

SURVEY PROTOCOL OF VOLUNTARY SURVEY FOR HEALTHCARE PROFESSIONAL

Product: MINT-Tramadol/Acet

HEALTHCARE PROFESSIONAL SURVEY QUESTIONNAIRE	
<i>MINT CONTACT INFORMATION:</i> Telephone: +1 877-398-9696 Fax: 866-514-8446 Email: drugsafety@mintpharmaceuticals.com	<i>FOR MINT USE ONLY:</i> Mint Received Date: _____ (DD-MMM-YYYY)
Healthcare Professional Information	
1. Name: _____	
2. Qualification <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist	
3. Contact Information Email: _____ Phone: _____ Address: _____ _____	
4. Do you prescribe Tramadol/Acetaminophen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Please provide sample characteristics of patient who were prescribed Tramadol/Acetaminophen (Gender) <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. Please provide sample characteristics of patient who were prescribed Tramadol/Acetaminophen (Age) <input type="checkbox"/> Age below 65 <input type="checkbox"/> Age 65 or above 65	
7. Please provide opioid use sample characteristics (Usage) <input type="checkbox"/> Never <input type="checkbox"/> Temporary <input type="checkbox"/> Current Extensive <input type="checkbox"/> Previously Extensive	
8. Please provide opioid use sample characteristics (Source) <input type="checkbox"/> Legal <input type="checkbox"/> Illegal <input type="checkbox"/> Both	

9. Did patient ever take the medication more frequently or in higher doses than was prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have patient ever taken someone else's opioid medication, that is, pain relievers not prescribed by doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. How would you describe the patient's potential risk for prescription opioid abuse ? <input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk	
12. How would you describe the patient's potential risk for prescription opioid misuse ? <input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk	
13. How would you describe the patient's potential risk for prescription opioid diversion (giving or selling their medication or acquiring or abating controlled substances by illegal method)? <input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk	
14. Please describe the type of information that you have relied on to make this assessment (check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Past Medical History <input type="checkbox"/> Urine Drug Testing <input type="checkbox"/> Assessment of Patient Behaviour <input type="checkbox"/> Physical Sign or Symptoms </div> <div style="width: 45%;"> <input type="checkbox"/> Prescription Monitoring Program <input type="checkbox"/> Interviewing the Patient / Family Member <input type="checkbox"/> Pill Counts <input type="checkbox"/> Use of Questionnaire to assess risk </div> </div>	
15. Additional Information or Comments:	
Healthcare professional Signature:	Date (DD-MMM-YYYY):
FOR MINT USE ONLY: Signature: Print Name:	Date (DD-MMM-YYYY):