

# PHS - 0105 Pharmacist Survey - v2.00

## Survey Flow

### Embedded Data

PROT = 0105

- Information Sheet (1 Question)
- Informed Consent (1 Question)
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- Follow-up Interview (1 Question)

**End Survey:**

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Start of Block: Information Sheet

**Information Sheet**

Researchers at Duke University, who are funded by the National Institute on Drug Abuse, would like to invite you to participate in this paid survey. The purpose of this survey is to assess the

knowledge, attitudes, and opinions of licensed community pharmacists regarding preventive services and treatment for opioid and other substance use disorders.

**Who is eligible?**

Licensed **community** pharmacists who work and reside in the United States.

**What are the costs to you?**

There are **no** anticipated costs to you associated with participating in this study.

**What is involved in this study?**

Completing the survey should take **approximately 40 minutes** of your time.

**What about compensation?**

You will be compensated **\$150** for your time to complete the survey.

**This survey should be taken in one of the following supported browsers:**

- Apple Safari
- Google Chrome
- Microsoft Edge
- Mozilla Firefox

The survey may be taken on mobile devices, such as phones or tablets, but it is recommended to use a computer.

Your progress through the survey will be saved. If you would like to continue your survey response, be sure to access the survey on the same device and in the same browser.

Research studies are voluntary. You may decline participation in this survey simply by closing this tab in your browser. Click the 'Next' button below to indicate your willingness to participate and start the survey.

For questions about the study, contact:

**Dr. Li-Tzy Wu**

**Principal Investigator**

Professor in Psychiatry

Duke University School of Medicine

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[Litzy.wu@duke.edu](mailto:Litzy.wu@duke.edu)

**Dr. William John**

**Project Manager**

Assistant Professor in Psychiatry

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**Integrating community pharmacy-based prevention and treatment of opioid and other substance use disorders: A nationwide survey of community pharmacists (Pharm-Serve-SUD)**

**Consent to Participate in a Research Study**

**INTRODUCTION**

You are being invited to participate in a survey study. You are being asked to take part in this study because you are a licensed community pharmacist in the U.S. You were identified as a potential participant for this study through a pharmacist network or association in the U.S. Research studies are voluntary and include only people who choose to take part. Please read this consent form carefully and take your time making your decision. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

This study is being conducted by Dr. Li-Tzy Wu and is funded by the National Institute on Drug Abuse (NIDA). NIDA is paying Duke University Health System and Dr. Wu to perform this research.

**WHY IS THIS STUDY BEING DONE?**

Community pharmacists are well positioned to help identify patients at risk for opioid and other substance use problems, provide patient education, and collaborate with physicians to improve medication therapy management and patient care for patients with opioid use disorder. However, there is limited information available about community pharmacist-provided care for patients with opioid or other substance use disorders. The purpose of this survey is to study community pharmacists' knowledge and perception of opioid and other substance use, preventive services, and pharmacist-provided services for medication treatment for opioid use disorder. This information will be used to better understand potential barriers and facilitators of engaging community pharmacists to provide screening for unhealthy substance use and

referrals to treatment for reducing unhealthy substance use and improving care for opioid use disorder treatment at pharmacy settings.

### **HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?**

A total of **1,062** licensed community pharmacists from multiple states and Washington D.C. will participate in this survey.

### **WHAT IS INVOLVED IN THE STUDY?**

If you agree to participate in this study, you will be asked to complete an online survey about your knowledge, attitudes, and perceptions about opioid and other substance use, preventive services for substance use disorders, and community pharmacy-based services for medication treatment for opioid use disorder. Completing the survey should take **approximately 40 minutes** of your time. Some questions will be related to your knowledge or perceptions of conducting screening for opioid misuse and making referral to treatment. **You may start the survey and come back as needed to finish it, although the same device (computer, tablet) and browser must be used.** A study team member may contact you (via email or phone) about completing a partially completed survey as needed. You may receive up to 7 reminders to complete an incomplete survey.

### **WHAT ARE THE RISKS OF THE STUDY?**

There are minimal risks associated with this study. There is, however, the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. Also, some questions may be sensitive; however, all of your answers will be confidential, and you may refuse to answer any of the questions you do not feel comfortable answering. You may stop your participation in this study at any time.

### **ARE THERE BENEFITS TO TAKING PART IN THE STUDY?**

If you agree to take part in this survey, you are not expected to directly benefit from the study. However, your responses will be informative for designing future studies to evaluate the effectiveness of community pharmacist-provided services or patient care for preventing and treating opioid and other substance use disorders. Together, these results may lead to improving prevention and treatment for substance use disorders.

### **WHAT ALTERNATIVES ARE THERE TO PARTICIPATION IN THIS STUDY?**

The alternative is to simply not participate. Your participation in this survey is entirely voluntary.

### **WILL MY INFORMATION BE KEPT CONFIDENTIAL?**

During the study, all responses will be kept confidential and will not be shared with anyone other than the study research personnel. The study team may use the contact information you provide as part of completing the survey to confirm study eligibility, as needed, with the pharmacist network or association to which you belong and that initially contacted you about this survey. If you choose to participate, your email address or any other identifying information will be kept in a secure location separate from your responses to the questions. A unique, random study identification number will be assigned to all data we collect from you, and it will not be linked to

any personal identifiable information. The study records will be retained for 6 years after completion of the study. While data resulting from this study may be presented at scientific meetings or published in a scientific journal, your name or other personal information will never be revealed. Results will only be reported as aggregates so that your identity cannot be deduced. Data from this survey will also be available to researchers on another website, <https://datashare.nida.nih.gov/> after the study is complete and the data analyzed. This website will not include information that can identify you. You can view this website at any time.

### **WHAT ARE THE COSTS TO YOU?**

There are no anticipated costs to you associated with participating in this study.

### **WHAT ABOUT COMPENSATION?**

If you are eligible for this study (i.e., you are a licensed community pharmacist in the U.S.), you will be compensated **\$150** for your time to complete the survey for this study.

### **WHAT ABOUT MY RIGHTS TO DECLINE PARTICIPATION OR WITHDRAW FROM THE STUDY?**

You may choose not to be in the study, or, if you agree to be in the study, you may withdraw from the study at any time. To withdraw your consent to be in the study, please notify one of the study team members via the contact information provided below or in the survey information sheet. If you withdraw from the study, no new data about you will be collected for study purposes other than data needed to keep track of your withdrawal. All data that have already been collected for study purposes will be sent to the study sponsor.

### **WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?**

For questions about the study or if you have problems, concerns, or suggestions about the research, contact Dr. Li-Tzy Wu (Principal Investigator) at [\(919\) 889-9369](tel:9198899369) or Dr. William John (Project Manager) at [\(919\) 681-7291](tel:9196817291) during regular business hours or email [Litzy.wu@duke.edu](mailto:Litzy.wu@duke.edu) after hours and on weekends and holidays.

For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to the research, or to obtain information about the research, contact the Duke University Health System Institutional Review Board (IRB) Office at [\(919\) 668-5111](tel:9196685111).

