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## Knowledge, Attitudes and Practices on Fetal Alcohol Syndrome -Survey of Obstetricians and Gynecologists-

**1. The following questions are for clinicians who provide some Direct Patient Care. Please check the answer that applies:**

- a. I DO provide direct patient care \_\_\_\_\_ (continue with survey)  
 b. I DO NOT provide direct patient care \_\_\_\_\_ (please return this survey now)

**1. During a typical work-week, what proportion of your time per week do you spend in the following professional activities? If none, enter zero (0)**

	Activity:	%Hours:
a. —	Direct Patient Care (self-employed)	_____
b. —	Direct Patient Care (other than self-employed)	_____
c. —	Administration	_____
d. —	Academic Medicine	_____
e. —	Research	_____
f. —	Fellowship Training	_____
g. —	Other	_____
<b>Total Hours per Week</b>		_____ 100%

*The following questions are for clinicians who provide some Direct Patient Care. If you do NOT provide direct patient care skip to Page 5, **Question 25**.*

**GENERAL KNOWLEDGE**

**2. What would you estimate the overall prevalence of Fetal Alcohol Syndrome in the United States to be?**

- a. — 1 in 10 \_\_\_\_\_  
 b. — 1 in 100 \_\_\_\_\_  
 c. — 1 in 1000 \_\_\_\_\_  
 d. — 1 in 10,000 \_\_\_\_\_  
 e. — 1 in 100,000 \_\_\_\_\_

**3. Select the statement which corresponds most closely with your personal viewpoint. (circle a or b)**

- a. Occasional consumption of alcohol (one drink per day or less) during pregnancy is not harmful to the mother or the fetus.  
 1: Occasional alcohol consumption (one drink per day or less) is safe during the following trimesters of pregnancy, (check all that apply):  
 aa. 1<sup>st</sup> trimester \_\_\_\_\_  
 bb. 2<sup>nd</sup> trimester \_\_\_\_\_  
 cc. 3<sup>rd</sup> trimester \_\_\_\_\_
- b. Pregnant women or women planning to become pregnant should completely abstain from consuming alcohol.

**2. Of the following statements, circle all the statements that correspond with your personal viewpoint about occasional alcohol consumption (one drink per day or less) during pregnancy.**

- a. Occasional alcohol consumption is safe during the first trimester of pregnancy
- b. Occasional alcohol consumption is safe during the second trimester of pregnancy
- c. Occasional alcohol consumption is safe during the third trimester of pregnancy
- d. Occasional alcohol consumption is not safe during any period of pregnancy

**43. In your opinion, how many drinks per week can a pregnant woman consume without risk of adverse pregnancy outcomes?**

(circle one)

0    1    2    3    4    5    6    7    8    9    10    11    12    13    14+

**4. In your opinion, how many drinks per week can a nonpregnant woman of reproductive age consume without risk? (circle one)**

0    1    2    3    4    5    6    7    8    9    10    11    12    13    14+

**5. In your opinion, how many drinks per occasion can a pregnant woman consume without risk of adverse pregnancy outcomes?**

(circle one)

0    1    2    3    4    5    6    7    8    9    10    11    12    13    14+

**6. In your opinion, how many drinks per occasion can a nonpregnant woman of reproductive age consume without risk? (circle one)**

0    1    2    3    4    5    6    7    8    9    10    11    12    13    14+

**7. Fetal alcohol spectrum disorders (FASDs) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including Fetal Alcohol Syndrome (FAS). These effects may include physical, mental, behavioral, and/or learning disabilities. What would you estimate the overall prevalence of FASDs in the United States to be? (circle one)**

- f. 1 in 10
- g. 1 in 100
- h. 1 in 1000
- i. 1 in 10,000
- j. 1 in 100,000

**6. In relation to the following substances, do you feel that alcohol use during pregnancy is more harmful, less harmful, or of comparable potential harm to the fetus? (circle one number per category)**

	Less harmful	Equally harmful	More harmful
a. Alcohol use compared to tobacco smoke	<u>1</u>	<u>2</u>	<u>3</u>
b. Alcohol use compared to cocaine use	<u>1</u>	<u>2</u>	<u>3</u>
c. Alcohol use compared to Tetracycline use	<u>1</u>	<u>2</u>	<u>3</u>
d. Alcohol use compared to use of oral contraceptives	<u>1</u>	<u>2</u>	<u>3</u>

