This document contain screenshots for the **AAP Post-Training Evaluation Survey**.

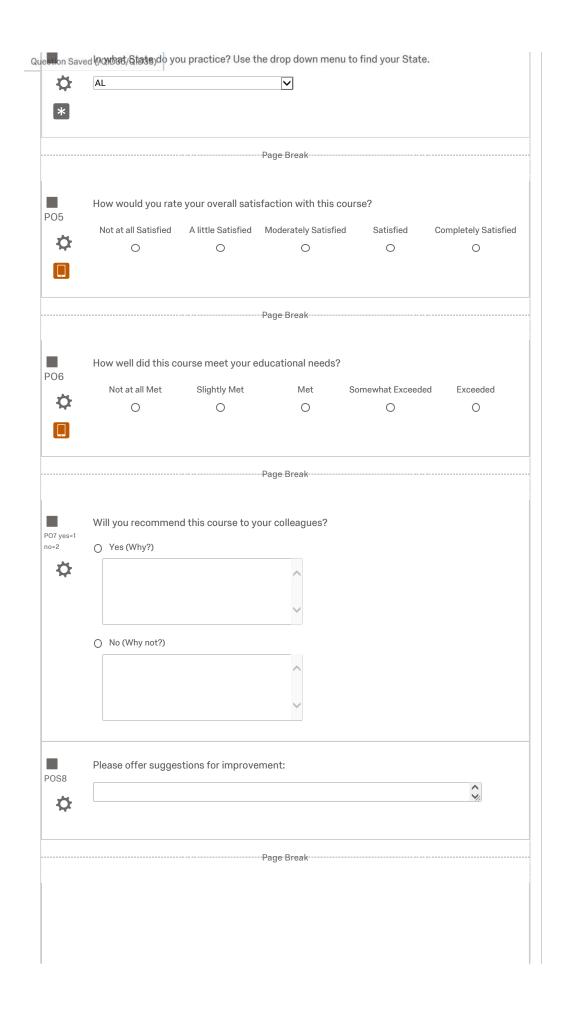
As noted in the request for approval of non-substantive changes, respondents to this survey see a subset of the questions depending on the training they take prior to receiving the survey. There are three trainings that respondents may take, so there are three "paths" through the survey. Screenshots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

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

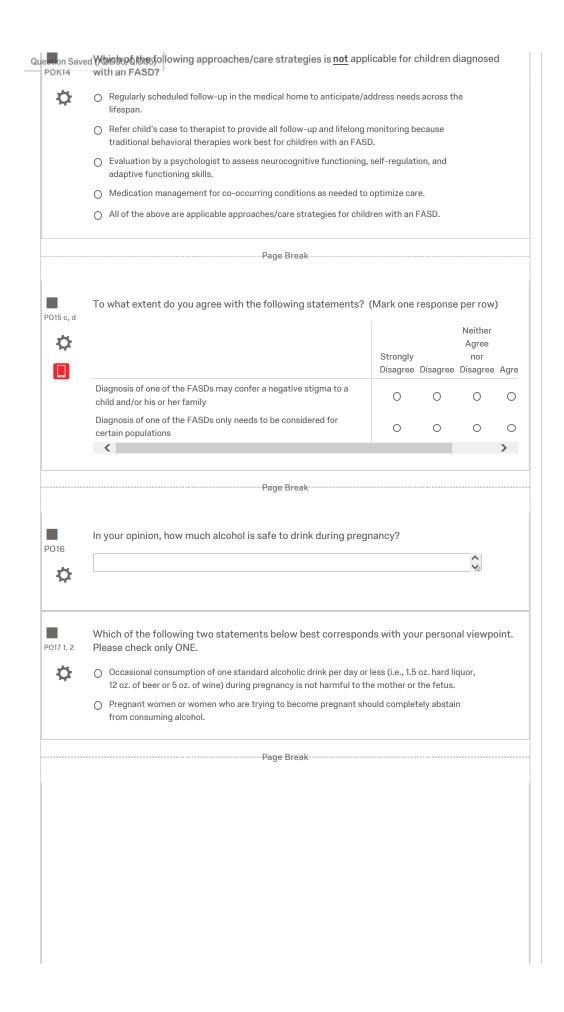
AAP Post-Training Evaluation Survey Survey Path 1

