

CSAT YEAR FOLLOW-UP TRAINING SATISFACTION SURVEY

You have previously been asked to enter a personal ID code prior to completing the initial survey. In order to do this, you generated a unique ID code for yourself which you will now use to anonymously tie your answers to the initial survey to this follow-up survey.

As a reminder, you may recreate your 4 digit ID code as follows:

First Letter in Mother's First Name
First Letter in Mother's Maiden Name
First Digit of Social Security Number
Last Digit of Social Security Number

For example, someone who's SSN is **456-85-8732** and who's mother's name is **Jane Smith** would have an ID code of **JS42**.

Please enter the Personal ID code you used on the consent form here _____.

Please enter the original date of your training here _____.

Please circle one response.

1. What is your gender? Male or Female
2. What is your race or ethnicity?

a) Latino	d) Caucasian
b) African American	e) American Indian or Alaska Native
c) Asian or Pacific Islander	f) Other: _____
3. What type of training program are you in? _____
4. What year in training are you? PGY _____ or Year in training program _____
5. Have you ever received training in SBIRT (Screening, Brief Intervention, and Referral to Treatment)?
YES or NO

Circle one response that best describes how frequently you implement each of these substance abuse interventions in your current clinical practice.

	Never	Rarely (< 20% of the time)	Sometimes (20-49% of the time)	Often (50-79% of the time)	Frequently (80% or more)	How many clients did you do this activity with in the past 30 days?
22. Inquiring about quantity and frequency of illicit/prescription drug and alcohol use	1	2	3	4	5	
23. Using a validated screening instrument	1	2	3	4	5	
24. Assessing readiness to change	1	2	3	4	5	
25. Discussing patient's behavior	1	2	3	4	5	
26. Advising patients to change behavior	1	2	3	4	5	
27. Referring patients to treatment	1	2	3	4	5	

28. Documenting an assessment of patients alcohol or illicit/ prescription drug use	1	2	3	4	5	
29. Documenting intervention	1	2	3	4	5	
30. Documenting referrals	1	2	3	4	5	

Please circle to what extent these potential barriers get in your way of providing SBIRT for your current patients/clients.

	Not a barrier	Rarely a barrier	Sometimes a barrier	Often is a barrier	Frequently is a barrier
31. Knowing how to implement SBIRT.	1	2	3	4	5
32. Having clients/patients who need SBIRT. Explain. _____	1	2	3	4	5
33. Having access to screening forms for substance abuse.	1	2	3	4	5
34. Having supervision on how to screen.	1	2	3	4	5
35. Having supervision on Motivational Interviewing.	1	2	3	4	5
36. Having referrals for more intensive treatment.	1	2	3	4	5
37. Substance abuse is not a priority in the system where I work.	1	2	3	4	5