**Substance Use Disorder Screening Survey**

1. Which group(s) of patients does your office currently serve?

   A. Adult (Ages 18 years or older)  
      1, YES  0, NO
   B. Adolescent (Ages 12 to 17 years)  
      1, YES  0, NO
   C. Children (Ages 11 and under)  
      1, YES  0, NO

   [IF 1A = 0 and 1B = 0 and 1C = 1, DISPLAY THIS TEXT]: THANK YOU FOR YOUR TIME. THIS SURVEY IS NOT RELEVANT TO YOUR PRACTICE.
INSTRUCTIONS: The following series of questions inquire about current substance use screening, counseling, and referral activities that take place in your practice. When we ask about the “practice” we mean anyone in the practice.

By “screening” we mean asking patients about their substance use behavior, either verbally or reviewing their responses to written assessment items.

By “counseling” we mean a range of activities that may include having a conversation about substance use, providing information or resources (e.g., pamphlets, website, etc.) related to reducing/curbing use, or delivering a brief intervention.

[DISPLAY IF 1B = 1] When answering the questions in this section, please only consider ADULT patients in your practice. Adolescent patients will be addressed separately in the next section with a similar series of questions.

2. When does your practice screen (i.e., reviewing written responses to screening items and/or verbally assessing) adult patients regarding:

A. Tobacco/nicotine/e-cigarette/vaping use
B. Alcohol use
C. Cannabis use
D. Illicit drug use (including non-medical use of prescription medications)

RESPONSE: MATRIX PRESENTATION
1, Never
2, Only When Suspected
3, At First (Intake) Visit Only
4, Annually
5, More Than Once Per Year

3. Does your practice’s self-report medical history form include an assessment of information regarding adult patients?

A. Current tobacco/nicotine/e-cigarette/vaping use 1, YES 0, NO
B. Current alcohol use 1, YES 0, NO
D. Current cannabis use 1, YES 0, NO
E. Current illicit drug use (including nonmedical use of prescription medications) 1, YES 0, NO
F. History of substance use disorder 1, YES 0, NO
G. History of substance use disorder treatment 1, YES 0, NO
H. Current or past mental health treatment 1, YES 0, NO

4. Please indicate the extent to which your practice is familiar with and/or uses the following substance use screening and assessment tools:

A. Tobacco, Alcohol, Prescription medication, and other Substance Use (TAPS)
B. Opioid Risk Tool (ORT)
C. Drug Abuse Screening Test (DAST)
D. Alcohol Use Disorder Identification Test (AUDIT)
E. CAGE

RESPONSE: MATRIX PRESENTATION
1, Not Aware
2, Aware but Have Not Used
5. [SKIP IF 2A – 2D ALL = 1, NEVER] Does your practice regularly use a substance use screen not listed in Item 4?

   RESPONSE OPTIONS
   1, Yes
   0, No
   2, Unsure

5A. [IF 5 = 1, YES]: Please list screening/assessment tool(s) your practice uses here:

   [FREE TEXT RESPONSE]

6. [SKIP IF 2A – 2D ALL = 1, NEVER] Who is responsible for screening (i.e., reviewing written responses to screening items and/or verbally assessing) adult patients in your practice for substance use behavior?

   A. Dentists in the Practice 1, YES  0, NO
   B. Hygienists in the Practice 1, YES  0, NO
   C. Dental Therapist 1, YES  0, NO
   D. Dental Assistant 1, YES  0, NO

7. How often does your practice counsel (or provide brief intervention for) adult patients who identified issues with their:

   A. Tobacco/nicotine/e-cigarette/vaping use
   B. Alcohol use
   C. Cannabis use
   D. Illicit drug use (including non-medical use of prescription medications)

   RESPONSE: MATRIX PRESENTATION
   0, Never
   1, Less than 25% but not never
   2, Between 25% and 50%
   3, Between 51% and 75%
   4, More than 75% but not always
   5, Always