Training: Screening, Assessment, and Diagnosis

Question Saved (/QID35/QID35) Peds DSW Post-Training Evaluation... **Projects** Contacts Library Survey Director Survey Distributions Data & Analysis Reports Peds DSW Post-Training Evaluation Survery - Screening, Assessment and Diagnosis This survey is currently LOCKED to prevent invalidation of collected responses! Please unlock your survey to make changes. Default Question Block Block Options ~ Form Approved OMB No. 0920-1129 Ö Exp. Date 08/31/2019 Thank you for competing the training on fetal alcohol spectrum disorders (FASD). 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 5 minutes to complete. Your responses will be kept secure and no individually identifying information will be included. Risks to participating in this survey are minimal and include the risk of you information becoming known to individuals outside the AAP. Your participation in this survey is voluntary. You may decline to answer any question and you have the right to stop Please submit questions to the project partners at PEHDIC@aap.org. 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 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 pre- and post-training surveys). First 2 letters of your mother's maiden name: 2-digit month of your birth: Last 2 digits of your social security number:



‡		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
	Describe the diagnostic criteria and approaches for diagnosis for each condition along the continuum of FASDs, including ARND, ND-PAE, FAS, pFAS, and ARBD.	0	0	0	0	0	
	Distinguish major physical and neurobehavioral features for differential diagnosis of FASDs from other genetic and behavioral disorders as well as relevant comorbidities.	0	0	0	0	0	
	Explain the importance of screening every patient for a history of prenatal alcohol exposure at birth and during their first clinic visit.	0	0	0	0	0	
		Page Brea	{				
OK11	Which of the following are the prin alcohol syndrome? (Check all that		smorphic fe	atures assoc	ciated with	fetal	
Ö	☐ Wide inner canthal distance						
	☐ Short palpebral fissures						
	— ☐ Full lips						
	☐ Smooth philtrum						
	Thin upper lip						
	Flaring nares						
	☐ Don't know/unsure						
		Page Break	(
OK12	The diagnosis of "neurobehavioral PAE)" as identified in the Diagnost (DSM-5):						
*	 a. Requires recognition of neurocog in adaptive functioning 	nitive impairm	ent, self-regu	ation impairme	ent, and defi	cits	
	O b. Can be diagnosed without knowledge	_					
	O c. Includes recognition of the 3 primary morphologic features of prenatal alcohol exposure						
	O d. Is the least common manifestation	on of prenatal a	lcohol exposu	re			
	e. All of the above						
		D B	<i>(</i>				
		Page Brea	\				



	Alcohol consumption during pregnancy					
		Strongl ₂ Disagre	y e Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	Is more prevalent in women with higher incomes	0	0	0	0	0
	Is more prevalent in women with higher levels of education	0	0	0	0	0
	Does not vary between ethnic or racial groups	0	0	0	0	0
	Page Break					
019 a, b,	How confident are you in your skills to do the follow	ving? (Ma	ırk one res	ponse pe	er row)	
‡		Not at a Confider in my Skills	II A Little nt Confiden in my Skills		ent	onfident (in my Skills
	a. Inquire about potential prenatal alcohol exposure for pediatric patients	0	0	0		0
	b. Identify persons with possible FAS or other prenatal alcohol-related disorders	0	0	0		0
	c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	0	0	0		o >
	How willing are you to do the following? (Mark one					
Q19 ‡	The Willing are you to do the following. (mark one	Not at	A little Mo		Willing	Complete Willing
	a. Inquire about potential prenatal alcohol exposure for pediatric patients	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
	Page Break					
	As a result of participating in this learning activity, practice?	do you in	tend to ma	ake chan	ge in y	our
021 yes=1 o=2						
-	O Yes					

