This downloadable survey is for reference only and should not be returned to NORC.

Introduction/Consent
Thank you for participating in our Survey of National Health Service Corps (NHSC) clinicians! We value your input. NORC at the University of Chicago is conducting this survey under contract with the Health Resources and Services Administration (HRSA) Bureau of Health Workforce.

Your responses will be kept confidential. For all of the data we collect for analysis, we will use unique survey identifiers, not respondents’ names. Any published reports will summarize the results in the aggregate and will not include individual responses. At the end of the evaluation, all of the data that are collected will be provided to HRSA.

Public Burden Statement: This survey is intended to gather information from National Health Service Corps (NHSC) Clinicians participating in the NHSC Loan Repayment Program. The information gathered will contribute to the Bureau of Health Workforce (BHW) Substance Use Disorder (SUD) Evaluation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0054 and it is valid until 07/31/2023. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions
Please use the “Previous” and “Continue” buttons to navigate through the questions in the survey. You must use the "Continue" button on the screen after you have responded to a question in order for your answer to be saved. Please do not use your browser buttons.

To exit the survey at any time, simply close your internet browser window. Any data you have entered before closing will be saved. Reopening the survey later will allow you to return to the same location and finish completing the survey.

You may work at more than one site. Please provide responses about your experiences at the site where you spend most of your time. If you divide your time equally across sites, please provide responses based on your collective experiences across sites.

You may no longer be participating in the NHSC program; in this case, please provide responses about your experiences while you were in the program.

Coronavirus Pandemic: Finally, we understand the pandemic may have changed how you are experiencing the NHSC Loan Repayment Program and how you are delivering services as an NHSC Clinician. We have a separate set of questions at the end of the survey that asks about changes you have experienced related to COVID-19. When answering all other questions, to the best of your ability, please answer them based on your experiences with the NHSC Loan Repayment Program that are NOT related to COVID-19.
Again, we greatly appreciate your time and participation. Let’s get started!

A. **Background:** First, we would like to know about your current and past experiences with the National Health Service Corps (NHSC).

1. Are you currently participating in the NHSC Loan Repayment Program?
   - [ ] Yes
   - [ ] No

2. [ASK IF Q1=NO] Did you previously participate in the NHSC Loan Repayment Program?
   - [ ] Yes
   - [ ] No → [TERMINATE AND DISPLAY: That was the last question. Please click on the “Submit” button to submit your responses. Once submitted, your answers cannot be changed. Thank you again for participating in our survey!]

3. [ASK IF Q1=YES] Which programs did you participate in prior to your current NHSC Loan Repayment Program service obligation?
   Please select **ALL** that apply.
   - [ ] NHSC Loan Repayment Program (not including the Substance Use Disorder or Rural Community Loan Repayment Programs)
   - [ ] NHSC Substance Use Disorder Loan Repayment Program
   - [ ] NHSC Rural Community Loan Repayment Program
   - [ ] NHSC Scholarship
   - [ ] Nurse Corps Loan Repayment Program
   - [ ] Nurse Corps Scholarship Program
   - [ ] State loan forgiveness program
   - [ ] Qualifying payments toward the Department of Education’s Public Service Loan Forgiveness
   - [ ] Other: please specify _______________
   - [ ] None [DISALLOW IF ANOTHER OPTION SELECTED]

4. [ASK IF Q1 OR Q2=YES, IF Q1=YES, FILL “HAVE YOU PARTICIPATED;” IF Q2=YES, FILL “DID YOU PARTICIPATE”] How many years in total [have you participated/did you participate] in the NHSC Loan Repayment Program?
   - [ ] Less than 1 year
   - [ ] At least 1 year but less than 3 years
   - [ ] At least 3 years but less than 5 years
   - [ ] 5 years or more
   - [ ] Don’t know
5. [ASK IF Q2=YES] Please tell us the reason why you are no longer participating in the NHSC Loan Repayment Program. 
   Please select ALL that apply.
   [ ] Moved away from an NHSC-designated site
   [ ] Was not satisfied with the program
   [ ] No longer needed loan repayment assistance
   [ ] Other: please specify_________________________

   [IF Q5 IS ASKED, DISPLAY THIS TEXT AND TERMINATE SURVEY: That was the last question. Please click on the “Submit” button to submit your responses. Once submitted, your answers cannot be changed. Thank you again for participating in our survey!]

