



# PFS - Provider End of Intervention - v1.00

## Survey Flow

### EmbeddedData

PROT = 0101

SITEValue will be set from Panel or URL.

PCPIDValue will be set from Panel or URL.

Q\_URLValue will be set from Panel or URL.

Standard: Attitudes Toward Treating Chronic Nonmalignant Pain (CNP) (37 Questions)

Standard: Substance Use Knowledge and Attitudes (SUK) (40 Questions)

Standard: Overdose Prevention Knowledge and Attitudes (ODP) (12 Questions)

Standard: STOP Intervention Feedback (SIF) (21 Questions)

**EndSurvey:**

Page Break

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## Start of Block: Attitudes Toward Treating Chronic Nonmalignant Pain (CNP)

INSTRUCT *Please share your perspective on managing chronic nonmalignant pain.*

*Definition: When we say **chronic nonmalignant pain (CNMP)**, we are referring to pain, of any location or etiology, lasting more than three months and not caused by malignancy.*

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Page Break

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CNCNMPPR What proportion of patients that you see in your outpatient practice have CNMP?

*(Choose the best estimate)*

- ☐ ≤5% (01)
  - ☐ 6-10% (02)
  - ☐ 11-30% (03)
  - ☐ 31-50% (04)
  - ☐ >50% (05)
- 



CNOIAPR Of these patients with CNMP, what proportion do you prescribe opioid analgesics?

*(Choose the best estimate)*

- ☐ ≤5% (01)
  - ☐ 6-10% (02)
  - ☐ 11-30% (03)
  - ☐ 31-50% (04)
  - ☐ >50% (05)
- 

Page Break



GRID: CNMP EXPERIENC *Rate your agreement with the following statements.*

	Strongly Disagree (00)	Disagree (01)	Neutral (02)	Agree (03)	Strongly Agree (04)
I feel CONFIDENT in managing CNMP. (CNCONFID)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel PREPARED to manage CNMP. (CNPREPAR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is DIFFICULT to manage CNMP. (CNDIFCLT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visits for CNMP take a lot of TIME. (CNVTTIME)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience of managing CNMP is REWARDING. (CNREWARD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



GRID:PRESCRIBE CONFI

*Rate your agreement with the following statements.*

I feel confident in my ability to prescribe:

	Strongly Disagree (00)	Disagree (01)	Neutral (02)	Agree (03)	Strongly Agree (04)
NSAIDS. (CNRXNSAI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-acting opioid analgesics. (CNRXSAAN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-acting opioid analgesics. (CNRXLAAN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gabapentin. (CNRXGABA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



GRID: ANALGESICS/UDT *Rate your agreement with the following statements.*

	Strongly Disagree (00)	Disagree (01)	Neutral (02)	Agree (03)	Strongly Agree (04)
I feel confident in my ability to identify red flags of potential drug use disorder in patients prescribed opioid analgesics. (CNIDREDF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to negotiate a treatment agreement for patients requiring long-term opioid analgesics. (CNNEGTRT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to interpret the results of urine drug tests. (CNINTUDT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



CNLTOPIM In what proportion of your patients on long-term opioid analgesics have you ever signed a pain medication agreement or contract?

*(Choose the best estimate)*

- ☐ ≤10% (01)
- ☐ 11-25% (02)
- ☐ 26-50% (03)
- ☐ 51-75% (04)
- ☐ 76-100% (05)

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Page Break



CNLTOPIU In what proportion of your patients on long-term opioid analgesics have you ever ordered a urine drug test?

*(Choose the best estimate)*

- ☐ ≤10% (01)
- ☐ 11-25% (02)
- ☐ 26-50% (03)
- ☐ 51-75% (04)
- ☐ 76-100% (05)

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Page Break





CNUDTFRQ In general, how often do you collect urine drug tests per year for an average-risk patient on opioids?

*(Choose the best answer)*

- ☐ Never (00)
- ☐ Only when I suspect a problem (01)
- ☐ Once a year (02)
- ☐ Twice a year (03)
- ☐ Every three to four months (04)
- ☐ Every month (05)

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Page Break



CNOIPIMTF When you identify a patient at increased risk for opioid misuse or diversion for whom you continue to prescribe, how often do you perform a urine drug test?  
(Choose the best answer)

**Misuse** includes abuse, addiction and overdose.

**Diversion** is selling, sharing or trading opioid pain medication to others.

- ☐ Never (00)
- ☐ Only when I suspect a problem (01)
- ☐ Once a year (02)
- ☐ Twice a year (03)
- ☐ Every three to four months (04)
- ☐ Every month (05)
- ☐ Other (specify): (99) \_\_\_\_\_

Skip To: CNOIPCT If CNOIPIMTF = Never

Page Break \_\_\_\_\_



CNNOINTU What proportion of urine drug tests do you not know how to interpret?

