

U.S. Department of Health and Human Services

FORM APPROVED:  
OMB No. XXXX-XXXX  
APPROVAL EXPIRES: Date

Welcome to the

## NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (N-SSATS)

**This is also the log in site for the new 2011 OPIOID  
TREATMENT PROGRAM (OTP) SUPPLEMENTAL WEB  
QUESTIONNAIRE**

**March 31, 2011**

Sponsored by:  
**Substance Abuse and Mental Health Services  
Administration (SAMHSA)**

**THIS IS A SECURE  
SITE**

Conducted by:  
**Mathematica Policy Research, Inc.**

User Name

Password

**If you do not know your User ID and Password, please refer to the pink flyer in the N-SSATS packet or the green flyer included in your OTP packet. You can also call our toll free number to obtain the information: 1-888-324-8337.**

Public burden for this collection of N-SSATS information is estimated to average 40 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

For the OTP supplement, the public burden is estimated to average 50 minutes per response.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this project is XXXX-XXXX.

**Pledge to respondents**

The information you provide will be protected to the fullest extent allowable under the Public Health Service Act, 42 USC Sec 501(n). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs* and the Substance Abuse Treatment Facility Locator. Facility data will be de-identified such that identifying individual treatment facilities from the published data will not be possible.

**Welcome to the 2011 Opioid Treatment Program (OTP) Supplemental Questionnaire on the Internet.**



PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING THE QUESTIONNAIRE



**INSTRUCTIONS**

- Many of the questions in this survey ask about "this Opioid Treatment Program (OTP)." By "this OTP" we mean (INSERT FILL). If this OTP is part of a larger facility, report only about the services and activities at this OTP. If you have any questions about how "this OTP" applies to your facility, please call 1-888-324-8337.
- Please answer **ONLY** for (INSERT FILL).
- Please keep a copy of your completed Web questionnaire for your records. You will be given the opportunity to review and print your responses at the end of the questionnaire.
- For additional information about this survey and definitions of some of the terms used, please visit our website at <http://info.nssats.com/>.

- For "Helpful Hints" on completing this questionnaire on the Web: [Click Here](#).
- To preview the questionnaire: [Click Here](#).
- When you are ready to begin, click on the **BEGIN QUESTIONNAIRE** button below.

**BEGIN QUESTIONNAIRE**

[Quit](#)

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National Survey of Substance Abuse Treatment Services (N-SSATS)  
and 2011 Opioid Treatment Program (OTP) Supplemental Questionnaire

Substance Abuse and Mental Health Services Administration (SAMHSA)

Here are a few tips to help you complete this questionnaire quickly and easily:

- To VIEW or move down entire pages -- USE the scroll bar along the right side of your computer screen. Some screens contain more than one question on a page. By using the scroll bar, you will be able to view all of the questions on a page.
- To VIEW a question on a previous screen or to CHANGE your answer to an earlier question, use the BACK button on your browser.
- To SAVE responses and temporarily leave the questionnaire -- click on the QUIT button at the bottom of any screen. When you return to the questionnaire and login again, previous answers will have been saved and you will continue from the point where you left off.
- Do NOT use the ENTER key to complete your answers -- USE your mouse to navigate between questions. Although using the enter key is a natural reaction, this will cause you to skip any remaining questions on that page.
- To CONTINUE to the next page -- click on the Submit button at the bottom of any screen.
- To RESET the answers on the page you are viewing, if you have made an error in entering data -- click on the START PAGE OVER button at the bottom of any screen. You can then correct your mistake and click the Submit button to submit and continue.

To preview the questionnaire: [Click Here](#)

To return to the main introduction: [Click Here](#)

[BEGIN QUESTIONNAIRE](#)

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

**Who will be primarily responsible for completing this questionnaire?**

**Name:** First  Middle  Last

**Title:**

**Telephone number:**

(  )  -  Ext

**Fax number:**

(  ) |  - |

**Email Address:**

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

1. Is this OTP, at this location, normally scheduled to be open 365 days a year?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

2. Does this OTP have a plan or an agreement with another provider to provide continuity of care for patients during service disruptions, whether due to a major disaster or a more routine event, such as a snowstorm?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

2a. With which of the following providers does this OTP have such a plan or agreement?

