

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: _____

