Date:
Thank you in advance for participating in this brief survey.
What is your position in the practice? (e.g., MD, RN, CSAC, etc.):

## SBIRT Provider knowledge assessment<sup>1</sup>

Please circle the letter corresponding to your response (select only one option):

- 1. All of the following are true of Screening, Brief Intervention, and Referral to Treatment (SBIRT) except:
  - A. SBIRT provides an opportunity to reinforce positive health behaviors
  - B. SBIRT is intended to identify patients with mild to severe substance use problems
  - SBIRT requires that physicians provide specialized substance abuse treatment services
  - SBIRT is effective for patients abusing multiple substances
- 2. Compared to patient self-report via standardized instruments such as the ASSIST and AUDIT-C, urine drug screens:
  - A. Provide more valid and reliable information about substance use
  - B. Provide more sensitivity and specificity when it comes to diagnosing substance use disorders
  - C. Both A and B
  - D. Neither A nor B
- 3. When it comes to introducing the screening process, normalizing the discussion refers to:
  - A. Letting patients know that inquiring about substance use is a routine part of an office visit
  - B. Reassuring patients that it's OK to be truthful because substance use is very common
  - C. Both A and B
  - D. Neither A nor B

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments, concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

- 4. Brief interventions are often sufficient treatment for:
  - A. Everyone
  - B. Patients with only mild substance use problems
  - C. Patients with mild to moderate substance use problems
  - D. No one—a BI is only the first step in a larger intervention
- 5. The three key steps in completing brief interventions are, in order:
  - A. Introduction, feedback, advice
  - B. Feedback, advice, menu of options
  - C. Advice, referral, summary
  - D. Feedback, referral, follow-up
- 6. When providing feedback:
  - A. Maintain a warm, empathetic, and nonjudgmental tone
  - B. Work quickly to minimize defensiveness
  - C. Remind patients of the purpose of giving feedback
  - D. Describe the range of possible screening results
  - E. Note that any drug use is extremely dangerous
  - F. Describe where the patient falls on the range compared to others
  - G. A, C, E
  - H. A, C, D, F
- 7. After giving advice, we suggest the provider offer a menu of options that can support patients making changes. Why offer options?
  - A. It demonstrates that there is more than one path towards abstinence
  - B. It comforts the patient to know there are others with similar problems
  - C. It gives the patient an opportunity to respond to the provider's interpretation of the screening results
  - D. It communicates that the patients is responsible for making choices
  - E. All of the above
- 8. The spirit of Motivational Interviewing (MI) is characterized by all of these concepts except:
  - A. Collaboration
  - B. Depth of feeling
  - C. Respect for patient autonomy
  - D. Evocation

- 9. Change talk includes the following types of speech except:
  - A. Difficulties of change
  - B. Reasons for change
  - C. Desire to change
  - D. Commitment to change
  - E. Ability to change
- 10. What should clinicians do to elicit change talk when using MI?
  - A. Use open and closed questions.
  - B. Reflect what they hear.
  - C. De-emphasize change language they hear.
  - D. All of the above

## Provider confidence and clinical practice behavior questions<sup>1</sup>

Please circle the number corresponding to your response (select only one option):

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1.	I feel confident counseling my patients about their abuse of prescription drugs	5	4	3	2	1
2.	I feel confident counseling my patients about their illegal drugs use	5	4	3	2	1
3.	When delivering this counseling, I feel confident that I can address the unique needs of pregnant women	5	4	3	2	1
4.	When delivering this counseling, I feel confident that I can address the unique needs of post-partum women	5	4	3	2	1
5.	When delivering this counseling, I feel confident that I can address the unique needs of women who are already parenting	5	4	3	2	1
pa pe	ring the past 90 days, with a tient of childbearing age during a riodic visit or routine check-up, w often did you do the following:	Never/rarely	Sometimes	Half time	Often	Usually/always

<sup>&</sup>lt;sup>1</sup>Questions taken from: .Stoner SA, Mikko AT, Carpenter KM. Web-based training for primary care providers on screening, brief intervention, and referral to treatment (SBIRT) for alcohol, tobacco, and other drugs. *Journal of substance abuse treatment*. 2014;47(5):362-370.

6.	Screen for misuse of prescriptions drugs	5	4	3	2	1
7.	Screen for illicit substance use	5	4	3	2	1
8.	Use a standard validated measure to screen for alcohol, tobacco, or other drugs	5	4	3	2	1
9.	Give patients feedback about screening results	5	4	3	2	1
10.	. Ask patients their thoughts about your feedback	5	4	3	2	1

During the past 90 days, when you saw a patient of childbearing age who was abusing prescription drugs or using illicit substances, how often did you	Never/rarely	Sometimes	Half time	Often	Usually/always
11. Describe the harms associated with continued substance use	5	4	3	2	1
12. Give clear advice to quit or cut back	5	4	3	2	1
13. Discuss ways for patients to change their substance use	5	4	3	2	1
14. Refer those needing specialized treatment	5	4	3	2	1
15. Follow-up with patients about their substance use at their next visit	5	4	3	2	1

<sup>&</sup>lt;sup>1</sup>Questions taken from: .Stoner SA, Mikko AT, Carpenter KM. Web-based training for primary care providers on screening, brief intervention, and referral to treatment (SBIRT) for alcohol, tobacco, and other drugs. *Journal of substance abuse treatment*. 2014;47(5):362-370.