*(Choose the best estimate)*

- ☐ ≤10% (01)
- ☐ 11-25% (02)
- ☐ 26-50% (03)
- ☐ 51-75% (04)
- ☐ 76-100% (05)

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Page Break



CNUTINTS What have you done when you've encountered a urine drug test result that you did not know how to interpret?

*(Choose all that apply)*

- ☐ Discuss with an addiction specialist (01)
  - ☐ Discuss with a pain specialist (02)
  - ☐ Discuss with a staff member at the lab (03)
  - ☐ Discuss with a peer (04)
  - ☐ Refer to a web-based resource (05)
  - ☐ Repeat test (06)
  - ☐ Other (*specify*): (99)
- 

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Page Break



CNOIPCT In general, how often do you (or your office clinical staff) perform pill counts for patients on opioids?

- ☐ Never (00)
- ☐ Only when I suspect a problem (01)
- ☐ Once a year (02)
- ☐ Twice a year (03)
- ☐ Every three to four months (04)
- ☐ Every month (05)
- ☐ Other (*specify*): (99) \_\_\_\_\_

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Page Break



CNOIPTE What percentage of patients on chronic opioid therapy have you had to terminate an opioid prescription due to increased risk of addiction or possible diversion?

*(Choose the best estimate)*

- ☐ None (00)
- ☐ ≤10% (01)
- ☐ 11-25% (02)
- ☐ 26-50% (03)
- ☐ 51-75% (04)
- ☐ 76-100% (05)

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Page Break



CNPVFASP In general, how often do you see patients (face to face or telehealth visit) to assess pain when you are prescribing opioids for pain?

- ☐ No set interval (00)
- ☐ At least once a year (01)
- ☐ At least twice a year (02)
- ☐ At least every three months (03)
- ☐ At least every month (04)

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Page Break



CNPDMPRE Are you registered in the Prescription Drug Monitoring Program (PDMP) in the state where you practice medicine?

- ☐ No (0)
- ☐ Yes (1)

*Skip To: CNOPIV If CNPDMPRE = No*

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Page Break

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CNPDMPUS Do you or your clinic staff (on your behalf) use the PDMP?

☐ No (0)

☐ Yes (1)

*Skip To: CNOPIV If CNPDMPUS = No*

Page Break



CNPDMPCP Have you ever changed your prescribing for a patient using data from the PDMP?

- ☐ No (0)
- ☐ Yes (1)

*Skip To: CNOPIV If CNPDMPCP = No*

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Page Break

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CNPDMSPSP Have you ever stopped prescribing opioids based on information from the PDMP?

☐ No (0)

☐ Yes (1)

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Page Break



CNOPIV Have you, or has anyone you know ever been investigated because of opioid prescribing practices?

- ☐ No (00)
- ☐ Yes, by law enforcement (01)
- ☐ Yes, by licensing officials (02)
- ☐ Yes, by other entity (*specify*): (99)

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Page Break



CNOPIDIV In your opinion, how much of a problem is **diversion** of opioid pain medication in the community served by your practice?

*Diversion is selling, sharing or trading opioid pain medication to others.*

- ☐ Not a problem (00)
- ☐ Minimal problem (01)
- ☐ Moderate problem (02)
- ☐ Serious problem (03)

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Page Break





GRID: PAIN TRT BARRI For each of the following, indicate whether you consider this a current barrier to the treatment of pain in your primary care clinic.

	No (00)	Yes (01)	Not Applicable (96)
Inadequate reimbursement (CNPTBIRE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior authorization and other insurance requirements for pain medications (CNPTBINS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate clinic space, clinic time or support staff (PAs, medical assistants, nurses, administrators) (CNPTBCLI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate pain specialist consultation available to you and/or your patients (CNPTBPAI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate access to behavioral health services (CNPTBBHS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate access to non-pharmacologic pain treatment modalities (mindfulness, yoga, acupuncture, etc.) (CNPTBNPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk of misuse (use of a drug by someone other than the person to which it was prescribed) or diversion of prescribed opioids (CNPTBMIS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>







CNPMMPRS In your opinion, how much of a problem is **misuse of prescription opioid pain medication** in the community served by your practice?

*Misuse includes abuse, addiction and overdose.*

- ☐ Not a problem (00)
- ☐ Minimal problem (01)
- ☐ Moderate problem (02)
- ☐ Serious problem (03)

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Page Break



CNOPI MPS In your opinion, how much of a problem is **misuse of illicit opioids** like heroin or fentanyl in the community served by your practice?

- ☐ Not a problem (00)
- ☐ Minimal problem (01)
- ☐ Moderate problem (02)
- ☐ Serious problem (03)

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Page Break



CNOPIOPS In your opinion, how much of a problem is **opioid-related overdose** in the community served by your practice?

