

**Wheeler Clinic, Inc. Prevention of Opioid Misuse in Women: OWHPA  
Connecticut Opioid Misuse Prevention (COMP) Initiative**

**Adolescent SBIRT (A-SBIRT) In-Person Training Feedback Survey:  
A-SBIRT 3 month Usage Feedback Survey**

Thank you for completing an Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) training three months ago. The purpose of this survey is to assess the utilization of the information and skills taught in this course during the past three months. Your participation is voluntary and your responses will be kept confidential.

1. Please indicate the type of organization with which you are associated.

- Federally Qualified Health Center (FQHC)
- Pediatric Practice
- Prevention Agency
- School Based Health Center/School Nurse
- Youth Serving Community-Based Organization
- Other (please specify)

2. For the past three month period, please indicate approximately how many times you have used Adolescent SBIRT with girls ages 12-18.

3. For the past three month period, please indicate approximately how many times you have provided a *brief intervention* to girls ages 12-18 as part of an Adolescent SBIRT screening.

4. For the past three month period, please indicate approximately how many times you have provided a *referral to treatment* to girls ages 12-18 as part of an Adolescent SBIRT screening.

5. Please indicate the most valuable skills or knowledge gained from the Adolescent SBIRT training you attended three months ago.

6. Please provide any additional comments you wish to share about the Adolescent SBIRT training that you attended three months ago.

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

Thank you for completing this survey. Your responses are valued and will help guide this training initiative.