8. [SKIP IF 7A – 7D ALL = 0] When counseling adult patients regarding their substance use behavior, how often do you:

   A. Have an informal conversation regarding risks and/or health/oral health impacts of use
   B. Use a technology-assisted brief intervention
   C. Deliver a brief motivational intervention
   D. Provide the patient with written information regarding the risks and/or health/oral impacts of use
   E. Other
      a. Specify [FREE TEXT RESPONSE]

   RESPONSE: MATRIX PRESENTATION
   0, Never
   1, Less than 25% of the time but not never
   2, Between 25% and 50% of the time
3. Between 51% and 75% of the time
4. More than 75% of the time but not always
5. Always

9. [SKIP IF 7A – 7D ALL = 0] Who is responsible for counseling adult patients in your practice for substance use behavior?

A. Dentists in the Practice 1, YES 0, NO
B. Hygienists in the Practice 1, YES 0, NO
C. Dental Therapist 1, YES 0, NO
D. Dental Assistant 1, YES 0, NO

MATRIX INSTRUCTION: For each substance category below, please rate the extent to which each factor makes it more difficult for your practice to regularly (at least annually) screen (i.e., reviewing written responses to screening items and/or verbally assessing) and counsel adult patients regarding their use.

10. Tobacco/nicotine/e-cigarette/vaping use?

A. Not enough time
B. Patients would not respond truthfully
C. Patients would be uncomfortable
D. I (or my staff) would be uncomfortable
E. It is not the responsibility of dental practices
F. It is not relevant to the treatment of my patients/their oral health
G. Practice staff have not been trained
H. Practice does not have necessary tools/instruments
I. Practice staff are resistant
J. I would not know what to do if I identified use
K. Patients may not return to my office for future dental care
L. My practice waits for patients to voluntarily disclose information about their use
M. Dental practices are not effective in helping patients with tobacco and/or nicotine use
N. Dental practices are not the appropriate setting to address tobacco and/or nicotine use

RESPONSE: MATRIX PRESENTATION
1. Not at All
2. Not Very
3. Moderately
4. Very

11. Alcohol use?

A. Not enough time
B. Patients would not respond truthfully
C. Patients would be uncomfortable
D. I (or my staff) would be uncomfortable
E. It is not the responsibility of dental practices
F. It is not relevant to the treatment of my patients/their oral health
G. Practice staff have not been trained
H. Practice does not have necessary tools/instruments
I. Practice staff are resistant
J. I would not know what to do if I identified problematic alcohol use
K. Patients may not return to my office for future dental care
L. My practice waits for patients to voluntarily disclose information about their use
M. Dental practices are not effective in helping patients with problematic alcohol use
N. Dental practices are not the appropriate setting to address problematic alcohol use

RESPONSE: MATRIX PRESENTATION
1, Not at All
2, Not Very
3, Moderately
4, Very

12. Cannabis use?
A. Not enough time
B. Patients would not respond truthfully
C. Patients would be uncomfortable
D. I (or my staff) would be uncomfortable
E. It is not the responsibility of dental practices
F. It is not relevant to the treatment of my patients/their oral health
G. Practice staff have not been trained
H. Practice does not have necessary tools/instruments
I. Practice staff are resistant
J. I would not know what to do if I identified problematic cannabis use
K. Patients may not return to my office for future dental care
L. My practice waits for patients to voluntarily disclose information about their use
M. Dental practices are not effective in helping patients with problematic cannabis use
N. Dental practices are not the appropriate setting to address problematic cannabis use

RESPONSE: MATRIX PRESENTATION
1, Not at All
2, Not Very
3, Moderately
4, Very

13. Illicit drug use (including nonmedical use of prescription medication)?
A. Not enough time
B. Patients would not respond truthfully
C. Patients would be uncomfortable
D. I (or my staff) would be uncomfortable
E. It is not the responsibility of dental practices
F. It is not relevant to the treatment of my patients/their oral health
G. Practice staff have not been trained
H. Practice does not have necessary tools/instruments
I. Practice staff are resistant
J. I would not know what to do if I identified illicit drug use
K. Patients may not return to my office for future dental care
L. My practice waits for patients to voluntarily disclose information about their use
M. Dental practices are not effective in helping patients with illicit drug use
N. Dental practices are not the appropriate setting to address illicit drug use

