

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. 2 b. 3 c. 4 d. 5 e. 6	2 (II-C)
Which one of these is NOT considered a standard drink? a. 12 ounces of beer b. 12 ounces of wine cooler c. 5 ounces of wine d. 3 ounces of vodka e. 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: a. A diagnosis of alcoholism b. The likelihood that the woman will seek treatment for alcohol abuse c. The need for the health care provider to discuss the risks associated with drinking alcohol, especially when the woman is pregnant d. The difference between binge drinking and problem drinking e. 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 compulsion b. Violent behavior c. Loss of control d. Continued use despite adverse consequences e. All of the above are part of the addictive disease process	5 (III-C)

The public reporting burden of this collection of information is estimated to average 13 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

	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

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)

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(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
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

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	If you are a PROFESSIONAL, please circle the one that best represents your current position: PHYSICIAN 1=OB/GYN 2=Geneticist 3=Pediatrician	If you are a STUDENT OR RESIDENT, please circle all that apply: MEDICAL AND NURSING STUDENTS 1a=Med 1 1b=Med 2
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<p>3=Indiana 4=Ohio 5=North Carolina 6=Minnesota 7=Hawaii 8=Other Specify _____ (8a)</p> <p>Are you Hispanic or Latino(a)? 1=Yes 2=No</p> <p>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</p> <p>Are you a parent/caregiver of a child with FAS/FASD? 1=Yes 2=No</p>	<p>4=Psychiatrist 5=Family Physician 6=Internist</p> <p style="text-align: right;">ne</p> <p>9=Addiction Medicine 10=Physician, other Specify _____ (10a)</p> <p>OTHER MEDICAL 11=Dentist 12=Physician Assistant 13=Nurse (NP, RN, LPN) 14=Other Medical Specify _____ (14a)</p> <p>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)</p> <p>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)</p>	<p>1c=Med 3 1d=Med 4 1e=Clerkship 1f=Preceptorship 2=Nursing 3=Dental</p> <p>ALLIED HEALTH 4=Allied Health (inc. OT/PT SLP/Social Work, Counseling, etc.)</p> <p>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)</p> <p>OTHER STUDENT 16=Pre-doctoral student 17=Graduate Student 18=Undergraduate Student 19=Other Specify _____ (19a)</p>
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THANK YOU!