# First 2 letters of your mother’s maiden name \_\_\_ \_\_\_

Month of your birthday \_\_\_ \_\_\_

Last 2 digits of your social security number \_\_\_ \_\_\_

# E5. Great Lakes FASD Regional Training Center

**Screening and Brief Intervention Post-Training Evaluation**

|  |  |
| --- | --- |
| **Please circle the BEST answer for each of the following:** | **Staff****Use Only** |
| An episode of binge or risky drinking for women of childbearing age (18-44) is defined as more than \_\_\_ standard drinks in about a two hour period.a. 2b. 3c. 4d. 5e. 6 | **2**(II-C) |
| Which one of these is NOT considered a standard drink? 1. 12 ounces of beer
2. 12 ounces of wine cooler
3. 5 ounces of wine
4. 3 ounces of vodka
5. All of the above are standard drinks
 | **3**(II-C) |
| Positive responses given to items on the TWEAK or the T-ACE screening instruments indicate: 1. A diagnosis of alcoholism
2. The likelihood that the woman will seek treatment for alcohol abuse
3. The need for the health care provider to discuss the risks associated with drinking alcohol, especially when the woman is pregnant
4. The difference between binge drinking and problem drinking
5. The need for immediate admission to a treatment facility for further evaluation
 | **4**(II-C) |
| Which of these is NOT part of the addictive disease process?a. Craving and compulsionb. Violent behaviorc. Loss of controld. Continued use despite adverse consequencese. All of the above are part of the addictive disease process  | **5**(III-C) |

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*1*

*(over)*

**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)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NOTConfident in my skills |  |  |  |  |  |  |  |  |  | TOTALLYConfident 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 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NOTConfident in my skills |  |  |  |  |  |  |  |  |  | TOTALLYConfident 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 |

**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)

*2*

*(continued)*

**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 |
| 1. The training content will be useful to me professionally.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The training content increased my awareness & knowledge of the harmful effects of alcohol on the developing fetus.
 | 1 | 2 | 3 | 4 | 5 |
| 1. 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 |
| 1. The presentation content was culturally relevant.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The speaker(s) provided the information in a culturally competent/sensitive manner.
 | 1 | 2 | 3 | 4 | 5 |
| 1. 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 |

*3*

*(over)*

|  |
| --- |
| **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!**