

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?
