# Brief Academic Detailing Evaluation

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| **Initiatives**  **(Check all that apply)** | **What opioid stewardship initiatives have you used with chronic pain patients before?** | | | | **What initiatives will you use MORE in the future?** |
| **Never** | **Sometimes** | **Frequently** | **Always** |
| Prescribe **non-medication therapies** |  |  |  |  |  |
| Prescribe **non-opioid medications** |  |  |  |  |  |
| Prescribe **buprenorphine for pain** |  |  |  |  |  |
| **Pain agreement** / **informed consent** |  |  |  |  |  |
| Assess **function** as well as pain |  |  |  |  |  |
| **Urine toxicology** screening |  |  |  |  |  |
| Check **CURES** |  |  |  |  |  |
| Prescribe **naloxone** |  |  |  |  |  |
| Link patient to **opioid use disorder treatment** |  |  |  |  |  |
| Prescribe **buprenorphine** for opioid use disorder |  |  |  |  |  |
| Prescribe **extended-release naltrexone** for opioid use disorder |  |  |  |  |  |

**Please turn over**

1. **What aspect of this education session did you find most useful?**
2. **What aspects of this education session could use improvement?**
3. **What topics related to chronic pain or opioids would you like to know more about?**
4. **Can we follow up with you in the future? Best way to reach you (e.g. email)?**