### **STATEMENT OF CONSENT**

The purpose of this study, procedures to be followed, risks and benefits have been explained to me. Any questions of mine have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the

research, or to obtain information or offer input about the research. [I may print a copy of this consent form for my records.](#)

#### PHCONSNT

☐

I understand that by clicking the "Agree" button, I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. (01)

☐

I agree to be contacted in the future for more detailed answers to these survey questions or for other research opportunities. (02)

*Skip To End of Survey*

*If PHCONSNT "I understand that by clicking the "Agree" button, I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time." (01) is NOT selected*

End of Block: Informed Consent

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Start of Block: Contact Information

*To start, the following questions ask for your contact information. This information will only be used by research staff to follow up about an incomplete survey response and to provide reimbursement for your time spent taking this survey. You **must** provide your e-mail address and phone number in order to receive reimbursement for your time spent taking this survey.*

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**PHEMAIL** What is the best e-mail address at which to contact you?

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**PHPHONE** What is the best phone number at which to contact you?

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End of Block: Contact Information

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Start of Block: Demographics

**DEAGE** What is your age? (*in years*)

\_\_\_\_\_ [18-80]

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**DESEX** What sex were you assigned at birth?

- ☐ Male (01)
  - ☐ Female (02)
  - ☐ Don't know (97)
  - ☐ Refuse to answer (98)
- 

**DELATINX** Do you consider yourself to be Hispanic/Latinx?

- ☐ No (00)
  - ☐ Yes (01)
  - ☐ Don't know (97)
  - ☐ Refuse to answer (98)
-



Display This Question:

If DELATINX "Do you consider yourself to be Hispanic/Latinx?" is answered "Yes" (01)

**DELATNSP** If "Yes", indicate the group that represents your Hispanic origin or ancestry (*Check all that apply*):

- ☐ Puerto Rican (01)
  - ☐ Dominican (Republic) (02)
  - ☐ Mexican/Mexican American (03)
  - ☐ Chicano (04)
  - ☐ Cuban/Cuban American (05)
  - ☐ Central or South American (06)
  - ☐ Other Latin American (07)
  - ☐ Other Hispanic or Latinx (99)
  - ☐ ☒ Don't know (97)
  - ☐ ☒ Refuse to answer (98)
-

**DERACE** What race do you consider yourself to represent? *(Check all that apply)*

- ☐ American Indian or Alaska Native (01)
  - ☐ Asian (02)
  - ☐ Black or African American (03)
  - ☐ Native Hawaiian or Pacific Islander (04)
  - ☐ White (05)
  - ☐ Some other race: (99) \_\_\_\_\_ **DERACESP**
  - ☒ Don't know (97)
  - ☒ Refuse to answer (98)
- 

*Display This Question:*

*If DERACE "What race do you consider yourself to represent?" is answered "Asian" (02)*

**DEASIASP** If "Asian", please specify:

- ☐ Asian Indian (01)
  - ☐ Chinese (02)
  - ☐ Filipino (03)
  - ☐ Japanese (04)
  - ☐ Korean (05)
  - ☐ Vietnamese (06)
  - ☐ Other Asian: (99) \_\_\_\_\_ **DEASIAOT**
-

Display This Question:

If DERACE "What race do you consider yourself to represent?" is answered "Native Hawaiian or Pacific Islander" (04)

**DEHAWISP** If "Native Hawaiian or Pacific Islander", please specify:

☐

Native Hawaiian (01)

☐

Guamanian or Chamorro (02)

☐

Samoan (03)

☐

Other Pacific Islander: (99) \_\_\_\_\_ **DEHAWIOT**

End of Block: Demographics

Start of Block: Pharmacist's Education and Practice Characteristics

**PHDEGREE** What is the highest degree that you have achieved?

☐

BS (01)

☐

PharmD (02)

☐

MS/MBA (03)

☐

PhD (04)

☐

Other: (99) \_\_\_\_\_ **PHDEGRSP**

**PHSTATE** What state is your pharmacy located in?

Alabama (01)	Illinois (14)	Montana (27)	Puerto Rico (40)
Alaska (02)	Indiana (15)	Nebraska (28)	Rhode Island (41)
Arizona (03)	Iowa (16)	Nevada (29)	South Carolina (42)
Arkansas (04)	Kansas (17)	New Hampshire (30)	South Dakota (43)
California (05)	Kentucky (18)	New Jersey (31)	Tennessee (44)
Colorado (06)	Louisiana (19)	New Mexico (32)	Texas (45)
Connecticut (07)	Maine (20)	New York (33)	Utah (46)
Delaware (08)	Maryland (21)	North Carolina (34)	Vermont (47)

District of Columbia (09)	Massachusetts (22)	North Dakota (35)	Virginia (48)
Florida (10)	Michigan (23)	Ohio (36)	Washington (49)
Georgia (11)	Minnesota (24)	Oklahoma (37)	West Virginia (50)
Hawaii (12)	Mississippi (25)	Oregon (38)	Wisconsin (51)
Idaho (13)	Missouri (26)	Pennsylvania (39)	Wyoming (52)
I do not reside in the United States (53)			

**PHLOCSIZ** Which of the following best describes the location of your pharmacy?

- ☐ Urban (greater than 50,000 residents) (01)
- ☐ Suburban (10,000-50,000 residents) (02)
- ☐ Rural (less than 10,000 residents) (03)

**PHPRCTYP** Type of pharmacy of your current practice setting:

- ☐ Chain (e.g., CVS, Walgreens, Rite Aid) (01)
- ☐ Independent (including independent pharmacies with multiple locations) (02)
- ☐ Mass Merchandiser (03)
- ☐ Supermarket (04)
- ☐ Hospital (pharmacy located in a hospital) (05)
- ☐ Other: (99) \_\_\_\_\_ **PHPRCTSP**

**PHYRSLIC** Years in practice as a licensed pharmacist:

\_\_\_\_\_ [0-60]

**PHROLE** Your role(s) at the pharmacy (*Check all that apply*):

- ☐ Owner or Partner (01)
  - ☐ Manager/Pharmacist-in-charge (PIC) (02)
  - ☐ Staff Pharmacist (03)
  - ☐ Clinical Pharmacist (04)
  - ☐ Other: (99) \_\_\_\_\_ **PHROLESP**
- 

**PHPHMOND** How many licensed pharmacists are typically on duty at your pharmacy (primary location) during the majority of the workday?

- ☐ 1 pharmacist (01)
  - ☐ 2 pharmacists (02)
  - ☐ 3 pharmacists (03)
  - ☐ 4 or more pharmacists (04)
- 

**PHTCHOND** How many pharmacy technicians are typically on duty at your pharmacy (primary location) during the majority of the workday?

- ☐ 0 technicians (00)
  - ☐ 1 technician (01)
  - ☐ 2 technicians (02)
  - ☐ 3 technicians (03)
  - ☐ 4 or more technicians (04)
-

**PHWKDRGD** In the past 3 months, what is the approximate number of **prescriptions for ANY controlled substances for any medical conditions** dispensed at the pharmacy?

\_\_\_\_\_ [0-25,000]

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**PHWKOPID** In the past 3 months, what is the approximate number of **prescriptions for opioid medications for pain related conditions** dispensed to patients at the pharmacy?