RESPONSE: MATRIX PRESENTATION
1, Not at All
2, Not Very
14. How valuable might each of the following be in enhancing the likelihood of screening (i.e., reviewing written responses to screening items and/or verbally assessing) and counseling adult patients for substance use disorders on at least an annual basis:

A. Additional training regarding evidence-based screening tools and counseling approaches
B. Access to practice tools that make screening more convenient
C. Third party reimbursement
D. Familiarity with potential referral sources for follow-up/further intervention
E. More explicit guidelines/recommendations from relevant practice organizations
F. Other
   a. Specify [FREE TEXT RESPONSE]

RESPONSE: MATRIX PRESENTATION
1, Not at all valuable
2, Not very valuable
3, Moderately valuable
4, Very valuable

15. How often does your practice refer adult patients who identified issues with their substance use for further assessment/intervention addressing:

A. Tobacco/nicotine/e-cigarette/vaping use
B. Alcohol use
C. Cannabis use
D. Illicit drug use (including non-medical use of prescription medications)

RESPONSE: MATRIX PRESENTATION
0, Never
1, Less than 25% but not never
2, Between 25% and 50%
3, Between 51% and 75%
4, More than 75% but not always
5, Always

16. [Skip if 15A – 15D ALL = 0] How often does your practice follow up with adult patients to determine if they kept any substance-use related referral appointment that you recommended to them?

RESPONSE: MATRIX PRESENTATION
0, Never
1, Less than 25% but not never
2, Between 25% and 50%
3, Between 51% and 75%
4, More than 75% but not always
5, Always

17. How knowledgeable do you think members of your practice are about referral sources for adult patients needing treatment for:
A. Tobacco/nicotine/e-cigarette/vaping use
B. Alcohol use
C. Cannabis use
D. Illicit drug use (including non-medical use of prescription medications)

**RESPONSE: MATRIX PRESENTATION**
1. Not at all knowledgeable
2. Not very knowledgeable
3. Moderately knowledgeable
4. Very knowledgeable

18. [Skip if 15A – 15D ALL = 0] Who is responsible for providing referrals to specialty care for substance use disorder to indicated adult patients in your practice?

<table>
<thead>
<tr>
<th></th>
<th>1, YES</th>
<th>0, NO</th>
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<tbody>
<tr>
<td>A. Dentists in the Practice</td>
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<tr>
<td>B. Hygienists in the Practice</td>
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<tr>
<td>C. Dental Therapist/Assistant</td>
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<td>D. Dental Assistant</td>
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<tr>
<td>E. Front Desk/ Administrative Staff</td>
<td>1, YES</td>
<td>0, NO</td>
</tr>
</tbody>
</table>
INSTRUCTIONS: The next group of questions ask about your (your practice’s) willingness to offer two different types of point of care interventions, when indicated, to adult patients in your practice.

Nicotine replacement therapies include products like nicotine gum, patches, lozenges, nasal sprays, inhalers, medications (i.e., Chantix, bupropion), and mini lozenges/microtabs.

Naloxone is an opioid-related overdose reversal medication, often distributed in nasal spray form.

19. Does your practice currently recommend or prescribe nicotine replacement therapy products to your adult patients when indicated?

RESPONSE OPTIONS
1, YES
0, NO

20. [Skip if 19 = 1, YES] How willing would your practice be to recommend or prescribe nicotine replacement therapy products to your adult patients when indicated?

RESPONSE OPTIONS
1, Not at all willing
2, Not very willing
3, Moderately willing
4, Very willing

21. Does your practice currently distribute naloxone (i.e., opioid overdose reversal agent) to your adult patients when indicated?

