

## Consumer & Opioid User Survey Instrument

This survey asks about prescription opioids, which are powerful medicines that healthcare providers can prescribe for severe pain. Most of the questions in this survey ask about prescription opioids that are used for pain not caused by cancer. Examples of prescription opioids include codeine, hydrocodone (Norco, Vicodin), oxycodone (OxyContin, Percocet), morphine, and fentanyl.

Asked of all three groups

**1. For each of the following statements, indicate whether you think it is true or false or if you are not sure. It's okay to say you are not sure if that is the case. (true/false/not sure)**

- Prescription opioids are narcotic medicines. (T)
- Marijuana is an opioid. (F)
- Codeine is an opioid. (T)
- Heroin is an opioid. (T)
- Medical research shows that opioids work well to relieve long-term pain in patients who take them for pain not caused by cancer. (F)
- The most common way to abuse prescription opioids is through crushing and snorting the pills. (F)
- Only people who use prescription opioid medicines to get high become addicted to them. (F)
- Tolerance is a condition where higher doses of a drug are needed to get the same effect over time. (T)
- The chances that someone may become addicted to prescription opioids increases if they take them for more than 5 days. (T)
- Overdosing on opioids always results in death. (F)
- A patient who takes their opioids exactly as prescribed by their healthcare provider will not become addicted to them. (F)
- Heroin kills more people every year than prescription opioids. (F)
- More people get prescription opioids by taking them from a family member or a friend who has a prescription than buying them from street dealers. (T)
- People with a history of mental health issues may be more likely to become addicted to opioids. (T)
- Patients taking a specific kind of prescription opioid called an abuse-deterrent form cannot become addicted to it. (F)
- Addiction is a disease that can be treated by medicines. (T)
- Opioid addiction happens mostly to younger people. (F)
- Not all prescription opioids are addictive. (F)

Asked of all 3 groups

**2. How much do you agree or disagree with each of the following statements about opioid addiction? (Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- Opioid addiction is a long-term chronic disease.
- Like other chronic diseases such as diabetes and heart disease, opioid addiction should be treated with medicines that a person may need to take for a long time or forever. People addicted to prescription opioids do not seek treatment because they worry they will be called an “addict.”
- People addicted to prescription opioids do not seek treatment because they don’t know where to find help.
- People addicted to opioids do not seek treatment because they cannot afford it.
- People addicted to opioids do not seek treatment because it’s not covered by their insurance.
- People addicted to opioids do not seek treatment because they worry family members or friends will disapprove.
- People addicted to opioids do not seek treatment because they worry about how it will affect their jobs.
- There aren’t enough addiction treatment centers to treat everyone who is addicted to opioids.
- The healthcare provider who prescribes an opioid should also have enough training to be able to treat a patient who becomes addicted to it.
- Opioid addiction is a public health problem that entire communities should be involved in helping to solve.

Asked of all 3 groups

**3. How much do you agree or disagree with each of the following statements? (Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- Use of opioids for more than 3 months can lead to changes in a patient’s behavior and personality.
- Most patients who become addicted to prescription opioids lack self-control.
- Healthcare providers do not want to change how they prescribe opioids.
- Patients taking opioids for long-term chronic pain not caused by cancer (non-cancer pain) are not willing to try non-drug treatments.
- It is appropriate for medical marijuana to be used instead of opioids to treat long-term chronic non-cancer pain.
- Enough different kinds of opioids are already available on the market to treat pain.
- Efforts to reduce prescription opioid abuse will make it harder for patients who have chronic long-term non-cancer pain to get these medicines.
- Warning labels on prescription opioid bottles that explain the risk of addiction would reduce the abuse of prescription opioids.
- The risks of abuse, addiction, and overdose outweigh the benefits of using opioids to treat pain.
- Patients taking opioids for long-term chronic non-cancer pain do not try non-drug treatments because their healthcare providers do not prescribe them.
- If one healthcare provider will not prescribe opioids for long-term chronic non-cancer pain, a patient will go to another provider to get them.
- Non-drug treatments can reduce the need for prescription opioids for long-term chronic non-cancer pain.

