Appendix B. Survey Instrument

2015 Survey of Psychology Health Service Providers

Educational Information

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

1) Please indicate your highest earned degree(s) in psychology. (Check all that apply)* (Required)
[ ] 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 (Specify): _____

2) Please indicate the corresponding year, state/province (initials), institution of higher education and program title for the previously mentioned highest earned degree(s) that you've received.

Degrees	Degree Year	US State	Institution of Higher Learning	Program Title
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 (include degree in Program Title)	___	___	___	___

Logic: Hidden unless: Question "Please indicate your highest earned degree(s) in psychology. (Check all that apply)" #1 is one of the following answers ("Ph.D.","Ed.D.","Psy.D.")
3) If you possess a doctoral degree in psychology, did you complete a one-year (full-time) or two-year (half-time) psychology internship as part of that doctoral program?
( ) Yes, I completed a one year (full time) psychology internship
( ) Yes, I completed a two year (half time) psychology internship
( ) No, I did not complete a psychology internship

Logic: Hidden unless: Question "If you possess a doctoral degree in psychology, did you complete a one-year (full-time) or two-year (half-time) psychology internship as part of that doctoral program?" #3 is one of the following answers ("Yes, I completed a one year (full time) psychology internship", "Yes, I completed a two year (half time) psychology internship")
4) Was your internship APA (American Psychological Association) accredited at the time you completed your internship?

( ) Yes
( ) No
( ) Not Sure

Logic: Hidden unless: Question "If you possess a doctoral degree in psychology, did you complete a one-year (full-time) or two-year (half-time) psychology internship as part of that doctoral program?" #3 is one of the following answers ("Yes, I completed a one year (full time) psychology internship", "Yes, I completed a two year (half time) psychology internship")
5) Was your internship CPA (Canadian Psychological Association) accredited at the time you completed your internship?
( ) Yes
( ) No
( ) Not Sure

Logic: Hidden unless: Question "Please indicate your highest earned degree(s) in psychology. (Check all that apply)" #1 is one of the following answers ("Ph.D.", "Ed.D.", "Psy.D.")
6) Did you complete a post-doctoral supervised training?
( ) Yes, I completed at least one year (full time or equivalent) of post-doctoral supervised training.
( ) No, I did not complete post-doctoral supervised training.

Logic: Hidden unless: Question "Please indicate your highest earned degree(s) in psychology. (Check all that apply)" #1 is one of the following answers ("Ph.D.", "Ed.D.", "Psy.D.")
7) Did you complete a program of doctoral re-specialization?
( ) Yes (Please specify): _____
( ) No

8) 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 (Specify): _____

Licensure and Practice Information

Page exit logic: IF: *Question "Which of the following describe your current employment status? (Select all that apply)" #16 is not one of the following answers ("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")* ***THEN:*** *Jump to Demographic Section*

In this next section, you will be asked questions regarding licensure in psychology as well as other fields along with other clinical practice information.

9) Do you maintain any professional licenses?* (Required)
( ) Yes
( ) No

Logic: Hidden unless: Question "Do you maintain any professional licenses?" #9 is one of the following answers ("Yes")

10) From the list below, please select the professional licenses that you actively maintain or have had in the past. (Select all that apply)

Type of Professional Licenses	Active License	Non-Active License
LP (Licensed Psychologist)	[ ]	[ ]
LSA (Licensed School Psychologist)	[ ]	[ ]
LPA (Licensed Psychological Assistant)	[ ]	[ ]
LPA (Licensed Psychological Associate)	[ ]	[ ]
LPT (Licensed Psychological Technician)	[ ]	[ ]
LPE (Licensed Psychological Examiner)	[ ]	[ ]
LMSW (Licensed Master Social Worker)	[ ]	[ ]
LICSW (Licensed Independent Clinical Social Worker)	[ ]	[ ]
LPC (Licensed Professional Counselor)	[ ]	[ ]
LCPC (Licensed Clinical Professional Counselor)	[ ]	[ ]
LMFT (Licensed Marriage and Family Therapist)	[ ]	[ ]

Logic: Hidden unless: Question "Do you maintain any professional licenses?" #9 is one of the following answers ("Yes")

11) Please indicate the state/province in which you held the previously selected licensure title(s). (Select all that apply)

