# Site Visit Survey

Your organization is participating in a program to implement the Six Building Blocks model. The goal is to equip your organization with tools to better manage your patients on chronic opioid therapy.

This anonymous survey will be conducted at the beginning and end of this program. The results of this survey will help your Opioid Improvement Team and colleagues at the University of Washington track how the program is impacting staff and providers at your organization. Thank you for your participation!

1. What position do you hold at this organization? (please select one)

[ ]  Clinical Provider (e.g. PCP, NP, PA)

[ ]  Clinical Staff (e.g. MA, RN, Case Manager/Social Worker, Care Coordinator)

[ ]  Administrative staff (IT, Front Desk, Clerical)

1. How frequently do you work with patients on chronic opioid therapy?

[ ]  Never

[ ]  Rarely

[ ]  Sometimes

[ ]  Very often

[ ]  Always

1. Using your own definition of burnout - please indicate which of the following statements best describes how you feel about your situation at work. (please select one)

[ ]  I enjoy my work. I have no symptoms of burnout.

[ ]  Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.

[ ]  I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.

[ ]  The symptoms of burnout that I’m experiencing won’t go away. I think about frustrations at work a lot.

[ ]  I feel completely burned out and often wonder if I can go on practicing. I am at the point where I may need some changes.

1. How much does the management of chronic pain patients who are on long term opioids contribute to your overall level of stress at work? (please select one)

[ ]  None

[ ]  A little bit

[ ]  Somewhat

[ ]  Quite a bit

[ ]  A great deal

1. How does the management of chronic pain patients who are on long term opioids contribute to your overall level of stress at work?
2. Is there anything else you would like to share with us regarding what you hope will change through this program?
3. Have you signed up with the state Prescription Monitoring Program?

[ ]  Yes, as a provider

[ ]  Yes, as a delegate of a provider

[ ]  No

* 1. If yes, how often do you use the Prescription Monitoring Program with chronic opioid patients? (If no, skip this question and move to #7)

[ ]  Never

[ ]  Rarely

[ ]  Sometimes

[ ]  Very often

[ ]  Always

**\*\*\*\*\* If you are NOT a Physician, Nurse Practitioner, or Physician Assistant, STOP HERE \*\*\*\*\***

1. Are you waivered to prescribe buprenorphine to patients with opioid use disorders?

[ ]  Yes

[ ]  Not yet