- Drug company representatives should continue to be allowed to talk directly to healthcare providers about the opioid medicines their companies are selling.
- No new opioids should be allowed to be sold unless they are proven to be non-addictive.
- Having an adult with an addiction to opioids or other substances in a home increases the chances that a child will have later substance-abuse problems.
- People prescribed opioids for pain usually do not throw any extras away because they think they or their family members might need them in the future.

Asked of all 3 groups

**4. In general, how often do you think each of the following occurs when prescription opioids are used to treat long-term chronic non-cancer pain? (7-point scale: Never, Rarely, Occasionally, About half the time, Frequently, Usually, Always)**

- Misuse (taking more of an opioid or more often than prescribed in order to treat the pain)
- Abuse (taking more of an opioid in order to get high)
- Physical dependence
- Addiction
- Withdrawal
- Overdose
- Patient requesting prescription opioids before a refill is due
- Patient receiving opioid prescriptions from multiple healthcare providers at the same time
- Patient sharing prescription opioid medicines with family members or friends
- Patient uses alcohol while taking prescription opioids
- Patient uses recreational marijuana while taking prescription opioids
- Prescription opioids leading to the use of stronger prescription opioids such as fentanyl
- Prescription opioids leading to the use of illegal drugs such as heroin

Asked of general consumers and ever users (Chronic opioid users questions is below)

**5. How much do you agree or disagree with each of the following statements about abuse-deterrent forms of opioids (ADFs)? ADFs are medicines created to help lessen the chance of abuse, for example by making it harder to crush or melt pills in order to snort or inject them to get high. (Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- If more patients used ADFs, there would be fewer cases of abuse.
- ADFs prevent patients from becoming addicted to opioids.
- ADFs can reduce deaths from prescription opioids.
- ADFs don't decrease abuse, it is just a marketing tool.
- Healthcare providers only prescribe ADFs to patients they think will abuse their opioids.

Asked of general consumers and ever users (Chronic opioid users questions is below)

**6. How much do you agree or disagree with each of the following statements about Medication Assisted Treatments (MATs)? MATs are medicines used to treat abuse of opioids and other substances. (Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- Using MATs such as methadone to treat people addicted to opioids is replacing one addiction with another.
- MATs help decrease opioid addiction.
- MATs prevent patients who are abusing or addicted to prescription opioids from using street drugs like heroin.
- MATs prevent patients who are abusing or addicted to prescription opioids from using stronger prescription opioids.
- MATs allow patients addicted to prescription opioids to continue to work.
- MATs allow patients addicted to prescription opioids to continue to keep good personal relationships.
- MATs allow patients addicted to prescription opioids to focus on things other than getting “high.”
- MATs decrease drug-related crimes.
- MATs decrease HIV/AIDS and other diseases transmitted through sharing needles.
- More healthcare providers who prescribe opioids should be trained to prescribe MATs to treat patients who become addicted.

Asked of all 3 groups

**7. How much do you agree or disagree with each of the following statements about opioid-reversal drugs (ORDs)? ORDs are medicines that block the effects of an opioid and help prevent death from an overdose. (Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- ORDs encourage people to abuse or misuse opioids.
- ORDs prevent people who abuse opioids from getting treatment.
- ORDs prevent people with an opioid addiction from seeking treatment.
- ORDs are important to reduce deaths from the opioid epidemic.
- It is important that anyone who has an opioid prescription also has a prescription for an ORD.

