply)" is one of the following answers

("Ph.D.," "Ed.D.," "Psy.D.") AND #3 Question "Are you licensed as a doctoral-level psychologist in one or more US states?" is one of the following answers ("Yes"))

Employment

This section will ask questions about your employment

Logic: Show/hide trigger exists.

7) Which of the following best describes your current employment status?*

- ☐ Working full-time
- ☐ Working part-time
- ☐ Not working and looking for work
- ☐ Not working and NOT looking for work

Logic: Hidden unless: #7 Question "Which of the following best describes your current employment status?" is one of the following answers ("Working full-time", "Working part-time")

8) Which of the following describe your job(s)? (select all that apply)

- ☐ Actively working in a position that **requires** a psychology license
- ☐ Actively working in a position that **does not require** a psychology license but uses my clinical skills and/or training as a psychologist
- ☐ Actively working in a field other than psychology

Logic: Hidden unless: #7 Question "Which of the following best describes your current employment status?" is one of the following answers ("Not working and looking for work", "Not working and NOT looking for work")

9) What are your reasons for not working? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Retired | <input type="checkbox"/> Illness with coronavirus symptoms |
| <input type="checkbox"/> Laid off/terminated from a job | <input type="checkbox"/> Chronic illness or permanent disability (not coronavirus related) |
| <input type="checkbox"/> Did not have work due to the coronavirus pandemic related reduction in business, including furlough | <input type="checkbox"/> Suitable job not available |
| <input type="checkbox"/> Student | <input type="checkbox"/> Did not need or want to work |
| <input type="checkbox"/> Family responsibilities (such as child care and elder care) related to the coronavirus pandemic | <input type="checkbox"/> Other - Please specify: _____ |
| <input type="checkbox"/> Family responsibilities unrelated to the coronavirus pandemic | |

Logic: Show/hide trigger exists. Hidden unless: #7 Question "Which of the following best describes your current employment status?" is one of the following answers ("Working full-time","Working part-time")

10) Do you currently provide direct patient/client care?*

☐ Yes

☐ No

Logic: Hidden unless: #10 Question "Do you currently provide direct patient/client care?" is one of the following answers ("Yes")

11) How has the COVID-19 crisis impacted how much you work currently?

☐ I am working less than I did before the pandemic.

☐ I am working the same amount as I did before the pandemic.

☐ I am working more than I did before the pandemic.

Page entry logic: This page will show when: #10 Question "Do you currently provide direct patient/client care?" is one of the following answers ("Yes")

Practice Characteristics

Now, you will be asked questions specifically about your clinical practice, along with questions regarding where you conduct your clinical work. For these questions, primary position is the one in which you spend the most time.

12) How many hours per week do you work at your primary and secondary positions (if applicable)?

Primary Position:

: _____

Secondary Position

(Leave blank if not applicable):

: _____

Validation: Must be numeric Whole numbers only Positive numbers only

13) Please indicate the average number of hours spent per week (excluding emergency calls) at your practice location on each of the following activities.

(Please enter whole positive numbers)

	Primary Position	Secondary Position (Leave blank if not applicable)
Administrative Management (including charting/billing)		
Direct Patient/Client Care/Healthcare Services		
Providing Clinical Supervision		
Receiving Clinical Supervision		
Clinical/Community Consultation & Prevention		
Other Human Services (e.g., forensics, consulting)		
Non-clinical consultation		
Teaching/Education/Research		
Other		

14) Approximately how many hours do you spend per week providing service to the following population groups?

(Please enter positive numbers)

Children (under 11) ____

Adolescents (12-17) ____

Adults ages 18-25 ____

Adults ages 26-49 ____

Adults ages 50-64 ____

Older Adults (65 or older) ____

Page entry logic: This page will show when: #10 Question “Do you currently provide direct patient/client care?” is one of the following answers (“Yes”)

Work Setting

15) Which of the following work settings (in bold) most closely corresponds to your primary and secondary (if applicable) work setting?