RESPONSE OPTIONS
1, YES
0, NO

22. [Skip if 21 = 1, YES] How willing would your practice be to distribute naloxone to your adult patients when indicated?

RESPONSE OPTIONS
1, Not at all willing
2, Not very willing
3, Moderately willing
4, Very willing
INSTRUCTIONS: The following series of questions inquire about current screening, counseling, and referral practices that take place in your practice. When we ask about the “practice” we mean anyone in the practice.

By “screening” we mean asking patients about their substance use behavior, either verbally or reviewing their responses to written assessment items.

By “counseling” we mean a range of activities that may include having a conversation about substance use, providing information or resources (e.g., pamphlets, website, etc.) related to reducing/curbing use, or delivering a brief intervention.

When answering the questions in this section, please only consider ADOLESCENT patients in your practice.

23. What percent of patients in your practice are between the ages of 12 and 17?

RESPONSE OPTIONS
1. Less than 25%
2. Between 25% and 50%
3. Between 51% and 75%
4. More than 75%

24. When does your practice screen (i.e., reviewing written responses to screening items and/or verbally assessing) adolescent patients for:

A. Risk factors for substance use (e.g., social determinants of health, emotion regulation/mental health issues, peer and/or family substance use)
B. Tobacco/nicotine/e-cigarette/vaping use
C. Alcohol use
D. Cannabis use
E. Illicit drug use (including non-medical use of prescription medications)

RESPONSE: MATRIX PRESENTATION
1. Never
2. Only When Suspected
3. At First (Intake) Visit Only
4. Annually
5. More Than Once Per Year

25. Does your practice’s self-reported medical history form include an assessment of information regarding adolescent patients’:

A. Current tobacco/nicotine/e-cigarette/vaping use
B. Current alcohol use
C. Current cannabis use
D. Current illicit drug use (including nonmedical use of prescription medications)
E. History of substance use disorder
F. History of substance use disorder treatment
G. Current or past mental health treatment

26. Please indicate the extent to which your practice is familiar with and/or uses the following substance use screening and assessment tools with adolescent patients:
A. Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)
B. Screening to Brief Intervention (S2BI)
C. CRAFFT
D. Drug Abuse Screening Test – Adolescent (DAST-A)
E. Substance Use Risk Profile Scale (SURPS)

RESPONSE: MATRIX PRESENTATION
1, Not Aware
2, Aware of But Have Not Used
3, Use on Occasion
4, Use Regularly
5, Always Use

27. [SKIP IF 24A – 24E ALL = 1, NEVER] Does your practice regularly use a substance use screen for adolescent patients that is not listed in Item 26?

RESPONSE OPTIONS
1, Yes
0, No
2, Unsure

27A. [IF 27 = 1, YES]: Please list screening/assessment tool(s) your practice uses with adolescent patients here:

[FREE TEXT RESPONSE]

28. [SKIP IF 24A – 24E ALL = 1, NEVER] For what percent of instances is the parent/guardian in the room with the patient when the adolescent is screened for substance use?

RESPONSE OPTIONS
0, Never
1, Less than 25% but not never
2, Between 25% and 50%
3, Between 51% and 75%
4, More than 75% but not always
5, Always

29. [SKIP IF 24A – 24E ALL = 1, NEVER] Who is responsible for screening (i.e., reviewing written responses to screening items and/or verbally assessing) adolescent patients in your practice for substance use behavior?

