

First 2 letters of your mother's maiden name ____
 Month of your birthday ____
 Last 2 digits of your social security number ____

E2. Great Lakes FASD Regional Training Center Foundations of FASD Post-Training Evaluation

1. Please circle the BEST answer for each of the following:	Staff Use Only
<p>The best public health message related to alcohol consumption by women of childbearing age is:</p> <ul style="list-style-type: none"> a. Women who know they are pregnant should not consume alcohol. b. Women who are pregnant or could become pregnant should not consume alcohol. c. All sexually active women should not consume alcohol. d. Women of childbearing age should not consume alcohol. e. Alcohol use, in moderation, is safe for all women. 	<p>1 (I-C)</p>
<p>Scientific studies of the effects of alcohol on the fetus have shown that:</p> <ul style="list-style-type: none"> a. Alcohol has no effect on the development of the fetus in the third trimester. b. Alcohol can only affect fetal development in the first trimester. c. A small to moderate amount of alcohol is safest during the second trimester. d. Of all the different types of alcohol, wine is the safest for a pregnant woman to consume. e. None of the above is correct. 	<p>6 (IV-C) (I)</p>
<p>Which of the following is NOT required to confirm a diagnosis of fetal alcohol syndrome (FAS)?</p> <ul style="list-style-type: none"> a. Facial dysmorphism b. Growth retardation c. Central nervous system (CNS) abnormalities d. Documentation of prenatal alcohol exposure e. All of the above are required for a diagnosis of FAS 	<p>9 (V-C) (I)</p>

The public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (XXXX-XXXX)

2. In your current position, do you provide services to women of childbearing age?

YES

NO

3. On a scale of 0 to 10 where 0 means, “Not confident in my skills” and 10 means “Totally confident in my skills,” how confident are you in your skills to do the following? (circle one number per row)

	NOT Confident in my skills											TOTALLY Confident in my skills
a. Screen women for risky or hazardous drinking	0	1	2	3	4	5	6	7	8	9		10
b. Educate pregnant women about the effects of alcohol on their babies	0	1	2	3	4	5	6	7	8	9		10
c. Conduct brief interventions for reducing alcohol consumption	0	1	2	3	4	5	6	7	8	9		10
d. Utilize resources to refer patients who need formal treatment for alcohol abuse	0	1	2	3	4	5	6	7	8	9		10

4. In your current position, do you provide services to individuals who may be at risk of an FASD?

YES

NO

5. On a scale of 0 to 10 where 0 means, “Not confident in my skills” and 10 means “Totally confident in my skills,” how confident are you in your skills to do the following? (circle one number per row)

	NOT Confident in my skills											TOTALLY Confident in my skills
a. Identify persons with possible FAS or other prenatal alcohol-related disorders	0	1	2	3	4	5	6	7	8	9		10
b. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	0	1	2	3	4	5	6	7	8	9		10
c. Utilize resources to refer patients for diagnosis and/or treatment services	0	1	2	3	4	5	6	7	8	9		10
d. Manage/coordinate the treatment of persons with FASDs	0	1	2	3	4	5	6	7	8	9		10

6. How will you use the information you received during the training today?

7. What additional information do you need to make changes in your practice?

8. What additional comments do you have about this training?

9. We would like to know your thoughts about this training/presentation. Please circle the number that most clearly represents the extent to which you agree with each of the following statements.

To what extent to you agree with the following statements?	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree
a. The training content will be useful to me professionally.	1	2	3	4	5
b. The training content increased my awareness & knowledge of the harmful effects of alcohol on the developing fetus.	1	2	3	4	5
c. This training had a positive impact on my level of comfort in discussing issues related to FASDs with my patients/clients.	1	2	3	4	5
d. The presentation content was culturally relevant.	1	2	3	4	5
e. The speaker(s) provided the information in a culturally competent/sensitive manner.	1	2	3	4	5
f. I am satisfied with my experience in this training.	1	2	3	4	5
The instructor seemed knowledgeable about the topics.					
TRAINER 1 (NAME)	1	2	3	4	5
TRAINER 2 (NAME)	1	2	3	4	5
TRAINER 3 (NAME)	1	2	3	4	5
TRAINER 4 (NAME)	1	2	3	4	5

Please take a moment to tell us about yourself:

Are you (Circle one):

- 1=Male
- 2=Female
- 3=Transgender

In which State do you provide services?

- 1=Wisconsin
- 2=Michigan
- 3=Indiana
- 4=Ohio
- 5=North Carolina
- 6=Minnesota
- 7=Hawaii
- 8=Other

Specify _____ (8a)

Are you Hispanic or Latino(a)?

- 1=Yes
- 2=No

How would you describe your race?

(Select all that apply)

- 1=American Indian/Alaska Native
- 2=Asian
- 3=Black or African American
- 4=Native Hawaiian or other Pacific Islander
- 5=White

Are you a parent/caregiver of a child with FAS/FASD?

- 1=Yes
- 2=No

If you are a PROFESSIONAL, please circle the one that best represents your current position:

PHYSICIAN

- 1=OB/GYN
- 2=Geneticist
- 3=Pediatrician
- 4=Psychiatrist
- 5=Family Physician
- 6=Internist
- 7=Preventive Medicine
- 8=Occupational Medicine
- 9=Addiction Medicine

10=Physician, other

Specify _____ (10a)

OTHER MEDICAL

- 11=Dentist
- 12=Physician Assistant
- 13=Nurse (NP, RN, LPN)
- 14=Other Medical

Specify _____ (14a)

ALLIED HEALTH

- 15=Psychologist (unspecified)
- 16=Rehabilitation Psychologist
- 17=Clinical Psychologist
- 18=Community Psychologist
- 19=Counselor (including AODA Counselor)
- 20=Social worker
- 21=OT/PT/SLP
- 22=Medical Technologist
- 23=Other allied health professional:

Specify _____ (23a)

OTHER

- 24=Public Health
- 25=Special Educator
- 26=Other Educator
- 27=Administrator
- 28=Corrections
- 29=Lawyer/Judge
- 30=Scientist
- 31=Prevention
- 32=Other:

Specify _____ (32a)

If you are a STUDENT OR RESIDENT, please circle all that apply:

MEDICAL AND NURSING STUDENTS

- 1a=Med 1
- 1b=Med 2
- 1c=Med 3
- 1d=Med 4
- 1e=Clerkship
- 1f=Preceptorship
- 2=Nursing
- 3=Dental

ALLIED HEALTH

- 4=Allied Health (inc. OT/PT SLP/Social Work, Counseling, etc.)

RESIDENT

- 5=OB/GYN
- 6=Genetics
- 7=Pediatric
- 8=Psychiatry
- 9=Family Medicine
- 10=Internal Medicine
- 11=Preventive Medicine
- 12=Occupational Medicine
- 13=Addiction Medicine
- 14=Dental
- 15=Other resident:

Specify _____ (15a)

OTHER STUDENT

- 16=Pre-doctoral student
- 17=Graduate Student
- 18=Undergraduate Student
- 19=Other

Specify _____ (19a)

THANK YOU!