(Asked of all 3 groups)

**8. How much do you know about each of the following? (7-point scale: Nothing at all, Very little, A little, Some, A moderate amount, A large amount, A very large amount)**

- Abuse-deterrent opioids (medicines created to help lessen the chance of abuse, for example by making it harder to crush or melt opioid pills in order to snort or inject them to get high)
- Opioid-reversal drugs (medicines that block the effects of an opioid and help prevent death from an overdose)

- Medication-assisted treatment (medicines used to treat abuse of opioids and other substances)

Asked of all 3 groups

**9. How much do you agree or disagree that each of the following would be effective things that healthcare providers could do to reduce patient misuse and abuse of prescription opioids. (7-point scale: Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- Ask if the patient has ever been addicted to or abused any substances (for example, alcohol or drugs)
- Set realistic goals for relieving a patient's pain
- Review a patient's current and past prescriptions for opioids
- Ask the patient if they can do their everyday activities
- Have the patient read and sign a written opioid treatment contract
- Conduct urine drug screens for both legal and illegal drugs at appointments
- Ask the patient to bring their pills to their office visits to count the number of pills left
- Require an office visit to get a refill for their opioid prescription
- Prescribe an abuse-deterrent form (ADF) of the opioid. ADFs are created to help lessen the chance of abuse, for example by making it more difficult to crush or melt opioid pills to snort or inject them to get high
- Prescribe a limited number of opioid pills at first to see how the patient handles them
- Ask about current and past mental health problems
- Schedule monthly visits to make sure that the opioids are working to reduce pain and helping to meet the patient's goals for treatment
- Check to see if the patient has received opioids from other healthcare providers or several pharmacies

Asked of ever users only (Chronic opioid users questions is below)

**10. The last time you were prescribed an opioid, which of the following did your healthcare provider talk with you about? (Response options: Yes, No, Not sure)**

- Possible drowsiness
- Not to drive or operate other heavy machinery
- Not to make important decisions
- Possible breathing problems
- Possible constipation
- Potential feeling of euphoria (feeling "high")
- Possible addiction to or dependency on the drug
- How to safely store opioid pills so others could not get hold of them
- How to get rid of any extra pills after the pain is gone

- If you were taking any other opioids or pain medicines
- If you were taking any prescription medicines to treat anxiety, sleep problems, or seizures
- If you were taking any non-prescription medicines, vitamins, or herbal remedies or supplements
- If you drink alcohol
- If you use marijuana
- If you use any illegal drugs or any drugs that were not prescribed to you, such
- Serious side effects when combining the opioid with alcohol, marijuana, or illegal drugs
- If you had any history of problems with drugs or alcohol
- If you had ever overdosed with an opioid or another drug

Asked of chronic opioid users and ever users

**11. How much information did you receive or would you have liked to receive about each of the following from the healthcare provider treating your pain? (Response options: I did not receive any information about this; I would have liked more information; The amount of information was right for me; I would have liked less or no information)**

- Your illness or injury
- The cause(s) of your pain
- How the opioid being prescribed could help you
- How and when to take the opioid
- Possible side effects of the opioid
- Risks/concerns about abuse and addiction
- Warning to take the opioid only as prescribed with no dose or schedule changes
- How long you should expect to take the opioid
- How to know whether the opioid worked
- Not to share your opioid medicine with others
- How to store the opioid safely
- How to properly dispose of the opioid
- Interactions of the opioid with other medicines you are taking
- What other information would you like to have received? (write in)

Asked of chronic opioid users and ever users

**12. Which of the following types of printed information did your healthcare provider give to you about the opioid you were prescribed? (Response options: Yes, No, Not sure)**

- General information about opioids
- Specific information about the opioid you were prescribed
- Information from your electronic medical record or the healthcare provider's computer
- Information from a government agency like the Centers for Disease Control and Prevention (CDC) or the Food and Drug Administration (FDA)
- Information from a website, such as WebMD

- Information or brochures from a drug company
- The patient medication guide for the specific drug you were prescribed
- A list of resources for more information about opioids, such as websites and articles
- Opioid education materials developed by a medical association or nonprofit organization
- A list of things that could help reduce pain such as physical exercises, or breathing or relaxation practices
- Other (write in)

