

Form Approved OMB No. 0920XXXX Exp. Date xx/xx/20xx

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OBGYN BI-MI Proficiency Rating Scale (PRS) - Provider/Trainee Follow-Up (3m and 6m)

<u>Instructions</u>: Please indicate how well you did each of the following during your <u>most recent brief</u> intervention with a patient in your clinic regarding alcohol use.

Use the following anchors for items 1-10 and please note that Item 11 has its own set of anchors below it.

- 1 = I did not do this.
- 2 = I attempted, but could improve on skill/technique for best practice.
- 3 = I performed this skill/technique at a level that is approaching acceptable.
- 4= I did this well, with good technique.
- 5 = 1 did very well, with positive reception & engagement from the patient.

	1	2	3	4	5
Ask for permission to talk about patient's alcohol use.	0	0	0	0	0
Assess quantity, frequency, & consequences of alcohol use.	0	0	0	0	0
Explain NIAAA low risk drinking guidelines (including "0 drinks for pregnant women" and associated health risks.	0	0	0	0	0
Advise the patient to quit or cut down on alcohol use.	0	0	0	0	0
Help her think about pros & cons of her alcohol use.	0	0	0	0	0
Ask how ready she is to make a change.	0	0	0	0	0
Help the patient make a plan or set a goal for decreasing use and/or discussing further.	0	0	0	0	0
Explore patient's own reasons for quitting or cutting down on alcohol use.	0	0	0	0	0
Work with the patient as a partner (respectfully and non- judgmentally) in addressing her alcohol use issues.	0	0	0	0	0
Support her autonomy and choice regarding substance use.	0	0	0	0	0

Because of this conversation, the patient's motivation to cut down or quit using alcohol, or at least to consider doing so, was increased.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
0	0	0	0	0	

Thank you for your participation and feedback!