

Question Saved (Q4/QID3/QID3)

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**Q1** Form Approved  
OMB No. 0920-XXX  
Exp. Date XX/XX/20XX

Thank you for completing the training on fetal alcohol spectrum disorders (FASD) a few months ago. We would like to invite you to complete a post-training 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 2 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](mailto:PEHDIC@aap.org).

CDC estimates the average public reporting burden for this collection of information as 2 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:

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**Q3**

In what State do you practice? Use the drop down menu to find your State.

AL ▾

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Q4 Saved Q4/QID3/QID3

How often do you do the following? (Mark one response per line)

	Never	Rarely	Sometimes	Usually	Always
a. Inquire routinely about prenatal exposure to alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Identify patient as someone who may have one of the FASDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnose patient as someone who may have one of the FASDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Refer patient for diagnosis and/or treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Manage/coordinate the treatment of patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q5

During the past three months, did you diagnose any children with one of the fetal alcohol spectrum disorders (FASDs)?

Yes

No

Q6

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

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Q7

During the past three months, did you refer any children for FASD assessment?

Yes

No

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Q8

As a result of participating in the FASD learning activity, did you intend to make a change in your practice?

Yes

No

Q9 Saved Q4/QID3/QID3

If yes, describe what you did differently in practice over the past 3 months:

< [ ] >

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Q10

Did you encounter any barriers to making a change in your practice?

Yes

No

< [ ] >

Q11

If YES, please describe:

[ ]

< [ ] >

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Q12

Thank you for taking the time to complete this survey!

< [ ] >