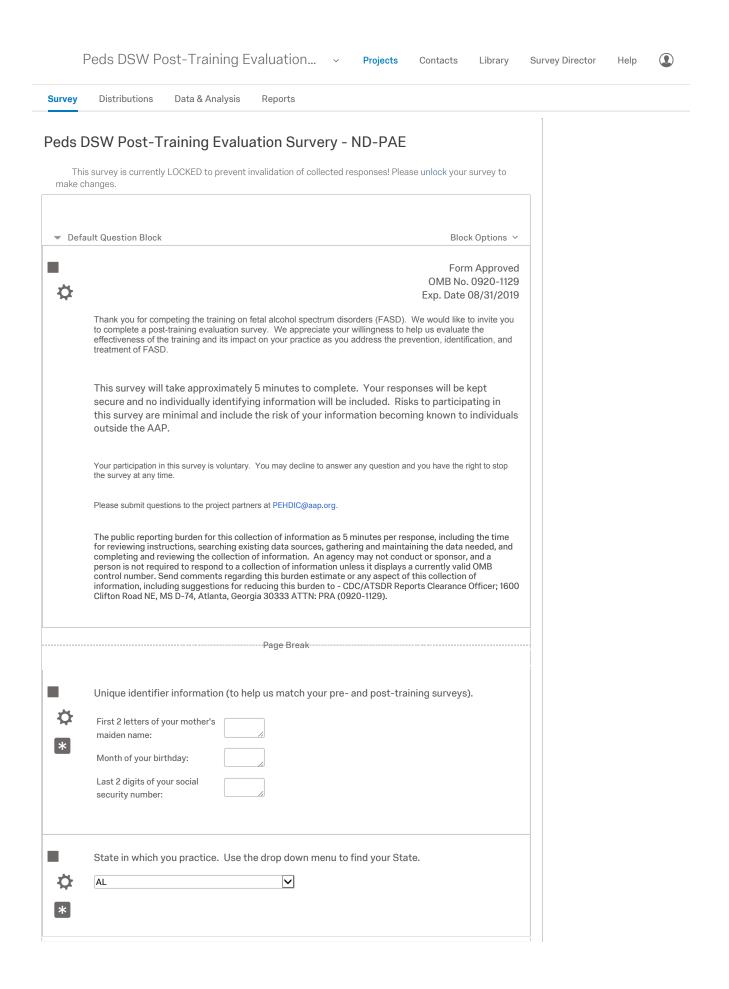
Ģ		Ç,
	Page Break	
	Do you feel a commercial product, device, or service was inappropriately promo educational content?	ted in the
2 1 no=2	Yes (please comment)	
\$, so questo sommony	
	y	
	O No	
3	Please feel free to comment on your response to any of the questions in this sur	vey or prov
	any feedback.	
\$		Ŷ"
	Page Break	
	· -g···	
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	Please Take a Moment to Tell Us About Yourself.	
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>		
>		
>		
\$ \$	Please Take a Moment to Tell Us About Yourself. Are You (select one)	
\$ \$	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male	
*	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male	
*	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female	
\$	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female	
\$ \$	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender	
>	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender	
>	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender	
*	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender Page Break With what racial or cultural group(s) do you identify yourself? (Mark all that app	
>	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender Page Break With what racial or cultural group(s) do you identify yourself? (Mark all that app White, non-Hispanic/Latin@ Hispanic/Latin@	
>	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender Page Break With what racial or cultural group(s) do you identify yourself? (Mark all that app White, non-Hispanic/Latin@ Hispanic/Latin@	
>	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender Page Break With what racial or cultural group(s) do you identify yourself? (Mark all that app White, non-Hispanic/Latin@ Hispanic/Latin@ Black/African American, non-Hispanic/Latin@	
>	Please Take a Moment to Tell Us About Yourself. Are You (select one) 1. Male 2. Female 3. Transgender Page Break With what racial or cultural group(s) do you identify yourself? (Mark all that app White, non-Hispanic/Latin@ Hispanic/Latin@ Black/African American, non-Hispanic/Latin@ Asian	

