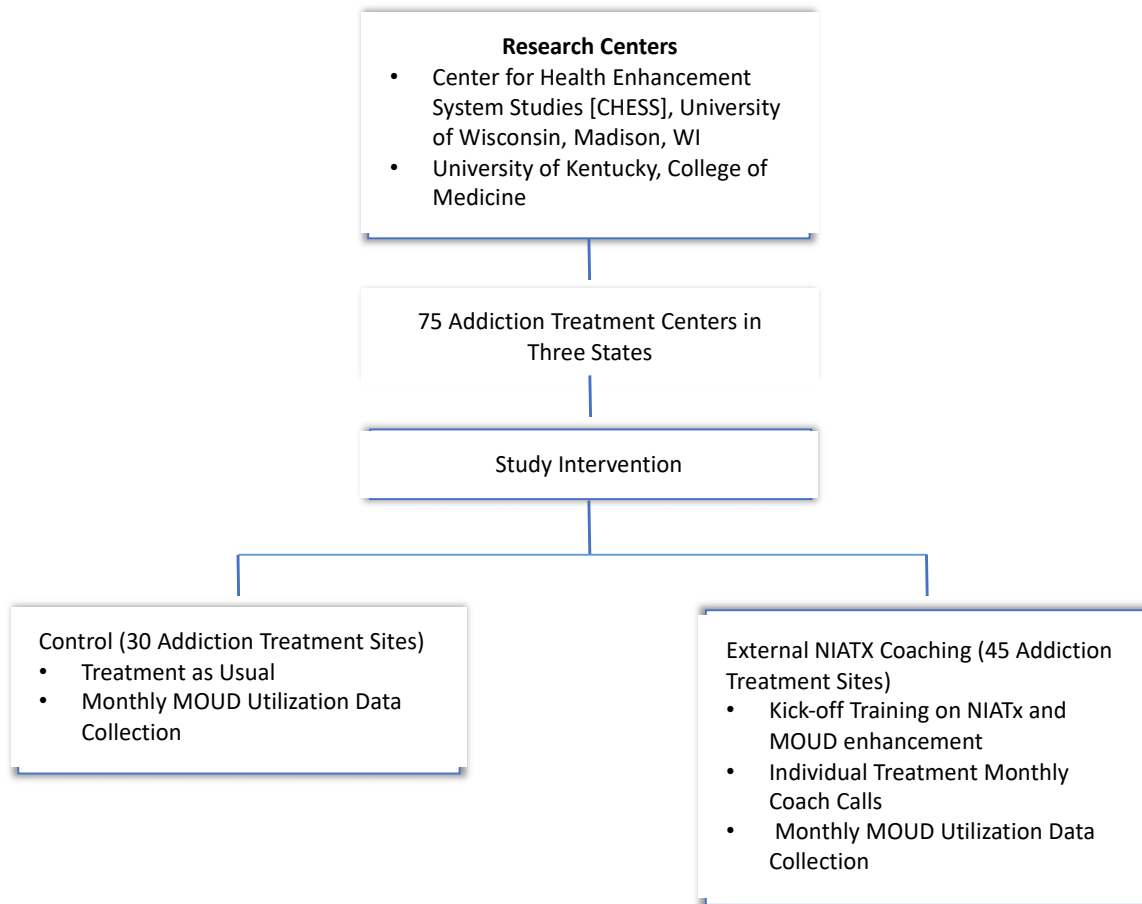


Online Supplement: CONSORT Diagram



Buprenorphine Slots/Injectable Naltrexone Capacity/Use Survey

1. For what organization are you completing this survey?
2. For what site are you completing this survey?
3. Please indicate what month this data is for.
4. Please provide the total number of buprenorphine slots your site had access to (filled & unfilled) on the first working Monday of the month selected above.
5. Please provide the number of OPEN buprenorphine slots at your site on the first working Monday of the month selected above. (Can also ask for the number of patients currently on buprenorphine regimen (or buprenorphine slots filled)).
6. How many patients DID you provide injectable Naltrexone to in the month PRIOR TO the month selected above? (For example, if you selected November in the drop-down menu, please provide injectable Naltrexone data for October.)