Methodological Advances in Evaluating Abuse-deterrent Opioid Analgesics - Prescriber Survey

☆ Project Home　**☲ Project Setup**　**☑ Online Designer**　**☒ Data Dictionary**　**☐ Codebook**

☐ Codebook ▾

☐ Data Dictionary Codebook　　　　01/30/2020 4:30pm

⌃ Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
	Instrument: **Physician Survey**　(physician_survey)　　☐ Enabled as survey			**⌃ Collapse**
1	record_id	Record ID	text

| 2 | opening | You are invited to participate in a survey collecting information and opinions related to the prescribing and dispensing of abuse-deterrent formulation opioid analgesics. This study is being conducted on behalf of the U.S. Food and Drug Administration by researchers at the University of Kentucky Colleges of Pharmacy and Public Health.

You have been asked to participate in this survey because you are a licensed physician with the ability to prescribe controlled substances in the state of Kentucky. If you voluntarily complete the survey, you will be one of approximately 1,500 physicians to do so. The survey will take approximately 10 minutes to complete.

The survey asks about your prescribing of abuse-deterrent formulation opioid analgesics. The information generated from this research will assist in our understanding of how these medications are being utilized in practice.

Your response to the survey is anonymous. Neither the researchers nor the licensure board will know who did, or did not, respond to the survey. The research team will not attempt to trace responses back to individuals. There are no known risks associated with disclosure of your opinions about the prescribing and dispensing of abuse-deterrent formulations of opioid analgesics. Your information will be kept secure to the extent provided by law.

You may receive two additional email invitations to participate in this survey over the next two weeks. If you have already responded, or elect not to respond to the survey, please ignore these additional emails.

Taking part in this research is completely voluntary. If you choose not to participate, there will be no penalty to you. You are free to skip any question that you do not want to answer, and you can discontinue the survey at any time. Although you will not personally benefit by completing the survey, the information that you provide may help us understand how abuse-deterrent formulations might be used more effectively.

This study has been reviewed by the University of Kentucky Medical Institutional Review Board. If you have questions about this study, you may call Patricia Freeman at 859-323-1381 or Svetla Slavova at 859-323-7873. If you have any questions about your rights as a volunteer in this research, you may contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428.

Thank you for your time and we appreciate your consideration in completing this survey.

Patricia Freeman, PhD
Associate Professor
University of Kentucky College of Pharmacy

Svetla Slavova, PhD
Associate Professor
University of Kentucky College of Public Health | descriptive |

3	contr_sub	Section Header: *OMB Control No.: 0910-0847 Expiration Date: 11/30/2020 Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0847, and the expiration date is 11/30/2020. The time required to complete this information collection is estimated to average 10 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. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov. This study is being conducted on behalf of the U.S. Food and Drug Administration by researchers at the University of Kentucky Colleges of Pharmacy and Public Health.* Do you prescribe opioid analgesics in your practice?	yesno, Required 1 Yes 0 No Custom alignment: LV Stop actions on 0
4	no_cs Show the field ONLY if: [contr_sub] = '0'	Thank you for your willingness to participate. This survey focuses on the prescribing of opioid analgesics. We look forward to your participation in future surveys.	descriptive
5	section2_preamb	Section Header: *Section I. Questions about your perception of abuse-deterrent formulation opioids.* One of the ways that the U.S. Food and Drug Administration (FDA) has tried to address the opioid epidemic is by approving opioid analgesic products that are designed to be harder to manipulate and abuse. These so-called 'abuse-deterrent formulations' (e.g. OxyContin®, Embeda®, etc.) are intended to make certain types of abuse, such as crushing a tablet to snort or dissolving a capsule to inject, more difficult or less rewarding.	descriptive
6	adf_familiar	Considering your experience prescribing opioid analgesics, how would you rate your familiarity with abuse-deterrent formulation opioids?	radio 1 Not familiar at all 2 Somewhat familiar 3 Familiar 4 Very familiar 5 Unsure Custom alignment: LV
7	smok	Section Header: *Individuals who misuse/abuse prescription opioids do so using varied routes of administration. In your professional opinion, how effective are abuse-deterrent formulation opioids in mitigating abuse/misuse by each of these specific routes?* Smoking	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
8	snort	Snorting	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
9	chew	Chewing or dissolving before swallowing	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure

10	intact	Swallowing intact	radio (Matrix)
			1 Not effective at all
			2 Somewhat effective
			3 Effective
			4 Very effective
			5 Unsure
11	injec	Injection (intravenous, intramuscular, or subcutaneous)	radio (Matrix)
			1 Not effective at all
			2 Somewhat effective
			3 Effective
			4 Very effective
			5 Unsure
12	labeling_opinion	Please indicate the extent to which you agree or disagree with the following statement: In my professional opinion, to gain and maintain FDA-approval, all opioid analgesics should meet FDA standards as abuse-deterrent formulations.	radio 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 5 Unsure Custom alignment: LV
13	label_strongagr Show the field ONLY if: [labeling_opinion] = '4'	If you selected "Strongly agree," please elaborate.	text Custom alignment: RH
14	label_strongdis Show the field ONLY if: [labeling_opinion] = '1'	If you selected "Strongly disagree," please elaborate.	text Custom alignment: RH
15	early_adopt	Section Header: *Section II. Questions about your experience prescribing medications newly-approved by the FDA and abuse-deterrent formulation opioid analgesics.* Which of these describes you well when it comes to prescribing medications newly approved by the FDA? (select all that apply)	checkbox
			1 early_adopt___1 Usually prescribe new medications before others do
			2 early_adopt___2 Prefer medications which have worked well for patients in the past
			3 early_adopt___3 Like being able to share with colleagues about new medications I've prescribed
			4 early_adopt___4 Like the variety of prescribing new medications
			5 early_adopt___5 Feel more comfortable using familiar medications
			6 early_adopt___6 Prefer to wait until I hear about colleagues' experiences with prescribing new medications
			7 early_adopt___7 Other
			Custom alignment: LV
16	early_adopt_other Show the field ONLY if: [early_adopt(7)] = '1'	If you selected 'Other,' please describe.	text Custom alignment: RH
17	cons_adf_yn	When making prescribing decisions regarding which opioid analgesic to prescribe, do you consider whether or not the opioid is an abuse-deterrent formulation?	yesno 1 Yes 0 No Custom alignment: LV

18	pt_dem Show the field ONLY if: [cons_adf_yn] = '1'	Section Header: *To what extent do each of the following patient-specific factors influence your decision to prescribe an abuse-deterrent formulation opioid over a non-abuse-deterrent opioid analgesic?* Patient demographics (e.g. age, ethnicity)	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
19	pt_pref Show the field ONLY if: [cons_adf_yn] = '1'	Patient preference for a specific opioid product	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
20	mis_abus Show the field ONLY if: [cons_adf_yn] = '1'	Concern for misuse/abuse by patient or patient's family member	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
21	rd_party Show the field ONLY if: [cons_adf_yn] = '1'	Anticipated cost to patient	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
22	pt_circum Show the field ONLY if: [cons_adf_yn] = '1'	Risk of diversion by patient or patient's family members	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
23	mme Show the field ONLY if: [cons_adf_yn] = '1'	Total daily dosage of opioid patient requires	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
24	risk_strat Show the field ONLY if: [cons_adf_yn] = '1'	Patient's risk stratification score	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
25	other_meds Show the field ONLY if: [cons_adf_yn] = '1'	Patient's concomitant medication use	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
26	illic_op Show the field ONLY if: [cons_adf_yn] = '1'	Concern over patient switching to illicit opioid	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence

27	riskstrat Show the field ONLY if: [risk_strat] = '3' or [risk_strat] = '4'	Which of the following risk-stratification tools do you most commonly utilize?	radio 	1	Opioid risk tool
2	Screener and Opioid Assessment for Patients with Pain - Version 1 (SOAPP-1)
3	Screener and Opioid Assessment for Patients with Pain - Revised (SOAPP-R)
4	Brief Risk Interview
5	Other	 Custom alignment: LV
28	othrriskstrat Show the field ONLY if: [riskstrat] = '5'	If you selected 'Other,' please provide the name of the risk-stratification tool you most commonly utilize.	text Custom alignment: RH
29	adfexp Show the field ONLY if: [cons_adf_yn] = '1'	Section Header: *To what extent do each of the following non-patient-specific factors influence your decision to prescribe an abuse-deterrent formulation opioid over a non-abuse deterrent opioid analgesic?* Past experience prescribing abuse-deterrent formulations	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
30	monitor Show the field ONLY if: [cons_adf_yn] = '1'	System or government oversight of prescribing patterns	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
31	college Show the field ONLY if: [cons_adf_yn] = '1'	Anecdotal prescribing experience of colleagues	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
32	third_part Show the field ONLY if: [cons_adf_yn] = '1'	Third-party payer considerations	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
33	compareffect Show the field ONLY if: [cons_adf_yn] = '1'	Effectiveness compared to traditional formulations	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
34	policies Show the field ONLY if: [cons_adf_yn] = '1'	Practice- or system-level policies	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
35	mfrs Show the field ONLY if: [cons_adf_yn] = '1'	Information provided by sales reps, medical liaisons, etc.	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	

