CDC estimates the average public reporting burden for this collection of information as 3 minutes per survey, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920XXXX).

## **OBGYN BI-MI Proficiency Rating Scale - Standardized Patient Version**

Instructions immediately following Avatar SBI Encounter: Please indicate to what extent the trainee engaged in the following during this simulated screening and brief intervention, and then share specific information from items 12 and 13 with the trainee as constructive feedback to enhance their learning.

		Didn't d this	o Attempt ed could improve	Nearing Acceptab le Skill	Done Very Well
1.	Asked for permission to talk about my alcohol use.				
2.	Assessed quantity, frequency, and consequences of my alcohol use.				
3.	Explained specific NIAAA low risk drinking guidelines, and health risks to me.				
4.	Advised me to quit or cut down on alcohol use.				
5.	Helped me think about pros & cons of my alcohol use.				
6.	Asked how ready I am to make a change.				
7.	Helped me make a plan or				

	set a goal fo quitting) my	r decreasing (or alcohol use.									
8.	reasons for o	own possible quitting or n on my alcohol									
9.	(respectfully judgmentally	me as a partner and non- /) in addressing te use issues.									
10	Supported mand choice ralcohol use.	ny autonomy egarding my									
11. This conversation increased my motivation to cut down or quit drinking, or at least to <i>consider</i> doing so.											
	1 Strongly Disagree	2 Disagree	Neutral	3		Agree	4	Strongly Agre	5 ee		
12.* What TWO things did you like about the way the provider/trainee conducted this intervention?											
	1.										
	2.										
13.* Please list <b>TWO</b> ways that this trainee could improve his/her skills in these conversations?											
	1.										
	2.										
	*Please share these comments as constructive feedback to the provider/trainee immediately following the simulated SBI session.										

Thank you for your thoughtful ratings and valuable feedback!