- ☐ Not a problem (00)
- ☐ Minimal problem (01)
- ☐ Moderate problem (02)
- ☐ Serious problem (03)

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Page Break



CNBUPPTN Approximately how many of your patients are currently receiving buprenorphine (from any provider) for treatment of opioid use disorder?

- ☐ 0 (00)
- ☐ 1 (01)
- ☐ 2-4 (02)
- ☐ 5-9 (03)
- ☐ 10-19 (04)
- ☐ 20-29 (05)
- ☐ 30+ (06)
- ☐ Don't know/Not sure (97)

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Page Break



CNENNARC Do you prescribe or encourage your patients to obtain Naloxone (Narcan) for overdose prevention?

- ☐ Often (01)
- ☐ Sometimes (02)
- ☐ Rarely (03)
- ☐ Never (04)

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Page Break



CNNARCPO Do you or your practice have a policy to give out Naloxone prescriptions or kits (if available) to patients or their friends/family members?

☐ No (0)

☐ Yes (1)

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Page Break



INSTRUCT Rate your agreement with the following statements about risky opioid use.

Risky opioid use is defined as nonmedical use of prescribed opioids (taking a higher dose or taking an opioid more frequently than prescribed), any use of illicit opioids, or taking pharmaceutical opioids that were not prescribed to the individual taking them.

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Page Break



CNMNGCON I feel confident managing risky opioid use in my patients.

- ☐ Strongly Disagree (00)
- ☐ Disagree (01)
- ☐ Neutral (02)
- ☐ Agree (03)
- ☐ Strongly Agree (04)

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Page Break





CNMNGPRE I feel prepared to manage risky opioid use in my patients.

- ☐ Strongly Disagree (00)
- ☐ Disagree (01)
- ☐ Neutral (02)
- ☐ Agree (03)
- ☐ Strongly Agree (04)

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Page Break



CNMNGDIF It is difficult to manage risky opioid use.

- ☐ Strongly Disagree (00)
- ☐ Disagree (01)
- ☐ Neutral (02)
- ☐ Agree (03)
- ☐ Strongly Agree (04)

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Page Break



CNMNGREW The experience of managing risky opioid use is rewarding.

☐ Strongly Disagree (00)

☐ Disagree (01)

☐ Neutral (02)

☐ Agree (03)

☐ Strongly Agree (04)

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Page Break



CNCONIDE I feel confident in my ability to identify patients at risk of opioid-related overdose.

☐ Strongly Disagree (00)

☐ Disagree (01)

☐ Neutral (02)

☐ Agree (03)

☐ Strongly Agree (04)

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Page Break



CNCONDIA I feel confident in my ability to diagnose opioid use disorder (OUD).

- ☐ Strongly Disagree (00)
- ☐ Disagree (01)
- ☐ Neutral (02)
- ☐ Agree (03)
- ☐ Strongly Agree (04)

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Page Break



CNCONINT I feel confident in my ability to interpret the results of urine drug tests.

- ☐ Strongly Disagree (00)
- ☐ Disagree (01)
- ☐ Neutral (02)
- ☐ Agree (03)
- ☐ Strongly Agree (04)

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Page Break



GRID: ROU TRT BARRIE For each of the following, indicate whether you consider this a current barrier to the treatment of risky opioid use in your primary care clinic.

	No (00)	Yes (01)	Not Applicable (96)
Inadequate reimbursement for counseling on substance use (CNOTBIRE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate clinic space, clinic time or support staff (PAs, medical assistants, nurses, administrators) (CNOTBCLI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate addiction specialist consultation available to you and/or your patients (CNOTBSPC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate access to psycho-social services such as substance use counseling and/or groups (CNOTBPSC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate access to addiction treatment program options for patients who develop opioid use disorder (i.e. methadone clinic, residential treatment) (CNOTBPRO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate access or availability of psychiatric services for the management of patients with co-occurring substance use and psychiatric diagnoses (CNOTBPSY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





End of Block: Attitudes Toward Treating Chronic Nonmalignant Pain (CNP)

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Start of Block: Substance Use Knowledge and Attitudes (SUK)

INSTRUCT *We realize that your time with patients in primary care is limited and there are many competing demands on that time. Your honest responses are very important to the validity of the study. There are no right answers. Your candid responses are appreciated.*

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Page Break

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GRID: SCREEN/TRT BAR To what extent are each of the following barriers for you when screening and/or treating patients with alcohol or drug problems?