	Primary Setting	Secondary Setting
Individual Solo Practice	()	()
Independent Group Practice	()	()
Hospital Settings Include public or private general hospital, city or county or state psychiatric hospital, and for-profit or not-for-profit private psychiatric hospital	()	()
VA Medical Center or Military Hospital	()	()
Organized Human Service Settings Include rehabilitation facility, counseling or guidance center not in university or college, outpatient mental health clinic- free-standing, community mental health center or clinic (CMHC), community health center (CHC) or clinic, long term care residence, specialized health service, Preferred Provider Organization (PPO), Independent Practice Association (IPA), Health	()	()
Business Settings Include self-employed (not private practice), consulting firm, private research organization or lab, independent consultant, union, business or industry (excluding consulting firm or research organization), other non-profit organization, and other non-educational or non-service settings not listed above	()	()
Government Settings Include government research organization or lab, criminal justice system, military service (not military hospital), federal government agency (other than above settings), state government agency (other than above settings), and local government agency (other than above settings)	()	()
University and Four-year College Include psychology, education, business, or other academic department or unit, management or administrative office, student counseling or services center, research center or institute, professional school of psychology- university based, and other university or four-year college settings	()	()
Other Educational Settings Include two-year college, medical school, independent professional school of psychology, professional schools not listed above, elementary or secondary school, school system district office, and other educational settings	()	()
Other Settings Include social services settings (e.g. day program, homeless program), in home - provider in home setting, in home - via telehealth setting, and other settings not listed	()	()

Page entry logic: This page will show when: #10 Question “Do you currently provide direct patient/client care?” is one of the following answers (“Yes”)

Area of Specialty

16) What is/are your primary and secondary (if applicable) area of specialty?

	Primary Specialty	Secondary Specialty (Leave blank if not applicable)
Behavioral and Cognitive Psychology	()	()
Clinical Child and Adolescent Psychology	()	()
Clinical Health Psychology	()	()
Clinical Neuropsychology	()	()
Clinical Psychology	()	()
Clinical Psychopharmacology	()	()
Counseling Psychology	()	()
Couple and Family Psychology	()	()
Forensic Psychology	()	()
Geropsychology	()	()
Group Psychology and Group Psychotherapy	()	()
Industrial/Organizational Psychology	()	()
Police and Public Safety Psychology	()	()
Psychoanalysis	()	()
Rehabilitation Psychology	()	()
School Psychology	()	()
Serious Mental Illness Psychology	()	()
Sleep Psychology	()	()

Page entry logic: This page will show when: #10 Question “Do you currently provide direct patient/client care?” is one of the following answers (“Yes”)

Training

17) What training, certification, specialization, or other qualifications do you have for your primary and secondary (if applicable) area of specialty? The training program may present some but not all training in the specialty area. Formal name of the program may not be the same as the name of the specialty area. Please select all that apply.

	Training in a doctoral program in the specialty area	Training in an internship in the specialty area	Training in a postdoctoral residency in the specialty area	On-the-job Training (formal or informal)	Post-licensure Training: Continuing Education in the specialty area	Certification from the American Board of Professional Psychology (ABPP)	Other
Primary Specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Specialty (Leave blank if not applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page entry logic: This page will show when: #10 Question “Do you currently provide direct patient/client care?” is one of the following answers (“Yes”)

Other Practice Characteristics

Logic: Show/hide trigger exists.

18) Are you able to provide services to clients/patients in a language other than English?

☐ Yes

☐ No

Logic: Hidden unless: #17 Question “Are you able to provide services to clients/patients in a language other than English?” is one of the following answers (“Yes”)

19) Which additional languages are you able to provide psychological services?

☐ Spanish

☐ Chinese (Cantonese or Mandarin)

☐ Arabic

☐ Vietnamese

☐ Russian

☐ Other - Please specify: _____

20) What are your plans for the next 12 months regarding direct patient/client care?

☐ Increase Hours

☐ Decrease Hours

☐ Continue as I am

☐ Other - Please specify: _____

21) Do you plan to do the following for the next 12 months? Please select all that apply, and leave blank if you do not plan to do any of the following.