\_\_\_\_\_ [0-20,000]

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**PHWKBUPD** In the past 3 months, what is the approximate number of **prescriptions for Buprenorphine (e.g., generic sublingual tablets or films, Suboxone, Subutex, Zubsolv, Bunavail, Cassipa, or injectable Sublocade) or Naltrexone (oral or injectable)** to treat opioid use disorder dispensed to patients at the pharmacy?

\_\_\_\_\_ [0-20,000]

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**PHWKNARD** In the past 3 months, what is the approximate number of **naloxone kits for overdose prevention** dispensed to patients at the pharmacy?

\_\_\_\_\_ [0-2,500]

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End of Block: Pharmacist's Education and Practice Characteristics

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Start of Block: OKS - Opioid Overdose Knowledge Scale (OOKS)

*Please answer the following questions about heroin overdose (or an overdose from other opioids such as: methadone, morphine, oxycodone, tramadol, fentanyl or codeine).*

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**OKODRISK** Which of the following factors increase the risk of a heroin (opioid) overdose?  
(Check all that apply)

- ☐ Taking larger than usual doses of heroin/opioids (01)
  - ☐ Switching from smoking to injecting heroin (02)
  - ☐ Using heroin/opioids with other substances, such as alcohol, sleeping pills, or benzodiazepines (03)
  - ☐ Increase in heroin purity (04)
  - ☐ Using heroin/opioids again after not having used for a while (05)
  - ☐ Using heroin/opioids when no one else is present around (06)
  - ☐ A long history of heroin/opioid use (07)
  - ☐ Using heroin/opioids again soon after release from prison (08)
  - ☐ Using heroin/opioids again after a detox treatment (09)
-

**OKODSIGN** Which of the following are indicators of an opioid overdose? *(Check all that apply)*

- ☐ Having blood-shot eyes (01)
  - ☐ Slow/shallow breathing (02)
  - ☐ Lips, hands or feet turning blue (03)
  - ☐ Loss of consciousness (04)
  - ☐ Unresponsive (05)
  - ☐ Convulsions or seizure (06)
  - ☐ Deep snoring (07)
  - ☐ Very small pupils (08)
  - ☐ Agitated behavior (09)
  - ☐ Rapid heartbeat (10)
-



**OKODMNG** Which of the following should be done when managing an opioid overdose? (Check all that apply)

- ☐ Call an ambulance (01)
  - ☐ Stay with the person until an ambulance arrives (02)
  - ☐ Inject the person with salt solution or milk (03)
  - ☐ Mouth to mouth resuscitation (04)
  - ☐ Give stimulants (e.g., cocaine or black coffee) (05)
  - ☐ Place the person in the recovery position (on their side with mouth clear) (06)
  - ☐ Give naloxone (opioid antidote) (07)
  - ☐ Put the person in a bath of cold water (08)
  - ☐ Check for breathing (09)
  - ☐ Check for blocked airways (nose and mouth) (10)
  - ☐ Put the person in bed to sleep it off (11)
- 

**OKNARUSE** What is naloxone used for?

- ☐ To reverse the effects of an opioid overdose (e.g., heroin, methadone) (01)
  - ☐ To reverse the effects of an amphetamine overdose (02)
  - ☐ To reverse the effects of a cocaine overdose (03)
  - ☐ To reverse the effects of any overdose (04)
  - ☐ Don't know (97)
-

**OKNARADM** How can naloxone be administered? *(Check all that apply)*

- ☐ Into a muscle (intramuscular) (01)
  - ☐ Into a vein (intravenous) (02)
  - ☐ Under the skin (subcutaneous) (03)
  - ☐ Orally - liquid (04)
  - ☐ Orally - tablet (05)
  - ☐ Intranasally (06)
  - ☒ Don't know (97)
- 

**OKNARPLC** Where is the most recommended place for a non-expert to administer naloxone?

- ☐ Outside of thighs or upper arms (01)
  - ☐ Any vein (02)
  - ☐ Heart (03)
  - ☐ By mouth (04)
  - ☐ Intranasally (05)
  - ☐ Don't know (97)
-

**OKNARTIM** How long does naloxone take to start having effect?

- ☐ 2-5 minutes (01)
  - ☐ 6-10 minutes (02)
  - ☐ 11-20 minutes (03)
  - ☐ 21-40 minutes (04)
  - ☐ Don't know (97)
- 

**OKNARLST** How long do the effects of naloxone last for?

- ☐ Less than 20 minutes (01)
  - ☐ More than 20 minutes but less than one hour (02)
  - ☐ 1 to 6 hours (03)
  - ☐ 6 to 12 hours (04)
  - ☐ Don't know (97)
- 

End of Block: OKS - Opioid Overdose Knowledge Scale (OOKS)

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Start of Block: Past Personal Experience with Opioid Misuse and Overdose Prevention

**PHOPIFAM** Have you ever had a family member or close friend who has had a problem with opioid use or opioid use disorder?

*Opioids includes prescription pain medications, illicit opioids, and heroin.*

- ☐ No (0)
  - ☐ Yes (1)
-

**PHODFAM** Have you ever had a family member or close friend who experienced an opioid overdose?

- ☐ No (0)
- ☐ Yes (1)

End of Block: Past Personal Experience with Opioid Misuse and Overdose Prevention

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Start of Block: Concerns about Patients' Drug Misuse Problems

*The following questions are related to your **general** concerns about patients' potential drug use problems at your practice setting (i.e., pharmacy).*

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**PHOPICON** During the past 90 days, approximately how many of your patients have caused you concern with respect to their opioid prescriptions, including patients that you have turned away or refused to fill their prescription(s)?

- ☐ None (01)
- ☐ 1-3 (02)
- ☐ 4-6 (03)
- ☐ 7-9 (04)
- ☐ 10 or more patients (05)

*Skip To End of Block: Concerns about Patients' Drug Misuse Problems*

*If PHOPICON "During the past 90 days, approximately how many of your patients have caused you concern with respect to their opioid prescriptions, including patients that you have turned away or refused to fill their prescriptions" is answered "None" (01)*

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**GRID: OPIOID PATIENT** On average, how often do each of the following scenarios occur when patients who are prescribed opioids come to your pharmacy, including patients for whom you refuse to fill or refill their opioid prescriptions?

	Never (01)	Once a month or less often (02)	Two or three times per month (03)	Once or twice per week (04)	Nearly on a daily basis (3-6 times per week) (05)	On a daily basis or more often (06)
<b>PHFILLTM</b> A patient tries to get a prescription opioid filled before it is due to be filled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHPTINTX</b> A patient appears intoxicated or drowsy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHLOSTOP</b> A patient tries to get a replacement for "lost" medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHALTERP</b> A patient alters/forges a prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCASHOP</b> A patient pays cash for the opioid prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHMULTIP</b> A patient has opioid prescriptions from multiple prescribers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHBUYSEL</b> You suspect a patient is selling or buying drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHPSTATE</b> A patient presents an opioid prescription from an out-of-state provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHPTSTAT</b> A patient from another state presents an opioid prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PHSMNELS** An individual tries to fill an opioid prescription for someone else.