Type of Professional Licenses	Active License	Non-Active License
LP (Licensed Psychologist)	_____	_____
LSA (Licensed School Psychologist)	_____	_____
LPA (Licensed Psychological Assistant)	_____	_____
LPA (Licensed Psychological Associate)	_____	_____
LPT (Licensed Psychological Technician)	_____	_____
LPE (Licensed Psychological Examiner)	_____	_____
LMSW (Licensed Master Social Worker)	_____	_____
LICSW (Licensed Independent Clinical Social Worker)	_____	_____
LPC (Licensed Professional Counselor)	_____	_____
LCPC (Licensed Clinical Professional Counselor)	_____	_____
LMFT (Licensed Marriage and Family Therapist)	_____	_____

Logic: Hidden unless: Question "Do you maintain any professional licenses?" #9 is one of the following answers ("Yes")

12) What year did you obtain your first license?

_____

13) Are you currently providing professional psychological services?* (Required)

( ) Yes

( ) No

Logic: Hidden unless: Question "Are you currently providing professional psychological services?" #13 is one of the following answers ("Yes")

14) Since licensure, how long have you been providing professional psychological services?

Years: _____

Months: _____

Logic: Hidden unless: Question "Are you currently providing professional psychological services?" #13 is one of the following answers ("Yes")
15) Do you have a National Provider Identification (NPI) number?
( ) Yes
( ) No

16) Which of the following describe your current employment status? (Select all that apply)* (Required)
[ ] 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
[ ] Not currently working
[ ] Retired

Logic: Hidden unless: Question "Which of the following describe your current employment status? (Select all that apply)" #16 is one of the following answers ("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")
17) How many weeks did you work as a psychologist in the past year?
_____

Professional Practice and Employment 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.

18) How many hours per week do you spend at your primary and secondary/other positions (if applicable)?
Primary Position: _____
Secondary Position: _____
Other Position: _____

19) Which best describes the type of setting that most closely corresponds to your primary work location? (Note: Please select the Broad Setting (in bold) first and then select a Specific Setting. If you do not see your Specific Setting, please select another Broad Setting)

Private Practice
- Individual private practice
- Group psychological practice
- Primary care group practice

Hospital Settings
- Public general hospital
- Private general hospital
- City or county or state psychiatric hospital
- Not for profit-private psychiatric hospital
- For profit- private psychiatric hospital
- VA medical center
- Military hospital

Organized Human Service Settings

- Rehabilitation facility
- Counseling or guidance center (not university or college)
- Outpatient mental health clinic- free-standing
- Community mental health center or clinic (CMHC)
- Community health center (CHC) or clinic
- Primary care office
- Long term care residence
- Specialized health service
- Preferred Provider Organization (PPO)
- Independent Practice Association (IPA)
- Health Maintenance Organization (HMO) excluding IPA
- Accountable Care Organization (ACO)
- Other managed care setting
- Other human service setting not listed above

Business Settings

- 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
- Other non-educational or non service setting not listed above

Government Settings

- Govt. 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)
- Local government agency (other than above settings)

University (not medical or independent professional school)

- Psychology department
- Education department
- Business school or department
- Other academic department or unit
- Management or administrative office
- Student counseling or services center
- Research center or institute
- Professional school of psychology- University based
- Other university setting

Four-year College

- Psychology department
- Education department
- Business school or department
- Other academic department or unit
- Management or administrative office
- Student counseling or services center
- Research center or institute
- Other four-year college setting

Other Educational Settings

Two-year college
Medical school- psychiatry department
Medical school- department of pediatrics
Medical school- department of family medicine
Medical school- other department
Independent professional school of psychology
Professional schools not listed above
Elementary or secondary school
School system district office
Other educational setting

Other Settings

Social services settings (e.g. day program, homeless program)
In Home - Provider in home
In Home - via telehealth
Other setting not listed

20) Which best describes the type of setting that most closely corresponds to your secondary work location? (Note: Please select the Broad Setting first and then select a Specific Setting. If you do not see your Specific Setting, please select another Broad Setting)

(See question 19 for response options)

21) What is the ZIP code of the location for your primary and secondary (if applicable) practice site?
Primary Position: _____
Secondary position: _____

22) Please indicate the average number of hours spent per week (excluding emergency calls) at your practice location on each psychology major activity.

