

**Medical Assistants  
Change in Practice Survey**

**Personal ID code:** First letter of your mother's first name \_\_\_\_\_  
First letter of your mother's maiden name \_\_\_\_\_  
First digit of your social security number \_\_\_\_\_  
Last digit of your social security number \_\_\_\_\_

**Please respond to the items below based on your experience following the training on the impact of prenatal alcohol use and importance of doing alcohol screening and brief intervention**

1. Describe the ways in which you interact with your patients has changed since the training.

2. Describe ways in which you have been able to influence overall change in practice related to screening for alcohol use where you work.

3. What factors were helpful to implementing alcohol screening and brief intervention?

4. What barriers to implementing alcohol screening and brief intervention did you experience?

5. Other things you would like us to know about the training.

**Thanks for your time and participation!!!**