**PHPTOT** Other:

**PHPTOTSP**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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End of Block: Concerns about Patients' Drug Misuse Problems

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Start of Block: Concerns about Opioid Prescribers' Opioid Prescribing Practices

*The following questions are related to your **general** concerns about prescribers' opioid prescribing practices. Prescribers includes physicians, nurse practitioners, or physician assistants.*

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**PHCNOPIP** Do you have any concern about prescribers' opioid prescribing practices?

- ☐ No (0)
- ☐ Yes (1)

*Skip To End of Block: Concerns about Opioid Prescribers' Opioid Prescribing Practices*

*If PHCNOPIP "Do you have any concern about prescribers' opioid prescribing practices?" is answered "No" (0)*

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**PHCNPORP** Approximately what proportion of opioid prescriptions cause you concern?

- ☐ Less than 25% (01)
- ☐ 25-50% (02)
- ☐ 51-75% (03)
- ☐ 76-100% (04)

**GRID: PRESCRIBER PRA** Please rate the extent of your concerns about prescribers' opioid prescribing practices (*Not at all concerned, A little concerned, Somewhat concerned, or Very concerned*) for each of the following reasons:

	Not at all concerned (01)	A little concerned (02)	Somewhat concerned (03)	Very concerned (04)
<b>PHOIBNZ</b> Prescribing benzodiazepines along with opioids:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOIRLX</b> Prescribing muscle relaxants along with opioids:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOIMIS</b> Prescribing opioids to patients you suspect of opioid misuse:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOINDND</b> Prescribing opioids to patients who, in your opinion, probably do not need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOIHID</b> Prescribing high doses of opioids (in your opinion):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOIDOS</b> Increasing opioid doses too quickly:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHINJOPI</b> Prescribing injectable opioids or multiple opioid prescriptions for chronic non-cancer pain:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHPPOT</b> Other: _____ <b>PHPPOTSP</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Concerns about Opioid Prescribers' Opioid Prescribing Practices

Start of Block: Knowledge About Available Screening Tools and Past Experience w Delivering SRT

*The following questions are related to your training and experience with delivering substance use and misuse screening, brief intervention, and referrals to treatment.*





**PHTRNSMK** Have you ever received any training, including continuing pharmacy education courses, for delivering smoking cessation interventions to reduce your patients' tobacco use?

*Tobacco includes cigarettes and other tobacco products, as well as e-cigarettes or other electronic nicotine delivery systems (ENDS). (Check all that apply)*

- ☐ Tobacco use screening (01)
  - ☐ Smoking advice or brief intervention (02)
  - ☐ Making a referral to treatment (03)
  - ☒ None (04)
- 

**PHDLVSMK** Have you ever delivered smoking cessation interventions to reduce your patients' tobacco use?

*Tobacco includes cigarettes and other tobacco products as well as e-cigarettes or other electronic nicotine delivery systems (ENDS). (Check all that apply)*

- ☐ Tobacco use screening (01)
  - ☐ Smoking advice or brief intervention (02)
  - ☐ Making a referral to treatment (03)
  - ☒ None (04)
-

**PHTRNALC** Have you ever received any training, including continuing pharmacy education courses, for delivering alcohol use screening and brief intervention to reduce your patients' hazardous or harmful drinking? *(Check all that apply)*

- ☐ Alcohol use screening (01)
  - ☐ Alcohol advice or brief intervention (02)
  - ☐ Making a referral to treatment (03)
  - ☒ None (04)
- 

**PHDELALC** Have you ever delivered alcohol use screening or brief intervention to reduce your patients' hazardous or harmful drinking? *(Check all that apply)*

- ☐ Alcohol use screening (01)
  - ☐ Alcohol advice or brief intervention (02)
  - ☐ Making a referral to treatment (03)
  - ☒ None (04)
- 

**PHTRNOPM** Have you ever received any training, including continuing pharmacy education courses, for delivering opioid misuse screening and brief intervention to reduce your patients' opioid misuse?

*Opioids include prescription opioid medications and illicit opioids. (Check all that apply)*

- ☐ Opioid misuse screening (01)
  - ☐ Opioid use advice or brief intervention (02)
  - ☐ Making a referral to treatment (03)
  - ☒ None (04)
-

**PHDELOPM** Have you ever delivered opioid misuse screening or brief intervention to reduce your patients' opioid misuse?

*Opioids include prescription opioid medications and illicit opioids. (Check all that apply)*

- ☐ Opioid misuse screening (01)
  - ☐ Opioid use advice or brief intervention (02)
  - ☐ Making a referral to treatment (03)
  - ☒ None (04)
-

**PHSCTOOL** Have you ever used the following screening tools to conduct substance use or misuse screening for your patients? *(Check all that apply)*

- ☐ Fagerstrom Test for Nicotine Dependence (FTND) (01)
- ☐ Fagerstrom Test for Nicotine Dependence (FTND) - Smokeless Tobacco (02)
- ☐ Hooked on Nicotine Checklist (HONC) (03)
- ☐ Alcohol Use Disorders Identification Test (AUDIT) (10 items) (04)
- ☐ AUDIT-C (3 items) (05)
- ☐ NIDA Drug Use Screening Tool (NMASSIST) (06)
- ☐ CAGE Alcohol Abuse Screening Tool (07)
- ☐ CAGE-AID Substance Abuse Screening Tool (08)
- ☐ CRAFFT (09)
- ☐ Opioid Risk Tool (ORT) (10)
- ☐ Drug Abuse Screen Test (DAST-10) (11)
- ☐ Tobacco, Alcohol, Prescription medication and other Substance use (TAPS Tool) (12)
- ☐ Urine drug screen (UDS) test (13)
- ☐ Other: (99) \_\_\_\_\_ **PHSCTLOT**

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End of Block: Knowledge About Available Screening Tools and Past Experience w  
Delivering SRT

---

Start of Block: Subjective Norms/Beliefs

*The following questions are about opioid use problems. Opioid use problems are defined broadly to include opioid misuse (e.g., using opioids without a prescription; using opioids in greater amounts, more often, or longer than the patient was told to take them; or using opioids*

*in any other way a doctor did not direct the patient to use), opioid involved overdoses, and opioid use disorder.*

---

**GRID: SUB NORM BELIE** Please indicate how much you agree or disagree with each of the following statements using a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

	Strongly disagree (01)	Disagree (02)	Neutral (03)	Agree (04)	Strongly agree (05)
<b>PHOCNCRN</b> I have <b>concerns about opioid use problems</b> among patients in my community practice setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOSHDSC</b> Most healthcare professionals who are important to me think I should <b>screen</b> patients for opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOEXPSC</b> It is expected of me that I <b>screen</b> patients for opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOSPRSC</b> I feel under social pressure to <b>screen</b> patients for opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOPHPCM</b> Improving <b>pharmacist-patient communication</b> would deter opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOPRPCM</b> Improving <b>prescriber-patient communication</b> would deter opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOPHPRC</b> Improving <b>pharmacist-prescriber communication</b> would deter opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOSHDDS</b> Most healthcare professionals who are important to me think I should <b>discuss</b> opioid use problems with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOEXPDS</b> It is expected of me that I <b>discuss</b> opioid use problems with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOSPRDS</b> I feel under social pressure to <b>discuss</b> opioid use problems with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOSHDRF</b> Most healthcare professionals who are important to me think I should <b>refer</b> patients with opioid use disorder for treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOEXPRF</b> It is expected of me that I <b>refer</b> patients with opioid use disorder for treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOSPRRF</b> I feel under social pressure to <b>refer</b> patients with opioid use disorder for treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**PHNOPCON** I have **concerns about non-opioid prescription drug use problems or illicit drug use** among patients in my community practice setting.

