

***Thank you for your visit today to {Practice Name}!***

When you are done with your visit, we would appreciate it you could complete a very brief survey.

- You are being asked to complete the survey because you are between the ages of 12 and 18.
- After you are done seeing the doctor, to complete the survey fill out the attached postcard and give it to the front desk, or drop it in the mail.
- This survey is designed to learn more about the computerized screener for adolescent patients.
- This research is being paid for by the Agency for Healthcare Research and Quality (AHRQ).
- This is an anonymous survey. Your responses will be kept confidential to the extent permitted by law, including AHRQ’s confidentiality statute, 42 USC 299c-3(c).
- You have a choice about completing the survey. You do not have to complete the survey if you do not want to.
- If you have questions, you can call Doug Fernald MA at 303-724-9705. You can call and ask questions at any time.
- You may have questions about your rights as someone in this study. If you have questions, you can call COMIRB (the responsible Institutional Review Board). Their number is (303) 724-1055.

After your visit, please complete this anonymous survey and return it to the front desk or place it in the mail. Thank you!			
<b>Were you able to finish the computerized screener before your saw the doctor?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the computerized screener helpful in your appointment today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your appointment today related in any way to the “Colorado Clinics for Youth” Facebook page?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What age are you? <i>(Please check ONE answer)</i>	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
	<input type="checkbox"/> 18	<input type="checkbox"/> None of above	
Are you female <b>or</b> male?	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Please write in today’s Month and Year	Month: _____		
	Year: _____		

Public reporting burden for this collection of information is estimated to average 1 minute per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.