	Not a Barrier (01)	Minor Barrier (02)	Moderate Barrier (03)	Major Barrier (04)	Very Major Barrier (05)
Time constraints: (SUNOTIME)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients do not want to be asked these questions: (SUNOASK)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My lack of experience in dealing with alcohol or drug problems: (SULACKEX)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients' refusals to accept the diagnosis of substance use disorder: (SUREFUSE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal issues related to recording these diagnoses on medical records: (SULEGAL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of efficacy of office intervention for alcohol problems: (SUNOOIAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lack of efficacy of office intervention for drug problems: (SUNOOIDP)

☐☐☐☐☐

Lack of efficacy of formal alcohol/drug treatment: (SUNOFTRT)

☐☐☐☐☐

Inadequate access to places to refer patients: (SUNACCES)

☐☐☐☐☐

Patients' lack of compliance in keeping referral appointments: (SUMISSAP)

☐☐☐☐☐

Referrals have not helped my patients in the past: (SUNOHELP)

☐☐☐☐☐

My discomfort in dealing with these issues: (SUDISCOM)

☐☐☐☐☐



GRID: COUNSEL MISUSE How often do you counsel patients who misuse alcohol or drugs about their...

	Never (01)	Rarely (02)	Sometimes (03)	Usually (04)	Always (05)
...tobacco problems? (SUMISTOB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...alcohol problems? (SUMISALC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...drug problems? (SUMISDRG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



GRID: AUD TRT BEHAVI In patients with alcohol use disorder, how often do you...

	Never (01)	Rarely (02)	Sometimes (03)	Usually (04)	Always (05)
...advise them to abstain? (SUAUDABS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...advise them to cut down? (SUAUDCUT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...refer them for treatment (i.e. 12-step program like AA, mental health professional, treatment program)? (SUAUDREF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...treat them yourself without specialty consultation or referral? (SUAUDNRE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



GRID: DUD PT TRT BEH In patients with drug use disorder, how often do you...

	Never (01)	Rarely (02)	Sometimes (03)	Usually (04)	Always (05)
...advise them to abstain? (SUDUDABS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...advise them to cut down? (SUDUDCUT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...refer them for treatment (i.e. 12-step program like AA, mental health professional, treatment program)? (SUDUDREF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...treat them yourself without specialty consultation or referral? (SUDUDNRE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



GRID: RISK ALC ADVIS In patients who are at risk for **alcohol problems** but do not have an alcohol use disorder (known as hazardous or risky drinkers), how often do you...

	Never (01)	Rarely (02)	Sometimes (03)	Usually (04)	Always (05)
...advise them to abstain? (SURAPABS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...advise them to cut down? (SURAPCUT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



GRID: RISK DRG ADVIS In patients who are at risk for **drug problems** but do not have a drug use disorder (known as hazardous or risky drug users), how often do you...

	Never (01)	Rarely (02)	Sometimes (03)	Usually (04)	Always (05)
...advise them to abstain? (SURDPABS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...advise them to cut down? (SURDPCUT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





GRID: PRO SATISFACTI How much professional satisfaction do you experience when caring for patients with...

	None at All (01)	Very Little (02)	Some (03)	Moderate (04)	A Great Deal (05)
...alcohol problems? (SUSATALC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...drug problems? (SUSATDRG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...opioid use? (SUSATOPI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...depression? (SUSATDEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hypertension? (SUSATHYP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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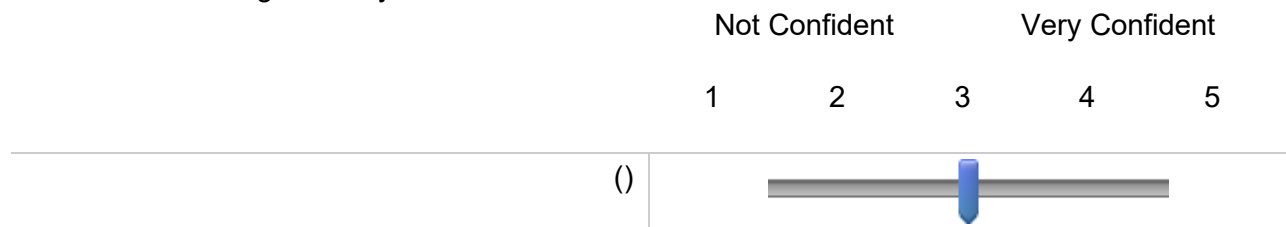
GRID: PCP RESPONSIBL In the primary care setting, how responsible do you feel for:

	None at All (01)	A Little (02)	Somewhat (03)	Moderately (04)	Very (05)
Screening for alcohol and drug problems (SURSPSCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling patients for alcohol and drug problems (SURSPCOU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring for alcohol and drug treatment (SURSPREF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following up to monitor alcohol and/or drug problems (SURSPFUP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

SUPERCON Indicate how confident you are in your skills at:

SUCFHIAU Taking a history about alcohol use



Page Break

SUCFSFDL Advising patients regarding safe drinking limits

Not Confident

Very Confident

1

2

3

4

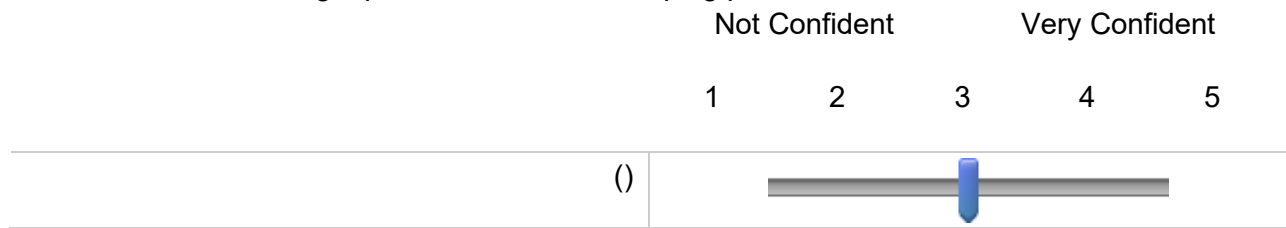
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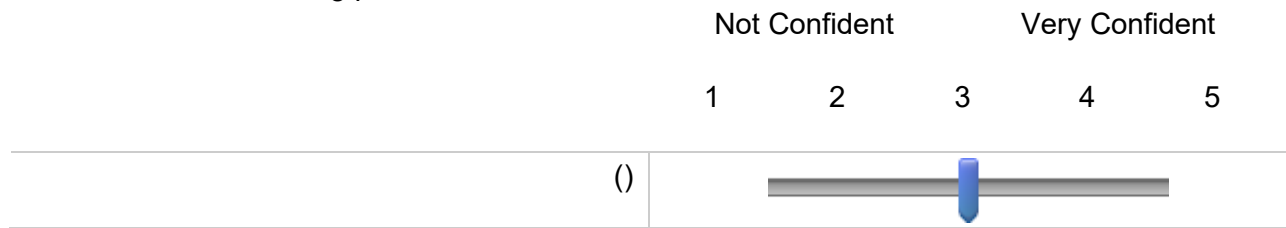
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SUCOASSE Assessing a patient's risk for developing problems from alcohol use



Page Break

SUCFCOAU Counseling patients about alcohol use

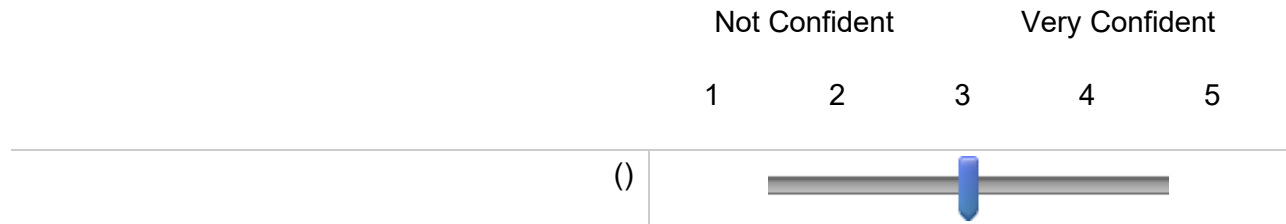


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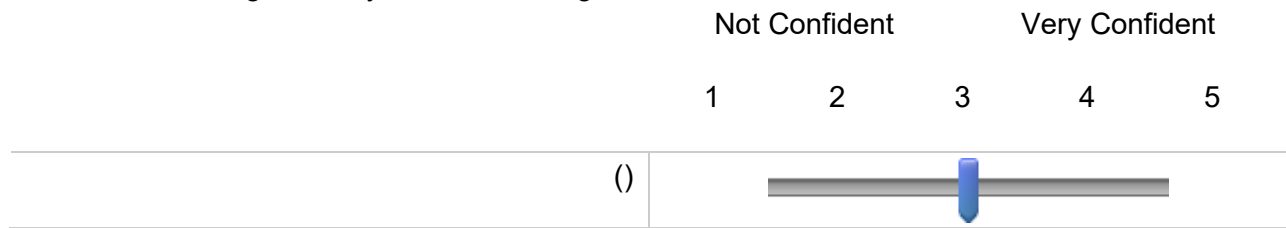
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SUCFFSCR Using formal substance use screening tools (e.g. TAPS, AUDIT, single-item screening questions for alcohol/drugs)



