

CONSENT FORM FOR
PARTICIPATION IN RESEARCH:

"Messaging to Improve Patient-Provider Communication and Engagement on Risks of Alcohol Use During Pregnancy" American Institutes for Research/EurekaFacts

You are being invited to participate in a research study on behalf of the Centers for Disease Control and Prevention (CDC), to inform them about clinicians' knowledge, attitudes, and behavior pertinent to alcohol screening and brief intervention with women of reproductive age and women who are pregnant. This study is being conducted by American Institutes for Research (AIR) in collaboration with EurekaFacts, LLC.

Thank you for your interest in this survey. If you agree to take part in this study, you will be asked to complete this consent form and the online survey. The online survey will take you approximately 10-15 minutes to complete. You may receive the customary number of points from the panel provider, Research Now, for your participation.

There are no known risks to participating in this study. No more than minimal risk is expected during any phase of this study. Some individuals might experience discomfort when answering questions about sensitive topics like alcohol use, birth control, and pregnancy. You may choose to refuse to answer any question and stop the interview at any time during the interview. All information obtained from the interview will remain strictly confidential.

You may not directly benefit from this research; however, we hope that your participation in the study may help the CDC to assess its outreach efforts to healthcare providers and improve patient communication material about this important topic as well as to understand any other informational needs healthcare providers may have.

Your answers in this study will remain private. By agreeing to participate in this survey, you are allowing the CDC to use the information from this study. The information collected is for research only, and your name will not be shared with anyone outside of this study. The only instance when we would release information about you to anyone outside the project would be if we were required to do so by law, such as a subpoena, or if we learned someone were in danger of harm. Any results that come from this study will be presented as an aggregate and your name will not be linked to your answers.

Your participation in this study is completely voluntary and you can stop at any time. You are free to skip any question that you choose. There will not be any penalties if you refuse to participate in this study or refuse to answer any questions.

This survey has been approved by AIR's IRB. If you have any questions, please contact Dr. Hanno Petras (Project Director) at hpetras@air.org or at 202-403-5639 or IRB Chair Erin Morrison Wallace at emorrison@air.org or at 202-403-5542.

By clicking "I agree" below you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study.

- I agree
 I disagree

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

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1. What is your profession?

- Physician
- Nurse Practitioner
- Other



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2. What is your role in your clinic?

- Provide direct patient care: including treatments, counseling, self-care, patient education, and administration of medication.
- Make administrative decisions for the clinic
- Other



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3. What is your primary specialty?

- Internal medicine
- General practice
- Family medicine
- OB/GYN
- Preventative medicine
- Pediatrics
- Other



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4. Describe the county where you practice:

- Mostly or completely urban
- Mostly or completely rural



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5. Which of the following best describes your practice?

- Private Provider (e.g., private primary care practice)
- Public Provider (e.g., Federally Qualified Health Center, Health Department clinic, Community Health Center, Veterans Affairs, Indian Health Service)
- Other



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Definitions Required to Answer Survey Questions

Alcohol-Related Risky Behavior

Risky alcohol use includes *binge drinking* and *heavy drinking*.

Binge drinking is *drinking five or more drinks on a single occasion for men or four or more drinks on a single occasion for women*.

Heavy drinking (also considered *high weekly or daily consumption*) is *drinking 15 or more drinks per week for men or eight or more drinks per week for women*.

6. Screening for risky alcohol use is often conducted in clinical settings. If you screen for risky alcohol use, which method do you use?

- Using a standardized screening instrument (e.g., AUDIT or AUDIT-C, CAGE, CRAFFT, T-ACE or TWEAK, etc.)
- Using a single question to assess alcohol use (e.g., NIAAA single screening tool)
- Some other screening method
- I do not screen



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7. What single screening question do you use?

- "How many times in the past year have you had 4 (for women) / 5 (for men) or more drinks in a day?"
- "On a typical drinking day, how many drinks do you have?"
- "In a typical week, how many drinks do you have?"

Some other screening question

Please specify

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8. How are alcohol screening question(s) administered?

- Interview (in person/face-to-face)
- Patient completes a paper or electronic form
- Over the telephone

Other

Please specify

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9. When patients are interviewed about their alcohol use, who administers the screening?

- I conduct the screening
- I do not personally conduct the screening, but another physician or nurse practitioner at my practice does
- Nurse (excluding nurse practitioner)
- Medical assistant
- Other

Please specify

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10. Among your female patients, who do you screen for risky alcohol use?

- All female patients
- All female patients of reproductive age
- Only pregnant patients
- Only female patients of reproductive age who are believed to drink
- Only female patients of reproductive age with risk factors for alcohol use
- Do not screen for risky alcohol use



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11. Among your female patients, who do you advise and educate about the consequences of alcohol use during pregnancy?

- All female patients
- All female patients of reproductive age
- Only pregnant patients
- Only female patients of reproductive age who are believed to drink
- Only female patients of reproductive age with risk factors for alcohol use
- Do not provide advice or education

12. In your practice, who conducts brief interventions with patients who screen positive for risky alcohol use?

- I conduct the brief interventions
- I do not personally conduct the brief intervention, but another physician or nurse practitioner at my practice does
- Nurse (excluding nurse practitioner) or physician assistant
- No one: Brief intervention is fully computer-based
- Referred to a behavioral health service agency or counselor
- Other

Please specify

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13. How are alcohol brief intervention(s) administered?

