

DEMOGRAPHIC INFORMATION – OAT CLIENTS

***Please answer the questions to the best of your ability. Your answers will not be shared with your care team, and will not affect your care.**

*** During the survey, you may choose to skip a question by either leaving the question blank or by choosing the “prefer not to respond” option.**

*** Note that you must answer the first three questions to assess your eligibility for the study.**

Eligibility Screening

1. Are you currently prescribed methadone, buprenorphine (e.g., Suboxone, Subutex, Sublocade), or Kadian (i.e., slow release oral morphine) for opioid use?

- Yes
 No (if no, go to thank you screen)
 Not sure (if not sure, go to thank you page)

2. Do you currently live in Ontario?

- Yes
 No (if no, go to thank you screen)
 Not sure (if not sure, go to thank you screen)

3. What is your age (in years):

- Under 18 (if under 18, go to thank you screen)
 18 to 29
 30 to 44
 45 to 59
 60 and over

4. Please enter the first three digits of your postal code _____

5. What is your current employment status? (Check all that apply)

- Working – Full-time
 Student – Full-time
 Student – Part-time
 Unemployed
 Disability leave
 Retired
 Ontario Disability Support Program (ODSP) recipient
 Ontario Works (OW) recipient
 Working – Part-time
 Stay at home parent

- Canadian Emergency Response Benefit (CERB) recipient
- Not Listed (please specify): _____

6. What is your highest level of education? (select all that apply)

- Grades 1-8
- University degree (undergraduate)
- PhD
- Not listed (please specify): _____
- High school
- Master's degree
- MD _____
- College diploma

7. Which of the following best describes your racial or ethnic identity? Please select ONE only

- Asian - East (e.g., Chinese, Japanese, Korean)
- Asian - South (e.g., Indian, Pakistani, Sri Lankan)
- Asian - South East (e.g., Malaysian, Filipino, Vietnamese)
- Black - African (e.g., Ghanaian, Kenyan, Somali)
- Black - Caribbean (e.g., Barbadian, Jamaican)
- Black - North American (e.g., Canadian, American)
- First Nations
- Indian - Caribbean (e.g., Guyanese with origins in India)
- Indigenous/Aboriginal not included elsewhere
- Inuit
- Latin American (e.g., Argentinean, Chilean, Salvadorian)
- Métis
- Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
- White - European (e.g., English, Italian, Portuguese, Russian)
- White - North American (e.g., Canadian, American)
- Mixed heritage (e.g., Black - African and White - North American)
- Not listed, please specify _____
- Prefer not to answer
- Do not know

8. What is your gender identity? Check ONE only.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender queer | <input type="checkbox"/> Not Listed (Please specify) |
| <input type="checkbox"/> Male | <input type="checkbox"/> Two spirit | |
| <input type="checkbox"/> Intersex | <input type="checkbox"/> Trans Masculine | |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Trans Feminine | |
| <input type="checkbox"/> Gender Fluid | <input type="checkbox"/> Questioning | <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> Prefer not to answer |

OPIOID AGONIST THERAPY (OAT) EXPERIENCE

Methadone, buprenorphine (Suboxone, Subutex, Sublocade), and slow release oral morphine (Kadian) are also known as opioid agonist therapy (OAT for short) when they are used to treat opioid use disorder. The remainder of this questionnaire will ask about your experiences with OAT, with a focus on the period during the COVID-19 pandemic. Please answer them based on your experience being on treatment with whichever medication you take.

9. Which type of OAT are you currently on? (Please check all that apply)

- Methadone
- Buprenorphine (Suboxone, Subutex)
- Buprenorphine injection (Sublocade)
- Morphine (Kadian)

10. When did you start on OAT? If you have been in treatment more than once, please specify your most recent start date:

- 0 – 2 months ago
- 2-6 months ago
- 6-12 months ago
- 1-2 years ago
- 2-5 years ago
- More than 5 years ago

13. Since COVID-19 (March 2020), has your opioid use:

- Increased
- Decreased
- Not changed

14. Have you used any of the following opioids in the PAST 30 DAYS?

	Yes	No	Prefer not to answer
Heroin			
Fentanyl			
Oxycodone			
Codeine			
Morphine			
Hydromorphone (Dilaudid)			
Not listed, please specify			

15. Have you EVER used any opioids by injection/needles?

- Never
- Yes, in the past 3 months
- Yes, but not in the past 3 months

Experiences With The COVID-19 Pandemic OAT Care

16.a Before the COVID-19 pandemic, what is the maximum number of carries you received in a row?