Page Break

SUCFHIID Taking a history about illicit drugs



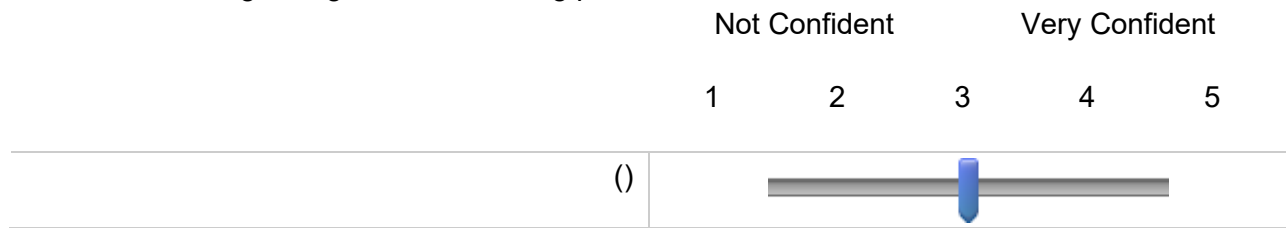
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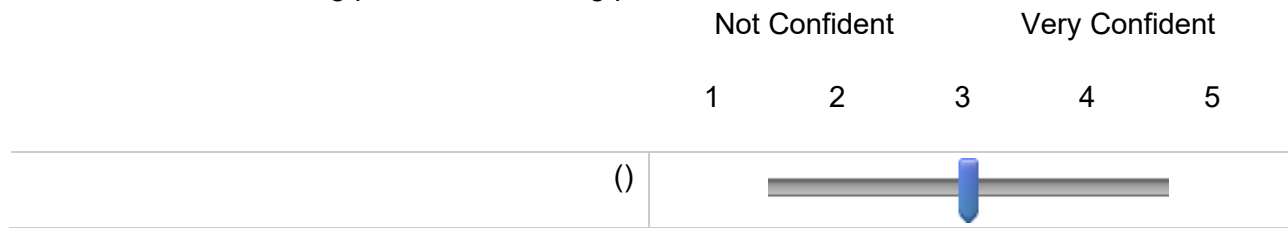


SUCFDADP Diagnosing alcohol and drug problems



Page Break

SUCFCODP Counseling patients about drug problems



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Page Break

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SUCFREFE Referring patients for alcohol or drug treatment

Not Confident

Very Confident

1

2

3

4

5

()



Page Break

SUCFICHG Initiating change in patients' drinking or drug use

Not Confident

Very Confident

1

2

3

4

5

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Page Break

INSTRUCT *Indicate how much you agree or disagree with each of the following statements.*

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SUDIABTR Diabetes is a treatable illness

- ☐ Strongly Disagree (01)
  - ☐ Disagree (02)
  - ☐ Uncertain (03)
  - ☐ Agree (04)
  - ☐ Strongly Agree (05)
- 

Page Break

---



SUEARTRT Physicians who diagnose alcoholism early improve the chance of treatment success

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



SUABSTNC Once an alcohol or drug dependent patient is abstinent and off all medication, no further contact with a physician is necessary

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



SUNECANG Angry confrontation is necessary in the treatment of alcoholics or drug addicts

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break





SUNEEDLE Giving needles to intravenous drug users is wrong because it just encourages them to inject

- ☐ Strongly Agree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



SUDRADTR Drug addiction is a treatable illness

☐ Strongly Disagree (01)

☐ Disagree (02)

☐ Uncertain (03)

☐ Agree (04)

☐ Strongly Agree (05)

---

Page Break



SUALCHTR Alcoholism is a treatable illness

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



SUADPUNP Most alcohol and drug dependent persons are unpleasant to work with as patients

☐ Strongly Disagree (01)

☐ Disagree (02)

☐ Uncertain (03)

☐ Agree (04)

☐ Strongly Agree (05)

---

Page Break



SUSEVREL An alcohol or drug dependent person who has relapsed several times probably cannot be treated

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



SURCKBOT An alcohol or drug dependent person cannot be helped until he/she has hit "rock bottom"

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break

SUWEAKWL Alcoholism is associated with a weak will

- ☐ Strongly Disagree (1)
- ☐ Disagree (2)
- ☐ Uncertain (3)
- ☐ Agree (4)
- ☐ Strongly Agree (5)

---

Page Break



SUIDUNCH Intravenous drug users are not capable of changing

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Uncertain (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break





SUADUGOO Many intravenous drug users are good people

☐ Strongly Disagree (01)

☐ Disagree (02)

☐ Uncertain (03)

☐ Agree (04)

☐ Strongly Agree (05)

---

Page Break

SUWSTTIM It is a waste of time trying to help intravenous drug users

- ☐ Strongly Disagree (1)
- ☐ Disagree (2)
- ☐ Uncertain (3)
- ☐ Agree (4)
- ☐ Strongly Agree (5)

---

Page Break



SUOPIUPR What percentage of your outpatients do you think use illicit opioids? (*Illicit opioids include heroin, fentanyl, and prescription opioids that are not prescribed/bought on the street.*) (Choose the best estimate)

- ☐ ≤5% (01)
- ☐ 6-10% (02)
- ☐ 11-20% (03)
- ☐ 21-30% (04)
- ☐ >30% (05)

---

Page Break



GRID: DIAGNOSIS PERC What percent of your outpatients have....  
(Please fill in a number between 0-100)

(Choose the best estimate)

	Percent (0-100%) (1)
...tobacco use disorder? (SUPERTUD)	
...alcohol use disorder? (SUPERAUD)	
...opioid use disorder? (SUPEROUD)	
...any other drug use disorder (e.g. cocaine, benzodiazepine)? <i>Please include patients who may have a concurrent alcohol or opioid use disorder.</i> (SUPERDUD)	

Page Break



GRID: IMPROVE PERCEN In what percent of your patients with alcohol or drug use disorder have you successfully improved their alcohol or drug use disorder?