   Now we have a few questions about your current position.

6. Did you apply to the NHSC Loan Repayment Program while you were in your current position?
   [ ] Yes
   [ ] No

7. [ASK IF Q6=YES] Would you have remained in your current position if you had not been accepted into the NHSC Loan Repayment Program?
   [ ] Yes
   [ ] No
   [ ] Don’t know

8. How much has the NHSC Loan Repayment Program affected your decision to stay in your current position?
   [ ] A lot
   [ ] Some
   [ ] A little
   [ ] Not at all
   [ ] Don’t know

9. How much has the NHSC Loan Repayment Program affected your decision to continue working in an underserved area?
   [ ] A lot
   [ ] Some
   [ ] A little
   [ ] Not at all
   [ ] Don’t know
The next set of questions asks about where you grew up and where you went to school.

10. Where did you consider home when you were ages 10 to 18? Please enter the country OR if you moved around a lot, please select “I moved around a lot” at the bottom and click “Continue.”

  [ ] Country: __________________ [DROP DOWN OF COUNTRIES - PROGRAM UNITED STATES AT TOP]

  If you grew up in the United States, Enter the ZIP Code OR city/state for the place you considered home.
  ZIP Code: ______________
  State: ______ [DROP DOWN OF STATES]
  [ ] City: ______________

  Do not select if you filled in the ZIP Code, city/state where you considered home.

  [ ] I moved around a lot

11. Under which degree are you serving in the NHSC?

  [ ] Medical degree (MD or DO)
  [ ] Dental degree (DDS or DMD)
  [ ] Doctoral degree in psychology
  [ ] Other graduate degree (Master’s or Doctoral)
  [ ] Bachelor’s degree
  [ ] Associate’s degree
12. [ASK IF Q11= MEDICAL] Where did you receive your medical degree? Please begin typing and select from the drop down list or manually enter if your school is not shown. Please type the full name of your school (e.g., University of Wisconsin, not UW or U of Wis). _______________[AUTOFILL OF SCHOOLS]
   Other: please specify_______

City:______________
State:__________ [DROP DOWN OF STATES]

[ASK IF Q11= DENTAL] Where did you receive your dental degree? Please begin typing and select from the drop down list or manually enter if your school is not shown. Please type the full name of your school (e.g., New York University College of Dentistry, not NYU).
   _______________[AUTOFILL OF SCHOOLS]
   Other: please specify______________

City:______________
State:__________ [DROP DOWN OF STATES]

[ASK IF Q11 = DOCTORAL DEGREE IN PSYCHOLOGY] Where did you receive your doctoral degree in psychology? Please begin typing and select from the drop down list or manually enter if your school is not shown. Please type the full name of your school (e.g., University of California Los Angeles, not UCLA) _______________[AUTOFILL OF SCHOOLS]
   Other: please specify_______

City:______________
State:__________ [DROP DOWN OF STATES]

[ASK IF Q11 = OTHER GRADUATE DEGREE] Where did you receive your graduate degree? ________________

City:______________
State:__________ [DROP DOWN OF STATES]
13. [ASK IF Q11 = MEDICAL] Where did you complete your medical (MD or DO) internship or residency? Please begin typing and select from the drop down list or manually enter if your internship or residency program is not shown. Please type the full name of your internship or residency program (e.g., California Hospital Medical Center, not CA Med Center). 
________________ [AUTOFILL OF RESIDENCIES] 
Other: please specify________________

City:____________________
State:__________ [DROP DOWN OF STATES]

[ASK IF Q11 = DENTAL] Where did you complete your dental (DDS or DMD) internship or residency? Please begin typing and select from the drop down list or manually enter if your internship or residency program is not shown. Please type the full name of your internship or residency program (e.g., Dental College of Georgia at Augusta University, not Augusta). 
________________ [AUTOFILL OF RESIDENCIES] 
Other: please specify________________