SELECT "Yes" or "No" for each

	YES	NO
1. A hospital	<input type="radio"/>	<input type="radio"/>
2. Another OTP	<input type="radio"/>	<input type="radio"/>
3. A pharmacy	<input type="radio"/>	<input type="radio"/>
4. Other (Specify: _____)	<input type="radio"/>	<input type="radio"/>

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

3. Does this OTP have a formal agreement for medical referral purposes with...

SELECT "Yes" OR "No" FOR EACH

	Yes	No
1. A Federally Qualified Health Center (FQHC)	<input type="radio"/>	<input type="radio"/>
2. A hospital	<input type="radio"/>	<input type="radio"/>
3. A medical clinic	<input type="radio"/>	<input type="radio"/>
4. Other (Specify: _____)	<input type="radio"/>	<input type="radio"/>

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

4. Does this OTP have a written agreement (as provided in 42 CFR Part 2) that permits other health service providers to receive, process, store, or otherwise manage patient records?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

5. For each day of the week, record this OTP's number of scheduled daily hours...

**Column A** - For dispensing methadone, buprenorphine (Subutex® or generic) or buprenorphine/naloxone (Suboxone®).

**Column B** - For counseling.

*If not scheduled on a given day, record "0" hours for that activity on that day.*

	<u>Column A</u> Total Number of Scheduled Hours for Dispensing Medication	<u>Column B</u> Total Number of Scheduled Hours for Counseling
a. Monday		
b. Tuesday		
c. Wednesday		
d. Thursday		
e. Friday		
f. Saturday		
g. Sunday		

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## D. OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

6. Does the OTP, at this location, provide vaccinations for...

SELECT "Yes" OR "No" FOR EACH

Yes No

1. Hepatitis B

2. Influenza

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a1. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for diabetes?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b1. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for diabetes?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a2. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for hepatitis C?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b2. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for hepatitis C?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a3. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for HIV/AIDS?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b3. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for HIV/AIDS?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a4. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for hypertension (high blood pressure)?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b4. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for hypertension (high blood pressure)?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a5. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for pregnancy?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b5. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for pregnancy?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a6. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for heartbeat abnormalities?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b6. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for heartbeat abnormalities?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a7. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for sexually transmitted infections (STIs, including gonorrhea, syphilis)?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b7. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for sexually transmitted infections (STIs, including gonorrhea, syphilis)?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a8. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for sleep apnea?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b8. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for sleep apnea?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a9. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for alcohol use?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b9. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for alcohol use?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7a10. Consider all screening performed at intake, assessment or admission. Does this OTP routinely screen for tobacco use?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

7b10. Consider all testing performed as medically appropriate. Does this OTP perform diagnostic tests for tobacco use?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

8. Does this OTP routinely test for any of the following drugs at admission?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Marijuana	<input type="radio"/>	<input type="radio"/>
2. Cocaine	<input type="radio"/>	<input type="radio"/>
3. Benzodiazepines	<input type="radio"/>	<input type="radio"/>
4. Heroin	<input type="radio"/>	<input type="radio"/>
5. Prescription opioids	<input type="radio"/>	<input type="radio"/>
6. Methamphetamines	<input type="radio"/>	<input type="radio"/>
7. Other stimulants (Please specify: <input style="width: 150px; height: 15px;" type="text"/> )	<input type="radio"/>	<input type="radio"/>

