

Physician Pain Management Questionnaire

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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.

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): _____

2. Do you provide direct care for patients?

- 1 Yes
- 2 No
- 3 I am no longer in practice.



Please stop here and return the questionnaire in the envelope provided. Thank you for your time.

3. 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)

4. How many of your patients are you currently treating for pain?

- 1 None
- 2 Few
- 3 Some
- 4 Almost All
- 5 All

If you answered "None" to question 4, please stop here and return the questionnaire in the envelope provided. Thank you for your time.

5. 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
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- | | | |
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| a. Guidelines from professional medical organizations or societies (e.g., the American Academy of Pain Medicine Guidelines) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Guidelines established by the state where you primarily provide care | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. The CDC Guideline for Prescribing Opioids for Chronic Pain <i>also known as</i> The U.S. Centers for Disease Control and Prevention Opioid Guideline | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Hospital or practice-based guidelines; that is guidelines established by the organization where you provide care. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Guidelines established by the Department of Health and Human Services or Veteran Administration | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

6. When managing your pain patients, how often do you?

	Never	Rarely	Some-times	Often	Always
a. Establish treatment goals with your recently diagnosed pain patients? (e.g., less pain, improved function, increased social activities, better sleep quality, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Recommend non-pharmacological approaches to your recently diagnosed pain patients before or instead of opioid therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

If you answered "Never" to question 6b, please skip to question 8.

7. What types of non-opioid medications do you currently use to treat pain patients?

The next series of questions ask about the use of opioid therapy

If you have misplaced the envelope, please send the questionnaire to: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics –AHCSB, 3311 Toledo Road, Room 3409 Hyattsville, MD 20782

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<p>recommend to pain patients? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/>1 Acetaminophen <input type="checkbox"/>2 Anticonvulsants</p> <p><input type="checkbox"/>3 Antidepressants <input type="checkbox"/>4 Benzodiazepines</p> <p><input type="checkbox"/>5 Non-steroidal anti-inflammatory (NSAIDS) <input type="checkbox"/>6 Other non-opioid drugs</p> <p>8. How confident are you in successfully treating/managing pain?</p> <p><input type="checkbox"/>1 Not confident at all <input type="checkbox"/>2 Somewhat confident</p> <p><input type="checkbox"/>3 Very confident <input type="checkbox"/>4 Completely confident</p>	<p>9. How many of your pain patients are currently being treated with opioids prescribed by you?</p> <p><input type="checkbox"/>1 None <input type="checkbox"/>2 Few <input type="checkbox"/>3 Some</p> <p><input type="checkbox"/>4 Almost All <input type="checkbox"/>5 All</p> <p><i>If you answered "None" to question 9, please stop here and return the questionnaire in the envelope provided. Thank you for your time.</i></p>
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10. Prior to starting opioids for pain management, how often do you do the following?	Never	Rarely	Some-times	Often	Always
a. Screen patients for depression and other mental health disorders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Discuss risks and benefits of using opioids for pain treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<p>11. After you start opioid therapy on a pain patient, when do you re-evaluate him/her?</p> <p><input type="checkbox"/>1 Within 1 week <input type="checkbox"/>2 Within 4 weeks</p> <p><input type="checkbox"/>3 Within 3 months <input type="checkbox"/>4 Within 1 year</p> <p><input type="checkbox"/>5 I don't re-evaluate patients after starting opioid therapy</p> <p>12. When you prescribe opioids to your pain patients, how many days on average does the prescription cover?</p> <p><input type="checkbox"/>1 Fewer than 4 days <input type="checkbox"/>2 4 to 7 days</p> <p><input type="checkbox"/>3 8 to 14 days <input type="checkbox"/>4 15 to 30 days</p> <p><input type="checkbox"/>5 More than 30 days</p>	<p>13. On average, how often do you re-evaluate pain patients to whom you have prescribed long-term opioids (more than 3 months)?</p> <p><input type="checkbox"/>1 Once per week</p> <p><input type="checkbox"/>2 Once per month</p> <p><input type="checkbox"/>3 Once every 3 months</p> <p><input type="checkbox"/>4 Once every 6 months</p> <p><input type="checkbox"/>5 Once per year</p> <p><input type="checkbox"/>6 Less than once per year</p> <p><input type="checkbox"/>7 I don't prescribe long-term opioids to my pain patients</p>
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14. When prescribing opioid therapy to your pain patients, how often do you?	Never	Rarely	Some-times	Often	Always
a. Perform a substance abuse risk assessment before prescribing opioids (e.g., CAGE, COWS, TAPS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Establish an opioid treatment plan with your patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Review the patient's history of substance use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Perform a urine toxicology screening before starting opioid therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Review your U.S. state's prescription drug monitoring program database (PDMP)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Prescribe naloxone to patients receiving opioids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Perform a random urine toxicology screening quarterly for long-term opioid therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<p>15. What type of non-pharmacological approaches do you currently recommend to your recently diagnosed pain patients? CHECK ALL THAT APPLY.</p>			
<input type="checkbox"/> 1 Acupuncture/Massage therapy	<input type="checkbox"/> 2 Chiropractic care	<input type="checkbox"/> 3 Exercise and/or stretching	<input type="checkbox"/> 4 Local heat/cold therapy
<input type="checkbox"/> 5 Mind-body techniques (e.g., biofeedback)	<input type="checkbox"/> 6 Occupational/Physical therapy	<input type="checkbox"/> 7 Talk therapy (CBT, group therapy)	<input type="checkbox"/> 8 Yoga, Tai-Chi, Qi Gong
<input type="checkbox"/> 9 None	<input type="checkbox"/> 10 Other _____		

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Boxes for Administrative Use

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