

**Midwest Regional FASD Training Center – Continuing Education Event
Practice Behaviors/Self-efficacy Post-test**

Email Address: _____

***(Used only for receiving updates. Your information will not be shared)**

1. On a scale from 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)

	<u>Not confident in my skills</u>											<u>Totally confident in my skills</u>
Screen women for risky or hazardous drinking	0	1	2	3	4	5	6	7	8	9		10
Educate pregnant women about the effects of alcohol on their babies	0	1	2	3	4	5	6	7	8	9		10
Conduct brief interventions for reducing alcohol consumption	0	1	2	3	4	5	6	7	8	9		10
Utilize resources to refer patients who need formal treatment for alcohol abuse	0	1	2	3	4	5	6	7	8	9		10

2. On a scale from 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)

	<u>Not confident in my skills</u>											<u>Totally confident in my skills</u>
Identify persons with possible FAS or other prenatal alcohol-related disorders	0	1	2	3	4	5	6	7	8	9		10
Diagnose persons with possible FAS or other prenatal alcohol-related disorders	0	1	2	3	4	5	6	7	8	9		10
Utilize resources to refer patients for diagnosis and/or treatment services	0	1	2	3	4	5	6	7	8	9		10
Manage/coordinate the treatment of persons with FASDs	0	1	2	3	4	5	6	7	8	9		10

3. How will you use the information you received today?

4. What additional information do you need to make changes in your practice related to the prevention, identification, and treatment of FASDs?

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)