

# Dental Practitioner Survey

## Dental Practitioners Survey

**Instructions:** Please indicate your responses to the following questions. Please complete all sections/questions that apply. Survey completion should take approximately 10 to 30 minutes.

### Definitions:

- A. **Abuse/Misuse:** Intentional use of a prescription drug for non-medical purposes, including intentional use in the excess of a prescribed dose to get high or for the feeling it causes, lending, borrowing medication.
- B. **Diversion:** Any criminal act that causes legitimately manufactured controlled drugs to be sidetracked from their lawful purpose to illicit use (i.e., for personal use or distribution to others for purposes of abuse).
- C. **Controlled drugs:** The Controlled Substances Act assigns all drugs that are regulated under existing federal law to one of five categories, or schedules, depending on the drug's medical usefulness, its potential for abuse and the degree of dependence that may result from its abuse. The controlled drugs that we are most interested in for this survey are opioids (pain relievers). These may include but are not limited to: OxyContin, hydrocodone, Percocet, Dilaudid, Vicodin.

### Practice Behaviors

1. At which visits do your patients complete or update their written medical history? (**INDICATE ALL THAT APPLY**)

- |   |         |        |         |
|---|---------|--------|---------|
| A. At the first visit<br>[med_history_first]  | YES (1) | NO (2) |         |
| B. At semi-annual recall visit<br>[med_history_recall]  | YES (1) | NO (2) | N/A (3) |
| C. Annually<br>[med_history_annual]   | YES (1) | NO (2) | N/A (3) |
| D. At every visit (e.g., restorative appointment, perio checks, occlusal adjustment, etc.)<br>[med_history_every] | YES (1) | NO (2) |         |
| E. Something else ( <b>SPECIFY</b> ) _____<br>[med_history_other]   | YES (1) | NO (2) |         |

2. Does the medical history that you take on patients include the following information (**INDICATE ALL THAT APPLY**)?

- |  |         |        |
|--|---------|--------|
| A. Current tobacco use<br>[medhx_tobacco]                                    | YES (1) | NO (2) |
| B. Current alcohol use<br>[medhx_alcohol]                                    | YES (1) | NO (2) |
| C. Current illicit drug use (e.g., marijuana, cocaine, etc.)<br>[medhx_drug] | YES (1) | NO (2) |
| D. Current prescription drug abuse<br>[medhx_abuse]                          | YES (1) | NO (2) |
| E. History of drug or alcohol abuse<br>[medhx_abusehx]                       | YES (1) | NO (2) |

- |  |         |        |
|--|---------|--------|
| F. History of substance abuse treatment<br>[medhx_sutreatment] | YES (1) | NO (2) |
| G. History of mental health treatment<br>[medhx_mxtreatment]   | YES (1) | NO (2) |
| H. History of/current chronic pain<br>[medhx_pain]             | YES (1) | NO (2) |

## II. Pain Management Strategies

3. **In the past 6 months**, when patients have needed medication for pain management, for how many of these patients have you:

- |  |                  |
|--|------------------|
| A. Recommended NSAIDS only (e.g., ibuprofen, Naproxen)       | [pm_meds_nsaids] |
| B. Recommended Acetaminophen only (e.g., Tylenol)            | [pm_meds_apap]   |
| C. Prescribed an opioid only (e.g., hydrocodone, OxyContin)  | [pm_meds_opioid] |
| D. Recommended NSAIDS/Acetaminophen AND prescribed an opioid | [pm_meds_both]   |
| E. Other   | [pm_meds_other]  |

\*\*\* This coding scheme to be used for all question stems above \*\*\*

- 1, None
- 2, A few of my patients
- 3, Some of my patients
- 4, About half of my patients
- 5, Most of my patients
- 6, Almost all of my patients
- 7, All of my patients

4. Are you currently licensed to prescribe narcotics? [dealicensure]

- |   |                 |
|---|-----------------|
| Yes, I have a current license                       | 1               |
| No, I have never been licensed                      | 2 [SKIP TO Q30] |
| Not currently, but I have been licensed in the past | 3 [SKIP TO Q30] |

5. **In the past 6 months**, please identify for what proportion of patients undergoing the following procedures you have prescribed **opioid analgesics**:

- |   |                    |
|---|--------------------|
| A. Pain management prior to surgical referral/appointment | [proc_referral]    |
| B. Tooth extraction                                       | [proc_extract]     |
| C. Root canal   | [proc_root]        |
| D. Biopsy   | [proc_biopsy]      |
| E. Implant placement or repair                            | [proc_implant]     |
| F. Placement of a restoration                             | [proc_restoration] |
| G. Sinus lift   | [proc_lift]        |
| H. Bone graft   | [proc_graft]       |
| I. TMJ surgery  | [proc_tmj]         |
| J. Other surgical procedure                               | [proc_other]       |

\*\*\* This coding scheme to be used for all question stems above \*\*\*

- 1, I do not perform this procedure in my practice
- 2, I do not prescribe opioids for any of my patients undergoing this procedure
- 3, I prescribe opioid analgesics for a few of my patients undergoing this procedure
- 4, Some of my patients undergoing this procedure
- 5, About half of my patients undergoing this procedure
- 6, Most of my patients undergoing this procedure
- 7, Almost all of my patients undergoing this procedure
- 8, All of my patients undergoing this procedure

6. **In the past 6 months**, how many of your opioid prescriptions have been for:
- A. Hydrocodone products (e.g., Lortab, Vicodin, Lorcet) [hydrocodone]
  - B. Oxycodone products - short acting (e.g., Percocet, Percodan, Tylox) [oxycodone]
  - C. Codeine products (e.g., Tylenol 3) [codeine]
  - D. Meperidine products (e.g., Demerol) [Demerol]
  - E. Long-acting or extended release products (e.g., Oxycontin) [longacting]
  - F. Other [opioid\_other]

\*\*\* This coding scheme to be used for all question stems above \*\*\*

- 1, None
- 2, A few of my opioid prescriptions
- 3, Some of my opioid prescriptions
- 4, About half of my opioid prescriptions
- 5, Most of my opioid prescriptions
- 6, Almost all of my opioid prescriptions
- 7, All of my opioid prescriptions

7. **In the past 6 months**, when you have prescribed opioids for pain management, how routinely have you given instructions that call for:

- A. PRN dosage intervals [interval\_prn]
- B. Fixed dosage intervals [interval\_fixed]

\*\*\* This coding scheme to be used for all question stems above \*\*\*

- 1, Never
- 2, A few of the times
- 3, Some of the times
- 4, About half of the time
- 5, Most of the time
- 6, Almost all of the time
- 7, Always

8. **In the past 6 months**, when you have prescribed opioids for pain management, how routinely have you prescribed:

- A. 1 day's supply [supply\_1]
- B. 2 days' supply [supply\_2]
- C. 3 days' supply [supply\_3]
- D. 4-5 days' supply [supply\_5]
- E. 6-7 days' supply [supply\_7]
- F. More than a week's supply [supply\_week]

\*\*\* This coding scheme to be used for all question stems above \*\*\*

- 1, Never
- 2, A few of the times
- 3, Some of the times
- 4, About half of the times
- 5, Most of the times
- 6, Almost all of the times
- 7, Always

### **III. Opioids: Prescribing Behaviors**

9. Before prescribing opioids for pain management, how often do you call or obtain records of medication history from the patient's previous dentist or other treating physicians? (Note: Specific questions regarding drug monitoring program use will be asked later) [obtain\_records]
- |                  |   |
|------------------|---|
| Always           | 1 |
| Most of the time | 2 |
| Sometimes        | 3 |
| Few times        | 4 |
| Never            | 5 |
10. If you do not have complete information on a patient's current or prior medication history and/or drug abuse history, which of the following are you most likely to do with regard to prescribing an opioid? [opioids\_noinfo]
- |  |   |
|--|---|
| Refuse to prescribe opioids until I obtain the information | 1 |
| Prescribe less than I would if I had that information      | 2 |
| Make no changes to my prescribing in this situation        | 3 |
| Prescribe more than I would if I had that information      | 4 |
| Other (SPECIFY) _____                                      | 8 |
11. How common is it for your patients to try to pressure you into prescribing opioids? [pressure]
- |                   |   |
|-------------------|---|
| Very common       | 1 |
| Somewhat common   | 2 |
| Not too common    | 3 |
| Not at all common | 4 |
12. If requested, how likely are you to refill opioid prescriptions intended for acute pain management? [refill\_acute]
- |  |                 |
|--|-----------------|
| Very likely  | 1               |
| Somewhat likely  | 2               |
| Not likely   | 3               |
| I do not provide refills without a follow-up office visit/consultation | 4 [SKIP TO Q13] |
- 12a. Which factors contribute to your decision to refill or not refill an opioid prescription? [refill\_factors]
- |   |         |        |
|---|---------|--------|
| A. Complexity of procedure [refill_factors_a]                   | YES (1) | NO (2) |
| B. Extent of patient's history with practice [refill_factors_b] | YES (1) | NO (2) |
| C. Patient demographics [refill_factors_c]                      | YES (1) | NO (2) |
| D. Patient's self-reported pain [refill_factors_d]              | YES (1) | NO (2) |
| E. Other (SPECIFY)_____ [refill_factors_e]                      | YES (1) | NO (2) |
13. **In the past 6 months**, have you suspected any of your patients of having a prescription drug abuse problem? [PDA\_identified]
- |     |                 |
|-----|-----------------|
| Yes | 1               |
| No  | 2 [SKIP TO Q14] |
- 13a. [if 13=1] Approximately how many of your patients? [pda\_identified\_num]
- |                           |   |
|---------------------------|---|
| All of my patients        | 1 |
| Most of my patients       | 2 |
| About half of my patients | 3 |
| Some of my patients       | 4 |

