Attachment D3. FASD Nursing CIP Follow-up Survey

Personal ID cod	le: First letter of your mother's first name	First digit of your social security number
	Last digit of your social security number	First letter of your mother's maiden name
Fre So Sur Sel	e you in school? eshman phomore nior nior aduate Student ner	
2. Are you Hispa		
Am Asi Bla	ıck /African American tive Hawaiian/other Pacific Islander	
Co Nu So Ad Psy Co Phy Me	current area of study? unseling student rsing student cial work student dictions student ychology student cupational therapy student ysical therapy student eech/language student dicine ner (specify)	

Below are two scenarios that describe alcohol-related behaviors in women. Please read each scenario carefully and respond to the questions that follow regarding the described individual and behavior.

Scenario 1

Over the past few months, Sally has started to drink more than her usual amount of alcohol. In fact, she has noticed that she now needs to drink twice as much in order to get the same effect. Several times she has tried to cut down or stop drinking. However, each time she tried she became very agitated and couldn't sleep so would start drinking and the symptoms would go away. Her family has complained that she is often hung over, moody, and has become unreliable – making plans one day and cancelling them the next. In fact, they report that she frequently calls them while intoxicated and has no memory of the calls or what she promised the next day.

Please respond to the following by circling the number that most closely corresponds to your reaction to this situation.

5. In your opinion, how likely is it that Sally's situation might be caused by	Not at all likely	Not very likely	Neither likely nor unlikely	Somewhat likely	Very likely
her own bad character.	1	2	3	4	5
• a chemical imbalance in her brain.	1	2	3	4	5
• the way she was raised.	1	2	3	4	5
stressful circumstances in her life.	1	2	3	4	5
a genetic or inherited problem.	1	2	3	4	5
• God's will.	1	2	3	4	5

6. On a scale of 1 (Not at all) - 6 (Extremely), how likely would you be to	Not at all likely					Extremely likely
 feel ashamed if people knew someone like Sally was a member of your family? 	1	2	3	4	5	6
be uncomfortable having a conversation with Sally?	1	2	3	4	5	6
be angry with Sally?	1	2	3	4	5	6
believe that Sally's drinking is controllable?	1	2	3	4	5	6
• talk with Sally about her drinking?	1	2	3	4	5	6
feel sorry for Sally?	1	2	3	4	5	6
• think that Sally's drinking is her own fault?	1	2	3	4	5	6
interview Sally for a job if you were an employer?	1	2	3	4	5	6
feel irritated with Sally?	1	2	3	4	5	6
• be likely to help Sally?	1	2	3	4	5	6
• feel sympathy for Sally?	1	2	3	4	5	6
believe that Sally is responsible for her drinking?	1	2	3	4	5	6
rent Sally an apartment if you were a landlord?	1	2	3	4	5	6
be concerned about Sally?	1	2	3	4	5	6
try to stay away from Sally?	1	2	3	4	5	6

Scenario 2

During the past year, Jessica has started to drink more than her usual amount of alcohol. In fact, she has noticed that she now needs to drink twice as much in order to get the same effect. Three months ago, Jessica found out that she is pregnant and her doctor told her she should not drink alcohol during her pregnancy. Jessica has tried but so far has not been able to stop drinking. Some of Jessica's friends told her that when they were pregnant the taste and/or smell of alcohol made them sick. Jessica was hoping that she would have the same reaction, but that has not been the case. Out of concern for Jessica's health and the health of her baby, her family has tried several times to talk with her about it. However, they are telling her that she is being selfish and not behaving in the

best interest of her child. This approach is only increasing how guilty and ashamed Jessica is feeling about not being able to stop. As a result, Jessica has become very secretive about her drinking, sneaking a drink whenever she has a chance.

Please respond to the following by circling the number that most closely corresponds to your reaction to this situation.