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9a1. Does this OTP routinely screen for the psychiatric condition of anxiety/panic disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9b1. Does this OTP provide treatment involving medication for the psychiatric condition of anxiety/panic disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9c1. Does this OTP provide treatment involving counseling therapy for the psychiatric condition of anxiety/panic disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9a2. Does this OTP routinely screen for the psychiatric condition of bipolar disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9b2. Does this OTP provide treatment involving medication for the psychiatric condition of bipolar disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9c2. Does this OTP provide treatment involving counseling therapy for the psychiatric condition of bipolar disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9a3. Does this OTP routinely screen for the psychiatric condition of depression?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9b3. Does this OTP provide treatment involving medication for the psychiatric condition of depression?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9c3. Does this OTP provide treatment involving counseling therapy for the psychiatric condition of depression?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9a4. Does this OTP routinely screen for the psychiatric condition of post traumatic stress disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9b4. Does this OTP provide treatment involving medication for the psychiatric condition of post traumatic stress disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9c4. Does this OTP provide treatment involving counseling therapy for the psychiatric condition of post traumatic stress disorder?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9a5. Does this OTP routinely screen for the psychiatric condition of schizophrenia?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9b5. Does this OTP provide treatment involving medication for the psychiatric condition of schizophrenia?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9c5. Does this OTP provide treatment involving counseling therapy for the psychiatric condition of schizophrenia?

- Yes  
 No

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9a6. Does this OTP routinely screen for any other psychiatric conditions?

Yes No

Please Specify

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

9b6. Does this OTP provide treatment involving medication for any other condition?

Yes No

Please Specify

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**OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS**

**9c6. Does this OTP provide treatment involving counseling therapy for any other condition?**

Yes No

Please Specify

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

10. This question concerns the clinical staff providing patient services at this OTP in a typical week.

Please count a staff member in one category only.

Column A - Please record **total number** employed at this OTP.

Column B - Please record the sum total hours worked for all staff listed in Column A in a typical week.

	Column A Total Number Employed at this OTP (IF NONE, ENTER "0")	Column B Sum Total Number of Hours Worked in a Typical Week
1. Physician (MD, DO, Psychiatrist, etc.)	<input type="text"/>	<input type="text"/>
2. Registered Nurse (RN)	<input type="text"/>	<input type="text"/>
3. Licensed Practical Nurse (LPN)	<input type="text"/>	<input type="text"/>
4. Mid-level medical personnel (Nurse Practitioner, PA, APRN, etc.)	<input type="text"/>	<input type="text"/>
5. Pharmacist	<input type="text"/>	<input type="text"/>
6. Doctoral level counselor (Psychologist, etc.)	<input type="text"/>	<input type="text"/>
7. Masters level counselor (MSW, etc.)	<input type="text"/>	<input type="text"/>
8. Other degreed counselor (BA, BS)	<input type="text"/>	<input type="text"/>
9. Associate degree or non degreed counselor	<input type="text"/>	<input type="text"/>

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

11. For clinical management, does this OTP...

**SELECT "YES" OR "NO" FOR EACH**

	<u>Yes</u>	<u>No</u>
1. Use in-house or proprietary software (software that was created for, or modified specifically for, this OTP or facility)?	<input type="radio"/>	<input type="radio"/>
2. Use commercially-available software that has not been modified specifically for this OTP or facility?	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3. Use a paper system only (no computer/electronic clinical management)?	<input type="radio"/>	<input type="radio"/>

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

12. For each of the following activities, please indicate if staff members routinely use computer or electronic resources, paper only, or a combination of both to accomplish their work...

**SELECT ONE METHOD FOR EACH ACTIVITY**

**Work Activity**

	Computer/ Electronic Only 1	Paper Only 2	Both Electronic and Paper 3
1. Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Issue/Receive lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Outcomes management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Medication dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

13. Do computers at this OTP have the capability to access the Internet?

- Yes  
 No

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**OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS**

13a. Does this OTP primarily access the Internet using...

**SELECT ONE ONLY**

- 1. A regular "dial-up" telephone line
- 2. DSL, cable modem, fiber optics, satellite, wireless (such as Wi-Fi) or some other broadband Internet connection?
- 3. Something else? (Specify:  )

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**OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS**

14. Do any outpatients travel an hour or more, each way to be treated at this OTP?

- Yes
- No
- Not applicable, no outpatient OTP patients

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## OTP PATIENT CHARACTERISTICS

1. **During the 2010 calendar year, how many new patients were admitted to this OTP?**

**ENTER A NUMBER  
(IF NONE ENTER "0")**

2010 Calendar Year Total Box \_\_\_\_\_

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## OTP PATIENT CHARACTERISTICS

2. On March 31, 2011, how many patients were in treatment at this OTP?

ENTER A  
NUMBER  
(IF NONE,  
ENTER "0")