Few or very few of my patients 5

14. In the past 6 months, in your practice, have you refrained from prescribing opioids to any of your patients because of a concern that they might be abusing or diverting the medication?

[concern\_diverting]

Yes 1

No 2

15. How confident are you in your ability to recognize when a person is attempting to obtain opioids for the purposes of abuse or diversion? [recognize\_diversion]

Very confident 1

Somewhat confident 2

Not too confident 3

Not at all confident 4

16. What actions do you usually take if you suspect a patient is abusing or diverting opioids? [actions]

A. I have not suspected anyone of diversion or abuse [actions\_nosus] YES (1) NO (2)

[IF YES, SKIP TO Q17]

B. No action taken [actions\_none] YES (1) NO (2)

[IF YES, SKIP TO Q17]

C. Document it [actions\_document] YES (1) NO (2)

D. Confront the patient with my suspicions [actions\_confront] YES (1) NO (2)

E. Counsel the patient on the dangers [actions\_counsel] YES (1) NO (2)

F. Offer educational materials [actions\_educate] YES (1) NO (2)

G. Contact patient's family member [actions\_family] YES (1) NO (2)

H. Require a urine test [actions\_urine] YES (1) NO (2)

I. Create a drug contract/agreement [actions\_agreement] YES (1) NO (2)

J. Provide a prescription without refills [actions\_norefill] YES (1) NO (2)

K. Prescribe non-opioid analgesics [actions\_nonopioids] YES (1) NO (2)

L. Consult with another dentist for a second opinion [actions\_2opinion] YES (1) NO (2)

M. Discharge the patient from my practice [actions\_discharge] YES (1) NO (2)

N. Refer the patient to substance abuse treatment [actions\_refer] YES (1) NO (2)

O. Contact the police [actions\_police] YES (1) NO (2)

P. Other (SPECIFY) [actions\_other] \_\_\_\_\_ YES (1) NO (2)

#### IV. Opioids: Patient Education

17. How often do you explain the risks of addiction associated with taking opioids when you first prescribe the medication? [explain\_risks]

Always 1

Almost always 2

Most of the time 3

Sometimes 4

Few times 5

Almost never 6

Never 7

18. How often do you discuss other potential side effects of prescribed use of opioids with your patients?

[side\_effects]