O Developmental/behavioral pediatrician O Geneticist O Other pediatric sub-specialty (Specify) Family Physician O Other (Specify) Page Break Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, 3-10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural	I ⇔	What year did you complete or will you complete your training:
O Developmental/behavioral pediatrician O Geneticist O Other pediatric sub-specialty (Specify) Family Physician O Other (Specify) Page Break Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, 3-10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		Are you, or will you be a:
Geneticist Other pediatric sub-specialty (Specify) Family Physician Other (Specify) Page Break Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, >10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural	Q	O Primary care pediatrician
O Other pediatric sub-specialty (Specify) Family Physician Other (Specify) Page Break Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, >10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Developmental/behavioral pediatrician
Other (Specify) Page Break Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, >10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Geneticist
Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, >10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Other pediatric sub-specialty (Specify)
Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, 3-10 pediatricians Pediatric group practice, 3-10 pediatricians Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Family Physician
Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response. Self-employed solo practice Two physician practice Pediatric group practice, 3-10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Other (Specify)
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Self-employed solo practice Two physician practice Pediatric group practice, 3-10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural	I ⇔	
Pediatric group practice, 3-10 pediatricians Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural	-	O Self-employed solo practice
Pediatric group practice, >10 pediatricians Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Two physician practice
Multispecialty group practice Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Pediatric group practice, 3-10 pediatricians
Health maintenance organization (staff model) Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Pediatric group practice, >10 pediatricians
Medical school or parent university Non-profit community health center Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		Multispecialty group practice
O Non-profit community health center O Non-government hospital or clinic O City/county/state government hospital or clinic O US government hospital or clinic O Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city O Urban, not inner city O Suburban O Rural		Health maintenance organization (staff model)
Non-government hospital or clinic City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		Medical school or parent university
City/county/state government hospital or clinic US government hospital or clinic Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		Non-profit community health center
Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		Non-government hospital or clinic
O Other (Specify) Page Break Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		City/county/state government hospital or clinic
Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O US government hospital or clinic
Please describe the community in which your primary practice/position is located? Urban, inner city Urban, not inner city Suburban Rural		O Other (Specify)
Urban, inner city Urban, not inner city Suburban Rural		Page Break
Urban, not inner city Suburban Rural		Please describe the community in which your primary practice/position is located?
Urban, not inner city Suburban Rural	₽	O Urban, inner city
O Rural	•	O Urban, not inner city
		O Suburban
Thank you for taking the time to answer this survey!		O Rural
		Thank you for taking the time to answer this survey!

Question Saved (/QID35/QID35)	Add Block	
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AAP Post-Training Evaluation Survey Survey Path 2