Asked of all general consumers and ever users

**13. Have you ever known anyone who has taken prescription opioids for non-cancer pain that lasted longer than one month? Select one answer.**

- No (*Skip next two questions*)
- Yes, a family member
- Yes, a significant other
- Yes, a friend
- Yes, a coworker
- Yes, other (*specify*)

Asked only of general consumers and ever users who answer yes to #11

**14. Thinking about the person you just identified, did you ever have concerns about their use of these opioid medicines? Select one answer.**

- No (*Skip next question*)
- Yes

Asked only of general consumers and ever users who answer yes to #12

**15. Thinking about the person you just identified, how much were you concerned about each of the following related to their use of prescription opioids for pain not caused by cancer (non-cancer pain)? (Not at all, Very little, A little, Some, A moderate amount, A large amount, A very large amount)**

- The opioid was not controlling their non-cancer pain.
- They took more opioids than prescribed or more often than prescribed.
- They drank alcohol while taking prescription opioids.
- They took opioids with other prescription medicines.
- They took opioids with other non-prescription drugs such as marijuana or heroin.
- They gave their opioids to other people to take.
- They felt like they could not get through the day without the opioids.
- They needed a refill of the opioids before one was due.
- They had to have higher doses of opioids prescribed to them to manage their non-cancer pain.

- They received opioid prescriptions from more than one healthcare provider at the same time.
- They wouldn't agree to see a pain specialist their healthcare provider referred them to.
- They did not want to try non-drug ways to help manage their non-cancer pain such as physical therapy.
- That they might be getting addicted to their opioids.
- That they were having withdrawal symptoms.
- That they might overdose on the opioid.
- That their behavior might be changing because of the opioids.
- That a child or teenager might find the opioids and take them.
- That problems at work might be because of the opioids.
- That problems at home might be because of the opioids.
- That they might switch to an illegal drug such as heroin or cocaine.
- That they were addicted to their opioids and needed treatment

Asked of all 3 groups

**16. To what extent do you agree or disagree with each of the following statements about what FDA's role should be in addressing problems related to opioids? (7-point scale: Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

**FDA should:**

- Increase the safety requirements for new opioids before approving them.
- Require that all opioids be developed in ways that makes them abuse-deterrent and lowers the chance of abuse.
- Limit which patients can be prescribed opioids to only those that have certain medical problems such as cancer.
- Limit how many doses of an opioid can be prescribed based on a patient's medical problem.
- Provide training and education to healthcare providers about the safe use of prescription opioids.
- Provide information and education to the public about the safe use of prescription opioids.
- Other (write in)

Asked of all 3 groups

**17. If you wanted information about an opioid medicine you were prescribed or were taking, from which of the following would you like to receive it? (Check all that apply.)**

- a. Federal websites
- b. My patient portal from my healthcare provider's office
- c. Drug websites
- d. WebMD
- e. A conversation with my healthcare provider
- f. Written instructions from my healthcare provider
- g. A conversation with a pharmacist

- h. Written instructions from a pharmacy
- i. Online discussion group with other patients taking opioids
- j. Patient group at my local hospital or other healthcare location
- k. Other (write in)

Asked of all 3 groups

**18. How would you like to get this information about opioids? Choose all that apply.**

- Videos
- Podcasts
- Fact-sheets
- Check lists
- Information posted on websites
- Links to online resources
- E-mail
- Text messages
- Printed brochures
- Other (open)
- I do not want any information on opioids.

Both ever users and chronic users

**19. To what extent have you personally experienced each of the following while taking opioids for non-cancer pain? (7-point scale: Never, Rarely, Occasionally, About half the time, Frequently, Usually, Always)**

- The opioid didn't reduce your pain.
- You took more of the opioid or more often than prescribed in order to treat the pain.
- You took more of an opioid in order to get high.
- You requested more pain medicine before a refill was due.
- You shared your prescription pain medicine with family members or friends.
- Your prescribed opioid fell into the wrong hands (children, teens).
- Your opioids were stolen.
- You used alcohol while you were being treated with opioids.
- You used recreational marijuana while you were being treated with opioids.
- You used illegal drugs such as heroin while you were being treated with opioids.