Work Activity	Primary Position	Secondary Position
Administrative Management	_____	_____
Direct Patient/Client Care/Healthcare Services	_____	_____
Clinical Supervision	_____	_____
Clinical/Community Consultation & Prevention	_____	_____
Other Human Services (e.g. forensics, consulting)	_____	_____
Non-clinical consultation	_____	_____
Teaching/Education/Research	_____	_____
Other	_____	_____

23) Do you currently provide direct patient/client care?* (Required)
( ) Yes
( ) No

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")

24) How many psychologists provide services at each of your practice locations (including self)?

Position	1-5	6-10	11-15	16-20	20+
Primary Position	( )	( )	( )	( )	( )
Secondary Position	( )	( )	( )	( )	( )

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")
25) Are there other licensed health or mental health professionals working at the primary practice setting?
( ) Yes
( ) No

Logic: Hidden unless: Question "Are there other licensed health or mental health professionals working at the primary practice setting?" #25 is one of the following answers ("Yes")
26) Please select all that apply.
[ ] Dentists
[ ] Licensed Professional Counselors
[ ] Nurse Practitioners
[ ] Nurses
[ ] Physician Assistants
[ ] Physicians, other than Psychiatrists
[ ] Psychiatrists
[ ] Social Workers

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")
27) What is/are your primary and secondary (if applicable) area of specialty?

Area of Specialty	Primary Specialty	Secondary Specialty
Clinical Child & Adolescent Psychology	( )	( )
Clinical Health Psychology	( )	( )
Clinical Neuropsychology	( )	( )
Clinical Psychology	( )	( )
Cognitive Behavioral Psychology	( )	( )
Counseling Psychology	( )	( )
Couple & Family Psychology	( )	( )
Forensic Psychology	( )	( )
Group Psychology	( )	( )
Organizational and Business Consulting Psychology	( )	( )
Police & Public Safety Psychology	( )	( )
Professional Geropsychology	( )	( )
Psychoanalytic Psychology	( )	( )
Rehabilitation Psychology	( )	( )
School Psychology	( )	( )

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")
28) Are you able to provide psychological services to clients/patients in a language other than English?
( ) Yes
( ) No

Logic: Hidden unless: Question "Are you able to provide psychological services to clients/patients in a language other than English?" #28 is one of the following answers ("Yes")
29) Which additional languages are you able to provide psychological services?
[ ] Spanish
[ ] French
[ ] Other (Specify): _____

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")
30) Which of the following best describes your current employment arrangement at your primary practice location regarding direct patient/client care?
( ) Self-employed
( ) Salaried employment
( ) Hourly employment
( ) Temporary employment
( ) Other (Specify): _____

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")
31) What are your plans for the next 12 months regarding direct patient/client care?
( ) Increase hours
( ) Decrease hours
( ) Seek non-clinical job
( ) Continue as you are
( ) Other (Specify): _____

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")
32) 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
_____Don’t know/Not applicable

Logic: Hidden unless: Question "Do you currently provide direct patient/client care?" #23 is one of the following answers ("Yes")
33) In a typical WEEK, at what frequency do you spend providing services to clients in the following treatment areas?

Treatment Area	Never	Rarely	Occasionally	Frequently	Very Frequently
Neurodevelopmental Disorders	( )	( )	( )	( )	( )
Schizophrenia Spectrum and Other Psychotic Disorders	( )	( )	( )	( )	( )
Bipolar and Other Related Disorders	( )	( )	( )	( )	( )
Depressive Disorders	( )	( )	( )	( )	( )
Anxiety Disorders	( )	( )	( )	( )	( )
Obsessive-Compulsive and Other Related Disorders	( )	( )	( )	( )	( )
Trauma-and Stressor-Related Disorders	( )	( )	( )	( )	( )
Dissociative Disorders	( )	( )	( )	( )	( )
Somatic Symptom and Other Related Disorders	( )	( )	( )	( )	( )
Feeding and Eating Disorders	( )	( )	( )	( )	( )
Elimination Disorders	( )	( )	( )	( )	( )
Sleep-Wake Disorders	( )	( )	( )	( )	( )
Sexual Dysfunctions	( )	( )	( )	( )	( )
Gender Dysphoria	( )	( )	( )	( )	( )
Disruptive, Impulse Control, and Conduct Disorders	( )	( )	( )	( )	( )
Substance-Related and Addictive Disorders	( )	( )	( )	( )	( )
Neurocognitive Disorders	( )	( )	( )	( )	( )
Personality Disorders	( )	( )	( )	( )	( )
Paraphilic Disorders	( )	( )	( )	( )	( )
Other Mental Disorders	( )	( )	( )	( )	( )
Medication-Induced Movement Disorders and Other Adverse Effects of Medication	( )	( )	( )	( )	( )
Other Conditions that may be a focus of Clinical Attention (V codes)	( )	( )	( )	( )	( )
No mental or physical health diagnoses	( )	( )	( )	( )	( )

Populations Served

The following questions are regarding the various populations in which you serve 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.