36	innovate Show the field ONLY if: [cons_adf_yn] = '1'	Innovative nature of abuse-deterrence mechanisms	radio (Matrix) 	1	No influence
2	Little influence
3	Some influence
4	Great influence	
37	public_hlth Show the field ONLY if: [cons_adf_yn] = '1'	Potential public health impact of reducing the supply of abusable prescription opioids	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
38	embeda	Section Header: *For each of the following abuse-deterrent formulation opioids, please indicate the frequency with which you have prescribed them in your practice.* Embeda® (morphine sulfate and naltrexone hydrochloride extended-release)	radio (Matrix) | 1	Never
2	Rarely (i.e. a few times a year)
3	Occasionally (i.e. monthly)
4	Frequently (i.e. weekly)
5	Very frequently (i.e. daily)	
39	hysinglaer	Hysingla® ER (hydrocodone bitartrate extended-release)	radio (Matrix) | 1	Never
2	Rarely (i.e. a few times a year)
3	Occasionally (i.e. monthly)
4	Frequently (i.e. weekly)
5	Very frequently (i.e. daily)	
40	morphabonder	MorphaBond® ER (morphine sulfate extended-release)	radio (Matrix) | 1	Never
2	Rarely (i.e. a few times a year)
3	Occasionally (i.e. monthly)
4	Frequently (i.e. weekly)
5	Very frequently (i.e. daily)	
41	xtampzaer	Xtampza® ER (oxycodone extended-release)	radio (Matrix) | 1	Never
2	Rarely (i.e. a few times a year)
3	Occasionally (i.e. monthly)
4	Frequently (i.e. weekly)
5	Very frequently (i.e. daily)	
42	oxycontin	OxyContin® (oxycodone hydrochloride extended-release)	radio (Matrix) | 1	Never
2	Rarely (i.e. a few times a year)
3	Occasionally (i.e. monthly)
4	Frequently (i.e. weekly)
5	Very frequently (i.e. daily)	

43	oxyrsns Show the field ONLY if: [oxycontin] = '2' or [oxyconti n] = '3' or [oxycontin] = '4' or [oxycontin] = '5'	In general, please indicate the primary reason you have prescribed OxyContin®.	radio 	1	It is an extended-release opioid product covered by most third-party payers
2	It is an abuse-deterrent formulation
3	It is an appropriate extended release regimen for patients who have been on oxycodone immediate-release
4	It has been an effective treatment for previous patients
5	Patient was started on OxyContin by another provider and appears to benefitting from it	 Custom alignment: LV
44	generic Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxyco ntin] = '1'	Section Header: *For the abuse-deterrent formulations that you have NEVER prescribed, please indicate to what extent the following factors generally influenced your decision NOT to prescribe these agents?* Generally prescribe generic medications over brand-name medications	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
45	familiar Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxyco ntin] = '1'	Lack of familiarity with the product(s)	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
46	pt_preference Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxyco ntin] = '1'	Patient preference for a non-abuse deterrent formulation	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
47	insurance Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxyco ntin] = '1'	Lack of third-party coverage or high copays makes them unaffordable for most patients	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
48	illicit Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxyco ntin] = '1'	Concern that patients will switch to illicit alternative (e.g. heroin)	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
49	skepticism Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxyco ntin] = '1'	Skepticism that abuse-deterrent properties will prevent addiction or overdose	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	
50	inadequate_analgesia Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxyco ntin] = '1'	Concern that the abuse-deterrent formulation may provide inadequate analgesia	radio (Matrix) | 1	No influence
2	Little influence
3	Some influence
4	Great influence	