City:____________________
State:__________ [DROP DOWN OF STATES]

[ ] Not applicable

[ASK IF Q11 = DOCTORAL DEGREE IN PSYCHOLOGY] Where did you complete your post-doctoral psychology internship or residency? Please begin typing and select from the drop down list or manually enter if your internship or residency program is not shown. Please type the full name of your internship or residency program (e.g., University of Washington School of Medicine, not U of WA). ______________ [AUTOFILL OF RESIDENCIES] 
Other: please specify____

City:____________________
State:__________ [DROP DOWN OF STATES]

[ ] Not applicable
B. **Motivation:** Now we want to learn about your motivation(s) for participating in the NHSC Loan Repayment Program.

14. How did you become aware of the NHSC Loan Repayment Program?
   Please select **ALL** that apply.
   - [ ] Job fair
   - [ ] Internet search
   - [ ] Social media
   - [ ] Current or past NHSC participant
   - [ ] Friend or family member
   - [ ] Colleague or mentor
   - [ ] School or clinical rotation/residency program
   - [ ] Through my employer (e.g., during on-boarding or in an email/memo)
   - [ ] Online recruitment site: please specify_________________
   - [ ] Other: please specify_________________

15. Which **FACTORS**, if any, influenced your decision to apply to the NHSC Loan Repayment Program?
   Please select **ALL** that apply.
   - [ ] Financial assistance (whether or not you were already working at an NHSC site)
   - [ ] Desire to work in a rural or underserved community
   - [ ] Desire to work in substance use disorder treatment and prevention
   - [ ] Prior work or training experience in a rural or underserved community
   - [ ] Experience living in a rural or underserved community
   - [ ] Other: please specify_________________

16. **[ASK IF Q15 HAS MORE THAN ONE RESPONSE SELECTED]** Which was the **MAIN** influence?

   **[POPULATE WITH RESPONSES SELECTED IN Q15]**
17. Which factors, if any, influenced your decision to apply to your current NHSC site (even if that happened before you applied to the NHSC Loan Repayment Program)?
*Please select ALL that apply.*

- [ ] Availability of mentorship or clinical supervision
- [ ] Availability of team-based care
- [ ] Flexible work hours
- [ ] Opportunities to advance in my career
- [ ] The population served at the site
- [ ] Competitive salary
- [ ] Pension or retirement plan
- [ ] Bonuses or performance-based compensation
- [ ] Research opportunities
- [ ] Community factors (e.g., housing, transportation, recreation)
- [ ] Location near family or childhood home
- [ ] Other please specify ____________________
- [ ] Prefer not to answer [DISALLOW IF ANOTHER OPTION SELECTED]

18. What types of other financial assistance did you consider when you were applying to the NHSC Loan Repayment program?
*Please select ALL that apply.*

- [ ] Fellowship or scholarship
- [ ] Government grant
- [ ] Employer incentive (e.g., tuition reimbursement, bonus)
- [ ] State loan repayment assistance
- [ ] Research or teaching position with tuition coverage
- [ ] Other loan repayment assistance
- [ ] None [DISALLOW IF ANOTHER OPTION SELECTED]
- [ ] Prefer not to answer [DISALLOW IF ANOTHER OPTION SELECTED]
C. **Preparedness:** Now we would like to know more about the training you received in the past and the extent to which you feel prepared to provide a range of services.