34) In a typical WEEK, at what frequency do you spend providing services to clients in the following AGE categories?* (Required)

Population Group	Never	Rarely	Occasionally	Frequently	Very Frequently
Children (under 13)	( )	( )	( )	( )	( )
Adolescents (13-18)	( )	( )	( )	( )	( )
Adults (19-64)	( )	( )	( )	( )	( )
Older Adults (65-79)	( )	( )	( )	( )	( )
Oldest Old Adults (80+)	( )	( )	( )	( )	( )

35) In a typical WEEK, at what frequency do you spend providing services to clients in the following GENDER categories?

Population Group	Never	Rarely	Occasionally	Frequently	Very Frequently
Male	( )	( )	( )	( )	( )
Female	( )	( )	( )	( )	( )
Transgender	( )	( )	( )	( )	( )

36) In a typical WEEK, at what frequency do you spend providing services to clients in the following RACIAL/ETHNIC categories?

Population Group	Never	Rarely	Occasionally	Frequently	Very Frequently
African American/Black (Non-Hispanic)	( )	( )	( )	( )	( )
Alaska Native, American Indian (Non-Hispanic)	( )	( )	( )	( )	( )
Asian (Non-Hispanic)	( )	( )	( )	( )	( )
Hispanic (of any race)	( )	( )	( )	( )	( )
White/Caucasian (Non-Hispanic)	( )	( )	( )	( )	( )
Two or More Races	( )	( )	( )	( )	( )

37) In a typical WEEK, at what frequency do you spend providing services to clients in the following SEXUAL ORIENTATION categories?

Population Group	Never	Rarely	Occasionally	Frequently	Very Frequently
Heterosexual or straight	( )	( )	( )	( )	( )
Gay	( )	( )	( )	( )	( )
Lesbian	( )	( )	( )	( )	( )
Bisexual	( )	( )	( )	( )	( )

38) In a typical WEEK, at what frequency do you spend providing services to clients in the following MILTARY SERVICE categories?

Population Group	Never	Rarely	Occasionally	Frequently	Very Frequently
Returning Servicemen/ Servicewomen	( )	( )	( )	( )	( )
Active Duty Military	( )	( )	( )	( )	( )
Retired Military/Veterans	( )	( )	( )	( )	( )

39) In a typical WEEK, at what frequency do you spend providing services to clients in the following SOCIOECONOMIC categories?

Population Group	Never	Rarely	Occasionally	Frequently	Very Frequently
Homeless	( )	( )	( )	( )	( )
Working Poor	( )	( )	( )	( )	( )
Unemployed	( )	( )	( )	( )	( )

40) In a typical WEEK, at what frequency do you spend providing services to clients who RESIDE in the following GEOGRAPHIC COMMUNITY category?

Population Group	Never	Rarely	Occasionally	Frequently	Very Frequently
Living in Rural Communities	( )	( )	( )	( )	( )

41) In a typical WEEK, do you provide direct services to clients whose primary focus of care was related to their PHYSICAL DISABLIITY?
( ) Yes ( ) No

42) In a typical WEEK, do you provide direct services to clients whose primary focus of care was related to their DEVELOPMENTAL DISABILITY?
( ) Yes ( ) No

43) In a typical WEEK, do you provide direct services to clients whose primary focus of care was related to their INTELLECTUAL DISABILITY?
( ) Yes ( ) No

44) In a typical WEEK, do you provide direct services to clients whose primary focus of care was related to their HEALTH CONDITION?
( ) Yes ( ) No

Logic: Hidden unless: Question "In a typical WEEK, do you provide direct services to clients whose primary focus of care was related to their HEALTH CONDITION?" #44 is one of the following answers ("Yes")
45) Of those whose primary focus of care was related to their HEALTH CONDITION, which of the following HEALTH CONDITIONS were addressed? (Please select all that apply)
[ ] Cancer
[ ] Cardiovascular Disease
[ ] Diabetes
[ ] HIV/STI
[ ] Obesity
[ ] Other health condition (Specify): _____

Geropsychology

Page entry logic: *This page will show when: (Question "Older Adults (65-79) " is one of the following answers ("Occasionally", "Frequently", "Very Frequently") OR Question "Oldest Old Adults (80+)" is one of the following answers ("Occasionally", "Frequently", "Very Frequently"))*

Based on your responses to previous questions we would like to ask more questions about your clinical work with older adults (65+ years old).