16.b. Before the COVID-19 pandemic, what is the maximum number of carries per week that you received?

16.c. During the COVID-19 pandemic what is the maximum number of carries you have received in a row?

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16.d. During the COVID-19 pandemic, what is the maximum number of carries per week that you have received? ____

17a. During the COVID-19 pandemic, has the frequency of your office visits:

- Increased
- Stayed the same
- Decreased

17b. During the COVID-19 pandemic, has the frequency of your urine drug screens:

- Increased
- Stayed the same
- Decreased

17c. During the COVID-19 pandemic, has the frequency of your virtual visits for your OAT (e.g., receiving care via telephone, video chat, etc.):

- Increased
- Stayed the same
- Decreased

18. a) During the COVID-19 Pandemic were you prescribed more carries than before the Pandemic?

- No Yes

→ If respondent answers yes: How has having more carries affected you? (please check all that apply)

- I felt more confident
- I have saved money
- I have saved time
- It has helped protect me from COVID-19
- My substance use has increased
- My substance use has decreased
- My substance use has not changed

Please tell us about any other ways you believe that having more carries has affected you: _____

b) During the COVID-19 Pandemic were you able to take your carries as prescribed?

- No Yes

c) During the COVID-19 Pandemic, did you lose or misplace your carries No Yes
→ If respondent answers yes: How often has this happened?
 Only once
 Twice
 Three times
 4 or more times

d) During the COVID-19 Pandemic were your carries ever stolen? No Yes
→ If respondent answers yes: How often has this happened?
 Only once
 Twice
 Three times
 4 or more times

e) During the COVID-19 Pandemic, did you request early refills? No Yes
→ If respondent answers yes: How often has this happened?
 Only once
 Twice
 Three times
 4 or more times

f) During the COVID-19 Pandemic, did you share your carries with others? No Yes
→ If respondent answers yes: How often has this happened?
 Only once
 Twice
 Three times
 4 or more times

g) During the COVID-19 Pandemic, did you trade your carries for food or other goods?
 No Yes
→ If respondent answers yes: How often has this happened?
 Only once
 Twice
 Three times
 4 or more times

h) During the COVID-19 Pandemic, did you experience opioid overdose(s) (with or without emergency department visit)? No Yes
→ If respondent answers yes: How often has this happened?
 Only once
 Twice
 Three times
 4 or more times

i) During the COVID-19 Pandemic did you visit the emergency department because of substance use?

- No Yes

→ If respondent answers yes: How often has this happened?

- Only once
 Twice
 Three times
 4 or more times

k) During the COVID-19 Pandemic, were you admitted to the hospital because of substance use?

- No Yes

→ If respondent answers yes: How often has this happened?

- Only once
 Twice
 Three times
 4 or more times

19. Please indicate your level of agreement with the following statements regarding CHANGES to your OAT care during the Pandemic:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
Changes to my OAT care have helped protect me from COVID-19.						
Changes to my OAT care have helped me to be more open with my prescriber.						
I appreciated my prescriber(s) trying to protect me from COVID-19.						
Changes to my OAT care during COVID-19 made sense to me.						
I would have liked more information about the changes to my OAT treatment .						

20. What would you like to see in OAT care when the restrictions from COVID-19 are lifted?

Return to the way **carries were prescribed** prior to COVID-19

- Yes No

Keep the changes to the way carries were prescribed during the Pandemic

- Yes No

Return to the way **urine drug screens were administered** prior to COVID-19

- Yes No

Keep the changes to the way **urine drug screens were administered** during the Pandemic

- Yes No

Return to the **frequency of office visits** prior to COVID-19

- Yes No

Keep the **frequency of office visits** during the Pandemic

- Yes No

Return to the **frequency of virtual care sessions** prior to COVID-19

- Yes No

Keep the **frequency of virtual care sessions** during the Pandemic

- Yes No

21. What other changes to your OAT care you would like to see continue once COVID-19 restrictions are lifted?

VIRTUAL CARE

Since the COVID-19 pandemic began, healthcare across Ontario has changed. Virtual care refers to appointments with members of your healthcare team that do not take place in person. These appointments could include telephone calls, calls or video sessions through the Ontario Telemedicine Network, or video sessions through software like Zoom.

