

## **Introduction and Screening Questions**

### **HCPs**

Thank you for being part of the Physicians Consulting Network (PCN). This study is being conducted on behalf of the Food and Drug Administration (FDA). There has been a lot of discussion about many opioid-related topics, and FDA wants to hear from healthcare providers who are actually prescribing these medications.

The survey should take about 20 minutes to complete.

We'll start with a few basic screening questions.

S1. Which of the following best describes your profession?

- 1-Physician
- 2-Physician assistant
- 3-Nurse practitioner
- 4-Dentist→ SKIP TO S4
- 5-Other [TERMINATE]

[FORCE TO ANSWER]

S2. Do you consider yourself a primary care provider or specialist?

- 1-Primary care provider
- 2-Specialist

S3. Which of the following categories best describes your primary area of specialization?

[SHOW DROP DOWN MENU]

- 1. Internal Medicine
- 2. Family Practice/Medicine
- 3. General Medicine
- 4-Pediatrics [TERMINATE]
- 5-Allergy or pulmonology [TERMINATE]
- 6-Psychiatry
- 7-Endocrinology [TERMINATE]
- 8-Dermatology [TERMINATE]
- 9-Rheumatology
- 10-Cardiology [TERMINATE]
- 11-Otolaryngology [TERMINATE]
- 12-Urology [TERMINATE]
- 13-Neurology
- 14-Oncology [TERMINATE]
- 15-Gastroenterology [TERMINATE]
- 16-Podiatry [TERMINATE]
- 17-Anesthesiology
- 18-Pain management
- 19-OB-GYN
- 20-Emergency medicine
- 21-Surgery
- 22-Orthopedics
- 22-Physical Medicine and Rehabilitation
- 23- Other [TERMINATE]

S4. Have you worked for the federal government in the last 5 years?

- 1-Yes [TERMINATE]
- 2-No

[DROPDOWN MENU WITH STATES, FORCE TO ANSWER]

S5. In what state is your primary practice based? \_\_\_\_\_ (For the purposes of this survey, your primary practice is based in the state that encompasses your largest patient population)

S6. In the (primary) state where you work, do you have authority to prescribe opioids?

- 1-Yes
- 2-No [TERMINATE]

S7. Please choose the answer that best describes your level of prescribing authority.

1-Unrestricted, unlimited

2-Only in conjunction with a healthcare provider

3-Only as part of a Collaborative Drug Therapy Management (CDTM) agreement

4-Cannot prescribe medication [TERMINATE]

S8. In the past 30 days, for about how many patients have you prescribed opioids for non-cancer pain?

\_\_\_\_\_ [IF LESS THAN 5, TERMINATE]

[NUMBER BOX, RANGE: 0-500, FORCE TO ANSWER]

S9. In the past 30 days, about what percentage of the opioids that you prescribed were extended-release/long-acting (ER/LA) opioids such as OxyContin or MS Contin?

\_\_\_\_\_%

At least 10% of the sample must answer 10% or more