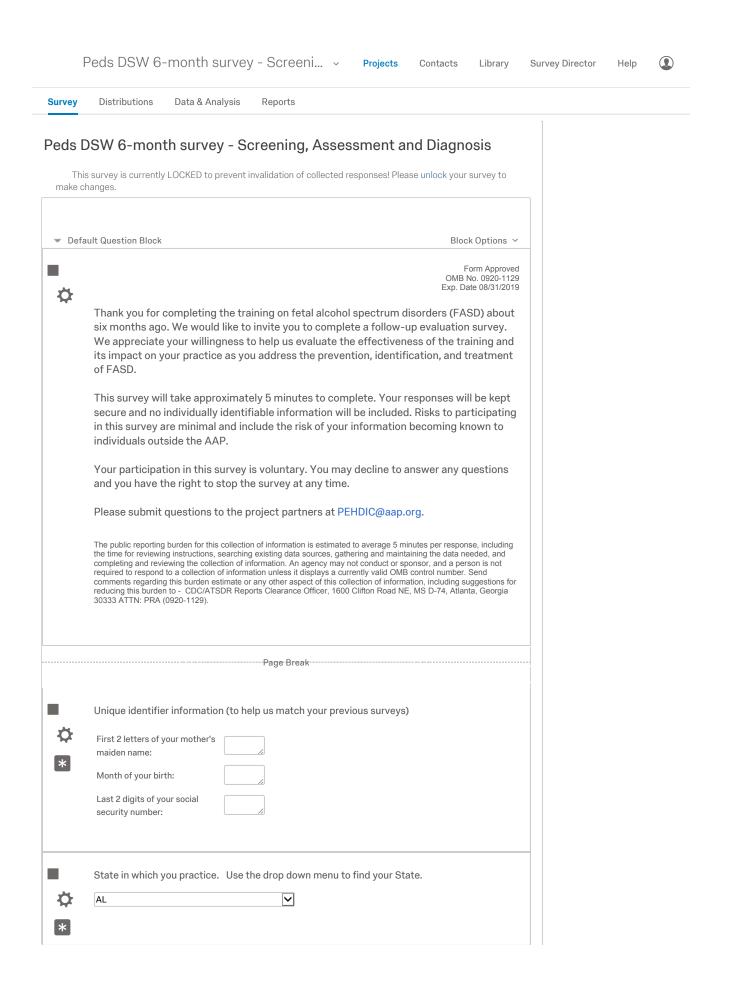
This document contain screenshots for the AAP Six Month Follow Up Training Evaluation Survey.

As noted in the request for approval of non-substantive changes, respondents to this survey see a subset of the questions depending on the training they take prior to receiving the survey. There are three trainings that respondents may take, so there are three "paths" through the survey. Screenshots for these paths are presented separately in this document, as follows:

- 1. Six Month Follow Up Training Survey Path 1 (Training: Screening, Assessment, and Diagnosis)
- 2. Six Month Follow Up Training Survey Path 2 (Training: ND-PAE)
- 3. Six Month Follow Up Training Survey Path 3 (Training: Treatment Across the Lifespan)

AAP Six Month Follow Up Training Evaluation Survey Survey Path 1

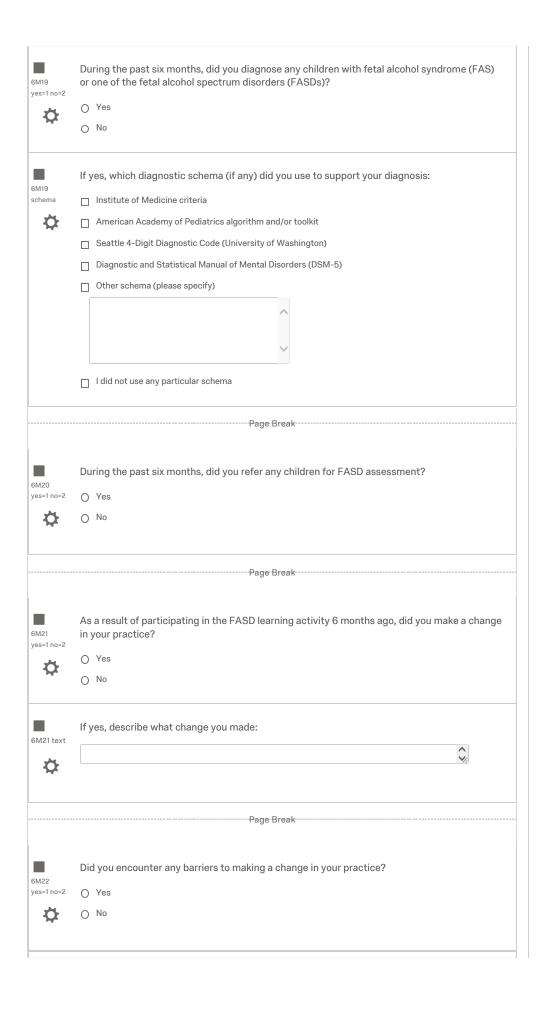
Training: Screening, Assessment, and Diagnosis