- ☐ Seek a non-clinical job
- ☐ Seek career advancement
- ☐ Move to another practice location within the same state
- ☐ Move to another practice location in a different state
- ☐ Move to another country
- ☐ Military service
- ☐ Return to school or training program
- ☐ Leave the field
- ☐ Retire

22) Do you have a National Provider Identification (NPI) number?

- ☐ Yes, an individual NPI number
- ☐ Yes, an organizational NPI number
- ☐ No

Logic: Show/hide trigger exists.

23) Which of the following payment sources do you accept? Please select all that apply.

- ☐ Private Insurance
- ☐ Medicare
- ☐ Medicaid
- ☐ Self-pay
- ☐ Veteran's Affairs (VA)
- ☐ Tricare
- ☐ Other - Please specify: _____

Logic: Show/hide trigger exists. Hidden unless: #22 Question "Which of the following payment sources do you accept? Please select all that apply." is one of the following answers ("Medicare")

24) Are you participating in a Quality Pay Program (QPP), such as the Merit-based Incentive Program (MIPS)?

- ☐ Yes
- ☐ No
- ☐ I do not know

Logic: Hidden unless: #23 Question "Are you participating in a Quality Pay Program (QPP), such as the Merit-based Incentive Program (MIPS)?" is one of the following answers ("No")

25) What are your reasons for not participating in the Merit-based Incentive Program?

☐ I lack sufficient information about the program

☐ The financial reward is too small

☐ I know how, but the program is too time consuming

☐ Other - please specify: _____

Page entry logic: This page will show when: #10 Question "Do you currently provide direct patient/client care?" is one of the following answers ("Yes")

Treatment Area

26) In a typical week, how often do you provide treatment in the following areas?

	Never	Rarely	Occasionally	Frequently	Very Frequently
Neurodevelopmental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia Spectrum and Other Psychotic Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar and Other Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessive-Compulsive and Other Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-and Stressor-Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociative Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic Symptom and Other Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding and Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elimination Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep-Wake Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Dysfunctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Dysphoria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptive, Impulse Control, and Conduct Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance-Related and Addictive Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurocognitive Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraphilic Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27) What CPT Codes have you used in the past 12 months? Please select all that apply.

- ☐ **Psychotherapy** (e.g. CPT Code 90791, 90832, 90834, 90837, 90845, 90846, 90847, 90849, 90853)
- ☐ **Psychological Testing** (e.g. CPT Code 90791, 96130, 96131, 96136, 96137, 96138, 96139, 96146)
- ☐ **Neuropsychological Testing** (e.g. CPT codes 96116, 96121, 96132, 96133, 96136, 96137, 96138, 96139, 96146)
- ☐ **Developmental Testing** (e.g. CPT Code 96112 or 96113)
- ☐ **Health Behavior Assessment & Intervention** (e.g. CPT Code 96156, 96158, 96159, 96164, 96165, 96167, 96178, 96170, 96171)
- ☐ **Adaptive Behavior Services** (e.g. CPT Code 97151, 97152, 0362T, 97513, 97154, 97155, 97156, 97157, 97158, 0373T)
- ☐ Other - please specify: _____

28) Are you currently treating any patients in person?

- ☐ Yes, I am seeing all my patients in person
- ☐ Yes, I am seeing some patients in person and some remotely via telehealth
- ☐ No, I have stopped treating all patients
- ☐ No, I am only treating patients remotely
- ☐ No, I was already treating all my patients remotely prior to the pandemic

29) What digital health technologies are you currently using in your clinical practice? Please select all that apply.

- ☐ Telehealth platforms
- ☐ Secure messaging tools
- ☐ Wearables or mHealth sensors
- ☐ Wellness apps
- ☐ Mental health treatment apps or digital therapeutics
- ☐ Virtual Reality
- ☐ Clinical decision support systems
- ☐ Other, please specify: _____

Page entry logic: This page will show when: #10 Question “Do you currently provide direct patient/client care?” is one of the following answers (“Yes”)

Populations Served

The following questions are about the populations you provide service to in your clinical work. This information is very valuable to us, as it will allow us to understand the degree to which various populations are being served by psychologists. Please answer all of the following questions to the best of your ability.