7. In your opinion, how likely is it that Jessica's situation might be caused by	Not at all likely	Not very likely	Neither likely nor unlikely	Somewhat likely	Very likely
her own bad character.	1	2	3	4	5
• a chemical imbalance in her brain.	1	2	3	4	5
the way she was raised.	1	2	3	4	5
stressful circumstances in her life.	1	2	3	4	5
 a genetic or inherited problem. 	1	2	3	4	5
• God's will.	1	2	3	4	5

8. On a scale of 1 (Not at all) - 6 (Extremely), how likely would you be to	Not at all					Extremely likely
 feel ashamed if people knew someone like Jessica was a member of your family? 	1	2	3	4	5	6
be uncomfortable having a conversation with Jessica?	1	2	3	4	5	6
be angry with Jessica?	1	2	3	4	5	6
believe that Jessica's drinking is controllable?	1	2	3	4	5	6
talk with Jessica about her drinking?	1	2	3	4	5	6
• feel sorry for Jessica?	1	2	3	4	5	6
• think that Jessica's drinking is her own fault?	1	2	3	4	5	6
• interview Jessica for a job if you were an employer?	1	2	3	4	5	6
• feel irritated with Jessica?	1	2	3	4	5	6
• be likely to help Jessica?	1	2	3	4	5	6
• feel sympathy for Jessica?	1	2	3	4	5	6
 believe that Jessica is responsible for her drinking? 	1	2	3	4	5	6
rent Jessica an apartment if you were a landlord?	1	2	3	4	5	6
be concerned about Jessica?	1	2	3	4	5	6
try to stay away from Jessica?	1	2	3	4	5	6

The following items deal with factors related to fetal alcohol spectrum disorders.

9.	The best public health message related to alcohol consumption by women of childbearing age is
	Women who know they are pregnant should not consume alcohol.
	Women who are pregnant or could become pregnant should not consume alcohol.
	All sexually active women should not consume alcohol.
	Women of childbearing age should not consume alcohol.
	Alcohol use, in moderation, is safe for all women.

10.	An episode of "binge" drinking for women of childbearing age is defined as:
	2 drinks or more per occasion
	3 drinks or more per occasion
	4 drinks or more per occasion
	5 drinks or more per occasion
	6 drinks or more per occasion
11.	Which one of these is NOT considered a standard drink:
	12 ounces of beer
	12 ounces of wine cooler
	5 ounces of wine
	3 ounces of vodka
	All of the above are standard drinks
12.	Which of the following is NOT an essential element of all brief interventions?
	Empathy
	Responsibility
	Advice
	Confrontation
	Feedback
13.	Although specific deficits experienced by individuals with an FASD vary widely, behavioral deficits are likely to include which of
	the following:
	memory problems, underactivity, and self-injurious behavior
	inattention, memory problems and hyperactivity
	particular mannerisms, hoarding, and memory problems
	emotion regulation, weight loss, fatigue, irritability
	auditory hallucinations, disorganized speech, and flat affect
	additory figurations, disorganized specon, and hat affect
14.	Which of the following include all three facial abnormalities associated with fetal alcohol syndrome?
	Low set ears, large eye openings, large forehead
	Small palpebral fissures, smooth philtrum, thin upper lip
	Large palpebral fissures, smooth philtrum, thin upper lip
	Large forehead, flattened cheeks, small eyes
	Thin upper lip, distinct philtrum, ectropion
15.	Which one of the following statements is NOT correct?
	Persons with FASDs may experience problems in school and in getting along with other children.
	Persons with FASDs generally do not need support and services to live and work independently as adults.
	Persons with FASDs can benefit from obtaining an early diagnosis.
	Persons with FASDs may need support and services throughout their lives.
	Persons with FASDs may be at an increased risk for victimization and high risk behaviors.
16.	Which of the following is a safe amount of alcohol for a pregnant woman to consume?
	A standard drink twice a week
	A drink that is less than a standard amount twice a week
	After the first trimester, it is safe to have an occasional standard drink
	It is safe to drink alcohol during the third trimester
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No known amount of alcohol is safe during pregnancy
17. Which of the following are considered protective factors against secondary disabilities associated with FASDs?
Living in stable and nurturing home environments
Early diagnosis (before 6 years of age)
Absence of exposure to violence
Consistency in caregivers
Eligibility for social and educational services
All of the above
18. If there is time to ask non-pregnant women only one alcohol-use screening question, which of the following can be used? Do you get annoyed with people when you drink?
On any single occasion during the past 3 months, have you had more than 4 drinks containing alcohol?
What time of the day do you typically start drinking?
Are you pregnant (because only pregnant women need to be screened for alcohol use)?
None of the above can be used