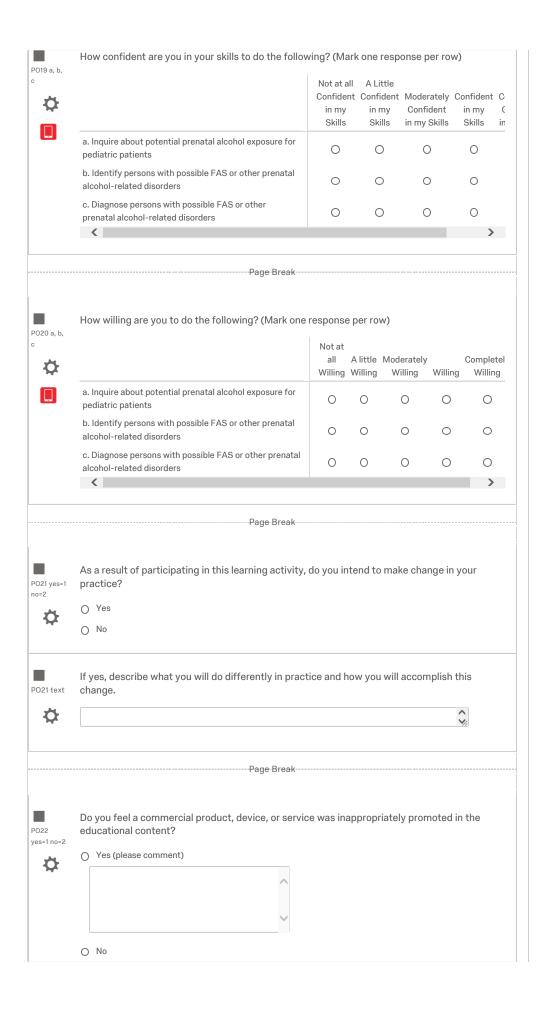
Training: ND-PAE



			Page Break		
P05	How would you rate	your overall satis	sfaction with this co	ourse?	
☆	Not at all Satisfied	A little Satisfied	Moderately Satisfied	Satisfied O	Completely Satisfied O
			-Page Break		
P06	How well did this co	ourse meet your e	ducational needs?		
⇔	Not at all Met	Slightly Met	Met O	Somewhat Exceeded	Exceeded
			-Page Break		
P07 yes=1 no=2	Will you recommend Yes (Why?) No (Why not?)	d this course to y	our colleagues?		
POS8	Please offer sugges	tions for improve	ment:		\$
₩					
			-Page Break		

P09 n, q	To what extent do you agree the fresponse per row)	ollowing educ	ational obje	ectives were i	met? (Mar	k one
*		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	a. Explain the importance of screening every patient for a history of prenatal alcohol exposure at birth and during their first clinic visit.	0	0	0	0	0
	b. Name the 4 diagnostic criteria for ND-PAE.	0	0	0	0	0
		Page Break	k			
POK11	Which of the following are the prir alcohol syndrome? (Check all that		smorphic fe	eatures assoc	iated with	fetal
₽.	☐ Wide inner canthal distance					
. •	☐ Short palpebral fissures					
	☐ Full lips					
	☐ Smooth philtrum					
	Thin upper lip					
	☐ Flaring nares					
	☐ Don't know/unsure					
		Page Brea	k			
POK12	The diagnosis of "neurobehavioral PAE)" as identified in the Diagnost (DSM-5):					
₩.	a. Requires recognition of neurocog in adaptive functioning	nitive impairm	ent, self-regu	lation impairme	ent, and defi	cits
	O b. Can be diagnosed without knowle	edge of confirm	ned prenatal a	lcohol exposur	е	
	O c. Includes recognition of the 3 prin	nary morpholog	ic features of	prenatal alcoh	ol exposure	
	O d. Is the least common manifestation	on of prenatal a	lcohol exposu	ire		
	O e. All of the above					
		Page Breal	k			
POK14	Which of the following approaches with an FASD?	s/care strateç	gies is <u>not</u> a	pplicable for	children di	agnosed
❖	Regularly scheduled follow-up in the lifespan.	e medical home	e to anticipate	e/address need	ls across the	•
	O Refer child's case to therapist to pr traditional behavioral therapies wor			-	ecause	
	 Evaluation by a psychologist to ass adaptive functioning skills. 	ess neurocogni	tive functioni	ng, self-regulat	tion, and	
	Medication management for co-oc	curring conditio	ns as needed	to optimize ca	re.	
	O All of the above are applicable appr	oaches/care st	rategies for c	hildren with an	FASD.	

