



E6a

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

Great Lakes FASD Regional Training Center 6-Month Follow-Up: Screening and Brief Intervention

Thank you for attending the FASD training on Screening and Brief Intervention 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 8 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.

The public reporting burden of this collection of information is estimated to average 8 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
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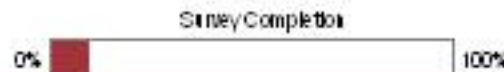
To create a non-identifying code used to match pre and post-training surveys, we ask that you enter the following information in the boxes below:

- 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:



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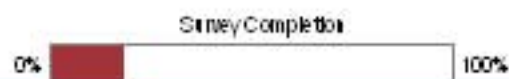
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An episode of binge or risky drinking for women of childbearing age (18-44) is defined as more than ___ standard drinks in about a two hour period:

- a. 2
- b. 3
- c. 4
- d. 5
- e. 6



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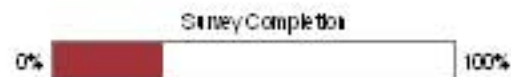
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Which one of these is NOT considered a standard drink?

- 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



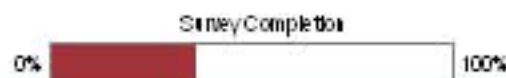
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Positive responses given to items on the TWEAK or T-ACE screening instruments indicate:

- 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



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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



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

- 1. Yes
- 2. No



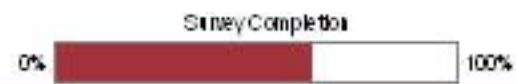
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On a scale of 0 to 10 where 0 means "Not confident in my skills" and 10 means "Totally confident in my skills," how confident are you in your skills to do the following?

	Not Confident	0	1	2	3	4	5	6	7	8	9	Totally Confident
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"/>



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

- 1. Yes
- 2. No

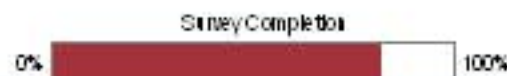


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On a scale of 0 to 10 where 0 means “Not confident in my skills” and 10 means “Totally confident in my skills,” how confident are you in your skills to do the following?

	Not Confident										Totally Confident
	0	1	2	3	4	5	6	7	8	9	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"/>



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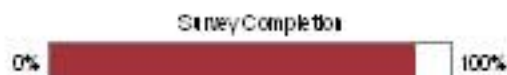


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Did you view the podcast that was sent to you as a link in an email prior to completing this survey?

- 1. Yes
- 2. No

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



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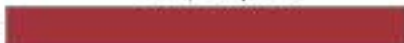


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We thank you for your time spent taking this survey.
Your response has been recorded.

Survey Completion

0%



100%

Survey Powered By [Qualtrics](#)