

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

Several months ago you completed *SBI with Adolescents*, an online training simulation for health professionals for the assessment and management of adolescent substance use. This short survey has been designed to assist us in assessing the course. 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.

"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 treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. For practitioners and interns only: In the past two months, approximately how many adolescents have you:

Screened for substance use

Engaged in brief motivational counseling for substance use

Referred to additional substance use treatment services

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 7 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