	Page Break
6Mk6	Which of the following are the primary facial dysmorphic features associated with fetal alcohol syndrome (FAS)? (Check all that apply)
\Diamond	☐ Wide inner canthal distance
	☐ Short palpebral fissures
	☐ Full lips
	☐ Smooth philtrum
	☐ Thin upper lip
	☐ Flaring nares
	☐ Don't know/unsure
	Page Break
6Mk7	The diagnosis of "neurobehavioral disorder associated with prenatal alcohol exposure" (ND-PAE) as identified in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5):
Per .	 a. Requires recognition of neurocognitive impairment, self-regulation impairment, and deficits in adaptive functioning
	O b. Can be diagnosed without knowledge of confirmed prenatal alcohol exposure
	O c. Includes recognition of the 3 primary morphologic features of prenatal alcohol exposure
	O d. Is the least common manifestation of prenatal alcohol exposure
	e. All of the above
	Page Break
6Mk9	Which 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.
	O 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.
	O 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.
	Page Break

6M10 c,d	To what extent do you agree with the follow	ing stateme	ents? (Ma	irk one res	ponse pe	er row)	
☆			Strongl Disagre	y e Disagree	Neither Agree nor Disagree		Strc Ac
	a. Diagnosis of one of the FASDs may confer a nestigma to a child and/or his or her family	gative	0	0	0	0	(
	b. Diagnosis of one of the FASDs only needs to be for certain populations	considered	0	0	0	0	(
	<					>	
	Page E	3reak					
	In your opinion, how much alcohol is safe to	drink during	ı pregnan	cy?			
6M11						\$	
Q							
	Page-E	Break					
6M12	Please check which of the following two statements personal viewpoint. Please mark only ONE.		ow best o	correspond	ds with yo	our	
‡	Occasional consumption of one standard alcoin 12 oz. of beer or 5 oz. of wine) during pregnand					r,	
	O Pregnant women or women who are trying to from consuming alcohol.	become pregn	ant should	completely	abstain		
	Page E	Break					
6M13 b, e, l	To what extent do you agree with the follow pregnancy? (Mark one response per row)	ving stateme	ents abou	t alcohol c	onsumpt	ion durir	ng
\tilde{\	Alcohol consumption during pregnancy						
		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strong Agree	-
	a. Is more prevalent in women with higher incomes	0	0	0	0	0	
	b. Is more prevalent in women with higher levels of education	0	0	0	0	0	
	c. Does not vary between ethnic or racial groups	0	0	0	0	0	
	Danie I) l.					
	Page E	эгеак					

a, b,		ponse pe	,, ,,,,			
u, <i>u</i> ,		Never	Rarely	Sometimes	Usually	Always
Þ	a. Inquire routinely about prenatal exposure to alcohol	0	0	0	0	0
	b. Identify patient as someone who may have one of the FASDs	0	0	0	0	0
	c. Diagnose patient as someone who may have one of the FASDs	0	0	0	0	0
	d. Refer patient for diagnosis and/or treatment services	0	0	0	0	0
	Page Break					
a, b,	How confident are you in your skills to do the follow	wing? (N	1ark one	e response į	per row)	
>		Not at Confid in m	ent Con y in	Little fident Mode my Confi kills in my	dent	onfident in my Skills
	a. Inquire about potential prenatal alcohol exposure for pediatric patient	0		0 (0
	b. Identify persons with possible FAS or other prenatal alcohol-related disorders	0		0 (0
	c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	0		0 (0
	Page Break					
a, b,	How willing are you to do the following? (Mark one	Not at	А			Complet
a, b,		Not at	А	ow) Moderately Willing	Willing	
a, b,		Not at	A Little	Moderately		
aa, b,	How willing are you to do the following? (Mark one as a linguire about potential prenatal alcohol exposure for	Not at all Willing	A Little Willing	Moderately Willing	Willing	Willing
a, b,	How willing are you to do the following? (Mark one a. Inquire about potential prenatal alcohol exposure for pediatric patient b. Identify persons with possible FAS or other prenatal	Not at all Willing	A Little Willing	Moderately Willing	Willing	Willing
aa, b,	a. Inquire about potential prenatal alcohol exposure for pediatric patient b. Identify persons with possible FAS or other prenatal alcohol-related c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	Not at all Willing	A Little Willing	Moderately Willing O O	Willing O O	Willing
no=2	a. Inquire about potential prenatal alcohol exposure for pediatric patient b. Identify persons with possible FAS or other prenatal alcohol-related c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	Not at all Willing	A Little Willing	Moderately Willing O O	Willing O O	0