☐☐☐☐☐

**PHNSHDSC** Most healthcare professionals who are important to me think I should **screen** patients for non-opioid prescription drug use problems or illicit drug use.

☐☐☐☐☐

**PHNEXPSC** It is expected of me that I **screen** patients for non-opioid prescription drug use problems or illicit drug use.

☐☐☐☐☐

**PHNSPSCN** I feel under social pressure to **screen** patients for non-opioid prescription drug use problems or illicit drug use.

☐☐☐☐☐

**PHNPHPCM** Improving **pharmacist-patient communication** would deter non-opioid prescription drug use problems or illicit drug use.

☐☐☐☐☐

**PHNPRPCM** Improving **prescriber-patient communication** would deter non-opioid prescription drug use problems or illicit drug use.

☐☐☐☐☐

**PHNPHPRC** Improving **pharmacist-prescriber communication** would deter non-opioid prescription drug use problems or illicit drug use.

☐☐☐☐☐

**PHNSHDDS** Most healthcare professionals who are important to me think I should **discuss** non-opioid prescription drug use problems or illicit drug use problems with patients.

☐☐☐☐☐

**PHNEXPDS** It is expected of me that I **discuss** non-opioid prescription drug use problems or illicit drug use problems with patients.

☐☐☐☐☐

**PHNSPDIS** I feel under social pressure to **discuss** non-opioid prescription drug use problems or illicit drug use problems with patients.

☐☐☐☐☐

**PHNSHDRF** Most healthcare professionals who are important to me think I should **refer** patients with non-opioid drug use disorder for treatment.

☐☐☐☐☐

**PHNEXPRF** It is expected of me that I **refer** patients with non-opioid drug use disorder for treatment.

☐☐☐☐☐

**PHNSPSRF** I feel under social pressure to **refer** patients with non-opioid drug use disorder for treatment.

☐☐☐☐☐

**PHTRNOUD** I have received adequate training regarding **opioid use problems or opioid use disorders**.

☐☐☐☐☐

**PHTRNNOD** I have received adequate training regarding **non-opioid prescription drug use problems and illicit drug use**.

☐☐☐☐☐

**PHPNMNG** I have received adequate training regarding pain management pharmacotherapy and opioid prescribing.

☐☐☐☐☐

End of Block: Subjective Norms/Beliefs

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Start of Block: Perceived Social Stigma

*Opioid use problems are defined broadly to include opioid misuse (e.g., using opioids without a prescription; using opioids in greater amounts, more often, or longer than the patient was told to take them; or using opioids in any other way a doctor did not direct the patient to use), opioid involved overdoses, and opioid use disorders.*

---

**PHOPICLS** People who have opioid use problems (including prescription opioids and illicit opioids) are more likely to be: *(Check all that apply)*

☐

Low income (01)

☐

Middle class (02)

☐

Wealthy (03)

☐

This problem equally affects people of all income groups (04)

---

**PHOPILIV** People who have opioid use problems (including prescription opioids and illicit opioids) are more likely to live in: *(Check all that apply)*

- ☐ Rural areas (01)
  - ☐ Suburban areas (02)
  - ☐ Urban areas (03)
  - ☒ This problem equally affects people living in all areas (04)
- 

**PHOPRACE** People who have opioid use problems (including prescription opioids and illicit opioids) are more likely to be: *(Check all that apply)*

- ☐ American Indian or Alaska Native (01)
  - ☐ Asian (02)
  - ☐ Black or African American (03)
  - ☐ Hispanic/Latinx (04)
  - ☐ Native Hawaiian or Pacific Islander (05)
  - ☐ White (06)
  - ☐ Multiracial (07)
  - ☒ This problem equally affects all racial and ethnic groups (08)
- 

**PHOUDWRK** Would you be willing to have a person with a history of opioid use disorder start working closely with you on any job (not limited to a job at a pharmacy)?

- ☐ No (0)
- ☐ Yes (1)

---

**PHOUDFAM** Would you be willing to have a person with an opioid use disorder marry into your family?

- ☐ No (0)
- ☐ Yes (1)
-

**PHOUDPHM** Would you be concerned about the safety of other customers if patients with an opioid use disorder come to your pharmacy for medication dispensing?

☐ No (0)

☐ Yes (1)

---

**GRID: OUD ATTITUDE** Please indicate how much you agree or disagree with each of the following statements using a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

	Strongly disagree (01)	Disagree (02)	Neutral (03)	Agree (04)	Strongly agree (05)
<b>PHDANGER</b> People with an opioid use disorder are more dangerous than the general population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHDNYJOB</b> Employers should be allowed to deny employment to a person with an opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHDNYHOM</b> Landlords should be allowed to deny housing to a person with an opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

End of Block: Perceived Social Stigma

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Start of Block: (DPQ) Drug and Drug Problems Perception Questionnaire

*Please indicate how much you agree or disagree with each of the following statements about working with people **who use licit or illicit drugs**. Please rate each of the following statements using a 7-point Likert scale ranging from "Strongly agree" to "Strongly disagree."*

---

**DPKNWLDG** I feel I have a working knowledge of drugs and drug related problems.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPCAUSES** I feel I know enough about the causes of drug problems to carry out my role when working with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPPHYSCL** I feel I know enough about the physical effects of drug use to carry out my role when working with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPPSYCH** I feel I know enough about the psychological effects of drugs to carry out my role when working with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPRSKFCT** I feel I know enough about the factors which put people at risk of developing drug problems to carry out my role when working with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPLTCNSL** I feel I know how to counsel drug users over the long-term.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-



**DPADVISE** I feel I can appropriately advise my patients about drugs and their effects.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPQSTNPT** I feel I have the right to ask patients questions about their drug use when necessary.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPPTINFO** I feel I have the right to ask a patient for any information that is relevant to their drug problems.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPPRSNL** If I felt the need when working with drug users, I could easily find someone with whom I could discuss any personal difficulties that I might encounter.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPFRFRSP** If I felt the need when working with drug users, I could easily find someone who would help me clarify my professional responsibilities.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPAPPRCH** If I felt the need, I could easily find someone who would be able to help me formulate the best approach to a drug user.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPDOLITL** I feel that there is little I can do to help drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPABLWRK** I feel I am able to work with drug users as well as other client groups.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPFAILUR** All in all, I am inclined to feel I am a failure with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPRSPCT** In general, I have less respect for drug users than for most other patients I work with.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPCMFRT** I often feel uncomfortable when working with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPSATSFY** In general, one can get satisfaction from working with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
-

**DPREWARD** In general, it is rewarding to work with drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

**DPUNDRST** In general, I feel I can understand drug users.

- ☐ Strongly disagree (01)
  - ☐ Disagree (02)
  - ☐ Somewhat disagree (03)
  - ☐ Neither agree nor disagree (04)
  - ☐ Somewhat agree (05)
  - ☐ Agree (06)
  - ☐ Strongly agree (07)
- 