19. Please indicate the extent to which you agree or disagree that your training prepared you to perform the following.  
*Please select a response for ALL rows.*

<table>
<thead>
<tr>
<th>I was prepared to...</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not included in my training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide team-based integrated care</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Provide interprofessional care</td>
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<tr>
<td>Evaluate social determinants of health</td>
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<tr>
<td>Work in an underserved community</td>
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<tr>
<td>Provide substance use disorder treatment <em>(EXCLUDING opioid use disorder treatment)</em></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| Provide opioid use disorder treatment, *(EXCLUDING medication for opioid use disorder (i.e., buprenorphine, methadone, or naltrexone))*  
*Note: Medication for opioid use disorder (MOUD) includes the use of medications such as buprenorphine, methadone, and naltrexone to treat opioid use disorders.* |                |       |          |                   |                             |
| Provide medication for opioid use disorder (i.e., buprenorphine, methadone, or naltrexone) |                |       |          |                   |                             |
| Use the state Prescription Drug Monitoring Program |                |       |          |                   |                             |
| Understand current national guidelines and standards regarding substance use disorders |                |       |          |                   |                             |
| Reduce stigma surrounding behavioral health issues |                |       |          |                   |                             |
| Address the behavioral health care needs of children, adolescents, and youth under the age of 26 |                |       |          |                   |                             |
| Provide clinical services through telehealth *(HOVER OVER WEB FEATURE: Note: Telehealth here refers to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services. It includes anything done via electronic means or other than face-to-face.)* |                |       |          |                   |                             |
D. **Work Experience:** We would like to learn more about your work experiences at your current NHSC site(s).

20. In the past six months, at how many unique NHSC locations have you provided services?

   [ ] Don’t know

21. Over the past six months, what was the average number of unique patients (i.e., panel size) that you saw at your NHSC site(s) during a typical week? Your best guess is acceptable.

   [ ] Don’t know

22. Over the past six months, how many patient encounters (i.e., visits, not unique patients) have you had at your NHSC site(s) during a typical week? Your best guess is acceptable.

   [ ] Don’t know

23. Which **CHALLENGES** do you experience while working at your NHSC site(s)?

   *Please select **ALL** that apply.*

   - [ ] Challenges with providing substance use disorder treatment services
   - [ ] Insufficient team-based care
   - [ ] Limited opportunities for professional advancement
   - [ ] Long hours
   - [ ] Difficulties maintaining desired work/life balance
   - [ ] Rigid or inefficient management practices
   - [ ] Community factors (e.g., lack of housing, transportation, recreation)
   - [ ] High caseloads
   - [ ] Staffing shortages
   - [ ] Implementing COVID-19 safety protocols (e.g., PPE usage, social distancing, sanitation guidelines)
   - [ ] Switching to telehealth for service delivery
   - [ ] Other: please specify __________________________
   [ ] No challenges [DISALLOW IF ANOTHER OPTION SELECTED]

24. [ASK IF MORE THAN ONE RESPONSE SELECTED IN Q23]

   Which is the **MOST** challenging at your site?

   [POPULATE WITH RESPONSES SELECTED IN Q23]
25. [ASK IF Q23=CHALLENGES WITH PROVIDING SUBSTANCE USE DISORDER TREATMENT SERVICES] Which specific CHALLENGES do you face in providing substance use disorder treatment services at your NHSC site(s)? Please select ALL that apply.

- [ ] A lack of routine screening for substance use disorder
- [ ] Limited treatment resources (e.g., referrals to counselors, detoxification programs)
- [ ] Limited capacity to provide telehealth for substance use disorder
- [ ] Limited time for one-on-one services
- [ ] Limited number of trained staff
- [ ] Limited space or poor infrastructure
- [ ] Limited integration or coordination with primary health care services
- [ ] Limited access to opioid use disorder treatment options (including diagnosis by a licensed professional, addiction counseling, medication for opioid use disorder)
- [ ] Patients reporting that they cannot afford the cost of services
- [ ] Other patient factors that affect treatment adherence (e.g., time, stigma, perceived need)
- [ ] Insufficient team-based care
- [ ] Other: please specify_______________________
- [ ] No challenges [DISALLOW IF ANOTHER OPTION SELECTED]

25a. [ASK IF “LIMITED ACCESS TO OPIOID USE DISORDER TREATMENT OPTIONS (INCLUDING DIAGNOSIS BY A LICENSED PROFESSIONAL, ADDICTION COUNSELING, MEDICATION FOR OPIOID USE DISORDER)” SELECTED IN Q25] You mentioned that “Limited access to opioid use disorder treatment options” is a challenge to providing substance use disorder treatment services at your NHSC site(s). Please specify which services your site doesn’t have, or has ONLY on a limited basis. Please select ALL that apply.