22. Before the COVID-19 pandemic did you access your OAT care virtually (e.g., using Ontario Telemedicine Network; videoconference)

- Yes
 No
 Not sure

23. During the COVID-19 Pandemic, how do you access your virtual care visits with your OAT prescriber? (Please select all that apply)

- Phone calls
 Videoconferencing
 E-mails
 Text-messages
 Other (Please specify) _____
 Not applicable (i.e., did not access OAT care virtually)

24. What is your preferred mode of accessing virtual care? (Please select all that apply)

- Phone calls
 Videoconferencing
 E-mails
 Text-messages
 Other (Please specify) _____
 Not applicable (i.e., did not access OAT care virtually)

25. Please specify your level of agreement with the statements below about your virtual care visits:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not applicable
Access						
Getting my OAT care virtually was easy						
Using virtual care saved time and/or money						
Technology						
I had technological problems accessing virtual care (e.g., unexpected disconnections, loss of sound or picture)						
Prescriber						
My prescriber took the time to listen to me						
My prescriber was able to assess my needs						
I could be more open with my prescriber than during office visits						
Personal						
I was concerned about my privacy and confidentiality						
I felt overwhelmed by the time and effort it took						
General						
Virtual care improved access to my prescriber						
Virtual care improved access to OAT care						

Thank you page (for those who are not eligible):

Thank you for your interest in our study. We appreciate your interest. Unfortunately, you are not eligible to complete the survey. If you know anyone who is receiving OAT Care in Ontario aged 18 or older that would be interested, please forward the survey link to them.

If you are experiencing distress at any time, please reach out to:

ConnexOntario: 1-866-531-2600

<https://www.connexontario.ca/>

For mental health resources in your region, go to: <https://cmha.ca/find-your-cmha>

For emergencies, please call 911.

Thank you page (for those who complete the full survey)

Thank you for completing the survey. Please click 'SUBMIT' below to select your gift card [automatically redirects to gift card survey]

Please note that your contact information will never be stored with your responses to the questionnaire, and your responses will not be identifiable.

Once your gift card has been sent to you, we will delete your contact information from our records.

Separate form for gift card selection:

- 1) Please select one \$15 gift card that you would like to receive. *Please note that it may take up to 3 weeks to process your request.*
 - Walmart
 - President's Choice (accepted at Loblaws, Loblaws City Market, Fortinos, Maxi, Real Canadian Superstore, Extra Foods, No Frills, Provigo, Zehrs, Your Independent Grocer, Wholesale Club, , Valu-Mart)
 - Tim Horton's
 - The Ultimate Dining Card (accepted at Swiss Chalet, Pickle Barrel, Milestones, East Side Mario's, Montana's BBQ and BAR, Kelseys Original Roadhouse, Harvey's, Bier Markt, New York Fries, Fionn MacCool's, D'Arcy McGee's, Paddy Flaherty's, Tir nan Og, Original Joe's, Elephant and Castle, State and Main, and the Landing Group of Restaurants.)
- 2) What is the best way to send the gift card to you? (please select one option)
 - Email
 - Text message (only available for Walmart and Tim Horton's cards)
 - Neither

****If email or text message is selected:

Please provide your email address or cell phone number. Please make sure that you have entered the correct information. Once we send the card to the email address or phone number that you provide, we cannot get the card back.

****If "neither" is selected:

Please provide your mailing address. Please make sure that you have entered the correct information.

Please note that mail service may be delayed and may affect the delivery time for your gift card.

Please keep in mind that the surveys are not monitored in real time. If you are experiencing distress at any time, please reach out to:

ConnexOntario: 1-866-531-2600

<https://www.connexontario.ca/>

For mental health resources in your region, go to: <https://cmha.ca/find-your-cmha>
For emergencies, please call 911.