Question Saved (Q13/QID20/QID20)

You have unlocked your survey. When you have finished editing, please $\underline{\mathsf{lock}}$ your survey again.

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	Question Block	Block Options ▼
Q1	Form Approve OMB No. 0920-XXXX Exp. Date XX/XX/20XX	(
	Thank you for completing the training on fetal alcohol spectrum disorders (FASD) about 6 months ago. We would like to invite you to complete this final evaluation 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 FASD.	:
	This survey will take approximately 5 minutes to complete. Your responses will be kept secure and no individually identifiable information will be included. Risks to participating in this survey are minimal and include the risk of your information becoming known to individuals outside the AAP.	
	Your participation is voluntary. You may decline to answer any questions and you have the right to stop the survey at any time.	
	Please submit questions to the project partners at PEHDIC@aap.org.	
	CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN PRA (0920-XXXX).	
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Q2	Unique identifier information (to help us match your previous surveys) First 2 letters of your mother's maiden name: 2-digit month of your birth:	
	Last 2 digits of your social security number:	
Q3	In what State do you practice? Use the drop down menu to find your State.	
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Q4	Fetal Alcohol Spectrum Disorders (FASDs) is an umbrella term describing the range of effects that can occur in an individua who was exposed prenatally to alcohol.	
	○ True	
	○ False	
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wide inner canthal distance Short palpebral fissures Full lips Smooth philtrum Thin upper lip Flaring nares Don't know/unsure Page Break et diagnosis of "neurobehavioral disorder associated with prenatal alcohol exposure" (ND-PAE) as identified in the agnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5): a. Requires recognition of neurocognitive impairment, self-regulation impairment, and deficits in adaptive functioning b. Can be diagnosed without knowledge of confirmed prenatal alcohol exposure c. Includes recognition of the 3 primary morphologic features of prenatal alcohol exposure d. Is the least common manifestation of prenatal alcohol exposure e. All of the above
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hich of the following could indicate that a child may have been exposed to alcohol prenatally?
☐ Growth deficiencies
☐ Clinically significant abnormalities in neuroimaging and/or a history of seizures
☐ Cognitive/developmental deficiencies or discrepancies
Executive function deficits
☐ Delays in gross/fine motor function
□ Problems with self-regulation/self-soothing
☐ Delayed adaptive skills
Confirmed history of alcohol exposure in utero
☐ Don't know/unsure
Page-Break
hich of the following approaches/care strategies is <u>not</u> applicable for children diagnosed with an FASD?
Regularly scheduled follow-up in the medical home to anticipate/address needs across the lifespan.
 Refer child's case to therapist to provide all follow-up and lifelong monitoring because traditional behavioral therapies work best for children with an FASD.
 Evaluation by a psychologist to assess neurocognitive functioning, self-regulation, and adaptive functioning skills.
Medication management for co-occurring conditions as needed to optimize care.
All of the above are applicable approaches/care strategies for children with an FASD.
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Page Break Please check which of the following two statements below best corresponds with your personal viewpoint. Please mark only ONE. Occasional consumption of one standard alcoholic drink per day or less (i.e., 1.5 oz. hard liquor, 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful to the mother or the fetus Pregnant women or women who are trying to become pregnant should completely abstain from consuming alcohol.	t@9Saved (ente (Mark one	rachanca na	or line)				
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		Nev		-	es Usuali		
	a. Inquire routinely about prenatal exposure to alcohol	0		0	0	0	
	b. Identify patient as someone who may have one of the FASDs	0		0	0	0	
	c. Diagnose patient as someone who may have one of the FASD	-	_	_	0	0	
	d. Refer patient for diagnosis and/or treatment for FAS(D)	0		0	0	0	
	e. Manage/coordinate the treatment of patient with FAS(D)	0	0	0	0	0	
	Page B	reak					
Q14	Physicians in my practice consider a diagnosis of one of the FASI	Ds in patie	nts with at l	east one phy	sical. cogni	tive or	
	behavioral feature of prenatal alcohol exposure			,	, 3		
	O Yes						
	○ No						
	O Not sure						
	Page B	reak ·····					
Q15	How confident are you in your skills to do the following? (Mark on-	e response	e per line)				
•		Not at all Confident in my Skills	A Little Confident in my Skills	Moderately Confident in my Skills	Confident in my Skills	Completely Confident in my Skills	
	Inquire about potential prenatal alcohol exposure for pediatric patient	0	0	0	0	0	
	b. Identify persons with possible FAS or other prenatal alcohol-related disorders	0	0	0	0	0	
	c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	0	0	0	0	0	
	d. Utilize resources to refer patients for diagnosis and/or	0	0	0	0	0	
	treatment for FAS(D)		0	0		0	
	e. Manage/coordinate the treatment of persons with FASDs	0	0	0	0	0	
	Page B	reak					
Q16	How willing are you to do the following? (Mark one response per I	ine)					
		Not at all Willing	A Little Willing	Moderately Willing	Willing	Completely Willing	
	Inquire about potential prenatal alcohol exposure for pediatric patient	0	0	0	0	0	
	b. Identify persons with possible FAS or other prenatal alcohol-related	0	0	0	0	0	
	c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	0	0	0	0	0	
	d. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	0	0	0	0	0	
	e. Manage/coordinate the treatment of persons with FASDs	0	0	0	0	0	
	Page B	trook					
Q17	raye b	oun					
—	Is stigma a barrier as you consider assessing for prenatal alcohol	exposure	in your clini	cal practice?			
النسا	O Yes						
	O No						
	<u> </u>						
	Page B	roak					

iest@11\$aved	Q13/QID20/QID20)
-	During the past six months, did you diagnose any children with fetal alcohol syndrome or one of the fetal alcohol spectrum disorders (FASDs)?
	O Yes
	O No
Q19	
	If yes, which diagnostic schema (if any) did you use to support your diagnosis:
	☐ Institute of Medicine criteria
	American Academy of Pediatrics algorithm and/or toolkit
	☐ Digit Diagnostic Code (University of Washington)
	☐ Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
	☐ Other schema (please specify)
	^
	∀
	I did not use any particular schema
	r age bleak
Q20	During the past six months, did you refer any children for FASD assessment?
-	During the past six months, and you reter any children for PASD assessment?
	O Yes
	O No
	Page Break
Q21	
	As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice?
	0 %
	O Yes
	O No
Q22	
-	If yes, describe what change you made:
	Page Break
Q23	
W23	Did you encounter any barriers to making a change in your practice?
	O Yes
	O No
Q24	
	If YES, please describe:
	Page Break
	Page Break

Quest 25aved	(Q13/QID20/QID20)
	Please feel free to comment on your response to any of the questions in this survey.
Q26	
	Thank you for taking the time to answer these questions!
	Page Break