**78. Indicate whether you agree or disagree with the following statements:**

	Agree	Disagree	Don't Know
a. FASD occurs at similar rates in all socioeconomic groups of society	<u>1</u>	<u>2</u>	<u>3</u>
b. FASD occurs at similar rates in all cultures and ethnic groups	<u>1</u>	<u>2</u>	<u>3</u>
c. Alcohol's effect on fetal development remains unclear <u>is clear</u>	<u>1</u>	<u>2</u>	<u>3</u>
d. Prenatal alcohol exposure is a significant risk factor of permanent brain damage	<u>1</u>	<u>2</u>	<u>3</u>
e. Alcohol withdrawal in a baby at birth is the worst outcome of prenatal alcohol exposure	<u>1</u>	<u>2</u>	<u>3</u>
f. Young adults with FAS usually achieve successful independence at the expected time (18 to 21 years)	<u>1</u>	<u>2</u>	<u>3</u>
g. Early diagnosis and ongoing surveillance of FAS may lead to implementation of secondary prevention of disabilities	<u>1</u>	<u>2</u>	<u>3</u>

**8. Do you consider any of the following problems to be associated with Fetal Alcohol Syndrome?**

	Yes	No	Don't Know
a. Infantile withdrawal symptoms	1	2	3
b. Delayed development	1	2	3
c. Birth defects/malformations	1	2	3
d. Psychiatric (DSM-IV) disorders	1	2	3
e. Lowered IQ/retardation	1	2	3
f. Behavioral Problems	1	2	3
g. Low birth weight	1	2	3
h. Long term emotional disorders	1	2	3
i. Addictions	1	2	3
j. Attention deficit hyperactivity disorder	1	2	3

**9. Which of the following are included in the facial dysmorphia associated with Fetal Alcohol Syndrome? (circle all that apply)**

- a. Large inner canthal distance
- b. Short palpebral fissures
- c. Smooth philtrum
- d. Flaring nares
- e. Full lips
- f. Thin Upper Lip
- g. Don't Know/ Unsure

**10. It is easiest to diagnose FAS at what age? (circle one)**

- a. Newborn
- b. Adolescence
- c. Early Childhood
- d. Adulthood
- e. Don't Know/ Unsure

**11. Indicate whether you agree or disagree with the following statement. (circle one answer)**

A diagnosis of FAS stigmatizes the individual and family:      Strongly Disagree      Disagree      Agree      Strongly Agree

**DIAGNOSIS & TREATMENT**  
**SCREENING AND INTERVENTION**

**129. When seeing patients for prenatal care, who would you most likely ask about alcohol use? :** (circle one)

- a. ~~With~~ all pregnant women, at the initial visit
- b. ~~With~~ pregnant women I suspect might be drinking, at the initial visit
- c. ~~With~~ all pregnant women, at the initial visit and at subsequent visits as well
- d. ~~With~~ pregnant women I suspect might be drinking, at the initial visit and at subsequent visits as well

**1310. When seeing patients, who would you most likely educate about the risks of alcohol use during pregnancy? :** (circle one)

- a. ~~All pregnant women and all women of childbearing age~~ All reproductive age women, pregnant and non-pregnant
- b. All pregnant women
- c. Pregnant women I knew or suspected to be using alcohol
- d. Pregnant women I suspected to be using alcohol AND pregnant women who had risk factors associated with drinking (smokers, substance abusers)

**13a11. How do you usually manage pregnant women who report alcohol use?** (circle all that apply circle one)

- a. Discuss adverse effects
- b. Advise abstinence
- c. Advise reduction
- d. Refer to treatment
- e. Other (please specify) \_\_\_\_\_

**12. How do you usually manage nonpregnant women of reproductive age who report risk drinking (more than 3 drinks per occasion or more than 7 drinks per week)?** (circle all that apply)

- a. Discuss adverse effects
- b. Advise reduction
- c. Discuss contraception options
- d. Refer to treatment
- e. Other (please specify) \_\_\_\_\_

**1413. Which of the following methods do you usually use to obtain information about alcohol use?** (circle all that apply)

- a. Physician asks patient during examination
- b. Nonphysician staff asks the patient during an intake/assessment interview
- c. Patient fills out a questionnaire before the examination
- d. Use of a validated alcohol risk screening tool (T-ACE, CAGE, TWEAK, AUDIT, T-ACE, etc.)

