

OMB No. 0990-0379
Exp. Date 09/30/2020

Thank you for taking *SBI with Adolescents*. This short survey has been designed to assist us in assessing the simulation you just completed. Your participation in this survey is voluntary. There will be no negative consequences to you if you decide not to participate. All of your identifying information is confidential and your answers will be anonymous. Your results will be combined with responses from other survey participants and may be presented at scientific or medical meetings or published in scientific journals. By submitting your answers to this survey, you are agreeing that you have read and understand the nature and consequences of participation. Thank you for your participation.

"Substance use" refers to the use of tobacco, alcohol and all other drugs, including inappropriate use of prescription drugs.

1. Please indicate how professionally competent you feel in performing these alcohol- and drug-related aspects when working with an adolescent:

	Not at all competent	Only a little competent	Moderately competent	Very competent
Asking adolescents about their alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking adolescents about quantity and frequency of alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening adolescents for alcohol and drug problems using a formal standardized screening instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing/ advising adolescents to reduce or halt their drinking and drug use behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing personalized feedback to adolescents about their risk associated with drinking and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailoring brief interventions to adolescents' motivational level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping adolescents identify benefits of cutting back or stopping use of alcohol and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping adolescents identify challenges/barriers in cutting back or stopping use of alcohol and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping adolescents develop a personal plan for cutting back or stopping alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring adolescents with alcohol and drug problems to appropriate treatment sources based on the their need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging parents in the discussion about treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arranging follow-up to help adolescents cut down or stop using alcohol and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How likely are you to conduct substance use screening, brief interventions, and referrals to adolescents?

Very Unlikely Unlikely Likely Very Likely

3. Please rate how much you agree/disagree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident in my ability to screen adolescents for substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to provide brief motivational counseling for substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to refer adolescents to additional substance use support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Overall, how would you rate this course?

- Very Poor Poor Good Very Good Excellent

5. Would you recommend this course to your colleagues?

- Yes
 No

6. In your estimation, to what extent is *SBI with Adolescents*:

	Not at all or to very little extent	To a little extent	To some extent	To a great extent	To a very great extent
A useful tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well constructed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy to use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely to help you help adolescents with substance use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on scenarios that are relevant to you and your patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What did you like best about the course?

8. What would you change to make the course more effective?

9. Any other suggestions or comments?

* 10. What credentials are you receiving for participating in this course?

- CEU
- CNE
- CME
- NASW - Continuing Education for Social Workers
- Other
- None

For Nurses Applying for Continuing Nursing Education Credit

This portion of the survey is designed specifically for **nurses applying for Continuing Nursing Education Credits.**

* 11. Was this presentation free from commercial bias?

- Strongly Agree Agree Neutral Disagree Strongly Disagree

* 12. The overall purpose/goal for this activity was met.

- Strongly Agree Agree Neutral Disagree Strongly Disagree

* 13. I found this activity worthwhile for my professional practice.

- Strongly Agree Agree Neutral Disagree Strongly Disagree

14. If you selected "Disagree" or "Strongly Disagree," please provide a comment below.

* 15. This activity will enhance my knowledge/skill as a health care provider.

- Strongly Agree Agree Neutral Disagree Strongly Disagree

16. If you selected "Disagree" or "Strongly Disagree," please provide a comment below.

* 17. As a result of this activity, please share at least one action you will take to change your professional practice/performance.

* 18. What other health care/professional topics would you like to see presented?

This question is for physicians applying for CME units only

* 19. Please rate the degree to which this activity met the Accreditation Council for Continuing Medical Education requirement that CME activities must be free of commercial bias for or against a specific product

- Strongly Disagree
 Disagree
 Agree
 Strongly Agree

* 20. Relative to where you were prior to participating in this activity, please rate how well this activity has affected your ability to:

	Made It Much Worse		No Change		Made It Much Better
Conduct screenings with appropriate frequency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use screening tools as recommended by supporting research.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine levels of risk based on established use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use structured brief interventions (a conversation that can range from a few minutes to multiple one-hour sessions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer adolescents for ongoing care for substance use disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 21. Please provide a brief answer to the following question: *As a result of what I learned from my participation in this activity, I intend to make the following practice/performance changes that I believe will result in more positive patient outcomes.*

* 22. Did you feel this activity contained biased information regarding any pharmaceutical company's or medical device manufacturer's therapeutic agents, devices, or services?

Yes

No

23. If yes, please describe:

24. Please share any other comments or recommendations, including improvements for the current activity or topics for future educational events:

25. How many years of experience do you have as a health professional?

26. Prior to taking this course, had you received training in substance use screening and brief intervention?

Yes

No

27. Gender

Male

Female

Other

28. What is your race? (Select one or more)

White/Caucasian

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

29. Are you Hispanic or Latino?

Yes

No

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