*(Please fill in a number between 0-100) (Choose the best estimate)*

	Percent (0-100%) (1)
Percent with improved tobacco use order (SUIPCTUD)	
Percent with improved alcohol use disorder (SUIPCAUD)	
Percent with improved opioid use disorder (SUIPCOUD)	
Percent with improved other drug use disorder (e.g. cocaine, benzodiazepine)? <i>Please include patients who may have a concurrent alcohol or opioid use disorder.</i> (SUIPCDUD)	



SUACQSUD Have you or someone you have known (other than one of your patients) had an alcohol or drug problem?

☐ No (0)

☐ Yes (1)

---

Page Break

Display This Question:

If SUACQSUD = Yes

SUACQREL How close is/was this person to you?

Passing Acquaintance

Family Member,  
Close Friend, Yourself

1

2

3

4

5

()



End of Block: Substance Use Knowledge and Attitudes (SUK)

Start of Block: Overdose Prevention Knowledge and Attitudes (ODP)

INSTRUCT *The next set of questions are about talking with patients about overdose prevention.*

Page Break



ODNARKNO I am knowledgeable about when a Naloxone Rescue kit is indicated.

- ☐ Strongly Disagree (05)
- ☐ Disagree (04)
- ☐ Unsure (03)
- ☐ Agree (02)
- ☐ Strongly Agree (01)

---

Page Break





ODNARFAM I am not familiar enough with Naloxone administration to discuss it with patients.

☐ Strongly Disagree (01)

☐ Disagree (02)

☐ Unsure (03)

☐ Agree (04)

☐ Strongly Agree (05)

---

Page Break



ODNFMPRE I am not familiar enough with overdose prevention strategies to discuss them with my patients.

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Unsure (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



ODCOMTAL I am comfortable talking to my patients about preventing overdose from opioids.

☐ Strongly Disagree (05)

☐ Disagree (04)

☐ Unsure (03)

☐ Agree (02)

☐ Strongly Agree (01)

---

Page Break



ODSRTCVS I am not sure how to start a conversation about overdose prevention.

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Unsure (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



ODNOTRUS I am concerned that discussing overdose prevention strategies with my patients who are prescribed opioids will send the message that I don't trust them.

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Unsure (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



ODEXPREL I am concerned that providing Naloxone Rescue Kits to patients in recovery from substance misuse will send the message that I expect them to relapse to illicit opioid use.

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Unsure (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



ODCONDON I am concerned that discussing overdose prevention strategies and prescribing Naloxone Rescue Kits gives the impression that I am condoning opioid misuse.

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Unsure (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break



ODUSEMOR I am concerned that illicit opioid users will use more opioids if they know they have access to Naloxone Rescue Kits.

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Unsure (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

---

Page Break





ODLESSTR I am concerned that illicit opioid users will be less likely to seek out treatment if they have access to Naloxone Rescue Kits.

☐ Strongly Disagree (01)

☐ Disagree (02)

☐ Unsure (03)

☐ Agree (04)

☐ Strongly Agree (05)

---

Page Break



ODRESPON I believe it is the responsibility of the clinician prescribing opioids to discuss overdose prevention with patients.

- ☐ Strongly Disagree (01)
- ☐ Disagree (02)
- ☐ Unsure (03)
- ☐ Agree (04)
- ☐ Strongly Agree (05)

End of Block: Overdose Prevention Knowledge and Attitudes (ODP)

---

Start of Block: STOP Intervention Feedback (SIF)



SITRTMNT What treatment group were you assigned for the Healthy Living Study?

- ☐ Intervention (01)
- ☐ Usual care (02)

Skip To: End of Survey If SITRTMNT = Usual care

---

**INSTRUCT** *The following items are about your experiences participating in the Healthy Living Study.*

---

Page Break

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SITRAIN Indicate how closely you agree with the following statement:

The training for the Healthy Living Study that I received was sufficient to help me appropriately counsel my patients on their risky opioid use.

- ☐ Strongly Agree (01)
- ☐ Somewhat Agree (02)
- ☐ Neutral (03)
- ☐ Somewhat Disagree (04)
- ☐ Strongly Disagree (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SIENGHTM

I had **enough time** to counsel my patients with risky drug use, using the study's brief advice script.

- ☐ Strongly Agree (01)
- ☐ Somewhat Agree (02)
- ☐ Neutral (03)
- ☐ Somewhat Disagree (04)
- ☐ Strongly Disagree (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SICOMFRT

I now feel more **comfortable** providing brief advice to patients on the subject of their opioid use.