End of Block: (DPQ) Drug and Drug Problems Perception Questionnaire

Start of Block: Perceived Self-efficacy and Confidence to Address OUD

**GRID: SELF-EFFICACY** Please indicate how much you agree with each of the following statements using a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

	Strongly disagree (01)	Disagree (02)	Neutral (03)	Agree (04)	Strongly agree (05)
<b>PHOUPKNO</b> I feel I have a working knowledge of opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPRSP</b> I feel I have a clear idea of my responsibilities in helping patients who have opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPASK</b> I feel I have the right to ask patients about their use of prescription opioids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPAWK</b> I feel awkward asking patients about their possible opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPNEG</b> I feel afraid of possible negative reactions from patients (e.g., anger/violence toward pharmacy staff) when asking them about possible opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**GRID: CONFIDENCE** Please indicate how much you agree with each of the following statements using a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

	Strongly disagree (01)	Disagree (02)	Neutral (03)	Agree (04)	Strongly agree (05)
<b>PHOUPDET</b> I am confident in my ability to detect patients' opioid use problems in my practice setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPCNS</b> I am confident in my ability to counsel patients regarding perceived opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPDIS</b> I am confident in my ability to discuss treatment facility options with patients with potential opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPRX</b> I feel comfortable communicating with prescribers regarding the legitimacy of opioid prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPDMG</b> I fear that I may damage prescriber-pharmacist relationships if I question opioid-prescribing behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPDSC</b> I fear that I may face disciplinary action from my employer if I question the legitimacy of an opioid prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Perceived Self-efficacy and Confidence to Address OUD

Start of Block: Perceived Barriers and Facilitators

**GRID: TREAT BARRIERS** Please indicate how much you agree with each of the following statements using a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

	Strongly disagree (01)	Disagree (02)	Neutral (03)	Agree (04)	Strongly agree (05)
<b>PHOUPTRN</b> I possess too little training in helping patients who have opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPSCR</b> I have insufficient access to screening tools to assess opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPID</b> I know too little about how to identify patients with opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPPAM</b> I have too few substance use disorder educational pamphlets available to distribute to patients with opioid use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPREF</b> I know too little about where to refer patients with opioid use problems for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPSAF</b> I have insufficient training to screen opioid use problems for potential patient safety issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOUPDSP</b> I have insufficient training to discuss opioid use problems with prescribers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PHSUDBRR** Please indicate the barriers to engaging your patients in substance use disorder treatment conversations, including referral to addiction treatment. *(Check all that apply)*

- ☐ Time constraints or too busy (01)
- ☐ Shortage of the pharmacy staff (02)
- ☐ Having limited knowledge about substance use disorder in general (03)
- ☐ Having limited knowledge about substance use disorder treatment and options (04)
- ☐ Having limited knowledge or training about medication treatment for opioid use disorder (05)
- ☐ Not having suitable screening tools or instruments to screen patient for drug misuse (06)
- ☐ Not having access to patient's urine drug screen results to confirm drug use (07)
- ☐ Not knowing where to refer patients (08)
- ☐ Not having substance use disorder treatment program pamphlets available (09)
- ☐ Not having professional relationships with substance use disorder treatment programs (10)
- ☐ Feeling awkward about talking with patients about substance use disorder treatment (11)
- ☐ Believing that patients would not take my advice and go to treatment (12)
- ☐ Believing that patients would resent being asked about substance use disorder treatment (13)
- ☐ Believing that referring patients for substance use disorder treatment is not the responsibility of a pharmacist (14)
- ☐ Stigma-related factors (15)
- ☐ Insufficient reimbursement (16)
- ☐ Losing a patient to another pharmacy (17)
- ☐ Lack of private space (18)

☐

Other: (99) \_\_\_\_\_

PHSUDBOT

**PHSUDHRE** In the past year, about how many lecture/seminar hours (including Continuing Pharmacy Education) have you attended on substance use/misuse screening and referral to treatment for substance use disorders (e.g., tobacco, alcohol, opioid, and non-opioid drug use problems)?

\_\_\_\_\_ [0-50]

**PHOUDHRE** In the past year, about how many lecture/seminar hours (including Continuing Pharmacy Education) have you attended on substance use/misuse screening and referral to treatment for opioid use disorder?

\_\_\_\_\_ [0-50]

**PHSCNHRE** In the past year, about how many lecture/seminar hours (including Continuing Pharmacy Education) have you attended on the use of screening or assessment tools for identifying unhealthy substance use or addiction problems (e.g., tobacco, alcohol, opioid, and non-opioid drug use problems)?

\_\_\_\_\_ [0-50]

**GRID: CLINIC COUNSEL** Please choose the responses that best describe your current clinical practice of counseling adult patients about their opioid use. Adults include persons aged 18 and older.

	None (01)	1-19% (02)	20-39% (03)	40-59% (04)	60-79% (05)	80-100% (06)
<b>PHASKUSE</b> Of your adult patients prescribed opioids, what percentage do you ask about their opioid use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHRSKDIS</b> Of your adult patients who may be at high risk for having opioid use problems (e.g., based on the report from a Prescription Drug Monitoring Program), what percentage do you discuss with or advise to change their opioid use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHREFTRT</b> Of your adult patients who may have an opioid use disorder and who have not received medication treatment for it (e.g., buprenorphine), what percentage do you make any kind of referral for opioid use disorder treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Perceived Barriers and Facilitators

Start of Block: Pharmacist Experience Dispensing MOUD

**PHDISBUP** Have you ever dispensed Buprenorphine-containing medications (e.g., generic sublingual tablets, films, Suboxone, Subutex, Zubsolv, Bunavail, Cassipa, Sublocade) for treatment for opioid use disorder?

- ☐ No (0)
- ☐ Yes (1)

Skip To PHDISNTX

If PHDISBUP "Have you ever dispensed Buprenorphine containing medications (e.g., generic sublingual tablets, films, Suboxone, Subutex, Zubsolv, Bunavail, Cassipa, Sublocade) for treatment for opioid use disorder?" is answered "No" (0)

---

**PHBUP30D** In the past 30 days, approximately how many Buprenorphine-containing medication prescriptions have you dispensed for treatment for opioid use disorder?

\_\_\_\_\_ [0-7500]

---

**PHDISNTX** Have you ever dispensed Naltrexone (ReVia®) for treatment for opioid use disorder?

- ☐ No (0)
- ☐ Yes (1)

*Skip To PHDISIDN*

*If PHDISNTX "Have you ever dispensed Naltrexone (ReVia®) for treatment for opioid use disorder?" is answered "No" (0)*

---

**PHNTX30D** In the past 30 days, approximately how many Naltrexone (ReVia®) prescriptions have you dispensed for treatment for opioid use disorder?

\_\_\_\_\_ [0-500]

---

**PHDISIDN** Have you ever administered Injectable depot Naltrexone (Vivitrol®) for treatment for opioid use disorder?

- ☐ No (0)
- ☐ Yes (1)

*Skip To End of Block: Pharmacist Experience Dispensing MOUD*

*If PHDISIDN "Have you ever administered Injectable depot Naltrexone (Vivitrol®) for treatment for opioid use disorder" is answered "No" (0)*

---

**PHIDN30D** In the past 30 days, approximately how many Injectable depot Naltrexone (Vivitrol®) have you administered for treatment for opioid use disorder?

