Survey for current Medication-Assisted Treatment (MAT) providers at UVM Family Medicine Clinics

Name: ________________________________
Date: _________________________________
Clinical Site: ____________________________

1. Are you currently providing MAT to any patients at your clinical site?
   Yes                                   No
   - If yes, for how many patients? ________

2. When was the first time you prescribed MAT for a patient at your clinical site? (approx. month and year)
   ______________________________________

3. What has been challenging about providing MAT for your patient(s)?
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. What support (if any) is missing from your clinical site to make providing MAT for patients easier?
   ___________________________________________________________________________________
   ___________________________________________________________________________________

5. Do you wish you had additional training to be able to successfully provide MAT to a patient? If so, what would you like that training to cover?
   ___________________________________________________________________________________
   ___________________________________________________________________________________

6. At this time, how many patients would you feel comfortable providing MAT for?
   ___________________________________________________________________________________

7. How many of your patients are currently on MAT or need MAT?
   Currently on MAT:___________________  Currently need MAT:___________________

8. Do you know how many other providers at your clinical site provide MAT for patients? If yes, do you know how many patients, in total, are being provided with MAT by your clinical site?
   Number of providers who prescribe MAT at your clinical site: __________
   Total number of patients being provided with MAT at your clinical site: _______