To what extent to you agree with the following statements?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
19. Lifestyle changes don't occur automatically.	1	2	3	4	5
20. FASD is an umbrella term that covers multiple problems related to prenatal exposure to alcohol	1	2	3	4	5
21. There are no societal costs related to FASDs	1	2	3	4	5
22. Alcohol affects multiple organ systems throughout pregnancy particularly the central nervous system	1	2	3	4	5
23. Only pregnant women need to be screened for alcohol use	1	2	3	4	5
24. There is no safe time, no safe type, and no known safe amount of alcohol that can be consumed during pregnancy	1	2	3	4	5
25. Brief interventions promote reductions in alcohol use among non-dependent individuals	1	2	3	4	5
26. Supportive, non-judgmental counseling can lead to decreased alcohol use during pregnancy	1	2	3	4	5

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27.	Which of the following is NOT reported as an outcome of reserving improved social functioning improved child behavior development of executive functioning and self-regulation increased parental distress improved parenting attitudes		terventions fo	or children with	FASDs?	
28.	Positive responses given to items on the TWEAK or the T-AC a diagnosis of alcoholism. the likelihood that the woman will seek treatment for all the need for the health care provider to discuss the risk is pregnant. the difference between binge drinking and problem drinthe need for immediate admission to a treatment facility.	cohol abuse. ks associated v	vith drinking		ially when	the woman

29.	Alcohol use during pregnancy interferes with the normal proliferation of nerve cells. alters the brain's ability to produce or regulate cell growth, division, and survival. alters the expression of certain genes. alters the pathways of biochemical or electrical signals within cells. All of the above
30.	 Which one of the following statements is NOT correct? Some women expose their fetus to alcohol because of alcohol dependence or addiction. Health providers seek the best outcomes for women and fetuses by efforts to increase foreseeable benefits and minimize foreseeable harms. Most medical societies advocate coercive methods as a first intervention for women who expose a fetus to alcohol. Health providers have an ethical duty to respect their patients. The legal status of fetuses is addressed by federal and state laws.
31.	Which of these is NOT part of the addictive disease process? Craving and compulsion Violent behavior Loss of control Continued use despite adverse consequences All of the above are part of the addictive disease process
32.	Scientific studies of the effects of alcohol on the fetus have shown that: Alcohol has no effect on the development of the fetus in the third trimester. Alcohol can only affect fetal development in the first trimester. A small to moderate amount of alcohol is safest during the second trimester. Of all the different types of alcohol, wine is the safest for a pregnant woman to consume. None of the above is correct.
33.	Which of the following is NOT required to confirm a diagnosis of fetal alcohol syndrome (FAS)? Facial dysmorphia Growth retardation Central nervous system (CNS) abnormalities Documentation of prenatal alcohol exposure All of the above are required for a diagnosis of FAS
38.	Primary health care providers often are reluctant to offer screening and brief intervention for alcohol use among women of childbearing age for the following reasons <i>EXCEPT</i> lack of time a misconception that alcoholics do not respond to primary care interventions a misconception that alcohol use is not a matter that needs to be addressed in the primary care setting extensive time intensive training is required to learn the process of screening and delivering the intervention fear of antagonizing patients over a sensitive personal issue

In this final section, we would like to know about the FASD-CIP.

39.	How have you used the information you received during the FASD-CIP?
40.	Looking back on that experience, were there any areas of the CIP that needed more time / attention / explanation?
41.	What additional comments do you have about the FASD-CIP?
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Thanks for your participation!!!