Survey for physicians who are not currently prescribing Medication-Assisted Treatment (MAT)

Name: ______________________________
Date: ______________________________
Clinical Site: ___________________________

1. Have you considered becoming an MAT provider?
   Yes  No

2. What has prevented you from becoming an MAT provider?
   __________________________________________
   __________________________________________
   __________________________________________

3. Do you feel that MAT is an appropriate long term treatment for individuals with opioid use disorder?
   Yes  No
   - If no, what do you feel would be a better treatment option?
    ___________________________________________________________________________
    ___________________________________________________________________________

4. Are you interested in attending an MAT training?
   Yes  No
   - If no, why not? (or if you have already attended a training please indicate that here including the approximate date of the training)
    ___________________________________________________________________________
    ___________________________________________________________________________

5. What concerns, if any, do you have about becoming an MAT provider?
   ___________________________________________________________________________
   ___________________________________________________________________________

6. Do you feel that your clinical site has the necessary resources to help you become a successful MAT provider?
   Yes  No
   - If no, what resources would be helpful?
    ___________________________________________________________________________

7. If you were to become an MAT provider, for how many patients would you be willing to prescribe MAT?
   ___________________________________________________________________________