

2017 PIERCE COUNTY SBIRT CONFERENCE SURVEY

(6-14-17 at Best Western Tacoma Dome)

1. A significant portion (more than 25%) of your patients/ clients fall into the following categories: (please check all relevant boxes)			
1A. Youth (< age 18)		1G. Experiencing Disability	
1B. Adults (age 18 - 61)		1H. Experiencing Poverty	
1C. Seniors (> age 62)		1I. Experiencing Homelessness	
1D. Veterans & Military Families		1J. Experiencing Severe Mental Illness	
1E. Have Chronic Disease or Cancer		1K. Experienced Trauma	
1F. Racial/ Religious/ Sexual Orientation Minorities:		1L. Limited English Proficiency Immigrants:	

2. How concerned are you about these substance issues among your patients/ clients? (please circle one answer per question)					
2A. Alcohol use/ addiction	1 - Not At All Concerned	2 - Somewhat Concerned	3 - Concerned	4 - Very Concerned	5 - Extremely Concerned
2B. Tobacco and vaping use/ addiction	1 - Not At All Concerned	2 - Somewhat Concerned	3 - Concerned	4 - Very Concerned	5 - Extremely Concerned
2C. Marijuana use/ addiction	1 - Not At All Concerned	2 - Somewhat Concerned	3 - Concerned	4 - Very Concerned	5 - Extremely Concerned
2D. Opioid and heroine use/ addiction	1 - Not At All Concerned	2 - Somewhat Concerned	3 - Concerned	4 - Very Concerned	5 - Extremely Concerned
2E. Cocaine, crack, or meth use/ addiction	1 - Not At All Concerned	2 - Somewhat Concerned	3 - Concerned	4 - Very Concerned	5 - Extremely Concerned
2F. Other substance use/ addiction:	1 - Not At All Concerned	2 - Somewhat Concerned	3 - Concerned	4 - Very Concerned	5 - Extremely Concerned

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3. How much knowledge/ experience did you have about the following topics, before today? (please circle one answer per question)					
3A. SBIRT	1 - No awareness	2 - Some awareness	4 - Knowledge-able	4 - Tried it once or twice	5 - Using it regularly
3B. Substance Use Screening Tools: AUDIT, DAST, Fagerstrom	1 - No awareness	2 - Some awareness	4 - Knowledge-able	4 - Tried it once or twice	5 - Using it regularly
3C. Mental Health Screening Tools: PHQ-9, GAD-7	1 - No awareness	2 - Some awareness	4 - Knowledge-able	4 - Tried it once or twice	5 - Using it regularly
3D. Brief Interventions or Motivational Interviewing	1 - No awareness	2 - Some awareness	4 - Knowledge-able	4 - Tried it once or twice	5 - Using it regularly
3E. Referral to Treatment for Mental Health/ Chemical Dependency	1 - No awareness	2 - Some awareness	4 - Knowledge-able	4 - Tried it once or twice	5 - Using it regularly

4. How likely are you to take the following actions related to SBIRT? (please circle one answer per question)					
4A. Discuss your team about using the screening tools in your organizations	1 - Not At All Likely	2 - Somewhat Likely	3- Likely	4- Very Likely	5 - Not Sure
4B. Explore the kind of workflow would work best, to provide brief interventions for those who score positive on pre-screens	1 - Not At All Likely	2 - Somewhat Likely	3- Likely	4- Very Likely	5 - Not Sure
4C. Review your Electronic Health Record (EHR) system to see if it can timestamp and store SBIRT results	1 - Not At All Likely	2 - Somewhat Likely	3- Likely	4- Very Likely	5 - Not Sure
4D. Research what it would to bill and be reimbursed for SBIRT in your organization	1 - Not At All Likely	2 - Somewhat Likely	3- Likely	4- Very Likely	5 - Not Sure
4E. Use Motivational Interviewing with your clients/ in everyday setting	1 - Not At All Likely	2 - Somewhat Likely	3- Likely	4- Very Likely	5 - Not Sure

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5. What is your gender? (circle one)	1-Male	2-Female	3-Transgender		
6. What is your age group? (circle one)	1 - Less Than 30 Years Old	2 - 30-39 Years Old	3 - 40-49 Years Old	4 - 50-59 Years Old	5 - 60+ Years Old
7. What best describes your field? (circle one)	1 - Health/ medicine	2 - Behavioral health	3 - Human services	4 - Education	5 - Public policy/ Government
8. What is your race/ ethnicity? (can check more than one box)					
8A. African American/ Black					
8B. American Indian or Alaska Native					
8C. Asian American					
8D. Caucasian American/ White					
8E. Hispanic/ Latino American					
8F. Native Hawaiian or Pacific Islander					

9. How might SBIRT be helpful for your patients/ clients/ organization?

10. What kind of challenges might you encounter in implementing SBIRT?

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Satisfaction with Training					
11. I am satisfied with the overall quality of this training.	1 - Strongly Disagree	2 - Somewhat Disagree	3 - Neither Agree/ Disagree	4 - Somewhat Agree	5 - Strongly agree
12. I am satisfied with the quality of the instructors.	1 - Strongly Disagree	2 - Somewhat Disagree	3 - Neither Agree/ Disagree	4 - Somewhat Agree	5 - Strongly agree
13. I am satisfied with the quality of the materials.	1 - Strongly Disagree	2 - Somewhat Disagree	3 - Neither Agree/ Disagree	4 - Somewhat Agree	5 - Strongly agree
14. The training was well organized.	1 - Strongly Disagree	2 - Somewhat Disagree	3 - Neither Agree/ Disagree	4 - Somewhat Agree	5 - Strongly agree
15. The training enhanced my skills in this topic area.	1 - Strongly Disagree	2 - Somewhat Disagree	3 - Neither Agree/ Disagree	4 - Somewhat Agree	5 - Strongly agree