Form Approved OMB No. 0920-0572 Expiration Date: 03/31/2018

Public reporting burden of this collection of information is estimated as 18 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia, 30333; ATTN: PRA (0920-0572).

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

Please select the appropriate a	nswer for the following question(s).
	,,,,,
What is your age?	
O Under 30	
30-39	
40-49	
50-59	
0 60 or older	
Usus services being one best	in constitute since accomplation was a solidar and
	n in practice since completing your residency?
Less than 10	
10 to 20	
Over 20	
In what zip code(s) do you see	the majority of your patients? Please enter your zip code(s) below:
	Zip Code 1
	Zip Code 2
	Zip Code 3
What is your specialty? (Select	all that apply)
Internal medicine	
General practice	
Family medicine	
Pediatrics	
Emergency medicine	
Pediatric emergency medici	ne
OB/GYN	
Preventive medicine	
Pain management specialis	t
Allied health professional (e	.g. NP, PA)
Other (Please specify):	
	_
Next	

Verint survey software

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

In a typical week, how many patient visits do you conduct? Please type the number of patient visits conducted below	OW:	
123	+	
Please select the appropriate answer for the following question(s).		
In a typical week, what percentage of your visits with patients result in the patient obtaining a prescription for one or more opioids?	г	
0%		
O 1-5%		
0 8-10%		
O 11-20%		
21-50%		
○ More than 50%		
My role does not involve prescribing drugs		
Are you registered with your state's Prescription Drug Monitoring Program (PDMP)?		
○ Yes		
○ No		
O Don't know or uncertain		
Have you received any formal training (e.g., medical school, CME courses) in identifying prescription drug misuse, abuse, or diversion?		
Yes, within the last three months		
Yes, but not within the last three months		
○ No, never		
What clinical guidelines do you consult in making determinations about initiating treatment for and/or managing pai with the prescription of opioids? (Select all that apply; provide names or sponsors of any prescription opioid guideling you use)		
Clinical guidelines sponsored by a professional association (e.g., American Academy of Family Physicians):		
Clinical guidelines sponsored by the federal government (e.g., CDC):		
Clinical guidelines sponsored by a health care organization:		
Clinical guidelines sponsored by another entity:		
Do not know		
I do not consult clinical guidelines for pain management with prescription opioids		
Next		
Conduct your own online surveys		

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

Please answer the following questions to describe your practice.
Which of the following best describes your practice?
Primary care - solo practice
Primary care - group practice
Multi-specialty group practice (i.e., primary care plus other specialty)
Hospital based (Emergency department, urgent care center)
Outpatient clinic (e.g., Pain Clinic)
<ul> <li>Public provider (e.g., Federally Qualified Health Center, Health Department, Community Health Center, VA Indian Health Service)</li> </ul>
○ Academic
Other (Please specify):
How many patients are seen by your practice each week?
Less than 25
25 to 50
○ 51 to 100
O 101-500
More than 500
Which type of system(s), if any, does your practice use to track and manage patients prescribed opioids?
Electronic health record-based system
Electronic system separate from medical records
Paper reminder system
Other type of system
No system
Don't know or not applicable
Next

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

Does your practice consistently administer patient experience measures?		
O Yes		
○ No		
Do patient experience measures include questions about pain management?		
○ Yes		
○ No		
Are patient experience metrics used for any of the following purposes? (Select all that apply)		
Purpose	Yes	No
To improve quality of care		
In decisions regarding your compensation or bonuses		
In decisions regarding promotions		
In decisions regarding financial incentives/disincentives for the practice as a whole		
Next		
Conduct your own online surveys		

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

Please indicate your level of agreement with each of the following statements about opioid misuse and abuse and the role of prescribers:

Statement	Strongly agree	Agree	Disagree	Strongly disagree
Opioid misuse and abuse is a serious problem nationwide.				
Opioid misuse and abuse is a serious problem in my state.			0	0
Opioid misuse and abuse is a serious problem among patients served by my practice.				
Preventing opioid abuse is becoming a greater national priority for providers.			0	0
Prescriber play an important role in preventing opioid abuse.				
Prescribers play an important role in identifying and intervening in instances of suspected opioid abuse.			0	0
Preventing opioid abuse is a priority issue for me.				

Please indicate your level of agreement with each of the following statements about your own experiences as a prescriber:

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Applicable
I take strong action to identify, assess, or otherwise address prescription opioid misuse and abuse among my patients.					
I am aware of where to find evidence-based recommendations related to responsible prescribing practices.	0	0		0	0
There is clear clinical guidance in the field for prescribing responsibly.					
I have the training and resources I need to make safe prescribing decisions.	0			0	
I am comfortable prescribing opioids for patients with chronic pain.					
I am confident in my clinical skills in prescribing opioids.	0			0	
I am confident in my ability to identify instances of suspected misuse or abuse of prescription opioids among my patients.					
I am comfortable addressing instances of suspected prescription drug misuse or abuse with my patients.	0	0		0	
I know what actions to take to support patients identified as abusing prescription drugs.					

