**NOTICE** – CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-1030).

**Assurance of Confidentiality** – We take your privacy very seriously.  All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes.  NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)).  In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

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| **Physician Pain Management Questionnaire** |

The purpose of this survey is to understand physician’s awareness and use of various clinical practice guidelines for managing pain. The survey should only be completed by the physician to whom it is addressed. Your participation in this survey is voluntary and greatly appreciated. Your answers are completely confidential. If you have any questions or comments about this survey, please call 301-458-4220**.** Please return your questionnaire in the envelope provided.

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| 1. **What is your specialty?**   □1 General practice/family medicine  □2 Internal medicine  □3 Obstetrics and Gynecology  □5 Anesthesiology (Pain Medicine)  □6 Emergency Medicine  □7 General Surgery  □8 Surgical Specialty (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □9 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Do you provide direct care for patients?**   □1 Yes  } **erestop hee**  □2 No  *Please stop here and return the questionnaire in the envelope provided. Thank you for your time.*  *questionnaire in the envelope provided. Thank you for your time.*  □3 I am no longer  in practice. | 1. **In what setting do you typically provide care to the most patients? CHECK ALL THAT APPLY.**   □1 Solo or group practice (inpatient and/or outpatient)  □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 Emergency Room  □7 Non-federal government clinic (e.g., state, county)  \_\_\_   1. **How many of your patients are you currently treating for pain?**  |  |  |  | | --- | --- | --- | | □1 None  □4 Almost All  ***If you answered “None” to question 4, please stop here and return the questionnaire in the envelope provided. Thank you for your time.*** | □2 Few  □5 All | □3 Some | |
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| 1. Of the following categories of clinical practice guidelines for pain management, select those you are aware of and select those that you use when treating pain patients. CHECK ALL THAT APPLY. | I am aware of these guidelines(s) | I use these guideline(s) to treat pain |
| 1. Guidelines from professional medical organizations or societies (e.g., the American Academy of Pain Medicine Guidelines) | □1 | □2 |
| 1. Guidelines established by the state where you primarily provide care | □1 | □2 |
| 1. The CDC Guideline for Prescribing Opioids for Chronic Pain *also known as* The U.S. Centers for Disease Control and Prevention Opioid Guideline | □1 | □2 |
| 1. Hospital or practice-based guidelines; that is guidelines established by the organization where you provide care. | □1 | □2 |
| 1. Guidelines established by the Department of Health and Human Services or Veteran Administration | □1 | □2 |

***If you answered “Never” to question 6b, please skip to question 8.***

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| 1. When managing your pain patients, how often do you? | Never | Rarely | Some-times | Often | Always |
| 1. Establish treatment goals with your recently diagnosed pain patients? (e.g., less pain, improved function, increased social activities, better sleep quality, etc.) | □1 | □2 | □3 | □4 | □5 |
| 1. Recommend non-pharmacological approaches to your recently diagnosed pain patients before or instead of opioid therapy | □1 | □2 | □3 | □4 | □5 |

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| 1. **What types of non-opioid medications do you currently recommend to pain patients? CHECK ALL THAT APPLY.**  |  |  | | --- | --- | | □1 Acetaminophen  □3 Antidepressants  □5 Non-steroidal anti- \_\_\_\_ inflammatory \_\_\_\_(NSAIDS) | □2 Anticonvulsants  □4 Benzodiazepines  □6 Other non-opioid drugs |  1. **How confident are you in successfully treating/managing pain?**  |  |  | | --- | --- | | □1 Not confident at all  □3 Very confident | □2 Somewhat confident  □4 Completely confident | | ***The next series of questions ask about the use of opioid therapy to treat pain patients.***   1. **How many of your pain patients are currently being treated with opioids prescribed by you?**  |  |  |  | | --- | --- | --- | | □1 None  □4 Almost All | □2 Few  □5 All | □3 Some |   ***If you answered “None” to question 9, please stop here and return the questionnaire in the envelope provided. Thank you for your time.*** |

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| 1. Prior to starting opioids for pain management, how often do you do the following? | Never | Rarely | Some-times | Often | Always |
| 1. Screen patients for depression and other mental health disorders | □1 | □2 | □3 | □4 | □5 |
| 1. Discuss risks and benefits of using opioids for pain treatment | □1 | □2 | □3 | □4 | □5 |

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| 1. **After you start opioid therapy on a pain patient, when do you re-evaluate him/her?**  |  |  | | --- | --- | | □1 Within 1 week  □3 Within 3 months | □2 Within 4 weeks  □4 Within 1 year | | □5 I don’t re-evaluate patients after starting opioid therapy | |  1. **When you prescribe opioids to your pain patients, how many days on average does the prescription cover?**  |  |  | | --- | --- | | □1 Fewer than 4 days  □3 8 to 14 days  □5 More than 30 days | □2 4 to 7 days  □4 15 to 30 days | | 1. **On average, how often do you re-evaluate pain patients to whom you have prescribed long-term opioids (*more than 3 months*)?**   □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 pain patients |

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| 1. **When prescribing opioid therapy to your pain patients, how often do you?** | **Never** | **Rarely** | **Some-times** | **Often** | **Always** |
| 1. Perform a substance abuse risk assessment before prescribing opioids (e.g., CAGE, COWS, TAPS) | □1 | □2 | □3 | □4 | □5 |
| 1. Establish an opioid treatment plan with your patients | □1 | □2 | □3 | □4 | □5 |
| 1. Review the patient’s history of substance use | □1 | □2 | □3 | □4 | □5 |
| 1. Perform a urine toxicology screening **before** starting opioid therapy | □1 | □2 | □3 | □4 | □5 |
| 1. Review your U.S. state’s prescription drug monitoring program database (PDMP) | □1 | □2 | □3 | □4 | □5 |
| 1. Prescribe naloxone to patients receiving opioids | □1 | □2 | □3 | □4 | □5 |
| 1. Perform a random urine toxicology screening **quarterly** for **long-term opioid therapy** | □1 | □2 | □3 | □4 | □5 |

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| 1. **What type of non-pharmacological approaches do you currently recommend to your recently diagnosed pain patients? CHECK ALL THAT APPLY.**  |  |  |  |  | | --- | --- | --- | --- | | □1 Acupuncture/Massage \_\_\_\_ therapy  □5 Mind-body techniques  (e.g., biofeedback)  □9 None | □2 Chiropractic care  □6 Occupational/Physical \_\_\_\_ therapy  □10 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □3 Exercise and/or ……. ……. stretching  □7 Talk therapy (CBT, \_\_\_\_ …….group therapy) | □4 Local heat/cold therapy    □8 Yoga, Tai-Chi, Qi Gong | |