**1514. If you use one of the a validated alcohol risk screening tool, screening tools listed above, which do you use most commonly for pregnant women? prefer to use, or which do you use most commonly?** (circle one)

- a. ~~CAGE~~ T-ACE
- b. ~~TWEAK~~
- c. ~~T-ACE~~ CAGE \_\_\_\_\_
- d. ~~MAST~~
- e. ~~AUDIT~~
- f. AUDIT-C
- g. Other (please specify) \_\_\_\_\_
- h. None

**15. Which validated alcohol risk screening tool do you use most commonly for non-pregnant women?** (circle one)

- a. T-ACE
- b. TWEAK
- c. CAGE \_\_\_\_\_
- d. MAST
- e. AUDIT

- f. [AUDIT-C](#)
- g. [Other \(please specify\)](#) \_\_\_\_\_
- h. [None](#)

16. During the past 12 months, how many babies have you delivered that you have....(if none, enter "0")

	Number of patients in past 12 months
a. Suspected as possible FAS ?	_____
b. Recognized as having FAS ?	_____
c. Diagnosed as FAS ?	_____
d. Referred to confirm a diagnosis of FAS ?	_____
e. Provided care for FAS ?	_____

17. Do you make use of published diagnostic criteria for FAS in your practice? (circle one) Yes \_\_\_\_\_ No \_\_\_\_\_

17a. If yes, which one of the following do you use?

- a. Institute of Medicine criteria
- b. American Academy of Pediatrics criteria
- c. Seattle 4 digit diagnostic criteria (Astley & Clarren, 1999)
- d. Other (specify) \_\_\_\_\_

16. I routinely communicate information about alcohol use during pregnancy to the newborn's pediatrician. (circle one)

- a. [Always](#)
- b. [Usually](#)
- c. [Sometimes](#)
- d. [Never](#)

18. What are the barriers (if any) in your practice affecting alcohol assessment and management of patient's alcohol use during pregnancy? (circle all that apply)

- a.  Time limitations \_\_\_\_\_
- b.  Patient sensitivity
- c.  Need for additional training to enhance assessment skills \_\_\_\_\_
- d.  Lack of referral sources
- e.  Confidentiality issues
- f.  Lack of financial reimbursement
- g.  None

17. Rank your top 3 issues affecting alcohol screening for pregnant women from the list below with #1 being your greatest issue:

- Issue
- a.  Time limitations
  - b.  Concern about confidentiality issues (of this kind of information about the patient)
  - c.  Patient sensitivity to this topic
  - d.  Patient denial or resistance to treatment
  - e.  Need for additional training to enhance ascertainment skills
  - h.  Lack of referral resources for adequately dealing with prenatal alcohol use problems once identified
  - i.  Lack of financial reimbursement for alcohol screening, assessment, and counseling in my state
  - j.  Patient inability to pay for treatment

1918. What resources do you feel are needed to improve alcohol use assessment in your clinical practice? (circle all that apply)

- a. Information regarding thresholds for adverse reproductive outcomes
- b. Referral resources for patients with alcohol problems
- c. Training and consultation in assessment and counseling
- d. Reimbursement by insurance and providers for screening and assessment [in my state](#)
- e. Other ( explain) \_\_\_\_\_

**EXPOSURE TO TRAINING, MATERIALS, AND TOOL KITS/PERCEIVED COMPETENCE/PERCEIVED NEEDS TRAINING/ PERCEIVED COMPETENCE/ PERCEIVED NEEDS**

**20. Do you recall receiving any formal training in the following FAS competencies and if so, indicate where you received this training: (circle ALL that apply)**

		Medical School	Post-grad residency	CME/CE (received credit)	No training
a.	Ability to recognize the constellation of features associated with FAS and other alcohol-related effects	1	2	3	4
b.	Understanding the basic biomedical mechanisms that result in FAS	1	2	3	4
c.	Ability to select valid and reliable assessment instruments to detect alcohol use	1	2	3	4
d.	Ability to educate pregnant women about the effects of alcohol on their babies	1	2	3	4
e.	Ability to screen women for risky or hazardous drinking	1	2	3	4
f.	Ability to conduct alcohol cessation brief interventions	1	2	3	4
g.	Ability and sufficient information and resources to refer patients to others for treatment of alcohol abuse	1	2	3	4

**21. If you have received any formal training on FAS in any venue (medical school, residency, CME/CE, graduate school, postdoctoral training), overall, would you say the training was: (circle one)**

