Title: Point of Care Ultrasound Attitudes, Barriers, and Current Use among Family Medicine Residents and Practicing Physicians

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Appendix: Survey Questions

1. How important is POCUS for family medicine practice? (select one)
	1. Extremely important
	2. Somewhat important
	3. Not at all important
2. How comfortable do you feel performing POCUS? (select one)
	1. Extremely comfortable
	2. Somewhat comfortable
	3. Not at all comfortable
3. What training experience do you have with POCUS? (select all that apply)
	1. Formally trained in residency or medical school
	2. Formally trained via proprietary course
	3. Informal/on the job training
	4. No training
	5. Other [free text]
4. What barriers limit your ability to utilize POCUS in clinic? (select all that apply)
	1. Not enough time
	2. Machine not accessible
	3. Services are not billable
	4. Inexperience and/or lack of confidence in using machine
	5. Inexperience and/or lack of confidence in interpreting image
	6. Other [free text]
5. In what areas do you currently use POCUS in your practice? (select all that apply)
	1. Obstetrics (including but not limited to, crown rump length, fetal presentation, biophysical profile)
	2. Musculoskeletal procedures (including but not limited to, joint injections, joint aspiration)
	3. Musculoskeletal diagnosis (including but not limited to diagnosis of soft tissue injury)
	4. Non-musculoskeletal diagnosis (including but not limited to visualizing gallbladder, kidneys, or bladder)
	5. Abscess identification and/or identification of foreign bodies
	6. Identification of Deep Vein Thrombosis
	7. Other (please specify: \_\_\_\_\_\_
	8. I do not use POCUS
6. In what areas would you be interested in using POCUS?
	1. Obstetrics (including but not limited to, crown rump length, fetal presentation, biophysical profile)
	2. Musculoskeletal procedures (including but not limited to, joint injections, joint aspiration)
	3. Musculoskeletal diagnosis (including but not limited to diagnosis of soft tissue injury)
	4. Non-musculoskeletal diagnosis (including but not limited to visualizing gallbladder, kidneys, or bladder)
	5. Abscess identification and/or identification of foreign bodies
	6. Identification of Deep Vein Thrombosis
	7. Other (please specify: \_\_\_\_\_\_
	8. I am not interested in using POCUS
7. Where is your private outpatient clinic? (choose all that apply)\*
	1. Clinic locations listed
8. Where do you attend outpatient resident clinics? ‡
	1. Clinic locations listed
9. When did you graduate residency?\*
	1. Within the past 5 years
	2. 5-10 years ago
	3. 11-15 years ago
	4. 16-20 years ago
	5. 21 or more years ago
10. Which of the following are a part of your practice (check all that apply)?†
	1. Outpatient
	2. Adult Inpatient
	3. Pediatric Inpatient
	4. Obstetrics
	5. Sports medicine
11. Which best describes the location of your primary clinic practice? §
	1. Local population <50,000
	2. Local population >50,000
	3. Federally Qualified Health Center or Community Health Center (local population any size)

\*Question provided to faculty and residents only

‡Question provided to faculty only

†Question provided to faculty and recent graduates only

§Question provided to recent graduates only