	To what autom do you are a with the fall aving a sta	t	(Maulcan			
s, d	To what extent do you agree with the following sta	tements?	Strongl		Neit Agr	her ee or
	a. Diagnosis of one of the FASDs may confer a negative st child and/or his or her family	igma to a	0	0	C	
	b. Diagnosis of one of the FASDs only needs to be consider certain populations	ered for	0	0	C) C
	Page Break					
	In your opinion, how much alcohol is safe to drink o	luring pregi	nancy?			
•					Ş	
*						
, 2	Which of the following two statements below best Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become	nk per day or harmful to th	less (i.e., 1	.5 oz. hard or the fetu	liquor, s.	wpoint.
, 2	Please check only ONE. O Occasional consumption of one standard alcoholic drin	nk per day or harmful to th pregnant sho	less (i.e., 1 le mother o	.5 oz. hard or the fetu letely abst	liquor, s. ain	wpoint.
, 2	Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become from consuming alcohol. Page Break— To what extent do you agree with the following stapregnancy? (Mark one response per row)	nk per day or harmful to th pregnant sho	less (i.e., 1	.5 oz. hard or the fetu letely abst	liquor, s. ain	
>	Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become from consuming alcohol. Page Break	nk per day or harmful to th pregnant sho tements al	less (i.e., 1 le mother o buld compl	.5 oz. hard or the fetu letely abst	liquor, s. ain umptio	
>	Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become from consuming alcohol. Page Break— To what extent do you agree with the following stapregnancy? (Mark one response per row)	nk per day or harmful to th pregnant sho tements al	less (i.e., 1 le mother o buld compl	.5 oz. hard or the fetu letely abst hol consu Neither Agree nor	liquor, s. ain umptio	n during Strongly
>	Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become from consuming alcohol. Page Break To what extent do you agree with the following stapregnancy? (Mark one response per row) Alcohol consumption during pregnancy	tements al	less (i.e., 1 le mother of puld compl pout alco Disagree	.5 oz. hard or the fetu letely abst hol consu Neither Agree nor Disagree	liquor, s. ain umptio	n during Strongly Agree
>	Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become from consuming alcohol. Page Break To what extent do you agree with the following stapregnancy? (Mark one response per row) Alcohol consumption during pregnancy a. Is more prevalent in women with higher incomes b. Is more prevalent in women with higher levels of	tements al	less (i.e., 1 le mother of puld compl count alco Disagree	.5 oz. hard or the fetu letely abst hol consu- Neither Agree nor Disagree	liquor, s. ain umptio	n during Strongly Agree
>	Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become from consuming alcohol. Page Break To what extent do you agree with the following stapregnancy? (Mark one response per row) Alcohol consumption during pregnancy a. Is more prevalent in women with higher incomes b. Is more prevalent in women with higher levels of education	strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	n during Strongly Agree
>	Please check only ONE. Occasional consumption of one standard alcoholic drin 12 oz. of beer or 5 oz. of wine) during pregnancy is not Pregnant women or women who are trying to become from consuming alcohol. Page Break To what extent do you agree with the following stapregnancy? (Mark one response per row) Alcohol consumption during pregnancy a. Is more prevalent in women with higher incomes b. Is more prevalent in women with higher levels of education c. Does not vary between ethnic or racial groups	strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	n during Strongly Agree



3	any feedback.
*	Ç,
	Dago Progle
	Page Break
	Please Take a Moment to Tell Us About Yourself.
*	
	Are You (select one)
1	○ 1. Male
	O 2. Female
	O 3. Transgender
	Page-Break
	With what racial or cultural group(s) do you identify yourself? (Mark all that apply)
}	☐ White, non-Hispanic/Latin@
	☐ Hispanic/Latin@
	☐ Black/African American, non-Hispanic/Latin@
	☐ Asian
	Native Hawaiian or other Pacific Islander
	American Indian/Alaska Native
	Other (Specify)
	Page Break
	What year did you complete or will you complete your training:
}	
	Are you, or will you be a:
}	O Primary care pediatrician
	O Developmental/Behavioral pediatrician
	O Geneticist
	O Other Pediatric Sub-specialty (Specify)
	O Family Physician
	O Other (Specify)

	Page Break
.	Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response.
**	O Self-employed solo practice
	O Two physician practice
	O Pediatric group practice, 3-10 pediatricians
	O Pediatric group practice, >10 pediatricians
	O Multispecialty group practice
	O Health maintenance organization (staff model)
	Medical school or parent university
	O Non-profit community health center
	O Non-government hospital or clinic
	O City/county/state government hospital or clinic
	O US government hospital or clinic
	O Other (Specify)
	Page Break
	Please describe the community in which your primary practice/position is located?
₩	O Urban, inner city
	O Urban, not inner city
	O Suburban
	O Rural
■	Thank you for taking the time to answer this survey!