- [ ] Diagnosis by a licensed professional (e.g., clinical drug/alcohol counselor, psychologist)
- [ ] Addiction counseling
- [ ] Medication for opioid use disorder (i.e., buprenorphine, methadone, or naltrexone)
- [ ] Other services: please specify_______________________
E. Substance Use Disorder Specific Care Delivery: The next questions are about substance use disorder treatment.

26. Do you currently have a Drug Addiction Treatment Act of 2000 waiver (i.e., DATA-2000 waiver) to provide medication (i.e., buprenorphine) for opioid use disorder treatment?

[ ] Yes
[ ] No
[ ] No, but I’m currently working on getting one

27. [ASK IF Q26=NO] Are you eligible to obtain a DATA-2000 waiver?

[ ] Yes
[ ] No
[ ] Don’t know

28. [ASK IF Q26=YES] Do you currently prescribe buprenorphine for opioid use disorder at your NHSC site(s)?

[ ] Yes
[ ] No

29. [ASK IF Q28=NO] What is (are) the main reason(s) that you do not prescribe buprenorphine? Please select ALL that apply.

[ ] Lack of eligible patients
[ ] Eligible patients cannot afford it
[ ] Lack of other mental health services to complement medication use
[ ] Lack of supervision, mentorship, specialist backups, or peer consultation
[ ] Lack of capacity to manage opioid use disorder patients
[ ] Compliance with Drug Enforcement Administration instructions
[ ] Concern about medication diversion or misuse
[ ] Organizational factors (e.g., prescribing policies)
[ ] Not in scope of current role
[ ] Other: please specify_________________________
30. \textit{[ASK IF Q28=YES]} Do you encounter any of the following challenges in prescribing buprenorphine? 
\textit{Please select \textbf{ALL} that apply.}

- [] Lack of eligible patients
- [] Eligible patients cannot afford it
- [] Lack of other mental health services to complement medication use
- [] Lack of supervision, mentorship, specialist backups, or peer consultation
- [] Lack of capacity to manage opioid use disorder patients
- [] Compliance with Drug Enforcement Administration instructions
- [] Concern about medication diversion or misuse
- [] Other: please specify_________________________
- [] No challenges \textit{[DISALLOW IF ANOTHER OPTION SELECTED]}

31. Which of the following do you provide (i.e., prescribe or administer) at your NHSC site(s)? 
\textit{Please check \textbf{ALL} that apply.}

- [] Buprenorphine
- [] Methadone
- [] Naltrexone
- [] Support or peer group meeting facilitation
- [] One-on-one counseling
- [] Team-based strategy sessions
- [] None \textit{[DISALLOW IF ANOTHER OPTION SELECTED]}

32. \textit{[SKIP IF Q31 BLANK OR = NONE]} Please provide the approximate number of unique or different patients to whom you provide (i.e., prescribe or administer) the following each week at your NHSC site(s). Do not count patients more than once, even if you see them for different services. Your best guess is acceptable.

\textit{If you work at more than one NHSC site, please report the numbers across all sites. Please report a response for \textbf{ALL} rows.}

<table>
<thead>
<tr>
<th>Service</th>
<th>Total number of patients per week</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTOPOPULATE WITH RESPONSES FROM PROV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33. [SKIP IF Q31 BLANK OR = NONE] Please provide the approximate number of patient encounters (i.e., visits, not unique patients) during which you provide (i.e., prescribe or administer) the following each week at your NHSC site(s). Your best guess is acceptable.

_If you work at more than one NHSC site, please report the number across all sites. Please report a response for ALL rows._

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of patient encounters per week</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTOPOPULATE WITH RESPONSES FROM PROV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34. What supports or resources are available at your NHSC site(s)?