\_\_\_\_\_ [0-500]

End of Block: Pharmacist Experience Dispensing MOUD

---

Start of Block: Pharmacist Perception of Effectiveness of OUD Treatment Option

**PHOUDWEL** *Do you agree with the following statement?*

Most people with an opioid use disorder can, with treatment, get well and return to productive lives.

- ☐ No (0)
- ☐ Yes (1)
-

**GRID: OUD TREATMENT** Based on your professional judgment, are each of the following effective treatment options for opioid use disorders?

	Yes (01)	No (00)	Don't know (97)
<b>PHBUP</b> Buprenorphine (oral; generic sublingual tablets or films, Suboxone, Subutex, Zubsolv, Bunavail, Cassipa):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHBUPXRI</b> Buprenorphine extended-release injection (Sublocade):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHBUPIMP</b> Buprenorphine implants (Probuphine):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHMET</b> Methadone (Methadose, Dolophine):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHNTXORL</b> Naltrexone oral (ReVia®):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHNTXINJ</b> Naltrexone injectable depot (Vivitrol®):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHINPAT</b> Inpatient detoxification/rehabilitation:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHFAMCNS</b> Behavioral family counseling:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCOGNBT</b> Cognitive behavioral therapy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCNTMNG</b> Contingency management:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHGRPTH</b> Group therapy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHMNDFLB</b> Mindfulness-based intervention:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHMTVINT</b> Motivational Interviewing:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PH12STEP</b> 12-step mutual aid group:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHOTTRT</b> Other: _____ <b>PHOTTRSP</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



End of Block: Pharmacist Perception of Effectiveness of OUD Treatment Option

---

Start of Block: Opinions About MOUD and Intention to Practice

*The following questions concern opinions about medication treatment for opioid use disorder.*

*Please rate each of the following statements about Methadone for Opioid Use Disorder Treatment using a 5-point Likert scale (1=Not at all/None at all to 5=A lot/very much so).*

---

**PHFMMET** How familiar are you with methadone treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHTRMET** How much training have you received about methadone treatment?

- ☐ None at all (01)
  - ☐ A little (02)
  - ☐ A moderate amount (03)
  - ☐ A good deal (04)
  - ☐ A lot (05)
-

**PHKRMET** How knowledgeable are you about where to refer a patient for methadone treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHHLMET** Do you think using methadone treatment might be helpful to your patients with opioid use disorder?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHRMETN** How likely are you to refer patients with an opioid use disorder to methadone treatment now?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
-

**PHRMETF** How likely are you to refer patients to methadone treatment in the future?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

*Please rate each of the following statements about Buprenorphine for Opioid Use Disorder Treatment using a 5-point Likert scale (1=Not at all/None at all to 5=A lot/very much so).*

---

**PHFMBUP** How familiar are you with buprenorphine treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHTRNBUP** How much training have you received about buprenorphine treatment?

- ☐ None at all (01)
  - ☐ A little (02)
  - ☐ A moderate amount (03)
  - ☐ A good deal (04)
  - ☐ A lot (05)
-

**PHREFBUP** How knowledgeable are you about where to refer a patient for buprenorphine treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHHLPBUP** Do you think using buprenorphine treatment might be helpful to your patients with opioid use disorder?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHRBUPN** How likely are you to refer patients with an opioid use disorder to buprenorphine treatment now?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
-

**PHRBUPF** How likely are you to refer patients to buprenorphine treatment in the future?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

*Please rate each of the following statements about oral Naltrexone (ReVia®) for Opioid Use Disorder Treatment using a 5-point Likert scale (1=Not at all/None at all to 5=A lot/very much so).*

---

**PHFMONTX** How familiar are you with oral naltrexone treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHTRONTX** How much training have you received about oral naltrexone treatment?

- ☐ None at all (01)
  - ☐ A little (02)
  - ☐ A moderate amount (03)
  - ☐ A good deal (04)
  - ☐ A lot (05)
-

**PHRFONTX** How knowledgeable are you about where to refer a patient for oral naltrexone treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHHLONTX** Do you think using oral naltrexone treatment might be helpful to your patients with opioid use disorder?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHRONTXN** How likely are you to refer patients with an opioid use disorder to oral naltrexone treatment now?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
-

**PHRONTXF** How likely are you to refer patients to oral naltrexone treatment in the future?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

*Please rate each of the following statements about Injectable depot Naltrexone (Vivitrol®) for Opioid Use Disorder Treatment using a 5-point Likert scale (1=Not at all/None at all to 5=A lot/very much so).*

---

**PHFMINTX** How familiar are you with injectable naltrexone treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHTRINTX** How much training have you received about injectable naltrexone treatment?

- ☐ None at all (01)
  - ☐ A little (02)
  - ☐ A moderate amount (03)
  - ☐ A good deal (04)
  - ☐ A lot (05)
-

**PHKRINTX** How knowledgeable are you about where to refer a patient for injectable naltrexone treatment?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHHLINTX** Do you think using injectable naltrexone treatment might be helpful to your patients with opioid use disorder?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
- 

**PHRINTXN** How likely are you to refer patients with an opioid use disorder to injectable naltrexone treatment now?

- ☐ Not at all (01)
  - ☐ Slightly (02)
  - ☐ Somewhat (03)
  - ☐ Moderately (04)
  - ☐ Very much so (05)
-



**PHRINTXF** How likely are you to refer patients to injectable naltrexone treatment in the future?

- ☐ Not at all (01)
- ☐ Slightly (02)
- ☐ Somewhat (03)
- ☐ Moderately (04)
- ☐ Very much so (05)

End of Block: Opinions About MOUD and Intention to Practice

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Start of Block: Perceived Benefits and Barriers of Collaborative Care Model Approach

**GRID: COLLAB CARE** *A physician and community pharmacist collaborative care model refers to the use of Collaborative Practice Agreements (CPAs) to create a formal practice relationship between community pharmacists and a prescriber (physician/practitioner) to manage patients receiving buprenorphine for treatment for opioid use disorder. Under such a physician-pharmacist collaborative model, pharmacists would dispense buprenorphine, conduct monthly follow-up care and medication use monitoring, provide medication education, and conduct urine drug screens (as needed) under the supervision of a buprenorphine prescriber. The*

*buprenorphine prescriber would continue to prescribe buprenorphine and adjust the dosing (as needed) for the patient through monthly remote or virtual communication with the pharmacist.*

Please indicate your opinion about each of the following statements regarding the implementation of such a physician and community pharmacist collaborative care model using a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