46) Approximately how many hours per week, on average, do you spend providing:
Direct services and supervising others to provide psychological services to older adults (with or without family present): _____
Direct services and supervising others to provide psychological services to family members/caregivers of older adults (without older "patient" present): _____
Consultation/staff training to health care team/agency caregivers (e.g., long-term care nursing staff, home health aides): _____

47) Approximately how many hours per week, on average, do you spend providing the following psychotherapy services to older adults?
Individual: _____
Group: _____
Couples/Family: _____
Other: _____

48) Approximately how many hours per week, on average, do you spend providing the following assessment services to older adults?
Psychodiagnostic: _____
Cognitive: _____
Capacity: _____
Other: _____

49) Approximately how many hours per week, on average, do you spend providing the following consultation services to older adults?
Consultation to health care teams/providers: _____
Consultation to families: _____
Consultation to agencies/facilities: _____
Other: _____

50) Which topics are you potentially interested in for further geropsychology specialized educational opportunities? (Check all that apply)
[ ] Depression
[ ] Adjusting to medical illness/disability
[ ] Dementia
[ ] Bereavement/Grief/End-of-life issues
[ ] Psychotherapy
[ ] Caregiver stress
[ ] Anxiety
[ ] Positive psychological growth
[ ] Geriatric assessment
[ ] Marital/family difficulties
[ ] Health promotion/maintenance
[ ] Neuropsychology
[ ] Substance abuse
[ ] Psychoeducational intervention
[ ] Personality disorders
[ ] Staff training/Supervision
[ ] Capacity Assessment

[ ] Chronic mental illness
[ ] Trauma/Abuse
[ ] Disabilities (physical, developmental, intellectual)
[ ] Aging in culturally diverse populations
[ ] Sexuality and sexual problems
[ ] Attitude, knowledge, and skill competencies for professional geropsychology practice (per the "Pikes Peak" model of training)
[ ] Other (Please specify): _____

51) For the provision of healthcare services, are you or your organization currently a participating Medicare provider? Please answer based on your primary work setting.
( ) Yes, I am a Medicare provider
( ) No, I have never participated in Medicare
( ) No, I previously participated in Medicare, but am no longer a participating provider
( ) I do not know if my organization participates in Medicare

Logic: Hidden unless: Question "For the provision of healthcare services, are you or your organization currently a participating Medicare provider? Please answer based on your primary work setting." #51 is one of the following answers ("No, I have never participated in Medicare", "No, I previously participated in Medicare, but am no longer a participating provider")
52) Please indicate the reason(s) for why you do not participate in Medicare. (Check all that apply)
[ ] Client case-mix is primarily non-Medicare eligible
[ ] I do not participate in any insurance plans
[ ] Reimbursement rates are too low
[ ] Delays in getting paid
[ ] Concerns about audit risk
[ ] Concerns about regulations
[ ] I work for a healthcare system/agency (e.g., VA Healthcare System) which does not bill
[ ] Other (Please specify): _____

Logic: Hidden unless: Question "For the provision of healthcare services, are you or your organization currently a participating Medicare provider? Please answer based on your primary work setting." #51 is one of the following answers ("Yes, I am a Medicare provider")
53) Over the 3 past years, has there been a noticeable change in the number of Medicare patients seen in your practice or organization?
( ) More Medicare patients seen
( ) Fewer Medicare patients seen
( ) No change
( ) N/A (e.g., I have not been in this practice setting for 3 years)

Module Randomization

Team Based Care / Integrated Care

54) Which aspects of your clinical care activities do you carry out working together with clinical providers from professional disciplines other than psychology? (Check all that apply)
[ ] We use the same electronic health record
[ ] We share waiting room space
[ ] We share clinical space for working with patients

[ ] We use integrated treatment plans in which multiple disciplines contribute to the goals and interventions
[ ] We have joint sessions in which providers from different disciplines work with the same patient at the same time and in the same room
[ ] We participate in routinely scheduled multidisciplinary team meetings
[ ] We participate in joint clinical research activities

55) In your clinical work, how often do you provide collaborative care with each one of the professions below?