51	no_concern_for Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxycontin] = '1'	Patients to whom I prescribe opioid analgesics are at low risk for misuse/abuse	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
52	guidelines Show the field ONLY if: [embeda] = '1' or [hysinglaer] = '1' or [morphabonder] = '1' or [xtampzaer] = '1' or [oxycontin] = '1'	Evidence-based guidelines do not list abuse-deterrent formulations as preferred over non-abuse deterrent formulations	radio (Matrix) 1 No influence 2 Little influence 3 Some influence 4 Great influence
53	pt_prefer	Section Header: *Section III. Communication with patients and pharmacists regarding abuse deterrent formulation opioids.* To your recollection, have any of your patients ever specifically requested to receive an abuse-deterrent opioid formulation instead of a non-abuse-deterrent opioid formulation?	yesno 1 Yes 0 No Custom alignment: LV
54	runs_pt_request Show the field ONLY if: [pt_prefer] = '1'	What circumstances best describe the reason(s) a patient specifically requested an abuse-deterrent formulation opioid instead of a non-abuse-deterrent opioid? (select all that apply)	checkbox 1 runs_pt_request___1 Past medical history 2 runs_pt_request___2 Concern about misuse/abuse potential of non-abuse-deterrent formulations by others 3 runs_pt_request___3 Belief that abuse-deterrent formulations were safer than non-ADFs 4 runs_pt_request___4 Other Custom alignment: LV
55	pt_pref_other Show the field ONLY if: [runs_pt_request(4)] = '1'	If you selected 'Other,' please describe.	text Custom alignment: LV
56	pt_req_noadf Show the field ONLY if: [embeda] = '2' or [embeda] = '3' or [embeda] = '4' or [embeda] = '5' or [hysinglaer] = '2' or [hysinglaer] = '3' or [hysinglaer] = '4' or [hysinglaer] = '5' or [morphabonder] = '2' or [morphabonder] = '3' or [morphabonder] = '4' or [morphabonder] = '5' or [xtampzaer] = '2' or [xtampzaer] = '3' or [xtampzaer] = '4' or [xtampzaer] = '5' or [oxycontin] = '2' or [oxycontin] = '3' or [oxycontin] = '4' or [oxycontin] = '5'	To your recollection, has a patient to whom you prescribed an abuse-deterrent formulation opioid ever specifically requested to switch to a non-abuse-deterrent formulation?	yesno 1 Yes 0 No Custom alignment: LV
57	rsn_rst_noadf Show the field ONLY if: [pt_req_noadf] = '1'	Please describe the reason(s) the patient requested to switch to a non-abuse-deterrent formulation opioid.	text Custom alignment: RH
58	rph_contact	To your recollection, have you ever been contacted by a pharmacist who recommended an abuse-deterrent formulation opioid for a patient SPECIFICALLY because of its abuse-deterrent properties?	yesno 1 Yes 0 No Custom alignment: LV

59	rphnonadf	To your recollection, have you ever been contacted by a pharmacist to request substitution of a non-abuse-deterrent formulation opioid for an abuse-deterrent formulation opioid? (e.g. MorphaBond® ER to MS Contin)?	radio 1 Yes 2 No Custom alignment: LV
60	subrsns Show the field ONLY if: [rphnonadf] = '1'	What circumstance(s) best describe(s) the reason(s) a pharmacist contacted you to request substitution of a non-abuse-deterrent formulation opioid for an abuse-deterrent formulation opioid? (select all that apply)	checkbox 1 subrsns___1 Abuse-deterrent formulation was out of stock 2 subrsns___2 Cost to patient was lower for non-abuse-deterrent formulation 3 subrsns___3 Patient preferred / requested a non-abuse-deterrent formulation 4 subrsns___4 Claim to third-party payer for abuse-deterrent formulation was rejected 5 subrsns___5 Other Custom alignment: LV
61	othrrsnnonadf Show the field ONLY if: [subrsns(5)] = '1'	If you selected 'Other,' please describe.	text Custom alignment: RH
62	mddecis Show the field ONLY if: [rphnonadf] = '1'	Did you approve the pharmacist's request to substitute a non-abuse-deterrent formulation opioid?	yesno 1 Yes 0 No Custom alignment: LV
63	adebme Show the field ONLY if: [embeda] = '2' or [embeda] = '3' or [embeda] = '4' or [embeda] = '5'	Section Header: *Section IV. Questions about third party payer requirements for abuse deterrent formulation opioids. For each of the following abuse-deterrent formulation opioids that you HAVE prescribed, please indicate how often prescriptions are subject to additional requirements from third-party payers (e.g. prior authorization).* Embeda® (morphine sulfate and naltrexone hydrochloride extended-release)	radio (Matrix) 1 Rarely 2 Occasionally 3 Almost always 4 I am unsure how often prescriptions are subject to additional requirements.
64	algnisyh Show the field ONLY if: [hysinglaer] = '2' or [hysinglaer] = '3' or [hysinglaer] = '4' or [hysinglaer] = '5'	Hysingla® ER (hydrocodone bitartrate extended-release)	radio (Matrix) 1 Rarely 2 Occasionally 3 Almost always 4 I am unsure how often prescriptions are subject to additional requirements.
65	dnobahprom Show the field ONLY if: [morphabonder] = '2' or [morphabonder] = '3' or [morphabonder] = '4' or [morphabonder] = '5'	MorphaBond® ER (morphine sulfate extended-release)	radio (Matrix) 1 Rarely 2 Occasionally 3 Almost always 4 I am unsure how often prescriptions are subject to additional requirements.
66	nitnocyxo Show the field ONLY if: [oxycontin] = '2' or [oxycontin] = '3' or [oxycontin] = '4' or [oxycontin] = '5'	OxyContin® (oxycodone hydrochloride extended-release)	radio (Matrix) 1 Rarely 2 Occasionally 3 Almost always 4 I am unsure how often prescriptions are subject to additional requirements.