6M22 text	If YES, please describe:
	Page Break
6M23	Please feel free to comment on your response to any of the questions in this survey.
*	Thank you for taking the time to answer these questions!
	Page Break
	Add Block



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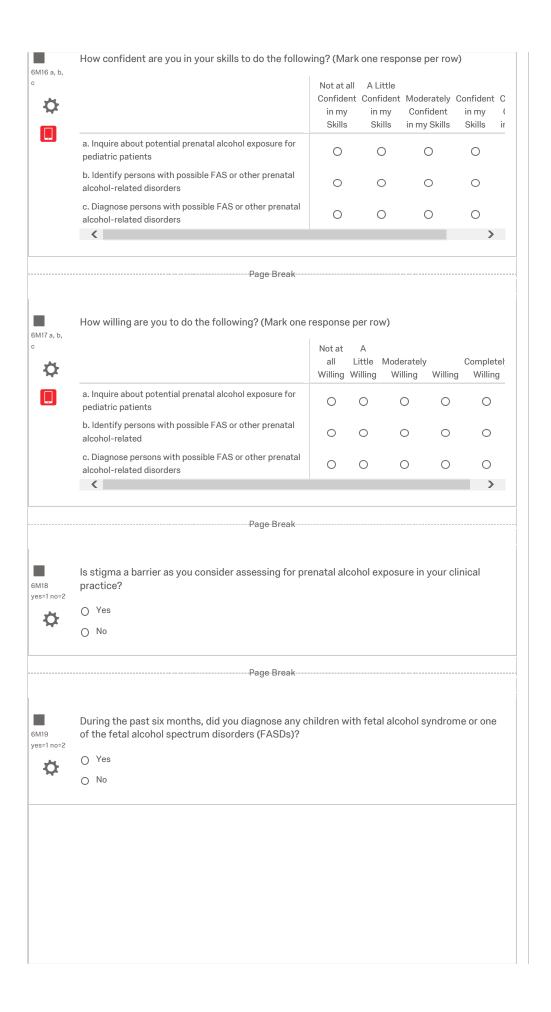
AAP Six Month Follow Up Training Evaluation Survey Survey Path 2

Training: ND-PAE

Survey			
	Distributions Data & Analysis Reports	1	
Peds D	SW 6-month survey - ND-PAE		
	survey is currently LOCKED to prevent invalidation of collected responses! Please unlock your survey to		
make ch	anges.		
▼ Defa	alt Question Block Block Options >		
	Form Approved OMB No. 0920-1129 Exp. Date 08/31/2019		
*	Thank you for completing the training on fetal alcohol spectrum disorders (FASD) about 6 months ago. We would like to invite you to complete a follow-up 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 in this survey 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.		
	The public reporting burden for this collection of information as 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 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 (0920-1129).		
	Page Break		
	Unique identifier information (to help us match your previous surveys)		
*	First 2 letters of your mother's maiden name:		
	Month of your birthday:		
	Last 2 digits of your social security number:		

