

Appendix 1: Staff Questionnaire on alcohol screening and brief intervention (SBI) implementation

1. Do you think alcohol screening and brief intervention (SBI) is of any benefit to you?

Yes: _____ No: _____

a. If Yes, what benefit is it to you?

2. Does SBI go against any of your beliefs/values/past history/current needs?

Yes: _____ No: _____

Elaborate:

___ Beliefs: _____

___ Values: _____

___ Past history: _____

___ Current needs: _____

3. Does SBI go along with any of your beliefs/values/past history/current needs?

Yes: _____ No: _____

Elaborate:

___ Beliefs: _____

___ Values: _____

___ Past history: _____

___ Current needs: _____

4. Do you think alcohol screening and brief intervention is a difficult project to implement in the clinics?

Yes: _____ No: _____

a. If Yes, how so?

5. Did you get a chance to watch as others do alcohol screening and brief intervention?

Yes: _____ No: _____

a. If Yes, How has watching others helped you?

6. Did you receive any feedback about your clinic performance?

Yes: _____ No: _____

7. How many months have you been implementing SBI?

Number of months _____

8. The staff in this clinic very frequently feel overwhelmed by the work demands. Agree ___ Disagree ___

If agree, specify reasons.....

9. There is often tension among people in this clinic. Agree ___ Disagree ___

10. The staff in this clinic operate as real team. Agree ___ Disagree ___