**Internal medicine resident knowledge and attitudes pre-test**

*Resident background*

1. Please select your current level of training:
	1. PGY1
	2. PGY2
	3. PGY3
2. Do you hold a DEA License?
	1. Yes
	2. No
3. How satisfied are you with your current level of opioid-prescribing training?
	1. Very satisfied
	2. Satisfied
	3. Neutral
	4. Unsatisfied
	5. Very unsatisfied
4. When did you receive your opioid-prescribing training? (Select all that apply)
	1. College
	2. Medical School
	3. Residency
	4. Personal reading
	5. Never received any formal training

**For the following questions, answer as if you are the prescriber even if you do not currently hold a DEA license. Select only ONE answer unless specified otherwise.**

*General opioid knowledge*

1. Which three states have the highest percentage of opioid-related deaths per capita:
(circle 3 states)
	1. Alabama
	2. California
	3. Kentucky
	4. New York
	5. Ohio
	6. Pennsylvania
	7. South Carolina
	8. West Virginia
2. In 2017, how many drug overdose deaths were due to opioids?
	1. 15,000
	2. 25,000
	3. 45,000
	4. 75,000
3. In 2017, how many deaths were a result of heroin overdose?
	1. 15,000
	2. 25,000
	3. 45,000
	4. 75,000
4. Nearly half of all opioid related overdoses are due to valid prescription opioids.
	1. True
	False
5. What is the PDMP?
	1. Physician Drug Medical Plan
	2. Prescribing Directory of Medical Providers
	3. Prescription Drug Monitoring Program
	4. Planned Drug Movement Plan
6. How often should the PDMP be referenced?
	1. Once a day
	2. Once a month
	3. Once a year
	4. Anytime an opioid prescription is given.

*Resident attitudes*

1. Opioids are effective in pain management.
	1. Strongly agree
	2. Agree
	3. Undecided
	4. Disagree
	5. Strongly disagree
2. Every patient that presents to the office with pain should receive opioids.
3. Strongly agree
4. Agree
5. Undecided
6. Disagree
7. Strongly disagree
8. I feel comfortable in my knowledge of non-opioid pain management.
9. Strongly agree
10. Agree
11. Undecided
12. Disagree
13. Strongly disagree

1. If I suspect someone is abusing opioids, I do not prescribe opioids to them.
2. Strongly agree
3. Agree
4. Undecided
5. Disagree
6. Strongly disagree
7. Patient gender may affect my judgement of a patient's pain intensity
8. Strongly agree
9. Agree
10. Undecided
11. Disagree
12. Strongly disagree
13. Patient race may affect my judgement of a patient's pain intensity
14. Strongly agree
15. Agree
16. Undecided
17. Disagree
18. Strongly disagree
19. If a patient presents to the ED repeatedly asking for more pain medication, this could be due to a missed diagnosis of the underlying pain source.
20. Strongly agree
21. Agree
22. Undecided
23. Disagree
24. Strongly disagree
25. I ask my patients about the severity of their pain.
26. Strongly agree
27. Agree
28. Undecided
29. Disagree
30. Strongly disagree
31. I include patient-reported pain levels in my notes.
32. Strongly agree
33. Agree
34. Undecided
35. Disagree
36. Strongly disagree
37. I think that proper pain management is associated with better patient outcomes.
38. Strongly agree
39. Agree
40. Undecided
41. Disagree
42. Strongly disagree

*Case-based scenarios*

1. For an adult presenting with chronic low back pain, I would initially prescribe: (circle only one)
2. NSAIDs
3. Tramadol
4. Duloxetine
5. Oxycodone
6. A 25-year-old female presents to the office with an acute episodic migraine According to the American Headache Society 2015 Guidelines, what treatment has Level A evidence?
7. Chlorpromazine IV 12.5 mg
8. Celecoxib 400 mg
9. Codeine/acetaminophen 25/400 mg
10. Naratriptan 2.5 mg
11. Codeine 30 mg
12. A 65-year-old man returns to the clinic for joint pain in his knees. He has a history of osteoarthritis and states that it is difficult for him to complete daily tasks. His pain was not treated by NSAIDs or weight loss. What should be the next line of treatment?
13. 0-10 tablets of 5mg Tramadol
14. 0-10 tablets of 5mg Oxycodone
15. Acetaminophen
16. Exercise
17. Continue NSAIDS and weight loss therapy
18. A 35-year-old male presents to the office with nephrolithiasis. His eGFR is >90ml/min and he has no history of GI bleed. How would you initially treat his pain?
19. No pain medication
20. NSAIDS
21. 0-10 tablets of 5mg Oxycodone
22. For patients experiencing mild pain, I usually initially prescribe (circle one)
23. NSAIDs
24. Tylenol
25. Opioid
26. For patients experiencing moderate pain, I usually initially prescribe

(circle one)

1. NSAIDs
2. Tylenol
3. Opioid
4. For patients experiencing severe pain, I usually initially prescribe

(circle only one)

1. NSAID
2. Tylenol
3. Opioid