Always 1

Almost always 2

Most of the time 3

Sometimes 4

- |              |   |  |
|--------------|---|--|
| Few times    | 5 |  |
| Almost never | 6 |  |
| Never        | 7 |  |
19. How often do you discuss the importance of secure storage of opioid medication – to prevent unintentional diversion – when you prescribe the medication? [secure\_storage]
- |                  |   |
|------------------|---|
| Always           | 1 |
| Almost always    | 2 |
| Most of the time | 3 |
| Sometimes        | 4 |
| Few times        | 5 |
| Almost never     | 6 |
| Never            | 7 |
20. How often do you discuss appropriate disposal of unused opioids when you prescribe the medication? [disposal]
- |                  |   |
|------------------|---|
| Always           | 1 |
| Almost always    | 2 |
| Most of the time | 3 |
| Sometimes        | 4 |
| Few times        | 5 |
| Almost never     | 6 |
| Never            | 7 |
21. How often do you discuss the risks associated with use of opioids (drug risks, compliance issues, potential for drug diversion) when you prescribe the medication? [nonmedical\_risks]
- |                  |   |               |
|------------------|---|---------------|
| Always           | 1 | [SKIP TO Q23] |
| Almost always    | 2 |               |
| Most of the time | 3 |               |
| Sometimes        | 4 |               |
| Few times        | 5 |               |
| Almost never     | 6 |               |
| Never            | 7 |               |
22. What is (are) the reason(s) you don't **always** explain the risks (e.g., side effects, non-medical use, addiction, diversion) associated with taking opioids to patients: [reasons]
- |  |         |        |
|--|---------|--------|
| A. Patients already know the information [reasons_know]                        | YES (1) | NO (2) |
| B. Not enough time [reasons_time]  | YES (1) | NO (2) |
| C. Patients will not understand [reasons_understand]                           | YES (1) | NO (2) |
| D. Patients will not pay attention [reasons_attention]                         | YES (1) | NO (2) |
| E. The information will scare my patients [reasons_scare]                      | YES (1) | NO (2) |
| F. It is not my responsibility [reasons_responsibility]                        | YES (1) | NO (2) |
| G. It is not necessary for short-term prescriptions [reasons_noneed]           | YES (1) | NO (2) |
| H. I did not know prescription opioid use had risks [reasons_unaware]          | YES (1) | NO (2) |
| I. I am uncomfortable discussing risks with patients [reasons_uncomf]          | YES (1) | NO (2) |
| J. I rely on the pharmacist to review risks [reasons_pharma]                   | YES (1) | NO (2) |
| K. I would not know what to do if I identified abuse/diversion [reasons_resp]  | YES (1) | NO (2) |
| L. Patients may not return to my office for future dental care [reasons_noret] | YES (1) | NO (2) |

## **V. Prescription Drug Monitoring Program**

23. All states (except Missouri) currently have Prescription Drug Monitoring Programs (PDMP) in place as a resource for prescribers. These programs are state run electronic databases that track dispensed controlled substances/drugs to help detect, control, and prevent prescription drug abuse, “doctor shopping,” and diversion.

Have you ever accessed your state’s Prescription Drug Monitoring Program (PDMP) database?

[scripts]

- Yes 1
- No 2 [SKIP TO Q27]

24. Please indicate how often you typically use your Prescription Drug Monitoring Program in the following situations: [pdmp\_whenuse]

A. Prior to **any** prescribing of an opioid for pain management: [pdmp\_pain]

- Always 1
- Almost always 2
- Most of the time 3
- Sometimes 4
- Few times 5
- Almost never 6
- Never 7

B. Prior to initial prescribing of an opioid to patients I deem “**high-risk**”: [pdmp\_hirisk]

- Always 1
- Almost always 2
- Most of the time 3
- Sometimes 4
- Few times 5
- Almost never 6
- Never 7

C. Prior to initial prescribing of an opioid to **new** patients: [pdmp\_new]

- Always 1
- Almost always 2
- Most of the time 3
- Sometimes 4
- Few times 5
- Almost never 6
- Never 7

D. Prior to issuing opioid **refills**: [pdmp\_refill]

- Always 1
- Almost always 2
- Most of the time 3
- Sometimes 4
- Few times 5
- Almost never 6
- Never 7

25. How helpful was the information gained through use of your PDMP? [pdmp\_helpful]

- Very helpful 1
- Somewhat helpful 2
- Not very helpful 3
- Not helpful at all 4

No opinion 5

26. In general, information from the PDMP has: [pdmp\_decision]
- Most often led me to prescribe **more doses** of opioids 1 [SKIP TO Q28]
  - Most often led me to prescribe **fewer doses** of opioids 2 [SKIP TO Q28]
  - Most often led me to **not** prescribe opioids 3 [SKIP TO Q28]
  - Most often did **not change** my prescribing decision(s) 4 [SKIP TO Q28]

27. Please indicate your reason for not using your PDMP (**INDICATE ALL THAT APPLY**):

- [reason\_nopdmp]
- A. Did not know it existed [reason\_nopdmp\_a] YES (1) NO (2)  
[IF YES, SKIP TO Q30]
  - B. Do not know how to access/use [reason\_nopdmp\_b] YES (1) NO (2)  
[IF YES, SKIP TO Q30]
  - C. Too time consuming [reason\_nopdmp\_c] YES (1) NO (2)
  - D. Do not know how to discuss the information with patients YES (1) NO (2)  
[reason\_nopdmp\_d]
  - E. Information would not have an impact [reason\_nopdmp\_e] YES (1) NO (2)
  - F. I question the timeliness and/or accuracy of data [reason\_nopdmp\_f] YES (1) NO (2)
  - G. Other (**SPECIFY**) \_\_\_\_\_ [reason\_nopdmp\_g] YES (1) NO (2)