_	State in which you practice. Use the drop down menu to find your State.
₽	AL 🔻
*	
	Page Break
1k6	Which of the following are the primary facial dysmorphic features associated with fetal alcohol syndrome (FAS)? (Check all that apply)
♦	☐ Wide inner canthal distance
	☐ Short palpebral fissures
	☐ Full lips
	☐ Smooth philtrum
	☐ Thin upper lip
	☐ Flaring nares
	☐ Don't know/unsure
1k7	The diagnosis of "neurobehavioral disorder associated with prenatal alcohol exposure" (ND-PAE) as identified in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5):
₩	 a. Requires recognition of neurocognitive impairment, self-regulation impairment, and deficits in adaptive functioning
	O b. Can be diagnosed without knowledge of confirmed prenatal alcohol exposure
	O c. Includes recognition of the 3 primary morphologic features of prenatal alcohol exposure
	O d. Is the least common manifestation of prenatal alcohol exposure
	O e. All of the above
	Page Break
 1k9	Which 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.
	O All of the above are applicable approaches/care strategies for children with an FASD.
	Page Break

Alcohol consumption during pregnancy Neither Agree Strongly nor Disagree Disagree Disagree Agree Strongly nor Disagree Disagree Disagree Agree Strongly nor Disagree Disagree Disagree Agree Strongly Disagree Disagree Disagree Agree Strongly Disagree Disagree Disagree Agree Neither Agree Strongly nor Disagree Disagree Disagree Agree Neither Agree Strongly nor Disagree Disagree Disagree Disagree Disagree Disagree Disagree Agree	0, 0	To what extent do you agree with the follow	ing statem	ents? (Mai	k one resp	oonse pei	row)	
stigma to a child and/or his or her family b. Diagnosis of one of the FASDs only needs to be considered for certain populations Page Break In your opinion, how much alcohol is safe to drink during pregnancy? Page Break Page Break Page Break Page Break Page Break O 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 O Pregnant women or women who are trying to become pregnant should completely abstain from consuming alcohol. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Neither Agree nor	>					Agree nor	Agree	Str Aç
In your opinion, how much alcohol is safe to drink during pregnancy? In your opinion, how much alcohol is safe to drink during pregnancy? 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. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Neither			ative	0	0	0	0	
In your opinion, how much alcohol is safe to drink during pregnancy? Page Break 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 who are trying to become pregnant should completely abstain from consuming alcohol. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Neither			considered	0	0	0	0	
In your opinion, how much alcohol is safe to drink during pregnancy? 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. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor		<						>
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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. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor							Ç,	
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. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor	,X							
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. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor		Page R	reak					
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. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Neither		. 490 5	· oan					
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. Page Break To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor			tements be	low best o	orrespond	ls with yo	our	
To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor	*	•		-			r,	
To what extent do you agree with the following statements about alcohol consumption pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor		~	ecome pregi	nant should	completely	abstain		
pregnancy? (Mark one response per row) Alcohol consumption during pregnancy Neither Strongly Agree nor		Page Bi	reak					
Neither Strongly Agree nor			ing statem	ents about	alcohol c	onsumpt	ion dur	ing
Strongly Agree nor	*	Alcohol consumption during pregnancy						
]			Disagree	Agree nor	Agree	Stron Agre	
a. Is more prevalent in women with higher incomes			0	0	0	0	0	
b. Is more prevalent in women with higher levels of education			0	0	0	0	0	
c. Does not vary between ethnic or racial groups		-	0	0	0	0	0	



6M19	If yes, which diagnostic schema (if any) did you use to support your diagnosis:
schema	☐ Institute of Medicine criteria
₽	☐ American Academy of Pediatrics algorithm and/or toolkit
	Seattle 4-Digit Diagnostic Code (University of Washington)
	☐ Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
	Other schema (please specify)
	Ų.
	☐ I did not use any particular schema
	Page Break
	During the past six months, did you refer any children for FASD assessment?
6M20	
yes=1 no=2	O Yes
Q	O No
	Page Break
_	As a result of a patie in attention in the FACD to arrive a still its Consent to a result of the consent of the
6M21	As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice?
yes=1 no=2	O Yes
₩	O No
_	
6M21 text	If yes, describe what change you made:
275	Ç
14	
	Page Break
	Did you encounter any barriers to making a change in your practice?
6M22	
yes=1 no=2	O Yes
D:	O No
_	If VES, places describe:
6M21 text	If YES, please describe:
Đ.	
₩	
	Page Break