- ☐ Strongly Agree (01)
- ☐ Somewhat Agree (02)
- ☐ Neutral (03)
- ☐ Somewhat Disagree (04)
- ☐ Strongly Disagree (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SICLNCHM

The on-site **Clinic Champion** was a good resource for me.

- ☐ Strongly Agree (01)
- ☐ Somewhat Agree (02)
- ☐ Neutral (03)
- ☐ Somewhat Disagree (04)
- ☐ Strongly Disagree (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SINURSCM

Having a **Nurse Care Manager** benefitted my patients.

- ☐ Strongly Agree (01)
- ☐ Somewhat Agree (02)
- ☐ Neutral (03)
- ☐ Somewhat Disagree (04)
- ☐ Strongly Disagree (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SITELEHC

The study's **Telephone Health Coaching** benefitted my patients.

- ☐ Strongly Agree (01)
- ☐ Somewhat Agree (02)
- ☐ Neutral (03)
- ☐ Somewhat Disagree (04)
- ☐ Strongly Disagree (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break





SIIDNTFY

Thinking about the Healthy Living Study intervention overall, how useful was it in helping you to:

**Identify** risky opioid drug use in your patients?

- ☐ Not at all Useful (01)
- ☐ Not Useful (02)
- ☐ Neutral (03)
- ☐ Useful (04)
- ☐ Very Useful (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SIINCONV

**Initiate a conversation** with your patient about opioid use?

- ☐ Not at all Useful (01)
- ☐ Not Useful (02)
- ☐ Neutral (03)
- ☐ Useful (04)
- ☐ Very Useful (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



## SIMANAGE

**Manage** patients' risky opioid use?

- ☐ Not at all Useful (01)
- ☐ Not Useful (02)
- ☐ Neutral (03)
- ☐ Useful (04)
- ☐ Very Useful (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SIDIAGNS

**Diagnose** risky opioid use?

- ☐ Not at all Useful (01)
- ☐ Not Useful (02)
- ☐ Neutral (03)
- ☐ Useful (04)
- ☐ Very Useful (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SITREAT

**Treat** risky opioid use?

- ☐ Not at all Useful (01)
- ☐ Not Useful (02)
- ☐ Neutral (03)
- ☐ Useful (04)
- ☐ Very Useful (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



## SIREDUCE

**Reduce** patients' risk of opioid overdose?

- ☐ Not at all Useful (01)
- ☐ Not Useful (02)
- ☐ Neutral (03)
- ☐ Useful (04)
- ☐ Very Useful (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



## SISCREEN

If the following components of the Healthy Living Study were available to you indefinitely, how likely is it that you would use them?

### Drug and alcohol screening

- ☐ Unlikely (01)
- ☐ Somewhat Unlikely (02)
- ☐ Neither Likely nor Unlikely (03)
- ☐ Somewhat Likely (04)
- ☐ Very Likely (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SIBRFADV

PCP brief advice script to reduce opioid use

- ☐ Unlikely (01)
- ☐ Somewhat Unlikely (02)
- ☐ Neither Likely nor Unlikely (03)
- ☐ Somewhat Likely (04)
- ☐ Very Likely (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break





## SIVIDDOC

Video doctor (PCP brief advice to reduce opioid use)

- ☐ Unlikely (01)
- ☐ Somewhat Unlikely (02)
- ☐ Neither Likely nor Unlikely (03)
- ☐ Somewhat Likely (04)
- ☐ Very Likely (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SINRSCAM

Nurse care manager

- ☐ Unlikely (01)
- ☐ Somewhat Unlikely (02)
- ☐ Neither Likely nor Unlikely (03)
- ☐ Somewhat Likely (04)
- ☐ Very Likely (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

---

Page Break



SIPHONHC

Telephone health coach

- ☐ Unlikely (01)
- ☐ Somewhat Unlikely (02)
- ☐ Neither Likely nor Unlikely (03)
- ☐ Somewhat Likely (04)
- ☐ Very Likely (05)
- ☐ Do Not Remember this Study (06)
- ☐ Unsure/Do Not Know (97)

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Page Break



SIRNKINT Which of the following do you consider the **most important** parts of the intervention, for helping patients make changes in their opioid use behaviors?

*Please assign a rank from 1 (most important) to 5 (least important).*

*Drag the options into preferred order of importance.*

\_\_\_\_\_ Drug and alcohol screening (01)

\_\_\_\_\_ PCP counseling script (02)

\_\_\_\_\_ Video doctor (03)

\_\_\_\_\_ Nurse care manager (04)

\_\_\_\_\_ Telephone health coach (05)

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Page Break



SISHROTH Is there anything else you would like to share with us about the Healthy Living Study? (Please do not include any identifiable information [Protected Health Information or Personally Identifiable Information] in your answer)

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End of Block: STOP Intervention Feedback (SIF)

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