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Form Approved
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Public Reporting burden of this collection of information is estimated at 5 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXXX). Thank you for participating in this important study. Your responses to this questionnaire will be kept confidential and will not be shared outside our research and quality-improvement team.

This survey asks about your impressions of the usefulness of recommendations for post-hospital management of pain and mobility for older patients found to be at increased risk for falls contained in UCSF medical center discharge summaries. This should take no more than 5 minutes to complete. If you have questions, please call Dr. Andrew Auerbach (415-502-1414) or email Steadi.Study@ucsf.edu

rell us ab	out yourself and your background					
	Age			< 30		
			0	30 - 39		
				40 - 49 50 - 64		
			0	65+		reset
2)	Gender		0	Female		
				Male Decline to say		
						reset
3)	Years in clinical practice			0- <mark>5</mark> 6-10		
				11-15 16-20		
			_	>20		reset
4)	Professional preparation/role		0	MD/DO		
			0	NP/PA		
				RPH/PharmD RN		reset
5)	I am a student, resident, or fellow			Yes		1000
				No		reset
6)	Have a DEA registration number		0	Yes		
				No Not Applicable		
				Not Applicable		reset
7)	Unit where you primarily care for p	atients		•		
	ion asks about your recent experien	ces in caring f	or older adu	ilt (age 65+) pat	ients	
n the pa	st week	0	1-3	4-6	7-10	>10
8)	how many times did you screen a patient for possible opioid use	0	0	0	0	0
0)	how many times did you seek					rese
9)	consultation to aid in pain management for your patient(s)?					
10)	how many times did you give instructions for how to use non-	0	0	0	0	rese
	pharmacologic pain treatments during hospitalization?					
11)	how many discharge opioid prescriptions did you write?	0	0		0	rese
12)	how many times did you give	0	0	0	0	rese
	instructions on how to taper opioids after discharge?					rese
13)	how many times did you give instructions on non-pharmacologic pain treatments at discharge?	0	0		0	
Please in	dicate your level of agreement with	the following	statements			rese
						Strongly
14)	I feel confident in my ability to manage pain in hospitalized patients.	Strongly Agree	Agree	Neutral	Disagree	Disagree
15)	I feel confident in my ability to	0	0	0	0	rese
16)	I feel confident in my ability to use					rese
10)	opioid conversion calculations in caring for my patients					
17)	I feel confident in my ability to identify patients at risk for opioid	0	0	0	0	rese
	misuse at the time they are admitted to the hospital					
18)	I feel confident in my knowledge about how to avoid use of parenteral	0			0	rese
	opioids for pain in hospitalized patients					rese
19)	I feel confident in my ability to transition patients from opioid-	0	0	0	0	0
	inclusive to non-opioid regimens during hospitalization					rese
20)	I feel confident in my knowledge about alternatives to opioids for pain in hospitalized patients				0	
21)	I know where to find educational or	0	0	0	0	rese
	clinical guideline resources to assist me with managing my patients' pain					
22)	I feel confident in my ability to instruct patients on how to taper or	0	0	0	0	rese
	transition off opioid pain medications at the time of discharge					rese
23)	I feel confident in my ability to identify patients at risk for opioid misuse at the time they are being	0	0	0	0	0
	discharged from the hospital					rese
24)	I feel confident in my knowledge of non-pharmacologic approaches to aid with pain management in patients	0	0		0	0
	after discharge					rese
25)	for management of pain is time consuming		0		0	0
26)	I feel confident in my ability to counsel patients who are reluctant to	0	0		0	rese
	avoid or reduce opioids					rese
27)	Our electronic health record helps me choose non-opioid pain regimens during hospitalization					
28)	Our electronic health record helps	0	0	0	0	rese
	me choose non-opioid pain regimens at discharge					rese
29)	Our electronic health record makes it easier for me to teach patients about	0	0	0	0	0
	how to manage their pain after discharge					rese
30)	Our electronic health record makes it easier for me to teach patients about how to taper off opioids after		0	0	0	0
	how to taper off opioids after discharge					rese
31)	What suggestions do you have for h might help you take care of your pa					
	particularly patients >65?					
						Expand
		Submi	+			