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)

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

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