A. Dentists in the Practice 1, YES 0, NO
B. Hygienists in the Practice 1, YES 0, NO
C. Dental Therapist 1, YES 0, NO
D. Dental Assistant 1, YES 0, NO

30. How often does your practice counsel (or provide brief intervention for) adolescent patients who identified issues with their:

A. Tobacco/nicotine/e-cigarette/vaping use
B. Alcohol use
C. Cannabis use
D. Illicit drug use (including non-medical use of prescription medications)
31. [SKIP IF 30A – 30D ALL = 0] When counseling adolescent patients regarding their substance use behavior, how often do you:

A. Having an informal conversation regarding risks and/or health/oral health impacts of use
B. Using a technology-assisted brief intervention
C. Delivering a brief motivational intervention
D. Providing the patient with written information regarding the risks and/or health/oral impacts of use
E. Other
   a. Specify [FREE TEXT RESPONSE]

32. [SKIP IF 30A – 30D ALL = 0] Who is responsible for counseling adolescent patients in your practice for substance use behavior?

A. Dentists in the Practice 1, YES 0, NO
B. Hygienists in the Practice 1, YES 0, NO
C. Dental Therapist 1, YES 0, NO
D. Dental Assistant 1, YES 0, NO

MATRIX INSTRUCTION: For each substance category below, please rate the extent to which each factor makes it more difficult for your practice to regularly (at least annually) screen (i.e., reviewing written responses to screening items and/or verbally assessing) and counsel adolescent patients regarding their use.

33. Risk Factors for Substance Use (e.g., social determinants of health, emotion regulation/mental health, family and/or peer substance use)?

A. Not enough time
B. Unsure of how to address parent/adolescent confidentiality issues
C. Teens are too young to be impacted by tobacco/nicotine/e-cigarette/vaping use
D. Patients would not respond truthfully
E. Patients would be uncomfortable
F. I (or my staff) would be uncomfortable
G. It is not the responsibility of dental practices
H. It is not relevant to the treatment of my patients/their oral health
I. Practice staff have not been trained
J. Practice does not have necessary tools/instruments
K. Practice staff are resistant
L. I would not know what to do if I identified tobacco/nicotine/e-cigarette/vaping use
M. Patients may not return to my office for future dental care
N. My practice waits for patients to voluntarily disclose information about their use
O. Dental practices are not effective in helping patients with tobacco and/or nicotine use
P. Dental practices are not the appropriate setting to address tobacco and/or nicotine use

RESPONSE: MATRIX PRESENTATION
1, Not at All
2, Not Very
3, Moderately
4, Very

34. Tobacco/nicotine/e-cigarette/vaping use?

A. Not enough time
B. Unsure of how to address parent/adolescent confidentiality issues
C. Teens are too young to be impacted by tobacco/nicotine/e-cigarette/vaping use
D. Patients would not respond truthfully
E. Patients would be uncomfortable
F. I (or my staff) would be uncomfortable
G. It is not the responsibility of dental practices
H. It is not relevant to the treatment of my patients/their oral health
I. Practice staff have not been trained
J. Practice does not have necessary tools/instruments
K. Practice staff are resistant
L. I would not know what to do if I identified tobacco/nicotine/e-cigarette/vaping use
M. Patients may not return to my office for future dental care
N. My practice waits for patients to voluntarily disclose information about their use
O. Dental practices are not effective in helping patients with tobacco and/or nicotine use

RESPONSE: MATRIX PRESENTATION
1, Not at All
2, Not Very
3, Moderately
4, Very

35. Alcohol use?

A. Not enough time
B. Unsure of how to address parent/adolescent confidentiality issues
C. Teens are too young to be impacted by alcohol use
D. Patients would not respond truthfully
E. Patients would be uncomfortable
F. I (or my staff) would be uncomfortable
G. It is not the responsibility of dental practices
H. It is not relevant to the treatment of my patients/their oral health
I. Practice staff have not been trained
J. Practice does not have necessary tools/instruments
K. Practice staff are resistant
L. I would not know what to do if I identified alcohol use
M. Patients may not return to my office for future dental care
N. My practice waits for patients to voluntarily disclose information about their use
O. Dental practices are not effective in helping patients with alcohol use
P. Dental practices are not the appropriate setting to address alcohol use

