

Attachment 1: Questions to be cognitively tested

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National Survey on Best Practices for Patient Pain Management and Opioid Use

1. We have your specialty listed as: _____ . Is this correct?

1. Yes
2. No → What is your specialty? _____

2. Do you provide direct care for patients?

1. Yes
2. No

3. In what setting do you typically provide care to the most patients? (Check all that apply)

1. Solo or group practice
2. Freestanding clinic or urgent care center
3. Pain management center or clinic
4. Community health center (e.g., Federally Qualified Health Center (FQHC), federally-funded clinics or “look-alike clinics”)
5. Mental health center
6. Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)
7. Family planning clinic (including Planned Parenthood)
8. Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
9. Faculty practice plan (an organized group of physicians that treat patients referred to an academic medical center)
10. Hospital emergency or hospital outpatient department
11. None of the above

4. How many of your patients have non-cancer acute pain, that is, any pain lasting less than 3 months?

1. None
2. 1% to 25%
3. 26% to 50%
4. 51% to 75%
5. More than 75%

5. How many of your patients have non-cancer chronic pain, that is, any pain lasting 3 months or more?

1. None
2. 1% to 25%
3. 26% to 50%
4. 51% to 75%
5. More than 75%

6. Which of the following clinical practice guideline(s) do you use when developing a non-cancer pain management treatment plan for your patients? (Check all that apply)

1. My U.S. state's Guidelines
2. American Academy of Pain Medicine Guidelines
3. American College of Physicians Guidelines for low back pain
4. American College of Rheumatology Guidelines
5. American Geriatrics Society Guidelines
6. American Pain Society Guidelines
7. American Society of Anesthesiologists Guidelines
8. American Society of Interventional Pain Physicians Guidelines
9. U.S. Department of Defense Guidelines
10. U.S. Centers for Disease Control and Prevention opioid Guidelines
11. U.S. Veteran's Health Administration Guidelines
12. U.S. DHHS Office of the Assistant Secretary of Health Pain Management Best Practices Task Force Guidelines
13. Other clinical practice guidelines
14. I do not apply any clinical guidelines

7. How often do you track your patients' non-cancer pain using assessment tools such as numerical or visual-analog pain scales?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

8. How often do you track your non-cancer pain patients' physical function using a standardized questionnaire?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

**The next series of questions asks about the use of opioids to treat non-cancer pain patients,
REGARDLESS of whether their pain is acute or chronic.**

9. How many of your non-cancer pain patients are currently being treated with opioids?

1. None (*Skip to question 12*)
2. 1% to 25%
3. 26% to 50%
4. 51% to 75%
5. More than 75%

10. After a non-cancer pain patient starts opioid therapy, when do you re-evaluate him/her?

1. Within 1 week
2. Within 4 weeks
3. With 3 months
4. Within 1 year
5. After 1 year
6. I don't re-evaluate patients after they start opioid therapy

11. How often do you discuss risks and benefits with non-cancer pain patients before starting an opioid pain management approach?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

12. How often do you recommend non-pharmacological approaches to non-cancer pain patients before or instead of opioid therapy?

1. Never (*Skip to question 14*)
2. Rarely
3. Sometimes
4. Most of the time
5. Always

13. What types of non-pharmacological approaches do you currently recommend to non-cancer pain patients? (Check all that apply)

1. Acupuncture
2. Chiropractic care
3. Exercise and/or stretching
4. Locally-applied heat/cold
5. Massage therapy
6. Mind-body approaches such as biofeedback, progressive relaxation, meditation, or guided imagery
7. Occupational therapy
8. Physical therapy
9. Yoga, tai chi, or qi gong
10. Other

14. How often do you recommend non-opioid medications to non-cancer pain patients before or instead of opioid therapy?

1. Never (*Skip to question 16*)
2. Rarely
3. Sometimes
4. Most of the time
5. Always

15. What types of non-opioid medications do you currently recommend to non-cancer pain patients? (Check all that apply)

1. Acetaminophen
2. Anticonvulsants
3. Antidepressants
4. Benzodiazepines
5. Non-steroidal anti-inflammatory drugs
6. Other non-opioid drugs

The next series of questions asks about the use opioids to treat chronic non-cancer pain patients.

16. How often do you screen non-cancer chronic pain patients for depression and other mental health disorders prior to starting treatment?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

17. How often do you establish treatment goals with non-cancer chronic pain patients (e.g., less pain, improved function, increased social activities, better sleep quality, etc.)?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

18. How many of your non-cancer chronic pain patients are currently being treated with opioids?

1. None (*Skip to question 22*)
2. 1% to 25%
3. 26% to 50%
4. 51% to 75%
5. More than 75%

19. When you prescribe opioids to your non-cancer chronic pain patients, how many days on average does the prescription cover?

1. Fewer than 4 days
2. 4 to 7 days
3. 8 to 14 days
4. 14 to 30 days
5. More than 30 days

20. On average, how often do you re-evaluate non-cancer chronic pain patients who are prescribed long-term opioids?

1. Once per week
2. Once per month
3. Once every 3 months
4. Once every 6 months
5. Once per year
6. Less than once per year
7. I don't prescribe long-term opioids to my non-cancer chronic pain patients

21. For your non-cancer chronic pain patients, how often do you...?

	Never	Rarely	Some-times	Most of the time	Always
Use an opioid risk assessment before starting opioid therapy					
Prescribe naloxone to patients receiving opioids					
Establish an opioid treatment plan with my patients					
Review and/or evaluate patient history of drug or alcohol abuse before starting opioid therapy					
Use random urine toxicology screening before starting opioid therapy, and at least quarterly for long-term opioid therapy					
Review my U.S. state's prescription drug monitoring program database before starting opioid therapy					
Co-prescribe benzodiazepines with opioids					

22. How confident are you in successfully treating/managing non-cancer chronic pain?

1. Not confident at all
2. Somewhat confident
3. Very confident
4. Completely confident

23. Which of these have interfered with successful management of your non-cancer chronic pain patients? (Check all that apply)

1. Complex pain patients with multiple comorbid conditions
2. Inadequate access to pain specialist or specialized pain clinics
3. Inadequate non-opioid drugs
4. Inadequate opioid drugs
5. Inadequate non-pharmacological approaches
6. Lack of information on how to recommend or make referrals for non-pharmacological approaches
7. Insufficient practice time
8. Lack of training in pain management
9. Patient unwillingness to engage in self-care
10. Patient unwillingness to use non-opioid approaches
11. Patient lack of or insufficient health insurance coverage for required treatments
12. Other
- 13. None of these have interfered with successful management**