30) In a typical week, at what frequency do you provide services to the following population groups?

	Never	Rarely	Occasionally	Frequently	Very Frequently
Children (under 11)	()	()	()	()	()
Adolescents (12-17)	()	()	()	()	()
Adults ages 18-25	()	()	()	()	()
Adults ages 26-49	()	()	()	()	()
Adults ages 50-64	()	()	()	()	()
Older Adults (65 or older)	()	()	()	()	()

	Never	Rarely	Occasionally	Frequently	Very Frequently
Transgender and Gender Non-conforming Populations	()	()	()	()	()
Gay, Lesbian, or Bisexual Populations	()	()	()	()	()

	Never	Rarely	Occasionally	Frequently	Very Frequently
American Indian/Alaska Native	()	()	()	()	()
Asian	()	()	()	()	()
Black/African American	()	()	()	()	()
Hispanic	()	()	()	()	()
Native Hawaiian/Pacific Islander	()	()	()	()	()
White	()	()	()	()	()
Two or More Races	()	()	()	()	()

	Never	Rarely	Occasionally	Frequently	Very Frequently
Populations Living with Chronic Pain	()	()	()	()	()
Populations Living with Chronic Illnesses	()	()	()	()	()
Populations Living with Physical or Sensory Disabilities	()	()	()	()	()
Populations Living with Intellectual, Developmental, Learning, or Cognitive Disabilities	()	()	()	()	()

	Never	Rarely	Occasionally	Frequently	Very Frequently
Active Duty Military	()	()	()	()	()
Retired Military/Veterans	()	()	()	()	()

	Never	Rarely	Occasionally	Frequently	Very Frequently
Homeless	()	()	()	()	()
Working Poor	()	()	()	()	()
Unemployed	()	()	()	()	()
Immigrant Populations	()	()	()	()	()
Rural Communities	()	()	()	()	()
Religious Communities	()	()	()	()	()

Page entry logic: This page will show when: #10 Question “Do you currently provide direct patient/client care?” is one of the following answers (“Yes”)

Cultural Competency

31) How prepared were you by your doctoral training program to treat patients from diverse cultural populations?

- () Not at all prepared
- () Slightly prepared
- () Fairly prepared
- () Well prepared
- () Extremely well prepared

32) Given your experience and training, how knowledgeable are you about ways of working with clients in each of the following population areas?

	Extremely Knowledgeable	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not at all Knowledgeable
Children (under 11)	()	()	()	()	()
Adolescents (12-17)	()	()	()	()	()
Adults ages 18-25	()	()	()	()	()
Adults ages 26-49	()	()	()	()	()
Adults ages 50-64	()	()	()	()	()
Older Adults (65 or older)	()	()	()	()	()

	Extremely Knowledgeable	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not at all Knowledgeable
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Transgender and Gender Non-conforming Populations	()	()	()	()	()
Gay, Lesbian, or Bisexual Populations	()	()	()	()	()

	Extremely Knowledgeable	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not at all Knowledgeable
American Indian/Alaska Native	()	()	()	()	()
Asian	()	()	()	()	()
Black/African American	()	()	()	()	()
Hispanic	()	()	()	()	()
Native Hawaiian/Pacific Islander	()	()	()	()	()
White	()	()	()	()	()
Two or More Races	()	()	()	()	()

	Extremely Knowledgeable	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not at all Knowledgeable
Populations Living with Chronic Pain	()	()	()	()	()
Populations Living with Chronic Illnesses	()	()	()	()	()
Populations Living with Physical or Sensory Disabilities	()	()	()	()	()
Populations Living with Intellectual, Developmental, Learning, or Cognitive Disabilities	()	()	()	()	()

	Extremely Knowledgeable	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not at all Knowledgeable
Active Duty Military	()	()	()	()	()
Retired Military/Veterans	()	()	()	()	()

	Extremely Knowledgeable	Very Knowledgeable	Knowledgeable	Somewhat Knowledgeable	Not at all Knowledgeable
Homeless	()	()	()	()	()
Unemployed	()	()	()	()	()
Immigrant populations	()	()	()	()	()
Rural Communities	()	()	()	()	()
Religious Communities	()	()	()	()	()

Page entry logic: This page will show when: Question “

ELECTRONIC CONSENT

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that

- · You have read and understand the above information, including APA’s privacy policy
- · You voluntarily agree to participate
- · You are 18 years of age or older

“ is one of the following answers (“Agree”)

Demographics

We would like to ask you a few demographics questions. This information is very important, as it allows us to better understand the diversity within the psychology workforce. All of the information that you provide is completely confidential and will be reported in the aggregate only.

