# [START]

S1. What is your **primary medical specialty**?

[comment: Only one selection]

|  |  |  |
| --- | --- | --- |
| 1. Pain Specialist |  | [Classify as Pain Specialist] |
| 1. Family Practice (FP) |  | [PN: ‘Classify as PCP] |
| 1. General Practice (GP) |  | [PN: Classify as PCP] |
| 1. Internal Medicine (IM) |  | [PN: Classify as PCP] |
| 1. Psychiatric NP / PA |  | [PN: Thank and Terminate] |
| 1. Other (Please specify: \_\_\_\_\_) |  | [PN: Thank and Terminate] |

# [END]