

1. What is your specialty?
 - a. Psychologist
 - b. Licensed Clinical Social Worker
 - c. Psychiatric Nurse Practitioner
 - d. Psychiatrist
 - e. Other

2. How many of your patients have had a Stellate Ganglion Block (SGB) procedure for PTSD (or a related diagnosis such as “Subclinical PTSD, Anxiety Disorder NOS, Other Trauma Related Disorder”)?
 - a. Less than 10
 - b. 10-25
 - c. 26-50
 - d. More than 50

3. How helpful has SGB been in terms of complementing your care?
 - a. Very beneficial—assisted greatly in my treatment
 - b. Somewhat helpful—facilitated my treatment
 - c. Not helpful—no difference noted
 - d. Harmful—made my treatment more difficult

4. For which trauma-related symptoms have you found SGB to have the largest effect?
 - a. No specific symptoms
 - b. Re-experiencing (nightmares, physical reactivity after traumatic reminders)
 - c. Avoidance of trauma-related thoughts, feelings, or reminders
 - d. Negative thoughts/feelings (anhedonia, feeling isolated, difficulty experiencing positive affect)
 - e. Arousal/reactivity (irritability, hypervigilance, difficulty concentrating, difficulty sleeping)

5. Scenario A: You have a patient with a trauma-related disorder that has never been on medications or therapy for this condition. How likely would you be to refer for SGB at this point in treatment?
 - a. Very likely
 - b. Likely
 - c. Unlikely
 - d. Absolutely not

6. Scenario B. You have a patient with a trauma related disorder treated for three months with psychotherapy and 10% improvement of symptoms, but has never been on medications for this condition and is very resistant to pharmacotherapy. How likely would you be to refer for SGB at this point in treatment?
 - a. Very likely
 - b. Likely
 - c. Unlikely
 - d. Absolutely not

7. Scenario C. You have a patient with a trauma-related disorder treated for three months with psychotherapy and an SSRI with 10% improvement of symptoms. How likely would you be to refer for SGB at this point in treatment?
- Very likely
 - Likely
 - Unlikely
 - Absolutely not
8. Scenario D. You have a patient with a trauma-related disorder treated for nine months with psychotherapy and an SSRI with 10% improvement of symptoms and is reluctant to continue treatment due to the perceived lack of progress. How likely would you be to refer for SGB at this point in treatment?
- Very likely
 - Likely
 - Unlikely
 - Absolutely not
9. Would you recommend Stellate Ganglion Block to your behavioral health colleagues as a useful tool under the right circumstances to incorporate into their treatment of trauma related disorders?
- Yes
 - No

BASED ON YOUR EXPERIENCE please rate the usefulness of each treatment method below in terms of improving symptoms for your patients with trauma related disorders:

	a. Very beneficial	b. Somewhat helpful	c. Not helpful	d. Harmful	e. N/A (no experience)
10. Cognitive behavioral therapy (CBT)	a	b	c	d	e
11. Cognitive processing therapy (CPT)	a	b	c	d	e
12. Cognitive therapy (CT)	a	b	c	d	e
13. Prolonged exposure therapy (PE)	a	b	c	d	e
14. Brief eclectic psychotherapy (BEP)	a	b	c	d	e
15. Eye movement desensitization and reprocessing (EMDR)	a	b	c	d	e
16. Narrative exposure therapy (NET)	a	b	c	d	e
17. Medications (fluoxetine, paroxetine, sertraline, or venlafaxine)	a	b	c	d	e
18. Stellate Ganglion Block (SGB)	a	b	c	d	e