

## Appendix 1

This appendix contains the survey we used. It includes a modified version of the Shortened Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ).[1]

This survey is to determine the utility and feasibility of an inpatient addiction medicine consultation service at SFGH. The service would be staffed by an attending physician, with the possibility of residents and medical students, social workers, and nurse team members as well. Services might include initiation and maintenance recommendations for buprenorphine and methadone, medications for alcohol cravings or withdrawal, motivational interviewing, and discharge planning support.

1. What is your professional role?
  - a. Nurse
  - b. Resident/Fellow
  - c. Faculty Physician
  - d. Social Worker
  - e. Nurse Practitioner or Physician Assistant
  - f. LVN
  - g. Medical Student
  - h. Other \_\_\_\_\_
  
2. Which inpatient service do you most commonly work with?
  - a. Medicine
  - b. Family medicine
  - c. Pediatrics
  - d. OB/Gyn
  - e. General surgery
  - f. Orthopedic surgery
  - g. Psychiatry
  - h. ICU
  - i. Variable (general med/surg)
  - j. Emergency department
  - k. Other \_\_\_\_\_
  
3. How satisfied are you with the care that we currently provide to people with substance use disorders at SFGH?
  - a. Extremely dissatisfied
  - b. Somewhat dissatisfied
  - c. Neither satisfied nor dissatisfied
  - d. Somewhat satisfied
  - e. Extremely satisfied
  
4. Do we need to change our approach to treating substance use disorders at SFGH?

- a. Definitely not
  - b. Probably not
  - c. Might or might not
  - d. Probably yes
  - e. Definitely yes
5. How useful would an addiction medicine consultation service be for you and your patients?
- a. Not at all useful
  - b. Slightly useful
  - c. Moderately useful
  - d. Very useful
  - e. Extremely useful
6. Please rate the importance of the following features of an addiction medicine consultation service as a) not important, b) a little important, c) fairly important, or d) very important.
- a. Medication advice
  - b. Assistance with drug related medical conditions (e.g. withdrawal, chest pain)
  - c. Discharge planning
  - d. Patient counseling and motivational enhancement
  - e. Staff and provider education
  - f. Management of coexisting psychiatric conditions
7. How comfortable do you feel with the following activities? Please answer with respect to your discipline, ie for a physician managing alcohol withdrawal might mean writing prescriptions vs for a nurse it might mean administering CIWA scales. Options: a) very uncomfortable, b) somewhat uncomfortable, c) neither comfortable nor uncomfortable, d) somewhat comfortable, e) very comfortable.
- a. Screening for substance use disorders
  - b. Managing patients in opioid withdrawal
  - c. Managing patients in alcohol withdrawal
  - d. Performing motivational interviewing
  - e. Discussing buprenorphine and methadone with patients
  - f. Discussing medications to reduce alcohol cravings with patients
8. What resources do you need to help improve care for your patients--either during the hospitalization or at the time of discharge?
- a. Free text
9. If an addiction medicine consultation service were available, how many of your current patients would you refer today? Please only answer if you are currently working in the inpatient setting.
- a. Free text
10. I feel I know enough about the causes of drug use and drinking problems to carry out my role when working with people with drug or alcohol problems.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree

- f. Disagree
  - g. Strongly disagree
11. I feel I can appropriately advise my patients about drugs and alcohol, and their effects.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
12. I feel I do not have much to be proud of when working with people who have drug or alcohol problems.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
13. All in all I am inclined to feel I am a failure with people with drug or alcohol problems.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
14. I want to work with people with drug or alcohol problems.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
15. Pessimism is the most realistic attitude to take towards people with drug or alcohol problems.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree

16. I feel I have the right to ask patients questions about their alcohol or drug use when necessary.
- Strongly agree
  - Agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Disagree
  - Strongly disagree
17. I feel that my patients believe I have the right to ask them questions about drug or alcohol use when necessary.
- Strongly agree
  - Agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Disagree
  - Strongly disagree
18. In general, it is rewarding to work with people who have drug or alcohol problems.
- Strongly agree
  - Agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Disagree
  - Strongly disagree
19. In general, I like people who have drug or alcohol problems
- Strongly agree
  - Agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Disagree
  - Strongly disagree
20. Please add any additional comments, including your name if you would like to be contacted.
- Free text

## Reference

1. Anderson P and Clement S, *The AAPPQ Revisited: Measurement of general practitioners' attitudes to alcohol problems*. British Journal of Addiction. 1987 Jul;82(7):753-9.