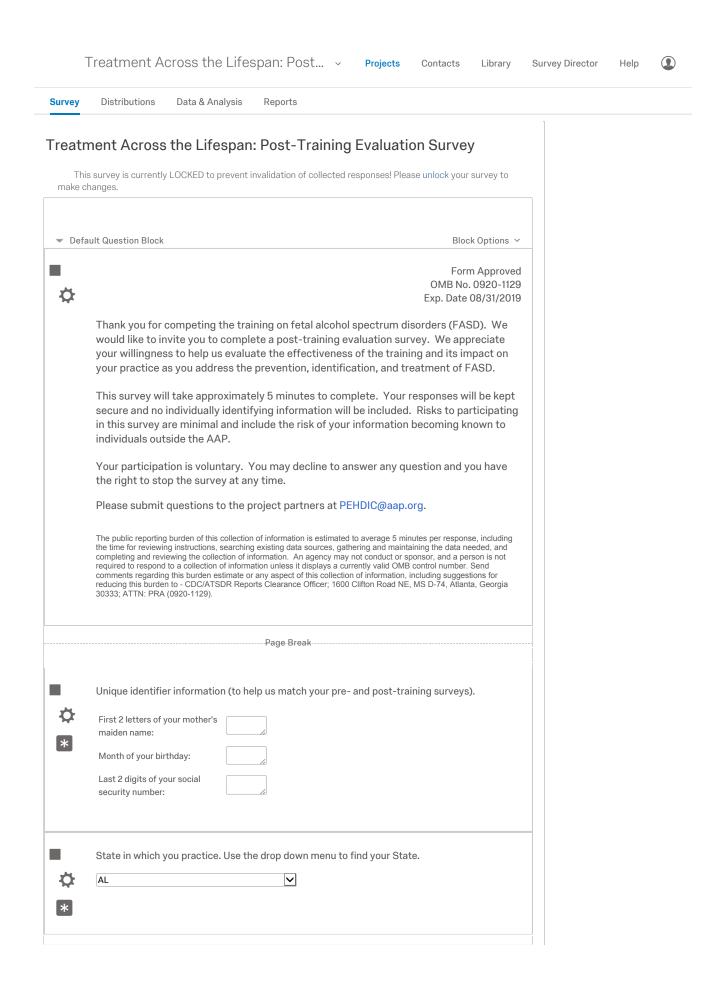
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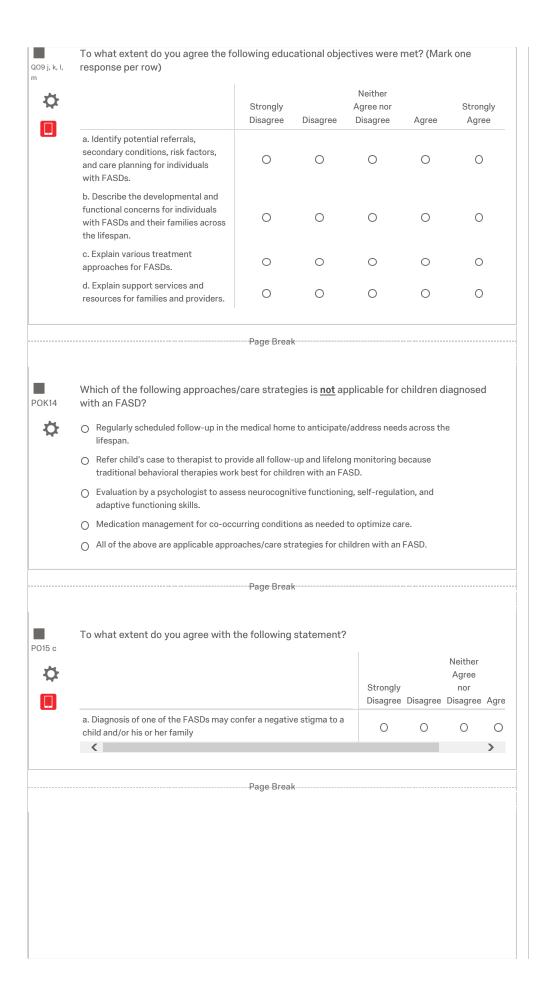
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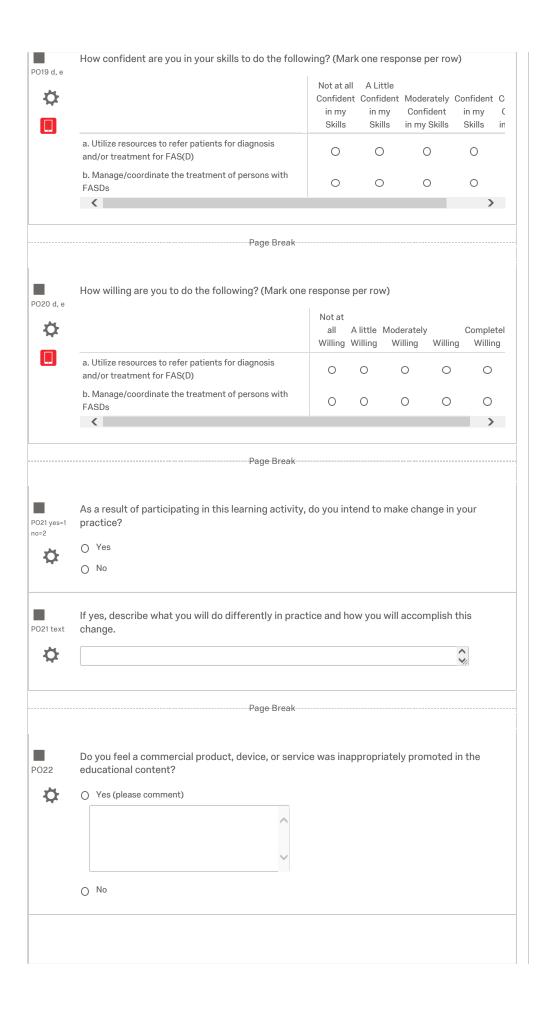
AAP Post-Training Evaluation Survey Survey Path 3

