

**ATTACHMENT 6**  
DEMOGRAPHICS QUESTIONNAIRE

[Label with therapist's unique ID numbers will be placed here]

Thank you for registering your user name for the Pre-Test of Instruments of Psychosocial Care for the Treatment of Adults with PTSD. Your participation is greatly appreciated.

Please take a moment to complete your profile and answers these brief questions below.

### **Clinician Characteristics**

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1. How many months/years have you been providing therapy?	Fill in blank and circle correct option: _____ Months/ Years
2. How many months/years have you been treating individuals diagnosed with PTSD?	Fill in blank and circle correct option: _____ Months/ Years
3. Are you currently licensed as psychiatrist, clinician, counselor or social worker?	Circle correct option: Yes/No
4. What is your degree?	Circle correct option. MS/MSW/MA/PhD/PsyD/MD/Other If other, please specify _____
5. What is your treatment orientation?	Circle correct option(s):  a. CPT b. PE c. Psychodynamic d. EMDR e. Psychoanalytic f. Supportive g. Bio feedback h. Interpersonal i. Other:
6. Have you taken any accredited courses or certifications in Cognitive Behavior therapy?	Circle correct option: Yes/No
7. How many clients are you currently seeing?	Fill in blank: _____

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*[Label with therapist's unique ID numbers will be placed here]*

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8. How many clients are you currently seeing with the primary diagnosis of PTSD?

Fill in blank:

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9. Are you currently licensed to provide mental health treatment in your state?

Circle correct option:  
Yes/No

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*Thank you for your responses! Your site coordinator will be contacting you shortly with the details of your first survey!*