28. How well do you believe your PDMP could help prevent prescription opioid abuse or diversion?

- [utility]
- Very well 1
  - Somewhat well 2
  - Not too well 3
  - Not at all 4
  - Don't know/No opinion 5

29. How much do you believe using your PDMP risks compromising patient confidentiality?

- [confidentiality]
- Very much 1
  - Somewhat 2
  - Not too much 3
  - Not at all 4
  - Don't know/No opinion 5

## **VI. Viewpoints**

30. In your opinion, how big of a problem is prescription opioid abuse and/or diversion in your

- office/clinic? [big\_prob]
- A big problem 1
  - A problem 2
  - Somewhat of a problem 3
  - Not much a problem 4
  - Not at all a problem 5
  - No opinion 6

## **VII. Education and Training**

31. How would you rate your level of knowledge regarding the risks of addiction, misuse, and diversion (intentional and unintentional) associated with prescription opioids? [know\_risks]

- Very knowledgeable 1



Somewhat knowledgeable	2
Not very knowledgeable	3

32. Have you received training in **pain management**: [edu\_painmgmt]  
YES (1) NO (2) [SKIP TO Q33]

- A. **If yes**, how much instruction did you receive? [edu\_pain\_much]
- |   |   |
|---|---|
| A semester/quarter long instruction or more | 1 |
| A multi-day instruction/seminar             | 2 |
| A full-day instruction/seminar              | 3 |
| A half-day instruction/seminar              | 4 |
| Less than 2 hour instruction/seminar        | 5 |
| Other (SPECIFY)                             | 8 |
- B. **If yes**, when did you receive this training? (**INDICATE ALL THAT APPLY**) [edu\_pain\_when]
- |                      |         |        |
|----------------------|---------|--------|
| Dental School        | YES (1) | NO (2) |
| Residency            | YES (1) | NO (2) |
| Specialty Training   | YES (1) | NO (2) |
| Continuing Education | YES (1) | NO (2) |

33. Have you received instruction pertaining to **identifying/assessing for drug abuse and/or addiction**:  
[edu\_addiction]

- YES (1) NO (2) [SKIP TO Q34]
- A. **If yes**, how much instruction did you receive? [edu\_addiction\_much]
- |   |   |
|---|---|
| A semester/quarter long instruction or more | 1 |
| A multi-day instruction/seminar             | 2 |
| A full-day instruction/seminar              | 3 |
| A half-day instruction/seminar              | 4 |
| Less than 2 hour instruction/seminar        | 5 |
| Other (SPECIFY)                             | 8 |
- B. **If yes**, when did you receive this training? (**INDICATE ALL THAT APPLY**) [edu\_addiction\_when]
- |                      |         |        |
|----------------------|---------|--------|
| Dental School        | YES (1) | NO (2) |
| Residency            | YES (1) | NO (2) |
| Specialty Training   | YES (1) | NO (2) |
| Continuing Education | YES (1) | NO (2) |

34. Have you received instruction pertaining to **identification of prescription drug diversion**?  
[edu\_diversion]

- YES (1) NO (2) [SKIP TO Q35]
- A. **If yes**, how much instruction did you receive? [edu\_diversion\_much]
- |   |   |
|---|---|
| A semester/quarter long instruction or more | 1 |
| A multi-day instruction/seminar             | 2 |
| A full-day instruction/seminar              | 3 |
| A half-day instruction/seminar              | 4 |
| Less than 2 hour instruction/seminar        | 5 |
| Other (SPECIFY)                             | 8 |
- B. **If yes**, when did you receive this training? (**INDICATE ALL THAT APPLY**) [edu\_diversion\_when]
- |               |         |        |
|---------------|---------|--------|
| Dental School | YES (1) | NO (2) |
|---------------|---------|--------|

Residency	YES (1)	NO (2)
Specialty Training	YES (1)	NO (2)
Continuing Education	YES (1)	NO (2)

35. Please rate how valuable each of the following has been in giving you information about controlled opioid prescribing. [source\_know]