- In person/face-to-face
- Over the telephone
- Other

Please specify

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14. For the next few questions, consider your overall clinical experience. How often do you treat the following patients:

	Never	Sometimes	Often	Always	Not applicable
Female patients who have a child with a fetal alcohol spectrum disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Female patients who engage in drinking during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Alcohol screening and brief intervention (SBI)

Alcohol SBI is used to reduce the amount of alcohol consumed by those who are drinking too much. It has two components:

1. **Use of a validated set of screening questions to identify patients' drinking patterns:** Examples include the Alcohol Use Disorders Identification Test (AUDIT), the abbreviated AUDIT-Consumption (AUDIT-C), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) single-question screener.
2. **A short conversation with patients who are drinking too much and, for patients at severe risk, a referral to specialized treatment:** Behavioral counseling interventions for alcohol misuse vary in their specific components, administration, length, and number of interactions. They may include cognitive behavioral strategies, such as action plans, drinking diaries, stress management, or problem solving. Interventions may be delivered by face-to-face sessions, written self-help materials, computer- or Web-based programs, or telephone counseling.

15. Which of the following statements most closely matches your clinical practices for alcohol SBI?

- I have never delivered alcohol SBI at my clinic
- I currently deliver alcohol SBI at my clinic
- I used to deliver alcohol SBI at my clinic but do not currently deliver it



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[One (1) of the following three (3) options for Question 16 is shown randomly:]

Please consider the following clinical scenario:

Ms. Johnson, aged 21, comes to your clinic for her annual check-up. She drinks socially three to four times per week, usually having two to three drinks per occasion. Ms. Johnson is sexually active and does not use any form of contraception (birth control).

16. Please indicate how effective you think the following actions would be to assist Ms. Johnson:

	Not at all effective	Not very effective	Somewhat effective	Very effective	Not applicable
Provide education on alcohol risks in pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage her to use contraception for every sexual encounter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage her to reduce her alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform a standardized brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer her to alcohol treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Please consider the following clinical scenario:

Ms. Wilkes, aged 34, comes to your clinic, pregnant in her first trimester and seeking prenatal care. This pregnancy was unintended and before she had realized that she was pregnant, she had been drinking one to three times per week, having one to two drinks per occasion. She has been drinking at these levels on a regular basis for several years and believes that having one glass of wine one to two times per month at social gatherings would not pose a threat to her pregnancy.

16. Please indicate how effective you think the following actions would be to assist Ms. Wilkes with a healthy pregnancy:

	Not at all effective	Not very effective	Somewhat effective	Very effective	Not applicable
Provide education on alcohol risks in pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage her to reduce her alcohol use, but not stop	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Emphasize the importance of stopping all alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform a brief intervention	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Refer her to alcohol treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Please consider the following clinical scenario:

Ms. Anderson, aged 24, comes to your clinic, pregnant in her first trimester. She was brought to the clinic by her mother to receive prenatal care. She engaged in binge drinking on a regular basis before realizing that she was pregnant. She becomes visibly annoyed when asked about her alcohol use. Ms. Anderson does not appear to be significantly concerned about the potential impact of alcohol on her pregnancy, although her mother shows much more concern.

16. Please indicate how effective you think the following actions would be to assist Ms. Anderson with a healthy pregnancy:

	Not at all effective	Not very effective	Somewhat effective	Very effective	Not applicable
Provide education on alcohol risks in pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage her to reduce her alcohol use, but not stop	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Emphasize the importance of stopping all alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform a brief intervention	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Refer her to alcohol treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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17. Indicate your level of agreement with the following statements as they pertain to your female patients of reproductive age:

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not applicable
In general, I have found that my patients are open and receptive to discussing contraception (birth control) methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients seem to understand the risks involved with consuming alcohol while not using any method to prevent pregnancy.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
In general, patients communicate about alcohol use openly with their primary care physician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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18. Have you participated in any type of formal alcohol SBI educational training?

- Yes
 No



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19. How confident do you feel about:

Not at all confident A little confident Fairly confident Very confident Not applicable

Your ability to identify risky alcohol use?

Your ability to conduct brief interventions for alcohol problems?

Your ability to refer patients to treatment for alcohol problems?



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20. Indicate your level of agreement with the following statements:

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not applicable
Alcohol screening does not offend patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol screening identifies risky alcohol use	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Brief interventions reduce the consequences of risky alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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21. Do you agree or disagree with the following statement:

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not applicable
Alcoholism is not a treatable illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Now a few questions for statistical purposes:

22. In what zip code is your clinical practice?

23. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or Older

24. What is your gender?

- Male
- Female
- Other
- Prefer not to answer

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[Submit Survey](#)

[All survey COMPLETES will see the following page:]

Thank you so much for taking the time to complete this survey.

[For required questions 1-5 and the consent form, all respondents directed to TERMINATE will see the following page:]

At this time you have not been selected for this survey. Your time and attention are appreciated.