

# Provider Survey

Please complete the survey below.

Thank you!

## Survey Setup

**Please complete this section and save the form before sending the survey to the provider**

Date and time of the ED VOE visit?

\_\_\_\_\_

Day of the week

\_\_\_\_\_

Emergency Department visited

- Methodist Hospital
- Duke University Hospital Emergency Department
- UI Health Emergency Department (1740 W. Taylor in Chicago, Illinois 60612)
- UCSF Children's Oakland ED
- UCSF Children's Mission Bay ED
- UCSF Parnassus ED
- UCSF Zuckerberg San Francisco General Hospital ED
- The Mount Sinai Hospital Emergency Department
- Barnes Hospital
- Augusta University Medical Center Emergency Department
- MUSC Emergency Department

Which study participant is this survey responding to?

## General Questions

1. General Information

1a. Age

\_\_\_\_\_

1b. Sex

- Female
- Male
- Intersex
- None of these describe me
- Prefer not to answer

Sex: Please describe

\_\_\_\_\_

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**1c. Race**

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- More than one race
- Unknown
- Prefer not to answer

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**1d. Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown
- Prefer not to answer

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**1e. Occupation**

- Physician
- Physician Assistant
- Registered Nurse
- Nurse Practitioner
- Resident
- Other

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Occupation: Please specify: \_\_\_\_\_

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2. On a scale of 1-7, I do a good job of managing pain for patients with SCD.

- 1- totally disagree    2    3    4    5    6    7- totally agree

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3. On a scale of 1-7, how comfortable are you with your ability to manage acute pain episodes experienced by patients with sickle cell disease?

- 1-not at all comfortable    2    3    4    5    6    7 - extremely comfortable

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4. On a scale of 1-7, how likely are you to use the individualized pain plan when a patient with SCD has an ED visit?

- 1 - not likely at all    2    3    4    5    6    7 - very likely

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**Please answer the following questions with respect to the patient with sickle cell disease that you cared for at [pro\_sf2] ED on [pro\_sf1a], [pro\_sf1].**

1. Did you find or see the pain plan for the patient?

- a. Yes, I found it in the EHR provider interface.
- b. Yes, I looked at it on the patient's phone (EHR).
- c. No, I was not aware this patient had a pain plan.
- d. No, I did not find the pain plan, I ordered what I thought the patient needed.
- e. Other

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Other, please specify: \_\_\_\_\_

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2. On a scale of 1-7, how easy was it to find the individualized pain plan?

1 - not at all    2    3    4    5    6    7 - extremely easy

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3. Did you order opioids suggested in the pain plan?

a. Yes  
 b. No

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Please provide reason: \_\_\_\_\_

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4. Did you order the DOSE suggested in the pain plan?

a. Yes  
 b. No

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Please provide reason: \_\_\_\_\_

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5. On a scale of 1-7, how comfortable were you with your ability to manage the acute pain episodes experienced by this patient?

1 - not at all comfortable    2    3    4    5    6    7 - extremely comfortable

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6. On a scale of 1-7, I did a good job of managing pain for this patient.

1 - totally disagree    2    3    4    5    6    7 - totally agree

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7. On a scale of 1-7, how helpful was the individual pain plan in providing care to the patient with SCD?

1 - not at all helpful    2    3    4    5    6    7 - extremely helpful

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8. Assuming I have access to the system, I intend to use the individual pain plans

all the time    most of the time    half of the time    some of the time    never