

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

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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXXX).

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

<u>Instructions immediately following Avatar SBI Encounter</u>: 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 do this	could Improve	Acceptable Skill	Done Well	Done Ver Well	
Asked for permission to talk about my alcohol use		0	0	0	0	0		
Assessed quantity, frequency, and consequences of my alcohol use.		licohol use.	0	0	0	0	0	
Explained specific NIAAA low risk drinking guidelines, and he me.		nd health risks to	0	0	0	0	0	
Advised me to guit or cut down on alcohol use.			0	0	0	0	0	
Helped me think about pros & cons of my alcohol use.			0	0	0	0	0	
Asked how ready I am to make a change.			0	0	0	0	0	
Helped me make a plan or set a goal for decreasing (or quitting) muse.		ultting) my alcohol	0	0	0	0	0	
Explored my own possible reasons for quitting or cutting of alcohol use.		down on my	0	0	0	0	0	
Worked with me as a partner (respectfully and non-judgmentally) addressing my substance use issues.		nentally) In	0	0	0	0	0	
Supported my autonomy and choice regarding my alcohol use.		il use.	0	0	0	0	0	
This conversation increased my motivation to cut down or qui Strongly Disagree Disagree Neutral		drinking,	or at least t Agre		oing so. Strongly	Agree		
0	0	0	0		0		0	
*What TWO things did y  *Please list TWO ways th					10 00			
<i>y</i>								

\*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!