	Strongly disagree (01)	Disagree (02)	Neutral (03)	Agree (04)	Strongly agree (05)
<b>PHCCMLOC</b> Community pharmacy is the right location for this type of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMTRN</b> Licensed community pharmacists are well-trained to use a physician and pharmacist collaborative care model to expand patient care services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMVIS</b> It is convenient to hold buprenorphine visits at a pharmacy where the medication is dispensed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMQLT</b> Having a licensed community pharmacist involved with buprenorphine treatment improves patient care quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMEFF</b> Having a licensed community pharmacist involved with buprenorphine treatment increases efficiency of treatment delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMTIM</b> Having a licensed community pharmacist involved with buprenorphine treatment frees up physician's time to treat more patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMROL</b> It is easy for patients to understand and distinguish patient's, physician's, and pharmacist's roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMCNV</b> Patients are satisfied with going to a pharmacy that is convenient to their schedule or house location for prescriptions and visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMPRV</b> I have concerns about privacy and protection of personal information in the pharmacy in such a model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCCMMDW</b> I know of one or more physicians who may be willing to engage in such a model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Perceived Benefits and Barriers of Collaborative Care Model Approach

Start of Block: Policy Support for Pharmacist-Provided SRT Services

**GRID: POLICY SUPPORT** Please indicate your opinion about each of the following statements regarding legislative changes and policy support for pharmacist-provided patient care for patients receiving medication treatment for opioid use disorder using a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

	Strongly disagree (01)	Disagree (02)	Neutral (03)	Agree (04)	Strongly agree (05)
<b>PHWVPHRM</b> Community pharmacists should be authorized to be Drug Addiction Treatment Act of 2000 ("DATA") waived providers by including as qualified practitioners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHTRTOUD</b> Community pharmacists should be allowed to administer and be reimbursed for providing treatment services for opioid use disorders (e.g., monitoring and adjusting buprenorphine doses under a Collaborative Practice Agreement, conducting urinalyses).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHNTXRMB</b> Community pharmacists should be reimbursed for administering injectable depot naltrexone (Vivitrol®) for treatment for opioid use disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHDISMET</b> Community pharmacists should be allowed to administer and dispense methadone for treatment for opioid use disorders at the community pharmacy setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHSCNRMB</b> Community pharmacists should be reimbursed for delivering screening for opioid misuse and other drug misuse problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHINTRMB</b> Community pharmacists should be reimbursed for delivering behavioral or educational interventions for substance use disorders' preventive care services (e.g., motivational interviewing, smoking cessation counseling, drug misuse counseling).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Policy Support for Pharmacist-Provided SRT Services

Start of Block: Potential Impacts of the COVID-19 Pandemic

**PHCOVTST** Have you been tested for COVID-19? *(Check all that apply)*

- ☐ Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat) (01)
- ☐ Yes, I got an antibody test to check for previous infection (usually a blood test) (02)
- ☐ Yes, I got another test other than swab or antibody test (03)
- ☐ ☒ No, I have not been tested (04)
- ☐ ☒ I tried to get tested but I couldn't (05)
- 

*Display This Question:*

*If PHCOVTST "Have you been tested for COVID 19?" is answered "Yes, I got another test other than swab or antibody test" (03)*

**PHCOVTOT** If "Yes, I got another test other than swab or antibody test", please specify the type of test:

---

*Display This Question:*

*If PHCOVTST "Have you been tested for COVID 19?" is answered "Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat)" (01)*

**PHCOVSWB** Have you ever tested positive for COVID-19 when you had a swab test?

- ☐ Yes (01)
- ☐ No (00)
- ☐ Tested but did not get result (02)
- ☐ Decline to answer (98)
-

*Display This Question:*

*If PHCOVTST "Have you been tested for COVID 19?" is answered "Yes, I got an antibody test to check for previous infection (usually a blood test)" (02)*

**PHCOVANT** Have you ever tested positive for COVID-19 when you had an antibody test?

- ☐ Yes (01)
  - ☐ No (00)
  - ☐ Tested but did not get result (02)
  - ☐ Decline to answer (98)
- 

*Display This Question:*

*If PHCOVTST "Have you been tested for COVID 19?" is answered "Yes, I got another test other than swab or antibody test" (03)*

**PHCOVPOT** Have you ever tested positive for COVID-19 when you had a test other than swab or antibody test?

- ☐ Yes (01)
  - ☐ No (00)
  - ☐ Tested but did not get result (02)
  - ☐ Decline to answer (98)
-

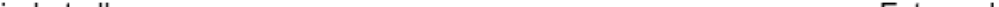
If "Have you ever tested positive for COVID 19 when you had..." any test from PHCOVSWB, PHCOVANT, or PHCOVPOT includes answers "Yes" (01), "Tested but did not get result" (02) or "Decline to answer" (98)

☐ Yes (01)

☐ No (00)

☐ Decline to answer (98)

Not worried at all 0 1 2 3 4 5 6 7 8 9 10 Extremely worried



**PHCOVBAR** Please indicate the barriers to dispensing medications to patients with substance use disorders and providing patient care during the COVID-19 pandemic. *(Check all that apply)*

- ☐ Cleaning and disinfecting the pharmacy space/surfaces requirement (01)
- ☐ Closing the clinic units within a pharmacy (02)
- ☐ Curbside pickup (03)
- ☐ Drive-through services (04)
- ☐ Fear of infection (05)
- ☐ Limit the number of patients in the pharmacy (06)
- ☐ Medication/Drug shortages (07)
- ☐ Prescribers are less available (e.g., shortage of prescribers) (08)
- ☐ Social distancing measures (09)
- ☐ Staff shortages (10)
- ☐ Tele-pharmacy strategies (11)
- ☐ Use of face covering by patients (12)
- ☐ Use of face coverings by pharmacists or pharmacy technicians (13)
- ☐ Prescription reimbursement barriers (14)
- ☐ Other: (99) \_\_\_\_\_

**PHCOVBOT**



**PHCOVPOS** Has the COVID-19 pandemic positively influenced your ability to dispense medications and provide care to patients with substance use disorder?

- ☐ No (0)
- ☐ Yes (1)

*Skip To GRID: COVID HELP*

*If PHCOVPOS "Has the COVID 19 pandemic positively influenced your ability to dispense medications and provide care to patients with substance use disorder?" is answered "No" (0)*

**PHCOVPSP** Describe briefly how COVID-19 has positively influenced your ability to dispense medications and provide care to patients with substance use disorder:

---

**GRID: COVID HELP** To what extent have each of the following facilitated community pharmacists helping patients and the pharmacy operation during the COVID-19 pandemic?

	Not helpful (01)	Somewhat helpful (02)	Very helpful (03)	Would be helpful if allowed (04)
<b>PHTESTPH</b> Allowing licensed pharmacists to test patients for COVID-19 infection and provide treatment linkage:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHREMDIS</b> Allowing licensed pharmacists to dispense medications and provide counseling/education remotely:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHMAIMED</b> Allowing licensed pharmacists to mail medications to patients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHDELMED</b> Allowing licensed pharmacists to deliver medications to patients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHSUBMED</b> Allowing licensed pharmacists to substitute drugs without doctor authorization to address drug shortages (e.g., using different drugs from the same class or use brand/non-brand formulations of the same medication):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHEMRGRF</b> Allowing licensed pharmacists to dispense emergency refills for prescriptions:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PHCVHLOT</b> Other: _____ <b>PHCVHLSP</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Potential Impacts of the COVID-19 Pandemic

Start of Block: Follow-up Interview

**PHINTRVW** Would you be willing to participate in a paid follow-up interview related to this survey?

- ☐ No (0)
- ☐ Yes (1)

We thank you for your time spent taking this survey.

Your response has been recorded.