All 3 groups

**20. We are interested in how to best explain abuse deterrent opioids to people. Abuse-deterrent forms of opioids (ADFs) are medicines created to help lessen the chance they will be abused. For**

example, ADFs can make it harder to crush or melt opioid pills in order to snort or inject them to get high. This does not mean it is impossible to abuse these opioids, and they still have the potential to be addictive.

**How much do you agree or disagree with how well you think each of the following terms explains the idea of abuse-deterrent opioids (7-point scale: Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- Crush-proof
- Abuse-resistant
- Tamper-resistant
- Abuse-preventive
- Abuse-averting
- Abuse-avoiding
- Abuse-reducing
- Locked

**21. What other descriptions or terms do you think would best describe ADFs? (write in)**

Very last question for all 3 groups:

**Do you have any comments you would like to share with the FDA about this topic? (Write in)**

**The FDA greatly appreciates your participation in this survey. Your answers will help us better understand peoples' thinking about this important topic.**

Both ever users and chronic users

**22. How much you agree or disagree with each of the following statements about the overall experience you have had when seeing your healthcare provider for treatment for your non-cancer pain? (Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- My healthcare provider and I discussed using opioids to treat my pain before they were prescribed.
- My healthcare provider gave me information about all the available pain treatment options.
- My healthcare provider and I made all treatment decisions together.
- My healthcare provider's explanations about treating my pain were easy to understand.
- My healthcare provider gave me enough information about the risks and side effects of taking opioids.
- My healthcare provider made me feel comfortable asking questions about opioids.
- My healthcare provider gave me enough time to talk about all my concerns related to opioids.
- My healthcare provider gave me all the information I needed about the opioids.
- Overall, I am satisfied with my discussions with my healthcare provider about how to treat my pain.
- Overall, I am satisfied with my discussions with my healthcare provider about opioids.

Asked of ever users only (Chronic opioid users questions is below)

**23. For how long did you take/have you been taking the opioid pain medicine? Select one answer.**

- A few days
- One week
- More than 1 week to 1 month
- More than 1 month to 3 months
- 1-3 months
- More than 3 months

**XXXXX Next set of questions is for chronic opioid users only XXXXX**

Asked of chronic opioid users

**24. How much do you agree or disagree with each of the following statements about abuse-deterrent forms of opioids (ADFs). ADFs are created to help lessen the chance of abuse, for example by making it harder to crush or melt opioid pills in order to snort or inject them to get high. (7-point scale: Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- If more patients used ADFs, there would be fewer cases of misuse and abuse.
- ADFs can reduce deaths and other problems from prescription opioids.
- ADFs prevent patients from becoming addicted to opioids.
- ADFs are not available for many opioids that patients are taking for long-term chronic non-cancer pain.
- Healthcare providers only prescribe ADFs to patients they think will abuse their opioids.
- ADFs aren't covered by most health insurance.
- ADFs can only be prescribed by pain specialists.
- ADFs are more expensive than non-ADF opioids.
- ADFs don't work as well as non-ADF opioids.
- ADFs don't decrease abuse, it is just a marketing tool.

Asked of chronic opioid users

**25. How much do you agree or disagree with each of the following statements about Medication Assisted Treatments (MATs)? MATs are medicines used to treat abuse of opioids and other substances. (Strongly disagree, Disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Agree, Strongly agree)**

- Using MATs such as methadone to treat people addicted to opioids is replacing one addiction with another.
- MATs are effective in reducing opioid addiction.