33) Which of the following best represents how you think of your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Gender non-binary
- ☐ Self-identity: please specify: _____

34) Are you of Hispanic/Latinx, or Spanish origin?

- ☐ No, not of Hispanic, Latinx, or Spanish origin
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, another ethnicity, please specify:: _____

35) What is your race? (Please check all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other - Please specify:: _____

36) What is your current age (in years)?

- | | |
|--|--|
| <input type="checkbox"/> Younger than 30 | <input type="checkbox"/> 58 |
| <input type="checkbox"/> 30 | <input type="checkbox"/> 59 |
| <input type="checkbox"/> 31 | <input type="checkbox"/> 60 |
| <input type="checkbox"/> 32 | <input type="checkbox"/> 61 |
| <input type="checkbox"/> 33 | <input type="checkbox"/> 62 |
| <input type="checkbox"/> 34 | <input type="checkbox"/> 63 |
| <input type="checkbox"/> 35 | <input type="checkbox"/> 64 |
| <input type="checkbox"/> 36 | <input type="checkbox"/> 65 |
| <input type="checkbox"/> 37 | <input type="checkbox"/> 66 |
| <input type="checkbox"/> 38 | <input type="checkbox"/> 67 |
| <input type="checkbox"/> 39 | <input type="checkbox"/> 68 |
| <input type="checkbox"/> 40 | <input type="checkbox"/> 69 |
| <input type="checkbox"/> 41 | <input type="checkbox"/> 70 |
| <input type="checkbox"/> 42 | <input type="checkbox"/> 71 |
| <input type="checkbox"/> 43 | <input type="checkbox"/> 72 |
| <input type="checkbox"/> 44 | <input type="checkbox"/> 73 |
| <input type="checkbox"/> 45 | <input type="checkbox"/> 74 |
| <input type="checkbox"/> 46 | <input type="checkbox"/> 75 |
| <input type="checkbox"/> 47 | <input type="checkbox"/> 76 |
| <input type="checkbox"/> 48 | <input type="checkbox"/> 77 |
| <input type="checkbox"/> 49 | <input type="checkbox"/> 78 |
| <input type="checkbox"/> 50 | <input type="checkbox"/> 79 |
| <input type="checkbox"/> 51 | <input type="checkbox"/> 80 |
| <input type="checkbox"/> 52 | <input type="checkbox"/> 81 |
| <input type="checkbox"/> 53 | <input type="checkbox"/> 82 |
| <input type="checkbox"/> 54 | <input type="checkbox"/> 83 |
| <input type="checkbox"/> 55 | <input type="checkbox"/> 84 |
| <input type="checkbox"/> 56 | <input type="checkbox"/> 85 |
| <input type="checkbox"/> 57 | <input type="checkbox"/> Older than 85 |

37) Are you a person with a disability (e.g., physical, sensory, intellectual, developmental, or learning disability)?

- ☐ Yes
- ☐ No

38) Which of the following best represents how you think of your sexual orientation?

☐ Lesbian or Gay

☐ Straight

☐ Bisexual

☐ Something else, please specify:: _____

Comments/Feedback

39) Please provide any comments and/or questions regarding this survey.

You have reached the end of the survey.

If you are satisfied with your responses, please submit your response. You will not be able to return to the survey after you submit.

Otherwise, you can click the “Back” button to return to the survey.

Thank You!

Thank you for taking APA’s 2021 Survey of Health Service Psychologists. Your response is very important to us.

If you have any questions or comments about this survey, please contact the APA Center for Workforce Studies at **cws@apa.org**.