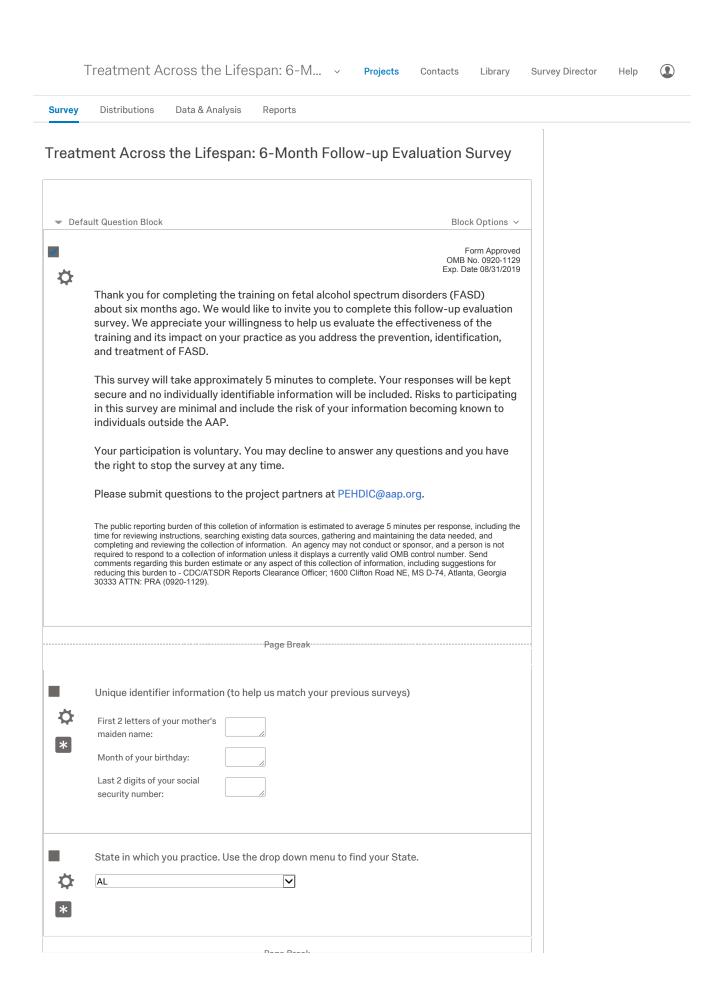
6M23	Please feel free to comment on your response to any of the questions in this survey.	
■	Thank you for taking the time to answer these questions!	
	Page Break	
	Add Block	



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AAP Six Month Follow Up Training Evaluation Survey Survey Path 3

Training: Treatment Across the Lifespan



	Which of the following approaches/care strategies with an FASD?	is <u>not</u>	appli	cable for	chil	dren dia	gnose	d	
•	 Regularly scheduled follow-up in the medical home to a lifespan. 	anticipa	ate/ad	dress nee	ds ac	ross the			
	 Refer child's case to therapist to provide all follow-up a traditional behavioral therapies work best for children v 		_	_	beca	use			
	 Evaluation by a psychologist to assess neurocognitive adaptive functioning skills. 	functio	ning, s	elf-regula	ation,	and			
	O Medication management for co-occurring conditions a	s need	ed to o	ptimize c	are.				
	All of the above are applicable approaches/care strateg	gies for	childr	en with a	n FAS	SD.			
	Page Break								
;	To what extent do you agree with the following star	temen	t.						
						Neither Agree			
•			Stroi			nor		St	t
			Disaç	gree Disa	gree	Disagre	e Agre	e A	Δ
	a. Diagnosis of one of the FASDs may confer a negative		C) (\sim	0	\circ		
	stigma to a child and/or his or her family		_	`	_	0			
	Page Break How often do you do the following?							>	
	Page Break			er Rarely			Jsually		
	How often do you do the following? a. Manage/coordinate the treatment of patient						Jsually		v
•	How often do you do the following?		Neve	or Rarely		netimes (Jsually O		v (
	How often do you do the following? a. Manage/coordinate the treatment of patient		Neve	er Rarely O	Som	netimes (Jsually		V ()
P	How often do you do the following? a. Manage/coordinate the treatment of patient		Neve	or Rarely	Som	netimes (0		v C
е	Page Break How often do you do the following? a. Manage/coordinate the treatment of patient Page Break Page Break	ving? (Not Conf	Neve	or Rarely	Som	e per line	e)	Alw (
	Page Break How often do you do the following? a. Manage/coordinate the treatment of patient Page Break Page Break	ving? (Not Conf	Neve	one resp A Little Confiden	Som	e per line	e) Confid	Alw (-
	A. Manage/coordinate the treatment of patient Page Break Page Break Page Break Page Break A. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D) b. Manage/coordinate the treatment of persons with FASDs	ving? (Not Conf in Sk	Mark Mark at all ident my ills	one resp A Little Confiden in my Skills	Som	e per line	e) Confid in m Skill	Alw (
	A. Manage/coordinate the treatment of patient Page Break Page Break A. Manage/coordinate the treatment of patient Page Break Page Break A. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D) b. Manage/coordinate the treatment of persons with	ving? (Not Conf in Sk	Neve O	one resp A Little Confiden in my Skills	Som	e per line derately onfident my Skills	e) Confid in m Skill	Alw (
	A. Manage/coordinate the treatment of patient Page Break Page Break Page Break Page Break A. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D) b. Manage/coordinate the treatment of persons with FASDs	ving? (Not Confi in Sk	Mark at all lident my lills	one resp A Little Confiden in my Skills	Som	e per line derately onfident my Skills	e) Confid in m Skill	Alw (