RESPONSE: MATRIX PRESENTATION
1, Not at All
2, Not Very
3, Moderately
4, Very

36. 
**Cannabis use?**

A. Not enough time
B. Unsure of how to address parent/adolescent confidentiality issues
C. Teens are too young to be impacted by cannabis use
D. Patients would not respond truthfully
E. Patients would be uncomfortable
F. I (or my staff) would be uncomfortable
G. It is not the responsibility of dental practices
H. It is not relevant to the treatment of my patients/their oral health
I. Practice staff have not been trained
J. Practice does not have necessary tools/instruments
K. Practice staff are resistant
L. I would not know what to do if I identified cannabis use
M. Patients may not return to my office for future dental care
N. My practice waits for patients to voluntarily disclose information about their use
O. Dental practices are not effective in helping patients with cannabis use
P. Dental practices are not the appropriate setting to address cannabis use

RESPONSE: MATRIX PRESENTATION
1, Not at All
2, Not Very
3, Moderately
4, Very

37. 
**Illicit drug use (including nonmedical use of prescription medication)?**

A. Not enough time
B. Unsure of how to address parent/adolescent confidentiality issues
C. Teens are too young to be impacted by illicit drug use
D. Patients would not respond truthfully
E. Patients would be uncomfortable
F. I (or my staff) would be uncomfortable
G. It is not the responsibility of dental practices
H. It is not relevant to the treatment of my patients/their oral health
I. Practice staff have not been trained
J. Practice does not have necessary tools/instruments
K. Practice staff are resistant
L. I would not know what to do if I identified illicit drug use
M. Patients may not return to my office for future dental care
N. My practice waits for patients to voluntarily disclose information about their use
O. Dental practices are not effective in helping patients with illicit drug use
P. Dental practices are not the appropriate setting to address illicit drug use

RESPONSE: MATRIX PRESENTATION
38. How valuable might each of the following be in enhancing the likelihood of screening (i.e., reviewing written responses to screening items and/or verbally assessing) and counseling adolescent patients for substance use disorders on at least an annual basis:

A. Additional training regarding evidence-based screening tools and counseling approaches
B. Access to practice tools that make screening more convenient
C. Third party reimbursement
D. Familiarity with potential referral sources for follow-up/further intervention
E. More explicit guidelines/recommendations from relevant practice organizations
F. Other
   a. Specify [FREE TEXT RESPONSE]

RESPONSE: MATRIX PRESENTATION
1, Not at all valuable
2, Not very valuable
3, Moderately valuable
4, Very valuable

39. How often does your practice refer adolescent patients who identified issues with their substance use for further assessment/intervention addressing:

A. Tobacco/nicotine/e-cigarette/vaping use
B. Alcohol use
C. Cannabis use
D. Illicit drug use (including non-medical use of prescription medications)

RESPONSE: MATRIX PRESENTATION
0, Never
1, Less than 25% but not never
2, Between 25% and 50%
3, Between 51% and 75%
4, More than 75% but not always
5, Always

40. [Skip if 39A – 39D ALL = 0] How often does your practice follow up with adolescent patients to determine if they kept any substance-use related referral appointment that you recommended to them?

RESPONSE: MATRIX PRESENTATION
0, Never
1, Less than 25% but not never
2, Between 25% and 50%
3, Between 51% and 75%
4, More than 75% but not always
5, Always
41. How knowledgeable do you think members of your practice are about referral sources for adolescent patients needing treatment for:

A. Tobacco/nicotine/e-cigarette/vaping use
B. Alcohol use
C. Cannabis use
D. Illicit drug use (including non-medical use of prescription medications)

**RESPONSE: MATRIX PRESENTATION**
1, Not at all knowledgeable
2, Not very knowledgeable
3, Moderately knowledgeable
4, Very knowledgeable

42. [Skip if 39A – 39D ALL = 0] Who is responsible for providing referrals to specialty care for substance use disorder to indicated adolescent patients in your practice?

