

ICPSR 33581

**Addiction Health Evaluation and
Disease (AHEAD) Management
Study in Boston, Massachusetts,
2006-2010**

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Primary Care Provider Questionnaire

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Date: ___ / ___ / ___

ID#: P - _____

PCPID

AHEAD PROJECT PRIMARY CARE PROVIDER QUESTIONNAIRE

Following are several questions about the AHEAD Clinic team (nurse, social worker, internist, psychiatrist) and interactions your patients may have had with this team.

1. The AHEAD Clinic provides a number of different services for patients with alcohol and/or drug abuse problems. Please indicate how familiar you are with the following services provided by the AHEAD Clinic:

		Not at all familiar				Very familiar
PCPq1a	a. On-site provision of alcohol/drug treatment services (e.g. counseling or medication)	1	2	3	4	5
PCPq1b	b. Referral to alcohol/drug treatment resources in the community	1	2	3	4	5
PCPq1c	c. On-site provision of mental health services (e.g. counseling or medication)	1	2	3	4	5
PCPq1d	d. Referral to mental/health services in the community	1	2	3	4	5
PCPq1e	e. Facilitation of social services assistance (links with Medicaid, Free Care, etc.)	1	2	3	4	5

2. Have any of your patients ever been seen by the AHEAD Clinic?

- Yes No Unsure (If no or unsure, skip to Question 5.)

3. How often have you interacted with members of the AHEAD clinic team to facilitate the treatment of one of your patients?

- Never Once Two or more times

4. Please think about the patients you have treated that were seen by the AHEAD Clinic compared to other patients with an alcohol or drug dependence diagnosis. Please indicate how much you agree or disagree with each of the following statements.

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
PCPq4a	a. I am better able to address the substance abuse needs of my patients who have access to the <u>AHEAD Clinic resources</u>	1	2	3	4	5
PCPq4b	b. I am better able to address the mental health needs of my patients who have access to the <u>AHEAD Clinic resources</u>	1	2	3	4	5
PCPq4c	c. The coordination and facilitation of other comprehensive care services is much easier for my patients assigned to the <u>AHEAD Clinic</u>	1	2	3	4	5
PCPq4d	d. Among my patients assigned to the <u>AHEAD Clinic</u> , I have seen noticeable improvements in their overall level of functioning	1	2	3	4	5

5. Please indicate how much you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
PCPq5a	1	2	3	4	5
PCPq5b	1	2	3	4	5
PCPq5c	1	2	3	4	5
PCPq5d	1	2	3	4	5
PCPq5e	1	2	3	4	5
PCPq5f	1	2	3	4	5
PCPq5g	1	2	3	4	5
PCPq5h	1	2	3	4	5
PCPq5i	1	2	3	4	5
PCPq5j	1	2	3	4	5
PCPq5k	1	2	3	4	5
PCPq5l	1	2	3	4	5
PCPq5m	1	2	3	4	5
PCPq5n	1	2	3	4	5
PCPq5o	1	2	3	4	5
PCPq5p	1	2	3	4	5
PCPq5q	1	2	3	4	5

6. How much professional satisfaction do you experience when caring for patients with...

	None at all	Very little	Some	Moderate	A great deal
PCPq6a	1	2	3	4	5
PCPq6b	1	2	3	4	5
PCPq6c	1	2	3	4	5
PCPq6d	1	2	3	4	5

Demographics: The following information is for classification/statistical purposes only.

7. Gender: Male Female

PCPq7

8. Are you Hispanic/Latino? Yes No

PCPq8

9. What race do you consider yourself to be?

- a. Black or African American
- b. Asian
- c. Caucasian/White
- d. American Indian or Alaska Native
- e. Native Hawaiian or other Pacific Islander
- f. Multi-racial
- g. Other

PCPq9

10. In what year were you born? ___ / ___ / ___

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11. Which category best describes you?

- a. Attending
- b. Resident/Fellow
- c. Physician Assistant/ Nurse Practitioner
- d. Nurse

PCPq11

12. Have you or an immediate family member ever suffered from alcohol and/or drug dependence?

Yes No

PCPq12

13. Do you have a close friend that is either an active addict or in recovery from alcohol and/or drug dependence?

Yes No

PCPq13