Profession	Never	Rarely	Occasionally	Often	Always
Mental Health Counselors/ Marriage Family Therapists	( )	( )	( )	( )	( )
Social Workers	( )	( )	( )	( )	( )
Psychologists	( )	( )	( )	( )	( )
Psychiatrists	( )	( )	( )	( )	( )
Physician Assistants	( )	( )	( )	( )	( )
Pharmacists	( )	( )	( )	( )	( )
Dentists	( )	( )	( )	( )	( )
Physicians and Surgeons, non-Psychiatrists	( )	( )	( )	( )	( )
Licensed Nurses (including Registered Nurses and Licensed Practical Nurses or Licensed Vocational Nurses)	( )	( )	( )	( )	( )
Advanced Practice Nurses (including Nurse Practitioners, Certified Nurse-Midwives, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists)	( )	( )	( )	( )	( )
Nutritionists/Dieticians	( )	( )	( )	( )	( )
Community Health Workers	( )	( )	( )	( )	( )

56) Rate each profession below based on how much influence that profession has on clinical decision-making in clinical teams you work on, from 1 (*for Least influential*) to 7 (*for Most influential*)

Profession	Least influential 1	2	3	4	5	6	Most influential 7
Mental Health Counselors/ Marriage Family Therapists	( )	( )	( )	( )	( )	( )	( )
Social Workers	( )	( )	( )	( )	( )	( )	( )
Psychologists	( )	( )	( )	( )	( )	( )	( )
Psychiatrists	( )	( )	( )	( )	( )	( )	( )
Physician Assistants	( )	( )	( )	( )	( )	( )	( )
Pharmacists	( )	( )	( )	( )	( )	( )	( )
Dentists	( )	( )	( )	( )	( )	( )	( )
Physicians and Surgeons, non-Psychiatrists	( )	( )	( )	( )	( )	( )	( )
Licensed Nurses (including Registered Nurses and Licensed Practical Nurses or Licensed Vocational Nurses)	( )	( )	( )	( )	( )	( )	( )
Advanced Practice Nurses (including Nurse Practitioners, Certified Nurse-Midwives, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists)	( )	( )	( )	( )	( )	( )	( )
Nutritionists/Dieticians	( )	( )	( )	( )	( )	( )	( )
Community Health Workers	( )	( )	( )	( )	( )	( )	( )

57) For each of the professional groups listed below, choose the category that best describes your understanding of that profession's role and your confidence about how best to work with members of the profession.

Profession	Minimal (1) "My understanding of this profession's role is minimal. I know very little about them, and so am not at all confident about how to work with members of this profession."	Beginning (2) "My understanding of this profession's role is limited. There's a lot I have to learn about them, and so am not confident about how to work with members of this profession."	Intermediate (3) "I have some understanding of this profession's role, but I have things to learn about them, and so don't feel entirely confident about how to work with members of this profession."	Proficient (4) "In general, I understand this profession's role, and so feel reasonably confident about how to work with members of this profession."	Complete Mastery (5) "I fully understand this profession's role, and so feel completely confident about how to work with members of this profession."
Mental Health Counselors/Marriage Family Therapists	( )	( )	( )	( )	( )
Social Workers	( )	( )	( )	( )	( )
Psychologists	( )	( )	( )	( )	( )
Psychiatrists	( )	( )	( )	( )	( )
Physician Assistants	( )	( )	( )	( )	( )
Pharmacists	( )	( )	( )	( )	( )
Dentists	( )	( )	( )	( )	( )
Physicians and Surgeons, non-Psychiatrists	( )	( )	( )	( )	( )
Licensed Nurses (including Registered Nurses and Licensed Practical Nurses or Licensed Vocational Nurses)	( )	( )	( )	( )	( )
Advanced Practice Nurses (including Nurse Practitioners, Certified Nurse-Midwives, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists)	( )	( )	( )	( )	( )
Nutritionists/Dieticians	( )	( )	( )	( )	( )
Community Health Workers	( )	( )	( )	( )	( )

58) To what degree have the following educational and training experiences been important in the provision of your work in team-based care?