Not at A	0147	How willing are you to do the following? (Mark one	respons	e per lir	ne)		
and/or treatment for FAS(D) b. Manage/coordinate the treatment of persons with FASDe Page Break As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice? Ves No No If yes, describe what change you made: Page Break Did you encounter any barriers to making a change in your practice? Ves No Page Break Page Break Page Break Page Break Page Break TYES, please describe: Page Break Page Break Page Break Thank you for taking the time to answer these questions!			all	Little	-		Completel Willing
Page Break As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice? Yes No No If yes, describe what change you made: Page Break Page Break Page Break If YES, please describe: MY 2			0	0	0	0	0
As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice? Yes No Page Break Page Break Page Break Page Break If yes, describe what change you made: Page Break Thank you for taking the time to answer these questions!			0	0	0	0	0
As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice? Yes No No If yes, describe what change you made: Page Break Did you encounter any barriers to making a change in your practice? Yes No No Page Break If YES, please describe: Page Break Page Break If YES, please describe: Page Break Thank you for taking the time to answer these questions!		<					>
in your practice? Yes No If yes, describe what change you made: Page Break Page Break Did you encounter any barriers to making a change in your practice? Yes No No If YES, please describe: Page Break Page Break Thank you for taking the time to answer these questions!		Page Break					
in your practice? Yes No If yes, describe what change you made: Page Break Page Break Did you encounter any barriers to making a change in your practice? Yes No No If YES, please describe: Page Break Page Break Thank you for taking the time to answer these questions!							
If yes, describe what change you made: Page Break Page Break			tivity 6 n	nonths	ago, did yo	u make	a change
If yes, describe what change you made: Page Break Did you encounter any barriers to making a change in your practice? No Yes No No Page Break Page Break Page Break Thank you for taking the time to answer these questions!	Ċ.	O Yes					
Page Break Page Break Did you encounter any barriers to making a change in your practice? Yes No No Page Break Page Break Page Break Thank you for taking the time to answer these questions!		O No					
Page Break Did you encounter any barriers to making a change in your practice? Yes No No If YES, please describe: Page Break Page Break Page Break Thank you for taking the time to answer these questions!	—	If yes, describe what change you made:					
Did you encounter any barriers to making a change in your practice? Yes No No If YES, please describe: Page Break Page Break Page Break Thank you for taking the time to answer these questions!						(> /2
Did you encounter any barriers to making a change in your practice? Yes No No If YES, please describe: Page Break Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback.	*						
Did you encounter any barriers to making a change in your practice? Yes No No If YES, please describe: Page Break Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback.							
Manual Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback. Thank you for taking the time to answer these questions! Thank you for taking the time to answer these questions!		Page Break					
Page Break Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback. Thank you for taking the time to answer these questions!		O Yes	in your	practice	9?		
Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback. Thank you for taking the time to answer these questions!	SM21 text	If YES, please describe:					
Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback. Thank you for taking the time to answer these questions!	Ö						
Please feel free to comment on your response to any of the questions in this survey or provide any additional feedback. Thank you for taking the time to answer these questions!							
any additional feedback. Thank you for taking the time to answer these questions!		Page-Break					
any additional feedback. Thank you for taking the time to answer these questions!							
Thank you for taking the time to answer these questions!	6M23		ny of the	questi	ons in this s	survey o	or provide
	\$						
	■ Ö:	Thank you for taking the time to answer these que	stions!				
	*4						

Add Block	



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