- a. poor      b. fair      c. good      d. excellent

**2219. In general, how prepared do you feel to: (circle one per row)**

		Very unprepared	Somewhat unprepared	Somewhat prepared	Very prepared
a.	Identify newborns with possible FAS or other alcohol-related disorders <a href="#">Screen women for risky or hazardous drinking</a>	1	2	3	4
b.	Ask about alcohol use and assess a female patient with alcohol-related disorders <a href="#">Educate pregnant women about the effects of alcohol on their babies</a>	1	2	3	4
c.	Manage/coordinate the treatment of individuals with alcohol-related disorders <a href="#">Conduct a brief intervention for reducing alcohol consumption</a>	1	2	3	4
d.	Conduct brief interventions for alcohol abstinence <a href="#">Utilize resources to refer patients who need formal treatment for alcohol abuse</a>	1	2	3	4

**2320. Rate how helpful the following kinds of materials or supports would be to you in your clinical practice (circle one per row)**

		Not at all helpful	Not very helpful	Somewhat helpful	Very helpful
a.	Concise provider and staff information on prevention of FAS and alcohol-related disorders	1	2	3	4
b.	Patient education materials on the impact of alcohol on the fetus during pregnancy	1	2	3	4
c.	Clinical guidelines for best practices for diagnosis of FAS and other alcohol-related disorders	1	2	3	4
d.	Registry of specialists available for consultation about FAS and other alcohol-related disorders	1	2	3	4
e.	Listing of community-based resources for female patients with alcohol-related problems	1	2	3	4
f.	Materials for office practice including FAS screening and referral checklists and pocket reminders of diagnostic criteria	1	2	3	4
g.	Current information and materials regarding threshold levels of alcohol in relation to adverse reproductive outcomes	1	2	3	4

**2421. Please indicate whether the following types of FAS-related training and educational materials are available in the community where you practice, and whether these resources are helpful, or would be helpful if they became available. (circle all that apply)**

a.	Available		Not at all helpful			
	Available	Not available	3	4	5	6
Regional Conferences (CME)	1	2				

- |                                                |   |   |   |   |   |   |
|------------------------------------------------|---|---|---|---|---|---|
| b. Internet-based learning opportunities       | 1 | 2 | 3 | 4 | 5 | 6 |
| c. On-site training for myself and colleagues  | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Self-study materials (CD-rom, videos, etc.) | 1 | 2 | 3 | 4 | 5 | 6 |

In an effort to assist healthcare providers in identifying and intervening with problem drinkers, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) released “Helping Patients Who Drink Too Much: A Clinician’s Guide”. In addition, ACOG released guidelines for clinicians serving reproductive-aged women, “Drinking and Reproductive Health: A Fetal Alcohol Spectrum Disorders Prevention Tool Kit”. The following questions address your exposure to these and other health education materials.

**22. With respect to the NIAAA “Clinician’s Guide”, please choose the answer that best describes your use of these guidelines.**

(circle one)

- a. I have no interest in the NIAAA guidelines.
- b. I am not aware of the NIAAA guidelines.
- c. I read through the NIAAA guidelines but have no specific memory of them and did not incorporate them into my practice.
- d. I utilize the NIAAA guidelines to screen and discuss alcohol use with pregnant women.
- e. I utilize the NIAAA guidelines to screen and discuss alcohol use with women who are not pregnant.
- f. I utilize the NIAAA guidelines to screen and discuss alcohol use with women of reproductive age, regardless of pregnancy status.

**23. With respect to the ACOG “FASD Prevention Tool Kit” please choose the answer that best describes your use of these guidelines.** (circle one)

- a. I have no interest in the ACOG tool kit.
- b. I am not aware of the ACOG tool kit.
- c. I saw the flyer, web announcement, or articles (circle which ones you saw) on the ACOG tool kit, but have not accessed the tool kit.
- d. I have received the ACOG tool kit, but have not used it.
- e. I utilize the ACOG tool kit to screen and discuss alcohol use with pregnant women.
- f. I utilize the ACOG tool kit to screen and discuss alcohol use with women who are not pregnant.
- g. I utilize the ACOG tool kit to screen and discuss alcohol use with all women of reproductive age, regardless of pregnancy status.