- A. Pharmacology course [source\_know\_pharm]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- B. Internship/Residency/Fellowship [source\_know\_fel]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- C. Work experience [source\_know\_exp]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- D. Journal articles [source\_know\_journal]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- E. Reference books [source\_know\_ref]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- F. Continuing Dental Education courses [source\_know\_cde]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- G. Information from drug product manufacturers [source\_know\_man]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- H. Colleagues [source\_know\_col]

- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
- I. The internet [source\_know\_internet]
- |   |   |
|---|---|
| Very Valuable   | 1 |
| Somewhat Valuable   | 2 |
| Not Valuable  | 3 |
| I do not use this source for information about controlled prescribing | 4 |
36. We would like to gauge interest in potential continuing education opportunities. How interested would you be in receiving additional education/training in any of the following areas: [interest]
- A. Identifying **prescription drug abuse/addiction** [interest\_addiction]
- |                     |                         |                    |
|---------------------|-------------------------|--------------------|
| Very Interested (1) | Somewhat Interested (2) | Not Interested (3) |
|---------------------|-------------------------|--------------------|
- B. Identifying prescription **drug diversion** [interest\_diversion]
- |                     |                         |                    |
|---------------------|-------------------------|--------------------|
| Very Interested (1) | Somewhat Interested (2) | Not Interested (3) |
|---------------------|-------------------------|--------------------|
- C. Use of **Prescription Drug Monitoring Program** [interest\_pdmp]
- |                     |                         |                    |
|---------------------|-------------------------|--------------------|
| Very Interested (1) | Somewhat Interested (2) | Not Interested (3) |
|---------------------|-------------------------|--------------------|
37. How do you perceive the adequacy of the education/training you have received in preventing the misuse or abuse of prescription opioid medications? [training\_adequacy]
- |                                 |   |
|---------------------------------|---|
| Sufficient and up to date       | 1 |
| Sufficient but out of date      | 2 |
| Insufficient                    | 3 |
| I have no training              | 4 |
| No opinion/prefer not to answer | 5 |
38. How clear are the federal and state laws on what actions you should take if you believe a patient is diverting or abusing controlled prescription drugs? [clear\_law]
- |   |   |
|---|---|
| Very clear                                  | 1 |
| Clear                                       | 2 |
| Somewhat clear                              | 3 |
| Not very clear                              | 4 |
| Not at all clear                            | 5 |
| I am not familiar with federal & state laws | 6 |
| No opinion/prefer not to answer             | 7 |
39. How prepared do you feel to assess/screen for prescription drug abuse/addiction in your patients? [qual\_addict]
- |                     |   |
|---------------------|---|
| Very prepared       | 1 |
| Prepared            | 2 |
| Somewhat prepared   | 3 |
| Not very prepared   | 4 |
| Not at all prepared | 5 |

40. To what extent do you worry about review of your prescribing practices by regulatory or enforcement agencies? [worry\_law]
- |              |   |
|--------------|---|
| A great deal | 1 |
| Somewhat     | 2 |
| Not much     | 3 |
| Not at all   | 4 |
41. Did you participate in the National Network Quick Poll entitled “Opioids Analgesics” in Fall 2014? [quick\_poll]
- |                 |   |
|-----------------|---|
| Yes             | 1 |
| No              | 2 |
| Do Not Remember | 3 |
42. How has the reschedule of hydrocodone (from Schedule III to Schedule II) altered your prescribing habits? [sched2]
- |  |   |
|--|---|
| I prescribe opioids for pain management less often than before           | 1 |
| I now prescribe a higher number of hydrocodone tablets than I did before | 2 |
| I now prescribe a different opioid analgesic for pain management         | 3 |
| It has not changed my prescribing habits                                 | 4 |
| Other (SPECIFY)  | 8 |
- 
43. Are you aware of the CDC Guideline for Prescribing Opioids for Chronic Pain - United States, published in March 2016? [guideline]
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |
44. If so, have you read the CDC Guideline for Prescribing Opioids for Chronic Pain - United States, published in March 2016? [readguideline]
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |
45. Would you like us to send you a \$50.00 electronic pre-paid payment card as a thank you for completing this survey? [remuneration]
- |                               |   |
|-------------------------------|---|
| Yes, please send compensation | 1 |
| No                            | 2 |

**[END SURVEY ... REIMBURSEMENT MESSAGE]**