67	azpmatx	Xtampza® ER (oxycodone extended-release)	radio (Matrix)
	Show the field ONLY if: [xtampzaer] = '2' or [xtampzaer] = '3' or [xtampzaer] = '4' or [xtampzaer] = '5'		1 Rarely
			2 Occasionally
			3 Almost always
			4 I am unsure how often prescriptions are subject to additional requirements.
68	state_legis	At this time, would you support state legislation mandating third-party payer coverage of abuse-deterrent formulation opioids?	yesno
			1 Yes
			0 No
			Custom alignment: LV
69	leg_support_elab	Please elaborate as to why you would support this legislation.	text
	Show the field ONLY if: [state_legis] = '1'		
70	leg_no_support_elab	Please elaborate as to why you would not support this legislation.	text
	Show the field ONLY if: [state_legis] = '0'		
71	comm	Section Header: *Section V. Questions about your perception of opioid misuse/abuse. Please indicate to what extent you agree or disagree with the following statements.*	radio (Matrix)
		The misuse/abuse of prescription opioids is a problem in my community.	1 Strongly disagree
			2 Disagree
			3 Agree
			4 Strongly agree
			5 Unsure
72	pract	The misuse/abuse of prescription opioids is a problem among patients at my practice.	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Agree
			4 Strongly agree
			5 Unsure
73	identify_atrisk	I am confident in my ability to identify a patient who is misusing/abusing prescription opioids.	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Agree
			4 Strongly agree
			5 Unsure
74	abuse_roa	In your professional opinion, which of the following routes of administration is used most commonly by individuals who misuse/abuse opioid medications?	radio
			1 Smoking
			2 Snorting
			3 Chewing or dissolving before swallowing
			4 Swallowing intact
			5 Injection (intravenous, intramuscular, or subcutaneous)
			6 Unsure
			Custom alignment: LV

75	kasper	Section Header: *In your professional opinion, how effective are the following strategies in mitigating the misuse/abuse of prescription opioids?* Checking the prescription drug monitoring program (KASPER)	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
76	rphcounts	Pharmacist-driven pill counts	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
77	adfopioids	Abuse-deterrent formulation opioids	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
78	urineds	Urine drug screening	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
79	prescrpillcounts	Prescriber-driven pill counts	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
80	lockinprogram	Payer restriction programs to a single pharmacy and/or single prescriber (e.g. lock-in program)	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure
81	dslimits	Prescribing (days' supply) limits	radio (Matrix) 1 Not effective at all 2 Somewhat effective 3 Effective 4 Very effective 5 Unsure

82	gender	Section Header: *Section VI. Questions about you and your practice.* What is your gender?	radio