- MATs prevent patients who are abusing or addicted to prescription opioids from using street drugs like heroin.
- MATs prevent patients who are abusing or addicted to prescription opioids from using stronger opioids like fentanyl.
- MATs allow patients addicted to prescription opioids to maintain a steady daily dose of opioids without the need to increase doses.
- MATs allow patients addicted to prescription opioids to continue to work.
- MATs allow patients addicted to prescription opioids to continue to keep good personal relationships.
- MATs allow patients addicted to prescription opioids to focus on things other than getting “high.”
- MATs allow patients addicted to prescription opioids to be safely maintained indefinitely on these medicines.
- MATs decrease drug-related crimes.
- MATs decrease HIV/AIDS and other diseases transmitted through sharing needles.
- Overdoses from MATs are common.
- Patients can safely take MATs to treat addiction their entire lives.

When answering the next set of questions, think about the healthcare provider who prescribed the opioids you are currently taking for long-term chronic pain not caused by cancer (non-cancer pain).

Asked of chronic opioid users

**26. The first time your healthcare provider prescribed the opioid you are currently taking for long-term chronic pain not caused by cancer (chronic non-cancer pain), did she/he discuss any of the following with you? (Response options: Yes, No, Not sure)**

- Possible drowsiness
- Not to drive or operate other heavy machinery
- Not to make important decisions
- Possible breathing problems
- Possible constipation
- Potential feeling of euphoria (feeling “high”)
- Possible addiction to or dependency on the drug
- How to safely store opioid pills so others could not get hold of them
- How to get rid of any extra pills after the pain is gone
- If you were taking any other opioids or pain medicines
- The lack of medical evidence for the long-term effectiveness of opioids to control chronic non-cancer pain
- If you were taking any prescription medicines to treat anxiety, sleep problems, or seizures
- If you were taking any non-prescription medicines, vitamins, or herbal remedies or supplements
- If you drink alcohol
- If you use marijuana

- If you use any illegal drugs, such as heroin or cocaine, or any drugs that were not prescribed to you?
- Serious side effects when combining the opioid with alcohol, marijuana, or illegal drugs
- If you had any history of problems with drugs or alcohol
- If you had ever overdosed with an opioid or another drug

Asked of chronic opioid users

**27. The first time your healthcare provider prescribed the opioid you are currently taking for long-term chronic non-cancer pain, did she/he do any of the following? (Response options: Yes, No, Not sure)**

- Establish an opioid contract with you
- Prescribe a limited number of days and require a follow-up office appointment for reassessment
- Prescribe medicines that can bring someone back from an overdose of opioids, such as Narcan, naloxone, or Evzio
- Evaluate your ability to perform everyday activities
- Tell you the rules the healthcare provider or practice has for patients who are prescribed opioids, like signing a contract, taking a urine drug screen test, or counting opioid pills

Asked of chronic opioid users

**28. Did your healthcare provider discuss any of the following types of treatment before prescribing the opioid you are currently taking for your long-term chronic non-cancer pain? (Response options: Yes, No, Not sure)**

- Over-the-counter pills for pain such as aspirin, acetaminophen (for example, Tylenol), ibuprofen (for example Advil), or naproxen (for example, Aleve)
- Non-opioid prescription pain relievers such as steroids like prednisone or non-steroidal anti-inflammatory drugs (NSAIDs)
- Prescription medicines for depression
- Prescription medicines for seizures such as phenytoin (Dilantin) or carbamazepine (Tegretol)
- Prescription medicines for nerve pain such as pregabalin (Lyrica) or gabapentin (Neurontin)
- Over-the-counter pain-relief creams, ointments, gels, patches, etc., that can be purchased without a prescription such as Bengay, Icy Hot, or Aspercreme
- Pain-relief devices such as stimulators or TENS (transcutaneous electrical nerve stimulation)
- Prescription pain-relief creams, ointments, and gels
- Water or pool therapy
- Home exercises or stretches
- Weight loss
- Physical therapy
- Treatment by a chiropractor
- Relaxation training/biofeedback/mindfulness interventions
- Nerve blocks or injections

- Acupuncture
- Herbal remedies or other alternative medicines
- Medical marijuana
- Therapy with a counselor
- Other (write in any others your healthcare provider discussed with you that are not listed above)