_Please check ALL that apply._

- [ ] Mentors/preceptors
- [ ] Direct supervision
- [ ] Peer support
- [ ] Regular weekly meetings with site leadership (e.g., weekly, monthly, quarterly)
- [ ] Onboarding/orientation processes
- [ ] Professional development (e.g., continuing medical education, career guidance, conference support)
- [ ] Amount of paid time off
- [ ] Other benefits (e.g., health insurance, life insurance, paid parental leave)
- [ ] Other: please specify_________________________
- [ ] No supports or resources are available [DISALLOW IF ANOTHER OPTION SELECTED]

35. In which areas do you receive technical assistance at your NHSC site(s)?

_(HOVER OVER WEB FEATURE: Note: Technical assistance is a broad term that means support, training, and assistance with your work.)_

_Please select ALL that apply._

- [ ] Clinical issues (e.g., safety, quality)
- [ ] Health care financing (e.g., managed care payment)
- [ ] Workforce development (e.g., building staff skills)
- [ ] Site operations (e.g., board member engagement, strategic planning)
- [ ] Health information technology and data (e.g., use of electronic health records)
- [ ] Social determinants of health
- [ ] Peer-to-peer learning
- [ ] Health literacy among patients
- [ ] Pandemic emergency preparedness
- [ ] Other: please specify_________________________
- [ ] None [DISALLOW IF ANOTHER OPTION SELECTED]
36. In which areas do you **NEED** technical assistance at your site?

*Please select **ALL** that apply.*

- [ ] Clinical issues (e.g., safety, quality)
- [ ] Health care financing (e.g., managed care payment)
- [ ] Workforce development (e.g., building staff skills)
- [ ] Site operations (e.g., board member engagement, strategic planning)
- [ ] Health information technology and data (e.g., use of electronic health records)
- [ ] Social determinants of health
- [ ] Peer-to-peer learning
- [ ] Health literacy among patients
- [ ] Pandemic emergency preparedness
- [ ] Other: please specify ____________________
- [ ] None [DISALLOW IF ANOTHER OPTION SELECTED]

37. Since joining the NHSC Loan Repayment Program, how many times have you transferred between sites? Do not count moving between facilities at the same NHSC site.

- [ ] Enter in number of times you've transferred: _______
- [ ] I have not transferred between sites since joining the NHSC Loan Repayment Program.

38. [ASK IF Q37 IS > 0] What were your reasons for transferring between sites?

*Please select **ALL** that apply.*

- [ ] Work hours/schedule
- [ ] Salary
- [ ] Site leadership
- [ ] Available resources
- [ ] Community factors (e.g., housing, transportation, recreation)
- [ ] Distance from family or friends
- [ ] Length of commute
- [ ] Reassigned due to COVID-19 staffing and/or site changes
- [ ] Other: please specify ____________________
F. **Tenure at Site:** Now we would like to know about your future plans.

39. Do you plan to provide direct patient care at an NHSC site(s) after you have fulfilled your NHSC Loan Repayment Program service obligation?

[ ] Yes  
[ ] No  
[ ] Don’t know

40. **[ASK IF 39=NO OR DON’T KNOW]** Do you plan to provide direct patient care in another underserved area (but not at an NHSC site) after you have fulfilled your NHSC Loan Repayment Program service obligation?

[ ] Yes  
[ ] No  
[ ] Don’t know

41. **[ASK IF Q39 OR Q40=YES]** How long do you plan to provide direct patient care **(IF Q39=YES, FILL “AT AN NHSC SITE(S)”; IF Q40=YES, FILL “IN AN UNDERSERVED AREA(S)”)** after you have fulfilled your NHSC Loan Repayment Program service obligation?

[ ] Less than 1 year  
[ ] At least 1 year but less than 3 years  
[ ] At least 3 years but less than 5 years  
[ ] 5 years or more  
[ ] Don’t know

42. Which factors, if any, contribute to your decision to work (or not work) at an NHSC site(s) or other underserved area(s) after you have fulfilled your NHSC Loan Repayment Program service obligation?  
*Please select ALL that apply.*

[ ] Work hours/schedule  
[ ] Salary  
[ ] Site leadership  
[ ] Available resources  
[ ] Community factors (e.g., housing, transportation, recreation)  
[ ] Distance from family and friends  
[ ] Length of commute  
[ ] Change in career plans  
[ ] Desire to continue working (or stop working) with underserved populations  
[ ] Other: please specify ____________________
G. COVID-19 Pandemic: The final set of questions asks about specific experiences during the COVID-19 pandemic.