#	Variable	Question	Field
82	gender	Section Header: *Section VI. Questions about you and your practice.* What is your gender?	radio 1 Male 2 Female 3 Prefer not to answer 4 Prefer to self-describe Custom alignment: LV
83	gend_othr Show the field ONLY if: [gender] = '4'	If you selected 'Prefer to self-describe,' you may do so here.	text Custom alignment: RH
84	years_prac	Please indicate your total number of years in practice following completion of residency training.	radio 1 Currently in residency training 2 < 5 3 5 -15 4 16 - 25 5 26 - 35 6 > 35 Custom alignment: LV
85	specialty_type	Which of the following best describes your primary specialty?	radio 1 Addiction medicine 2 Anesthesiology 3 Cardiovascular disease 4 Critical care medicine or Pulmonary disease 5 Emergency medicine 6 Family medicine 7 Gastroenterology 8 General surgery 9 Hematology & Oncology 10 Internal medicine 11 Neurology or Neurological surgery 12 Obstetrics & Gynecology 13 Ophthalmology 14 Orthopedic surgery 15 Otolaryngology 16 Pain medicine 17 Pediatrics or Neonatal-Perinatal medicine 18 Plastic surgery 19 Psychiatry 20 Radiology & Diagnostic radiology 21 Urology 22 Other Custom alignment: LV
86	specialt_othr Show the field ONLY if: [specialty_type] = '22'	If you selected 'Other,' please describe.	text Custom alignment: RH
87	county_prac	In which county is your primary practice site located (i.e. the site where you spend the most time each week)?	dropdown 1 Adair 2 Allen 3 Anderson

4	Ballard
5	Barren
6	Bath
7	Bell
8	Boone
9	Bourbon
10	Boyd
11	Boyle
12	Bracken
13	Breathitt
14	Breckinridge
15	Bullitt
16	Butler
17	Caldwell
18	Calloway
19	Campbell
20	Carlisle
21	Carroll
22	Carter
23	Casey
24	Christian
25	Clark
26	Clay
27	Clinton
28	Crittenden
29	Cumberland
30	Daviess
31	Edmonson
32	Elliott
33	Estill
34	Fayette
35	Fleming
36	Floyd
37	Franklin
38	Fulton
39	Gallatin
40	Garrard
41	Grant
42	Graves
43	Grayson
44	Green
45	Greenup
46	Hancock
47	Hardin
48	Harlan
49	Harrison
50	Hart
51	Henderson

52	Henry
53	Hickman
54	Hopkins
55	Jackson
56	Jefferson
57	Jessamine
58	Johnson
59	Kenton
60	Knott
61	Knox
62	LaRue
63	Laurel
64	Lawrence
65	Lee
66	Leslie
67	Letcher
68	Lewis
69	Lincoln
70	Livingston
71	Logan
72	Lyon
73	McCracken
74	McCreary
75	McLean
76	Madison
77	Magoffin
78	Marion
79	Marshall
80	Martin
81	Mason
82	Meade
83	Menifee
84	Mercer
85	Metcalfe
86	Monroe
87	Montgomery
88	Morgan
89	Muhlenberg
90	Nelson
91	Nicholas
92	Ohio
93	Oldham
94	Owen
95	Owsley
96	Pendleton
97	Perry
98	Pike
99	Powell

			100	Pulaski
			101	Robertson
			102	Rockcastle
			103	Rowan
			104	Russell
			105	Scott
			106	Shelby
			107	Simpson
			108	Spencer
			109	Taylor
			110	Todd
			111	Trigg
			112	Trimble
			113	Union
			114	Warren
			115	Washington
			116	Wayne
			117	Webster
			118	Whitley
			119	Wolfe
			120	Woodford

Custom alignment: LV

88	prac_type	Which of the following best characterizes your primary practice setting?	radio

1	Solo practice
2	Small private group practice (5 or less practitioners)
3	Large private group practice (6 or more practitioners)
4	Academic practice
5	Emergency department
6	Hospital-based clinic
7	Hospital inpatient
8	Managed care organization
9	VA health-system or another governmental agency
10	Other

Custom alignment: LV

89	practype_othr Show the field ONLY if: [prac_type] = '10'	If you selected 'Other,' please describe.	text Custom alignment: RH

90	no_patients	On average, across all practice sites (primary practice and other practice) how many patients do you see each week?	radio

1	< 25
2	25-49
3	50-74
4	75-100
5	> 100

| 91 | ce_yn | To your recollection, have you ever completed continuing education that discussed the use of abuse-deterrent formulation opioids as a means of promoting safe opioid use? | yesno

| 1 | Yes |
0	No	 Custom alignment: LV
92	finalthoughts	Section Header: *Section VII. Opportunity to provide additional thoughts on survey topics.* Please share any additional thoughts you have about abuse-deterrent formulation opioids and opioid misuse/abuse.	notes
93	physician_survey_complete	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	