Asked of chronic opioid users only

**29. How well did each of the following non-opioid pain treatments work for managing your long-term chronic non-cancer pain? Select one answer in each treatment row.**

Non-opioid Pain Treatment	I have not tried it but would be willing to try it.	I have not tried it but would NOT be willing to try it.	I tried it, and it did not reduce my pain at all.	I tried it, and it worked to reduce my pain some.	I tried it, and it worked to reduce my pain a lot.
Over-the-counter pills for pain such as aspirin, acetaminophen (Tylenol), ibuprofen (Advil) or naproxen (Aleve)					
Non-opioid prescription pain relievers, including anti-inflammatories such as steroids like prednisone or non-steroidal anti-inflammatory drugs (NSAIDs)					
Prescription medicines for depression					
Prescription medicines for seizures such phenytoin (Dilantin) or carbamazepine (Tegretol)					
Prescription medicines for nerve pain such as pregabalin (Lyrica) or gabapentin (Neurontin)					

Non-opioid Pain Treatment	I have not tried it but would be willing to try it.	I have not tried it but would NOT be willing to try it.	I tried it, and it did not reduce my pain at all.	I tried it, and it worked to reduce my pain some.	I tried it, and it worked to reduce my pain a lot.
Over-the-counter pain-relief creams, ointments, gels, patches, etc., that can be purchased without a prescription such as Bengay, Icy Hot, Aspercreme)					
Pain-relief devices such as stimulators or TENS (transcutaneous electrical nerve stimulation)					
Prescription pain-relief creams, ointments, and gels.					
Water or pool therapy					
Home exercises or stretches					
Weight loss					
Physical therapy					
Treatment by a chiropractor					
Relaxation training/ biofeedback/ mindfulness interventions					
Nerve blocks or injections					
Acupuncture					
Herbal remedies or other alternative medicines					
Medical marijuana					
Therapy with a counselor					

Asked of chronic opioid users

**30. Since your healthcare provider first prescribed the prescription opioid medicine you are currently taking for chronic non-cancer pain, how often has he/she talked with you about each of the following? (7-point scale: Never, Rarely, Occasionally, About half the time, Frequently, Usually, Always)**

- How well the opioid medicine is working to control your chronic non-cancer pain
- How much your pain affects your quality of life
- Your worries or concerns about taking opioids
- Side effects you may be having from the medicine
- Changes in your ability to do everyday activities (for example, at home and work)
- How you are feeling emotionally
- Your goals for opioid therapy to improve your ability to perform activities at home and work
- How long he/she thinks you will need to take the medicine
- A plan for reducing the amount or frequency of the opioid or getting off the medicine
- Switching to another type of pain treatment
- Changes in your relationships with others
- Changes in your behavior
- Signs and symptoms of dependency or addiction
- Your concerns about possible dependence or addiction to your opioid
- If you have experienced a feeling of euphoria, or being “high”
- If you have taken more of the opioid or taken it more often than prescribed
- Possible tolerance
- Possible overdose
- If you have started any new prescription medicines since your last visit such as those for pain, anxiety, depression, or sleep problems
- If you have taken the opioid with alcohol, marijuana, or illegal drugs
- The possibility of referring you to a pain specialist
- The need for mental health/behavioral therapy (for example, to help with stress, anxiety or depression that might be adding to the pain)

Asked of chronic opioid users

**31. How often does your healthcare provider do each of the following during follow-up appointments about your chronic non-cancer pain? (7-point scale: Never, Rarely, Occasionally, About half the time, Frequently, Usually, Always)**

- Review your patient agreement or contract with you
- Conduct or order urine drug testing
- Conduct periodic unscheduled pill counts

- Evaluate your ability to perform everyday activities

Asked of chronic opioid users

**32. How often does this happen when you talk to your healthcare provider(s) about your worries or concerns about possible opioid addiction or misuse? (7-point scale: Never, Rarely, Occasionally, About half the time, Frequently, Usually, Always)**