Educational and Training Experiences	Not At All Important	Not Very Important	Neutral	Somewhat Important	Very Important
Graduate Coursework	( )	( )	( )	( )	( )
Practicum	( )	( )	( )	( )	( )
Internship	( )	( )	( )	( )	( )
Post-Doctoral Training	( )	( )	( )	( )	( )
On-the-Job Training	( )	( )	( )	( )	( )
Continuing Education	( )	( )	( )	( )	( )

Competency (Practice Preparation and Knowledge)

59) How well prepared overall were you by your doctoral training program to fulfill your clinical role as a psychology service provider when working with diverse cultural populations?
( ) Not at all prepared
( ) Slightly prepared
( ) Fairly prepared
( ) Well prepared
( ) Extremely well prepared

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

Population Area	Extremely knowledgeable	Quite knowledgeable	Fairly knowledgeable	Slightly knowledgeable	Not at all knowledgeable
Children (0-13)	( )	( )	( )	( )	( )
Adolescents (14-17)	( )	( )	( )	( )	( )
Older Adults (65 or older)	( )	( )	( )	( )	( )
Black (Non-Hispanic)	( )	( )	( )	( )	( )
Asian (Non-Hispanic)	( )	( )	( )	( )	( )
Native American (Non-Hispanic)	( )	( )	( )	( )	( )
Pacific Islander (Non-Hispanic)	( )	( )	( )	( )	( )
Hispanic	( )	( )	( )	( )	( )
Gay, Lesbian and Bisexual	( )	( )	( )	( )	( )
Transgender	( )	( )	( )	( )	( )
Military populations	( )	( )	( )	( )	( )
Immigrant populations	( )	( )	( )	( )	( )
Rural populations	( )	( )	( )	( )	( )
Religious clients	( )	( )	( )	( )	( )
Clients living in poverty	( )	( )	( )	( )	( )
Clients living with chronic illnesses and other health conditions	( )	( )	( )	( )	( )
Clients living with physical disabilities	( )	( )	( )	( )	( )
Clients living with intellectual disabilities	( )	( )	( )	( )	( )
Clients living with cognitive disabilities	( )	( )	( )	( )	( )

61) For each of the following client populations, which resources do you utilize for building your competence to practice with these groups? (Check all that apply)

Population Group	Books and Peer Reviewed Journal Articles	Continuing Education Training	Graduate Training Program	APA Guidelines for Practice	Clinical Supervision Experience	Colleagues	Personal Experiences	Not Applicable
Children (0-13)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Adolescent (14-17)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Older Adults (65 or older)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Black (Non-Hispanic)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Asian (Non-Hispanic)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Native American (Non-Hispanic)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Pacific Islander (Non-Hispanic)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Hispanic	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Gay, Lesbian and Bisexual	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Transgender	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Military populations	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Immigrant populations	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Rural populations	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Religious clients	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Clients living in poverty	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Clients living with chronic illnesses and other health conditions	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Clients living with physical disabilities	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Clients living with intellectual disabilities	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Clients living with cognitive disabilities	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Demographics

Lastly, 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.

62) What is your gender identity?

( ) Female
( ) Male
( ) Transgender
( ) Other (please specify): _____

63) Do you consider yourself to be Spanish / Hispanic / Latino(a)?
[ ] No, I am not Hispanic / Latino(a) / Spanish
[ ] Yes, I am Mexican, Mexican American, Chicano
[ ] Yes, I am Puerto Rican
[ ] Yes, I am Cuban
[ ] Yes, I am another Other Hispanic / Latino(a) / Spanish origin (please specify):
_____

64) How would you describe your race? (Check all that apply)
[ ] American Indian/Alaska Native
[ ] Asian
[ ] Black/African American
[ ] Native Hawaiian or Pacific Islander
[ ] White/Caucasian
[ ] Other race (please specify): _____

65) What is your current age (in years)?
_____

66) What is your current marital status?
( ) Married/Partnered (including Civil Unions and Domestic Partnerships)
( ) Single/Never married
( ) Separated
( ) Divorced
( ) Widowed

67) Number of dependents
Age 6 or younger: _____
Age 7 - 18: _____
Age 18 - 26: _____
Over 26 years old: _____

68) Are you a person with a disability?
( ) Yes
( ) No

Logic: Hidden unless: Question "Are you a person with a disability?" #68 is one of the following answers ("Yes") Dynamically shown if "Are you a person with a disability?" = Yes
69) Please indicate your disabilities using the following categories.
[ ] 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): _____

70) What is your sexual orientation?
( ) Heterosexual or straight
( ) Gay
( ) Lesbian
( ) Bisexual
( ) Prefer not to answer
( ) Other (please specify): _____

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