

Information to be collected

Name\*

Zip code\*

Email address\*

Profession (Select one)\*

Healthcare professional student	Doctor (M.D. or D.O.)	Nurse/Nurse Practitioner
Resident	Physician Assistant	Physical Therapist/Occupational Therapist
Dentist	Pharmacist	Other

Specialty (Select one)

<b>Family Medicine</b>	<b>Pediatrics</b>	<b>OB/Gynecology</b>
<b>ENT/Otolaryngology</b>	<b>Pathology</b>	<b>Emergency Medicine</b>
<b>Preventive Medicine</b>	<b>Psychiatry</b>	<b>Radiology</b>
<b>Anesthesiology</b>	<b>Dermatology</b>	<b>Neurology</b>
<b>Pain Medicine</b>	<b>Physical Medicine &amp; Rehab</b>	
<b>Internal Medicine</b>		
<i>Internal Medicine (subspecialty)</i>		
<i>Nephrology</i>	<i>Cardiology</i>	<i>Rheumatology</i>
<i>Neurology</i>	<i>Hematology/Oncology</i>	<i>Infectious Disease</i>
<i>GI</i>	<i>Geriatrics</i>	<i>Other</i>
<b>Surgery</b>		
<i>Surgery (subspecialty)</i>		
<i>Plastic</i>	<i>Thoracic</i>	<i>Urology</i>
<i>Ophthalmology</i>	<i>Orthopedic</i>	<i>Other</i>
<b>Other</b>		

Open text questions

Question 1: How has the prescription opioid crisis impacted you, your practice, or your patients? (open text box)

Question 2: What have you found to be effective strategies to address the prescription opioid crisis in your clinic and/or community? (open text box)

\*Required information