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

Please select the appropriate answer for the following question(s).

Approximately what percentage of your chronic pain patients do you think are at risk for prescription drug misuse, abuse, or overdose?
O-10%
O 11-20%
O 21-30%
31-40%
O 41-50%
O 51-60%
O 61-70%
71-80%
81-90%
O 91-100%
O Do not know
Prefer not to answer
Next

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

Indicate your level of agreement with the following statements:

Statement	Strongly	Agree	Disagr		ngly igree	Not applicable
In general, I have found that my patients are open and receptive to suggestions of non-opioid methods of pain management.	0	0	0			0
In general, patients tend to communicate that opioids are the most effective methods of pain management.	0	0	0			
My patients seem to understand the risks of misuse, abuse, and overdose involved with opioids.						
It would be easy to provide a patient a referral to a qualified professional in my area who can assist with non-pharmacologic methods of pain management, such as cognitive behavioral therapy or exercise therapy.	0	0	0			0
In the last 3 months, how often, on average, have you refer decision-making for patients seeking opioids for pain mana		Less than once per month	Once per month	Two or three times per month	Onc. per weel	More than e once per
	gement?	Less than once per	Once per	Two or three times per	Onc	More than e once per
decision-making for patients seeking opioids for pain mana	gement?	Less than once per month	Once per month	Two or three times per month	Onc. per weel	More than e once per k week
decision-making for patients seeking opioids for pain mana  Tools, like checklists, decision aids and fact sheets	Never	Less than once per month	Once per month	Two or three times per month	Onc. per weel	More than e once per k week
decision-making for patients seeking opioids for pain mana  Tools, like checklists, decision aids and fact sheets  Webinars	Never	Less than once per month	Once per month	Two or three times per month	Once per week	More than e once per k week
decision-making for patients seeking opioids for pain mana  Tools, like checklists, decision aids and fact sheets  Webinars  Posters	Never	Less than once per month	Once per month	Two or three times per month	Once per week	More than e once per k week

Conduct your own online surveys

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

How familiar are you with the following methods of pain management?

	Very familiar	Somewhat familiar	Somewhat unfamiliar	Very unfamiliar	Completely unfamiliar
Prescription opioids as analgesics (e.g., fentanyl, hydrocodone, oxycodone)					
Cognitive-behavioral therapy					
Exercise therapy					
Acetaminophen					
Nonsteroidal anti-inflammatory drugs [NSAIDs]					
Antidepressants					
Multimodal and multidisciplinary therapies (e.g., therapies that combine exercise and related therapies with psychologically based approaches)					

How effective or ineffective do you think the following methods of pain management are? When answering, think about a patient that has moderate to severe low back pain; is not pregnant; is under age 65; and has no personal or family history of substance use disorder, anxiety or depression, COPD or other underlying respiratory conditions, or renal of hepatic insufficiency.

	Very effective	Somewhat effective	Somewhat ineffective	Very ineffective
Prescription opioids as analgesics (e.g., fentanyl, hydrocodone, oxycodone)				
Cognitive-behavioral therapy				
Exercise therapy				
Acetaminophen				
Nonsteroidal anti-inflammatory drugs [NSAIDs]				
Antidepressants				
Multimodal and multidisciplinary therapies				

Next

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

In your experience, how likely will a patient's insurance (public or private) approve the following forms of pain management?

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Do not know/ It depends
Prescription opioids as analgesics (e.g., fentanyl, hydrocodone, oxycodone)					
Cognitive-behavioral therapy					
Exercise therapy					
Acetaminophen					
Nonsteroidal anti-inflammatory drugs [NSAIDs]					
Antidepressants					
Multimodal and multidisciplinary therapies (e.g., therapies that combine exercise and related therapies with psychologically based approaches)					

Compared to typical prescription opioid-based therapy for pain management, how would you rate the relative cost of the following pain management strategies?

	Much more expensive	More expensive	Equally expensive	Less expensive	Much less expensive
Cognitive-behavioral therapy					
Exercise therapy					
Acetaminophen					
Nonsteroidal anti-inflammatory drugs [NSAIDs]					
Antidepressants					
Multimodal and multidisciplinary therapies					

Next

The section below asks about several activities related to prescription opioids. How often do you...