43. Which of the following have you experienced at your NHSC site(s) during the COVID-19 pandemic? Please select ALL that apply.

- [ ] Missed work at my NHSC site(s)
- [ ] Became unemployed
- [ ] Administered COVID-19 testing
- [ ] Provided more acute/urgent care visits, as opposed to well visits
- [ ] Provided more care via telehealth
- [ ] Provided fewer patient visits overall (including all visit types)
- [ ] Worked longer hours
- [ ] Faced a lack of personnel or resources (e.g., hospital beds) to meet patient demand
- [ ] Had limited access to personal protective equipment (PPE)
- [ ] Was not provided with emergency policies/protocols in sufficient time
- [ ] Other: please specify __________________
- [ ] Did not experience any changes at my NHSC site(s) during the COVID-19 pandemic [DISALLOW IF ANOTHER OPTION SELECTED]

44. How has the delivery of behavioral health services changed at your NHSC site during the COVID-19 pandemic? Please select ALL that apply.

- [ ] Provided some or all substance use disorder services through telehealth
- [ ] Delayed scheduling visits with new patients for substance use disorder services
- [ ] Delayed scheduling routine follow-up visits with patients for substance use disorder services
- [ ] Delayed toxicology testing for patients who are prescribed buprenorphine
- [ ] Limited ability to provide mental health visits, excluding substance use disorder treatment (e.g., took time away from conducting visits, or limited ability to schedule visits)
- [ ] Limited ability to provide substance use disorder services, excluding opioid use disorder services
- [ ] Limited ability to provide opioid use disorder services, excluding medication for opioid use disorder (i.e., buprenorphine, methadone, or naltrexone)
- [ ] Limited ability to provide medication for opioid use disorder
- [ ] Changed buprenorphine prescribing practices (e.g., prescribed larger or smaller supply)
- [ ] Other: please specify __________________
- [ ] Did not experience any changes in the delivery of behavioral health services at my NHSC site(s) during the COVID-19 pandemic [DISALLOW IF ANOTHER OPTION SELECTED]
45. [ASK IF Q43=MISSED WORK AT MY NHSC SITE(S)] Why were you unable to provide services at your NHSC sites(s) during the COVID-19 pandemic?

*Please select ALL that apply.*

- [ ] Had to self-isolate or self-quarantine
- [ ] Volunteered to be away from NHSC-approved site(s) to provide care to patients at a temporary/emergency location
- [ ] Required to provide care outside of an NHSC-approved health care facility
- [ ] Travel restrictions or guidance prevented return to the site
- [ ] The NHSC site(s) where I work closed *(temporarily or permanently)*
- [ ] The NHSC site(s) where I work laid off staff or reduced staff hours
- [ ] The NHSC site(s) where I work switched to emergency operations only due to COVID-19
- [ ] Needed to care for children or other family members
- [ ] Other: please specify__________________

46. [ASK IF Q43=MISSED WORK AT MY NHSC SITE(S)] Have you experienced any of the following as a result of missing work at your NHSC site(s)?

*Please select ALL that apply.*

- [ ] Requested a suspension of loan repayment obligations
- [ ] Used allotted personal days
- [ ] Received approval to shift regular clinical service to telehealth/telemedicine
- [ ] Received approval to increase the maximum number of hours of care I can provide in an approved alternative setting
- [ ] Was unable to verify service or complete employment verifications due to absence of site Point of Contact
- [ ] I did not experience any of the above *[DISALLOW IF ANOTHER OPTION SELECTED]*
- [ ] Don’t know *[DISALLOW IF ANOTHER OPTION SELECTED]*

That was the last question. Please click on the “Submit” button to submit your responses. Once submitted, your answers cannot be changed.

Thank you again for participating in our survey!