MARCH 31, 2011  
TOTAL BOX

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### OTP PATIENT CHARACTERISTICS

3. On March 31, 2011, how many of these OTP patients were...

*Each category total should equal the number reported in the TOTAL BOX in B2.*

**ENTER THE NUMBER OF PATIENTS IN EACH CATEGORY (IF NONE, ENTER "0")**

**GENDER** Male

Female

Other, unknown or not collected

**AGE** Under 18

18-34

35-54

55 and over

Unknown or not collected

**RACE & ETHNICITY** White

Black

Hispanic

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Two or more races

Unknown or not collected

**VETERAN STATUS** Veteran

Non Veteran

Unknown or not collected

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## OTP PATIENT CHARACTERISTICS

4. Of the patients in treatment on March 31, 2011, how many had been in treatment continuously at this OTP for...

ENTER THE NUMBER OF PATIENTS  
(IF NONE, ENTER "0")

0-90 days \_\_\_\_\_

91-180 days \_\_\_\_\_

181-365 days \_\_\_\_\_

More than 1 year to less than  
2 years \_\_\_\_\_

2 years or longer \_\_\_\_\_

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## OTP PATIENT CHARACTERISTICS

5. How many of the patients in treatment on March 31, 2011, were dispensed methadone?

ENTER A NUMBER (IF NONE, ENTER "0")

Number \_\_\_\_\_  
Dispensed  
Methadone

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## OTP PATIENT CHARACTERISTICS

5a. Of these patients, how many were receiving methadone for...

**ENTER THE NUMBER OF PATIENTS  
(IF NONE, ENTER "0")**

Maintenance

Detoxification

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**OTP PATIENT CHARACTERISTICS**

5b. How many methadone maintenance patients in B5a were receiving methadone doses of...

**ENTER THE NUMBER OF PATIENTS  
(IF NONE, ENTER "0")**

Less than 40 mg.	<input type="text"/>
40 to 79 mg.	<input type="text"/>
80 to 119 mg.	<input type="text"/>
120 mg. or above	<input type="text"/>

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## OTP PATIENT CHARACTERISTICS

5c. How many of the patients in B5 had been receiving methadone for 2 years or more?

ENTER A NUMBER  
(IF NONE, ENTER "0")

Number Receiving  
Methadone For  
2 Years Or More

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## OTP PATIENT CHARACTERISTICS

5d. Of the patients in B5c, how many were receiving take-home doses for the following number of days...

**NUMBER OF DAYS**    **ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")**

0 days (did not receive take-home doses)    \_\_\_\_\_

1-7 days

8-14 days    \_\_\_\_\_

15-30 days    \_\_\_\_\_

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## OTP PATIENT CHARACTERISTICS

6. How many of the patients in treatment on March 31, 2011 were receiving buprenorphine (Subutex® or generic) or buprenorphine/naloxone (Suboxone®)?

ENTER A NUMBER (IF NONE, ENTER "0")

Number dispensed  
Buprenorphine or  
Buprenorphine/Naloxone \_\_\_\_\_

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## OTP PATIENT CHARACTERISTICS

6a. Of these patients, how many were receiving buprenorphine for...

**ENTER THE NUMBER OF PATIENTS  
(IF NONE, ENTER "0")**

Maintenance

Detoxification

**Total Receiving Buprenorphine**

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### OTP PATIENT CHARACTERISTICS

6b. How many buprenorphine maintenance patients in B6a were receiving buprenorphine doses of...

**ENTER THE NUMBER OF PATIENTS  
(IF NONE, ENTER "0")**

Dosage	Buprenorphine (Subutex® or Generic)	Buprenorphine or Naloxon (Suboxone®)
Less than 8 mg	<input type="text"/>	<input type="text"/>
8 to 16 mg	<input type="text"/>	<input type="text"/>
17 to 24 mg	<input type="text"/>	<input type="text"/>
25 to 32 mg	<input type="text"/>	<input type="text"/>
More than 32 mg	<input type="text"/>	<input type="text"/>

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## OTP PATIENT CHARACTERISTICS

7. Please indicate any comments.

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