



E5a

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

Great Lakes FASD Regional Training Center Post-Training Evaluation: Screening and Brief Intervention

Thank you for participating in the FASD training on Screening and Brief Intervention. Please complete this survey after you attend your training. The survey takes approximately 13 minutes to complete and your responses will be treated confidentially.

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 13 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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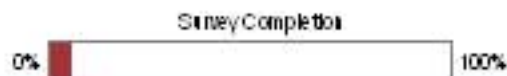
To create a non-identifying code used to match pre and post-training surveys, we ask that you enter the following information in the boxes below:

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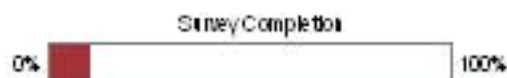
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An episode of binge or risky drinking for women of childbearing age (18-44) is defined as more than ___ standard drinks in about a two hour period:

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



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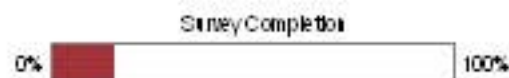
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Which one of these is NOT considered a standard drink?

- 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



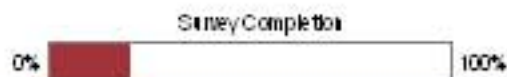
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Positive responses given to items on the TWEAK or T-ACE screening instruments indicate:

- 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



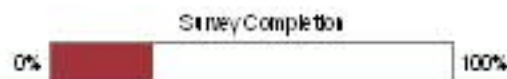
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Which of these is NOT part of the addictive disease process?

- 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



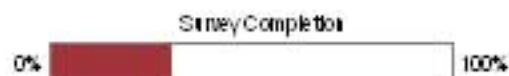
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In your current position, do you provide services to women of childbearing age?

- 1. Yes
- 2. No

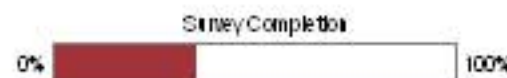


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On a scale of 0 to 10 where 0 means “Not confident in my skills” and 10 means “Totally confident in my skills,” how confident are you in your skills to do the following?

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



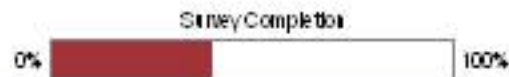
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In your current position, do you provide services to individuals who may be at risk of an FASD?

- 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	0	1	2	3	4	5	6	7	8	9	Totally Confident	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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>



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How will you use the information received today?



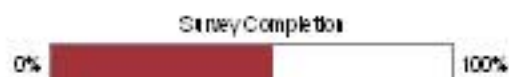
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What additional information do you need to make changes in your practice?



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What additional comments do you have about the FASD training?

Survey Completion

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To what extent do you agree with the following statements?

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
a. The training content will be useful to me professionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The training content increased my awareness & knowledge of the harmful effects of alcohol on the developing fetus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. This training had a positive impact on my level of comfort in discussing issues related to FASDs with my patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The presentation content was culturally relevant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The speaker provided the information in a culturally competent/sensitive manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am satisfied with my experience in this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The instructor seemed knowledgeable about the topics.

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
TRAINER 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRAINER 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRAINER 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey Completion



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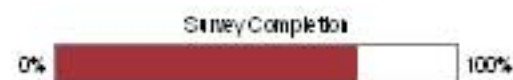
Please Take a Moment to Tell Us About Yourself.

Are You... (select 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 IN BOX BELOW)



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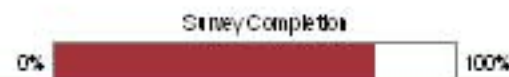


Are you Hispanic or Latino(a)?

- 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



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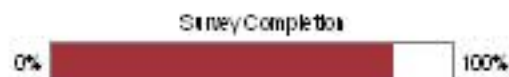
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Are you a parent/caregiver of a child with FAS/FASD?

- 1. Yes
- 2. No

Are you a Professional or Student/Resident? I am a _____

- 1. Professional
- 2. Student or Resident



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If you are a PROFESSIONAL, please select the one that best represents your current position

- 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 IN BOX BELOW)
- 11. Dentist
- 12. Physician Assistant
- 13. Nurse (NP, RN, LPN)
- 14. Other Medical (SPECIFY IN BOX BELOW)
- 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 IN BOX BELOW)
- 24. Public Health
- 25. Special Educator
- 26. Other Educator
- 27. Administrator
- 28. Corrections
- 29. Lawyer/Judge
- 30. Scientist
- 31. Prevention
- 32. Other (SPECIFY IN BOX BELOW)

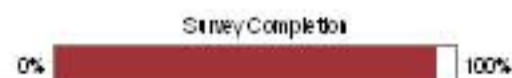
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If you are a STUDENT OR RESIDENT, please select all that apply.

- 1a. Med 1
- 1b. Med 2
- 1c. Med 3
- 1d. Med 4
- 1e. Clerkship
- 1f. Preceptorship
- 2. Nursing
- 3. Dental
- 4. Allied Health (inc. OT/PT/SLP/Social Work, Counseling, etc.)
- 5. OB/GYN Resident
- 6. Genetics Resident
- 7. Pediatric Resident
- 8. Psychiatry Resident
- 9. Family Medicine Resident
- 10. Internal Medicine Resident
- 11. Preventive Medicine Resident
- 12. Occupational Medicine Resident
- 13. Addiction Medicine Resident
- 14. Dental
- 15. Other Resident, (SPECIFY IN BOX BELOW)
- 16. Pre-Doctoral Student
- 17. Graduate Student
- 18. Undergraduate Student
- 19. Other Student, (SPECIFY IN BOX BELOW)



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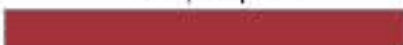
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We thank you for your time spent taking this survey.
Your response has been recorded.

Survey Completion

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