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

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

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

# E11. Great Lakes FASD Regional Training Center

**FASD Comprehensive Post-Training Evaluation**

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| **Please circle the BEST answer for each of the following:** | **Staff**  **Use Only** |
| The best public health message related to alcohol consumption by women of childbearing age is:   1. Women who know they are pregnant should not consume alcohol. 2. Women who are pregnant or could become pregnant should not consume alcohol. 3. All sexually active women should not consume alcohol. 4. Women of childbearing age should not consume alcohol. 5. Alcohol use, in moderation, is safe for all women. | **1**  (I-C) |
| 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?   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 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) |

*1*

*(over)*

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| **Please circle the BEST answer for each of the following:** | **Staff**  **Use Only** |
| Scientific studies of the effects of alcohol on the fetus have shown that:  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. | **6**  (IV-C)  (I) |
| Although specific deficits experienced by individuals with an FASD vary widely, behavioral deficits are likely to include which of the following:   1. Memory problems, underactivity, and self-injurious behavior 2. Inattention, memory problems, and hyperactivity 3. Particular mannerisms, hoarding, and memory problems 4. Emotion regulation, weight loss, fatigue, irritability 5. Auditory hallucinations, disorganized speech, and flat affect | **7**  (V-C) |
| Which of the following include all three facial abnormalities associated with fetal alcohol syndrome?   1. Low set ears, large palpebral fissures, large forehead 2. Small palpebral fissures, smooth philtrum, thin upper lip 3. Large palpebral fissures, smooth philtrum, thin upper lip 4. Large forehead, flattened cheeks, small palpebral fissures 5. Thin upper lip, distinct philtrum, ectropion | **8**  (V-C) |
| Which of the following is NOT required to confirm a diagnosis of fetal alcohol syndrome (FAS)?   1. Facial dysmorphia 2. Growth retardation 3. Central nervous system (CNS) abnormalities 4. Documentation of prenatal alcohol exposure 5. All of the above are required for a diagnosis of FAS | **9**  (V-C)  (I) |
| A variety of strategies have been found to be effective when working with individuals with an FASD. Which one of the following may not be as effective?   1. Concise, explicit instructions 2. Stable routines 3. Social cues 4. Visual aids 5. Repetition | **10**  (VI-C) |
| Which one of the following statements is NOT correct?   1. Some women expose their fetus to alcohol because of alcohol dependence or addiction. 2. Health providers seek the best outcomes for women and fetuses by efforts to increase foreseeable benefits and minimize foreseeable harms. 3. Most medical societies advocate coercive methods as a first intervention for women who expose a fetus to alcohol. 4. Health providers have an ethical duty to respect their patients. 5. Under certain circumstances health providers cannot guarantee confidentiality. | **11**  (VII-C) |

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**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)

*3*

*(over)*

*3*

*(over)*

**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 |
| TRAINER 3 (NAME) | 1 | 2 | 3 | 4 | 5 |
| TRAINER 4 (NAME) | 1 | 2 | 3 | 4 | 5 |

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| **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!**