	Never	Sometimes	Usually	Always	Not applicable
use opioids as a first-line therapy for treatment of chronic pain (as opposed to nonpharmacologic or nonopioid pharmacologic therapy)?					
establish treatment goals for pain or physical function with a patient before starting opioid therapy?		0	0	0	
discuss the risks and benefits of opioid therapy with patients before starting opioid therapy?					
prescribe immediate-release opioids instead of extended-release opioids, when starting opioid therapy?	0	0	0	0	0
$\ldots$ prescribe the lowest effective dosage when starting opioid therapy?					
prescribing only short durations of opioids for acute pain (i.e. no more than 7 days)?	0	0	0	0	0
evaluate benefits and harms within 1-4 weeks of initiating a patient's opioid therapy?					
evaluate benefits and harms every 3 months after initiating a patient's opioid therapy?	0	0	0	0	0
use strategies to mitigate risk factors for opioid- related harms before they occur (i.e. offering naloxone when a patient has factors that increase risk for opioid overdose)?					
review a patient's history of controlled substance use with a state prescription drug monitoring program (PDMP) before starting a patient's opioid therapy?	0	0	0	0	0
review a patient's history of controlled substance use with a state prescription drug monitoring program (PDMP) periodically during a patient's opioid therapy?					
use urine drug testing before initiating opioid therapy to assess for prescribed opioids and other prescription/illicit drugs?	0	0	0	0	0
use urine drug testing during opioid therapy to assess for prescribed opioids and other prescription/illicit drugs?					
avoid concurrent opioid and benzodiazepine prescription?	0	0	0	0	0
screen patients for opioid use disorder (OUD) or substance use disorder (SUD)?					
refer or offer to refer a patient to treatment for opioid use disorder (such as medication assisted treatment) if you feel they need it?	0	0	0	0	0

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

Please select the appropriate answer for the following quest	tion(s).				
Before today, were you aware of the CDC Guideline for Pre 2016?	scribing Opio	oids for Chr	onic Pain, w	hich was rel	eased in
Yes Ves					
○ No					
How familiar are you with the CDC Guideline for Prescribing	Opioids for	Chronic Pa	ain?		
Very familiar					
Somewhat familiar					
Somewhat unfamiliar					
Very unfamiliar					
Please rate your agreement with the following statements:					
Statement	Strongly agree	Agree	Disagree	Strongly disagree	Do not know

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Do not know
I find the CDC Guideline easy to understand.					
The CDC Guideline is easy to apply in day to day practice with pain management patients.					
There is a strong evidence base supporting the CDC Guideline.					
I have adopted the CDC Guideline into my day to day practice with pain management patients.					
Implementing the CDC Guideline will improve the quality of care for pain management patients.					

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

How did you become aware of the CDC Guideline for Prescrib	ing Opioids for Ch	nronic Pain? (Selec	t all that apply)
Evidence-based clinical decision support resource (i.e. Up	ToDate)		
State Medical Board			
CDC website			
CDC Opioid Guideline Mobile App			
Professional journals			
Professional Organization			
☐ Conference			
Word of mouth			
Other (Please specify):			
Did you or your practice obtain materials produced by the CDC Chronic Pain?  Yes  No	Cabout the CDC (	Guideline for Presc	ribing Opioids for
What materials have you or your practice obtained? (Select all	that apply)		
	Yes	No	Not sure
Clinical Decision Support Tools, such as:  - Checklist for Prescribing Opioids for Chronic Pain  - Fact Sheets on Tapering Opioids for Chronic Pain, Nonopioid Treatments for Chronic Pain, Assessing Benefits and Harms, Calculating Total Daily Dose of Opioids for Safer Dosage, or others			
Webinar Trainings			0
CDC Opioid Guideline Mobile App			
		0	0
Posters			
Posters Videos	0		
		0	0
Videos		0	0

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

answered "Other" to the p	revious question, please	e specify your answer	
Next			

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

In the last 3 months, with your patients experiencing chronic pain, how often have you personally used the following CDC resources in your practice?

	Never	Less than once per month	Once per month	Two or three times per month	Once per week	More than once per week
Clinical Decision Support Tools, such as: - Checklist for Prescribing Opioids for Chronic Pain - Fact Sheets on Tapering Opioids for Chronic Pain, Nonopioid Treatments for Chronic Pain, Assessing Benefits and Harms, Calculating Total Daily Dose of Opioids for Safer Dosage, or others)						
Knowledge gained from Webinar Trainings						
CDC Opioid Guideline Mobile App						
Posters						
Videos						
Patient education fact sheets						
Other						

Next

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

f you answered "Other" to the previous question, please specify your answer:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Next			
	Variet curvey cefferare		

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

To what extent would these resources help you better understand and apply the CDC Guideline for Prescribing Opioids for Chronic Pain? (Select all that apply)

Statement	Very unhelpful	Unhelpful	Helpful	Very helpful	Don't know
Further explanation of the empirical research in support of guideline practices					
More resources on non-opioid methods of chronic pain treatment					
Additional patient-facing materials to help them understand and accept non-opioid methods of pain treatment					
Other	0	0		0	
Next					

Powered by Verint: Conduct your own online surveys

OMB CONTROL NO.: 0920-0572 EXPIRATION DATE: 03/03/2018

How would you characterize the leadership at your specific popioids?	practice in regards t	o the CDC Guidelin	ne for Prescription
	Yes	No	Not sure
The leadership at my practice have taken no action regarding the guideline			
The leadership has communicated support for the guideline		0	
The leadership has enacted policy changes that align with the guideline			
The leadership has adjusted the organizational mission and strategic plan to integrate the guideline		0	
The leadership has implemented quality and performance metrics which align with the guideline			

Verint survey software

Thank you for completing this survey.

Powered by Verint: Conduct your own online surveys