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

1. The that ap	plies: a. I <u>DC</u>	<u>o</u> provide	e direct p	oatient d	are	(continue	some <u>Di</u> e with su se return	rvey)			ase che	ck the a	ınswer
GENER/	AL KNOV	<u>WLEDGE</u>												
	ption (or a. Occa b. Occa c. Occa	ne drink p Isional alco Isional alco Isional alco	per day or ohol consi ohol consi ohol consi	r less) du umption is umption is umption is	ı ring preg s safe dur s safe dur s safe dur	inancy. ing the fir ing the se ing the th	est trimest econd trim ird trimes	er of preg ester of p ter of preg of pregnal	nancy regnancy Inancy		point abo	out occas	sional alc	ohol:
3. In you (circle on		n, how m	any drink	s per we	ek can a	pregnan	t woman	consume	without	risk of a	dverse pr	regnancy	outcome	es?
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14+
4. In you	ır opinio	n, how m	any drink	s per we	ek can a	nonpreg	nant wor	nan of rep	oroductiv	∕e age co	nsume w	ithout ris	sk? (circle	e one)
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14+
5. In you (circle on		n, how m	any drink	s per oc	casion ca	ın a preg	nant wor	nan cons	ume with	out risk	of advers	se pregna	incy outo	omes?
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14+
6. In you one)	ur opinic	on, how m	nany drin	ks per oc	casion c	an a non	pregnant	woman o	of reprod	uctive ag	je consui	me witho	ut risk? ((circle
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14+
whose n	nother d behavio	rank alco	hol durin	g pregna	ncy, incl	uding Fe	tal Alcoh	cribing th ol Syndro nate the o	ome (FAS	S). These	effects n	nay inclu	de physic	cal,

a. 1 in 10

b. 1 in 100

c. 1 in 1000

- d. 1 in 10,000
- e. 1 in 100,000

8.	Indicate whether	you agree or o	disagree with the	following	statements:
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				Donτ	
		Agree	Disagree	Know	
a.	FASD occurs at similar rates in all socioeconomic groups of society	1	2	3	
b.	FASD occurs at similar rates in all cultures and ethnic groups	1	2	3	
C.	Alcohol's effect on fetal development is clear	1	2	3	
d.	Prenatal alcohol exposure is a significant risk factor of permanent brain damage	1	2	3	
e.	Alcohol withdrawal in a baby at birth is the worst outcome of prenatal alcohol exposure	1	2	3	

SCREENING AND INTERVENTION

9	When seeing	natients for	prenatal care,	who would	vou most likely	ask about al	cohol use?	(circle one)
J.	Wilch Scelliu	patients ioi	piciialai caic,	WIIO WOUIU	vou illost linciv	ask about ai	conor use:.	I CII CIC OI IC

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

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

- a. 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 <u>AND</u> pregnant women who had risk factors associated with drinking (smokers, substance abusers)

11. How do you u	usually manage pregnant	women who report a	alcohol use?	(circle one)

a.	Advise abstinence	
b.	Advise reduction	
C.	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)

13. 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
- 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, TWEAK, AUDIT etc.)

14. Which validated alcohol risk screening	g tool do you use most	commonly for pregnant wo	men? (circle one)
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- a. T-ACE
- b. TWEAK
- c. CAGE
- d. MAST
- e. AUDIT
- f. AUDIT-C
- g. Other (please specify)

	h.	None
15. Which	vali	idated alcohol risk screening tool do you use most commonly for <u>non-pregnant</u> women? (circle one)
	a.	T-ACE
	b.	TWEAK
	C.	CAGE
	d.	MAST
	e.	AUDIT
	,	AUDIT-C
	f.	Other (please specify)
	g.	None
16. I routi	nely	communicate information about alcohol use during pregnancy to the newborn's pediatrician. (circle one)
		a. Alvenia
		a. Always b. Usually
		c. Sometimes
		d. Never
		u. Never
17. Rank	you	r top 3 issues affecting alcohol screening for pregnant women from the list below with #1 being your greatest issue:
		Issue
i	a.	Time limitations
I	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
	f. 	Lack of referral resources for adequately dealing with prenatal alcohol use problems once identified
(g. h.	Lack of financial reimbursement for alcohol screening, assessment, and counseling in my state
	11.	Patient inability to pay for treatment
18. What i	reso	urces 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

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

		Very	Somewhat	Somewhat	Very
		unprepared	unprepared	prepared	prepared
a.	Screen women for risky or hazardous drinking	1	2	3	4
b.	Educate pregnant women about the effects of alcohol on their babies	1	2	3	4
C.	Conduct a brief intervention for reducing alcohol consumption	1	2	3	4
d.	Utilize resources to refer patients who need formal treatment for alcohol	1	2	3	4
	abuse				

20. 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	Not very	Somewhat	Very
		helpful	helpful	helpful	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

21. 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)

	Available		Not	Not at all	Not very	Somewhat	Very
		Available	available	helpful	helpful	helpful	helpful
a.	Regional Conferences (CME)	1	2	3	4	5	6
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 all 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 quidelines. (circle one)
 - a. I have no interest in the ACOG tool kit.
 - I am not aware of the ACOG tool kit.
 - 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

					- · · · · · · · · · · · · · · · · · · ·		
	FASD Prevention Tool Kit Component CD ROM and Pocket Card	Not used	Not at all Helpful	Not very Helpful	Somewhat Helpful	Very Helpful	Extremely Helpful
A 1	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

В1	. 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 of	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)	_

- rink
- er

	, ·			
a.	Say nothing			
b.		ng during any time in pregnancy o	ould be harmful and suggest sh	e might have a non-alcoholic dr
	instead.			
C.	alcohol use.	that abstinence from alcohol is sa	fest for her pregnancy and it wo	uld be best to refrain from furth
d.		iss the matter and course of action	with him/her	
е.	Other (please elaborate)			
25. How	often do you have a drink co	ntaining 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 alco	hol do you have on a typical da	when you are drinking?	drinks
	,	, ,,	, , , _	
<u>BACKGF</u>	ROUND INFORMATION			
07 Mb.	voor did vov anadrote from	madical cabaal0		
Z7. Wnai	year did you graduate from	medical school?		
28. Are y	ou currently in an OB-GYN r	esidency training program? (ci	rcle one) 1. Yes 2. No	
29. What	is your gender?	1. Male 2. Female		
30. What	is your primary employmen	t site? (circle one)		
	a. Solo practice/ 2-clinician p	ractice		
	b. Hospital or clinic			
	c. Group practice/ Staff mod			
	d. Community-based healthe. Medical school or parent i			
	e.	iniversity		
31. Do y	ou provide comprehensive p	rimary care? (circle one) 1. Y	es 2. No	
32. With	what ethnicity do you identif	y yourself? This question is op	ional, but important to the su	rvey.
	Hispanic or Latino		-	
-	·			
	Not Hispanic or Latino			

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



Black or African American	American Indian or Alaska Native					
	Native Hawaiian or Pacific Islander					
34. What is your age?						
35. Years in practice?						
36. Do you consider your primary employment locatio	n to be: (circle all that apply)					
 a. Urban inner city b. Urban not inner city c. Suburban d. Rural e. Underserved communities 						
37. In what area of interest do you spend most of your time? (circle one)						
 a. Obstetrics b. Gynecology c. Obstetrics & Gynecology d. Infertility 						
38. Do you have any additional comments or suggestions?						

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-Gynocologists on Their Patient's Alcohol Use During Pregnancy*, Obstetrics & Gynecology. Vol. 95. No. 5. May 2000, pp. 756-763