



E3a

Form Approved  
OMB No. XXXX-XXXX  
Exp. Date xx/xx/xxxx

### Great Lakes FASD Regional Training Center 6-Month Follow-Up Survey: Foundations

Thank you for attending the training on Foundations of FASD 6 months ago. At this training, you gave us permission to email you this follow-up survey. We appreciate your willingness to help us evaluate the effectiveness of the training and its impact on your practice as you address the prevention, identification, and treatment of fetal alcohol spectrum disorders (FASDs).

The survey takes approximately 5 minutes to complete and your responses will be treated confidentially. We encourage you to complete the survey as soon as possible, however, you will have two weeks upon receipt of this email to complete the survey.

Thank you for your participation!

If you have any questions about this survey, please contact Barbara Vardalas, Evaluator, at the Great Lakes FASD Regional Training Center, phone number 608-263-0452 or email at [barbara.vardalas@fammed.wisc.edu](mailto:barbara.vardalas@fammed.wisc.edu).

The public reporting burden of this collection of information is estimated to average 5 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)

---

Survey Completion  
0%  100%

>> Next



**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

To create a non-identifying code used to match pre and post-training surveys, we ask that you enter the following information in the boxes below:

- The first 2 letters of your mother's maiden name
- The 2-digit month of your birthday
- The Last 2-digits of your Social Security Number

First 2 letters of your  
mother's maiden name:

2-digit month of your birth:

Last 2 digits of your social  
security number:

Survey Completion

0%



100%

<< Back

>> Next



**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

The best public health message related to alcohol consumption by women of childbearing age is...

---

- 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.

Survey Completion

0%



100%

<< Back

>> Next





**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.

Survey Completion

0%  100%

<< Back

>> Next



**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

Which of the following is NOT required to confirm a diagnosis of fetal alcohol syndrome (FAS)?

---

- a. Facial dysmorphia
- 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

Survey Completion

0%



100%

<< Back

>> Next

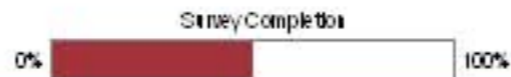


**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

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

---

- 1. Yes
- 2. No

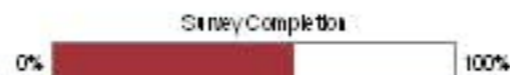


<< Back

>> Next

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?

|  | Not<br>Confident<br>0 | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | Totally<br>Confident<br>10 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| a. Screen women for risky or hazardous drinking                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |
| b. Educate pregnant women about the effects of alcohol on their babies             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |
| c. Conduct brief interventions for reducing alcohol consumption                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |
| d. Utilize resources to refer patients who need formal treatment for alcohol abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |



<< Back >> Next



**WISCONSIN**

UNIVERSITY OF WISCONSIN-MADISON

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

---

- 1. Yes
- 2. No

Survey Completion

0%



100%

<< Back

>> Next



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?

|   | Not<br>Confident<br>0 | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | Totally<br>Confident<br>10 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| a. Identify persons with possible FAS or other prenatal alcohol-related disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |
| b. Diagnose persons with possible FAS or other prenatal alcohol-related disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |
| c. Utilize resources to refer patients for diagnosis and/or treatment services    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |
| d. Manage/coordinate the treatment of persons with FASDs                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      |





**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

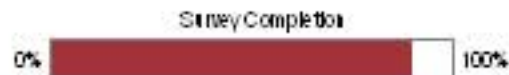
Did you view the podcast that was sent to you as a link in an email prior to completing this survey?

---

- 1. Yes
- 2. No

How did you use the information you received at the training 6 months ago?

---



<< Back

>> Next



**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

We thank you for your time spent taking this survey.  
Your response has been recorded.



Survey Powered By [Qualtrics](#)