Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

***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!

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| **Were you able to finish the computerized screener before your saw the doctor?** | **❑Yes** | **❑No** | |
| Was the computerized screener helpful in your appointment today? | ❑Yes | ❑No | |
| Was your appointment today related in any way to the "Colorado Clinics for Youth" Facebook page? | ❑Yes | ❑No | |
| What age are you? *(Please check ONE answer)* | ❑ 12<br>❑ 15<br>❑ 18 | ❑ 13<br>❑ 16<br>❑ None of above | ❑ 14<br>❑ 17 |
| Are you female **or** male? | ❑ Female | ❑ Male | |
| Please write in today's Month and Year | Month: _____<br>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.