- I don't know how to talk to my healthcare provider about possible addiction.
- I don't know how to talk to my healthcare provider about the fact that I am taking more of my opioid than prescribed.
- I feel like my healthcare provider does not have time to listen to my concerns about possible addiction.
- I worry about how my healthcare provider might react if I talk with him/her about possible addiction.
- I worry about how my healthcare provider might react if I talk with him/her about taking more of my opioid than prescribed.
- I worry that I will hurt my relationship with my healthcare provider if I talk with him/her about possible addiction or misuse.
- I worry that my healthcare provider will blame or judge me if I talk with him/her about possible addiction.
- I don't know what my healthcare provider can do to help me with possible addiction.
- I am worried that talking about any problems with taking my opioid will break my treatment agreement or contract.
- I am scared that my healthcare provider will report me if I talk with him/her about possible misuse.
- I worry that my healthcare provider will not treat my pain anymore if I talk with him/her about possible addiction.
- I worry that my healthcare provider will not treat my pain anymore if I talk with him/her about misuse.
- I don't have any of these worries or concerns.

Asked of chronic opioid users

**33. How positive or negative an effect has your use of prescription opioids had on each of the following: (Extremely positive, Moderately positive, Slightly positive, Neither negative or positive, Slightly negative, Moderately negative, Extremely negative)**

- Your physical health
- Your mental health
- Your personal relationships
- Your quality of life
- Your ability to do your job

- Your finances

Asked of chronic opioid users

**34. How effective do you think each of the following is in evaluating the level of pain that opioid patients are having? (7-point scale: Extremely ineffective; Ineffective; Somewhat ineffective; Neither ineffective, nor effective; Somewhat effective; Effective; Extremely effective)**

- Pain scales or ratings (for example, on a 10-point scale)
- How much their pain interferes with their everyday activities
- Recent and current psychological or emotional state
- Changes in activities of daily living

Asked of chronic opioid users

**35. To what extent have you personally experienced each of the following while taking opioids for chronic non-cancer pain? (7-point scale: Never, Rarely, Occasionally, About half the time, Frequently, Usually, Always)**

- The opioid didn't reduce your pain
- Misuse (taking more of an opioid or more often than prescribed in order to treat the pain)
- Abuse (taking more of an opioid in order to get high)
- Tolerance
- Addiction
- Withdrawal
- Overdose
- Requested pain medicines before a refill is due
- Received opioid prescriptions from other healthcare providers at the same time
- Shared prescription pain medicines with family members or friends
- Your prescribed opioid fell into the wrong hands (children, teens)
- Your opioids were stolen
- You used alcohol while you were being treated with opioids
- You used recreational marijuana while you were being treated with opioids
- You used illicit drugs such as heroin while you were being treated with opioids

Asked of chronic opioid users

**36. How much experience do you have taking each of the following? (Response options: "No experience at all, Very little experience, A little experience, Some experience, A moderate amount of experience, A large amount of experience, A very large amount of experience)**

- Immediate-release/short-acting opioids such as codeine, morphine, Demerol, oxycodone (Percocet), hydrocodone (Vicodin) and hydromorphone (Dilaudid)

- Extended-release/long-acting opioids (ER/LAs) such as OxyContin, fentanyl patches (Duragesic), MS Contin, OxyContin and Exalgo
- Abuse-deterrent opioids
- Medication-assisted treatment (MAT) therapies such as buprenorphine, methadone and naltrexone
- Opioid-reversal agents such as naloxone, Narcan and Evzio

**37. What is the name of the opioid medicine you are currently taking for your chronic non-cancer pain? (Write in)**

**38. For how long have you been taking this opioid medicine for your chronic non-cancer pain? Select one answer.**

- More than 3 months to 6 months
- More than 6 months to 1 year
- More than 1 year to 3 years
- More than 3 years to 5 years
- More than 5 years