A. Dentists in the Practice 1, YES 0, NO
B. Hygienists in the Practice 1, YES 0, NO
C. Dental Therapist 1, YES 0, NO
D. Dental Assistant 1, YES 0, NO
E. Front Desk/Administrative Staff 1, YES 0, NO
43. Please rate the extent to which you agree with the following statements.

A. Individuals with a substance use disorder are to blame for their problem.
B. People with a substance use disorder have poor moral character.
C. A substance use disorder is a chronic medical condition like diabetes mellitus.
D. People with substance use disorders can, with treatment, get well and return to productive lives.
E. Universal screening for substance use disorder(s) in healthcare settings is an effective way to identify and connect patients with appropriate treatment resources.
F. A patient’s substance use behavior is relevant to my management of their oral health.
G. Screening for substance use disorders is part of the dentist’s role.
H. Counseling patients regarding their substance use – including its impact on their oral health – is part of the dentist’s role.
I. Providing specialty referrals to patients in need of treatment for a substance use disorder is part of the dentist’s role.
J. Screening for elevated risk of substance use is part of the dentist’s role,
K. Even low levels of nicotine, alcohol, or cannabis use during adolescence can increase risk for future development of a substance use disorder.

RESPONSE: MATRIX PRESENTATION
1, Strongly Agree
2, Somewhat Agree
3, Neither Agree nor Disagree
4, Somewhat Disagree
5, Strongly Disagree
INSTRUCTIONS: The following group of questions ask about your experiences with training related to screening and counseling patients regarding substance use. For each question, please select the response option that most closely described your experience.

44. Have you ever received training/instruction in screening (i.e., reviewing written responses to screening items and/or verbally assessing) and/or counseling patients for substance use disorders?

RESPONSE OPTIONS
0, Neither for screening or counseling
1, For screening only
2, For counseling only
3, For screening and counseling

45. [SKIP IF 44 = 0, NO] What is the most intensive amount of instruction have you received in screening (i.e., reviewing written responses to screening items and/or verbally assessing) and/or counseling patients for substance use disorders?

A. Tobacco use
B. Vaping (Nicotine)
C. Alcohol use
D. Cannabis use
E. Illicit drug use (including non-medical use of prescription medications)

RESPONSE: MATRIX PRESENTATION
1, A semester/quarter long instruction or more
2, A multi-day instruction/seminar
3, A full-day instruction/seminar
4, A half-day instruction/seminar
5, Less than 4 hours of instruction

46. [SKIP IF 44 = 0, NO] When have you received this training in screening (i.e., reviewing written responses to screening items and/or verbally assessing) and/or counseling patients for substance use disorders?

A. Dental School 1, YES 0, NO
B. Residency or Postdoctoral Program 1, YES 0, NO
C. Continuing Education 1, YES 0, NO

47. [SKIP IF 44 = 0, NO] When was your most recent training related to screening (i.e., reviewing written responses to screening items and/or verbally assessing) and/or counseling patients for substance use disorders?

RESPONSE OPTIONS
1, Less than 1 year ago
2, 1 to 2 years ago
3, 3 to 4 years ago
4, 5 or more years ago

48. [SKIP IF 44 = 0, NO] Has your training related to screening and/or counseling for substance use disorders included information specific to:
A. Adult patients
   1, YES    0, NO
B. Adolescent Patients
   1, YES    0, NO

49. How interested would you be in continuing education programming regarding screening, counseling, and referring patients who present to your practice with substance use issues of:

A. Tobacco use
B. Vaping (Nicotine)
C. Alcohol use
D. Cannabis use
E. Illicit drug use (including non-medical use of prescription medications)

RESPONSE: MATRIX PRESENTATION
1, Not at all interested
2, Not very interested
3, Moderately interested
4, Very interested
Thank you for your participation. The study team, along with the entire PBRN, know that your time is valuable and appreciate your contribution to informing and improving dental education initiatives, and ultimately patient care.