**23a. If you circled #e, f, or g, please complete the following. Below are the components of the ACOG FASD tool kit. Please rate them on a scale of 0 to 5 with 0 being not used, 1 being not at all helpful, to 5 being extremely helpful.**

Circle one of the following per row

<i>FASD Prevention Tool Kit Component CD ROM and Pocket Card</i>	<i>Not used</i>	<i>Not at all Helpful</i>	<i>Not very Helpful</i>	<i>Somewhat Helpful</i>	<i>Very Helpful</i>	<i>Extremely Helpful</i>
A1 12-page FASD Prevention Guide	0	1	2	3	4	5
A2 Other clinician tools on CD-ROM	0	1	2	3	4	5
A3 Patient handouts on CD-ROM	0	1	2	3	4	5
A4 Pocket card	0	1	2	3	4	5

**23b. Complete the following statement by circling one of the answers below.**

I accessed the ACOG FASD Toolkit

- B1 . from the CD-ROM
- B2. from the website
- B3. from a hard copy

**23c. Please select the statement(s) that reflect your use of these materials in your practice setting.** (circle all that apply)

- C1. I screen women more often for alcohol use after viewing the materials.
- C2. I discuss adverse consequences of hazardous alcohol use with my patients more often.
- C3. I provide a brief intervention more often using the FRAMES model after viewing the materials.
- C4. I use some portions of the kit with certain patients some of the time.
- C5. The materials have had no effect on my practice behaviors.

**OPTIONAL QUESTIONS BASED ON PERSONAL OPINION.**

**24. You are out to dinner with friends, a non-physician couple who are pregnant and not your patient. The woman orders a glass of wine with her meal. What would your response be? (circle your response)**

- a. Say nothing
- b. Tell her at that time that drinking during any time in pregnancy could be harmful and suggest she might have a non-alcoholic drink instead.

- c. Tell her in private after dinner that abstinence from alcohol is safest for her pregnancy and it would be best to refrain from further alcohol use.
- d. Call her obstetrician and discuss the matter and course of action with him/her.
- e. Other (please elaborate) \_\_\_\_\_

**25. How often do you have a drink containing alcohol? (please circle the best response)**

Never      Monthly or Less      2-4 Times a Month      2-3 Times a Week      4 or More Times a Week

**26. How many drinks containing alcohol do you have on a typical day when you are drinking? \_\_\_\_\_ drinks**

**BACKGROUND INFORMATION**

**27. What year did you graduate from medical school? \_\_\_\_\_**

**2528. Are you currently in an OB-GYN residency training program?** (circle one)      1. Yes      2. No

**2629. What is your gender?**      1. Male      2. Female

**2730. What is your primary employment site? (circle one)**

- a. Solo practice/ 2-clinician practice
- b. Hospital or clinic
- c. Group practice/ Staff model HMO
- d. Community-based health center
- e. Medical school or parent university
- f. Other ( specify) \_\_\_\_\_

**31. Do you provide comprehensive primary care? (circle one)      1. Yes      2. No**

**32. With what ethnicity do you identify yourself? This question is optional, but important to the survey.**

- Hispanic or Latino
- Not Hispanic or Latino

**2933. With what racial group do you identify yourself? (Mark all that apply) This question is optional, but important to the survey.**

- White
- Black or African American
- Asian
- American Indian or /Alaska Native
- Native Hawaiian or /Pacific Islander

**3034. What is your age? \_\_\_\_\_**

**3135. Years in practice? \_\_\_\_\_**

**3236. Do you consider your primary employment location to be: (circle all that apply)**

- a. Urban inner city
- b. Urban not inner city
- c. Suburban
- d. Rural
- e. Underserved communities

**3337. In what area of interest do you spend most of your time? (circle one)**

- a. Obstetrics
- b. Gynecology



- c. Obstetrics & Gynecology
- d. Infertility

**3438.** Do you have any additional comments or suggestions? \_\_\_\_\_

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**Thank you for your participation in this survey. Your responses provide valuable information for the development of new programs and materials in this important field of research.**

**References:**

Shane T. Diekman, MPH, R. Louise Floyd, RN, DSN, Pierre Découflé, ScD, Jay Schulkin, PhD, Shahul H. Ebrahim, MD, MSc, Dr med, AND Robert J. Sokol, MD, *A survey of Obstetrician-Gynecologists on Their Patient's Alcohol Use During Pregnancy*, Obstetrics & Gynecology, Vol. 95. No. 5. May 2000, pp. 756-763