Training: Treatment Across the Lifespan



	How would you rate	e your overall sati	sfaction with this co	ourse?	
°05 ☼	Not at all Satisfied	A little Satisfied	Moderately Satisfied	Satisfied	Completely Satisfied
			Page Break		
	How well did this co	ourse meet your e	educational needs?		
•06 ☼	Not at all Met	Slightly Met	Met O	Somewhat Exceeded	Exceeded O
			-Page Break		
07 yes=1 0=2	Will you recommen O Yes (Why?)	d this course to y	our colleagues?		
	No (Why not?)		^ ~		
058	Please offer sugges	stions for improve	ement:		Ç,
			Page Break		





3	Please feel free to comment on your response to any of the questions in this survey or providing feedback.
*	Ç,
	Page Break
	Please take a moment to tell us about yourself.
*	
	Are you (Circle one):
}	O 1. Male
	O 2. Female
	O 3. Transgender
	Page Break
	With what racial or cultural group(s) do you identify yourself? (Mark all that apply)
}	☐ White, non-Hispanic/Latin@
	Hispanic/Latin@
	☐ Black/African American, non-Hispanic/Latin@
	Asian
	Native Hawaiian or other Pacific Islander
	☐ American Indian/Alaska Native
	Page Break
	What year did you complete or will you complete your training:
ż.	
r-	
	Are you, or will you be a:
}	O Primary care pediatrician
	O Developmental/behavioral pediatrician
	O Geneticist
	O Other pediatric sub-specialty (Specify)
	O Family Physician
	O Other (Specify)

	Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response.
*	O Self-employed solo practice
	O Two physician practice
	O Pediatric group practice, 3-10 pediatricians
	O Pediatric group practice, >10 pediatricians
	Multispecialty group practice
	O Health maintenance organization (staff model)
	Medical school or parent university
	O Non-profit community health center
	O Non-government hospital or clinic
	O City/county/state government hospital or clinic
	O US government hospital or clinic
	O Other (Specify)
	Page Break
	Please describe the community in which your primary practice/position is located?
₽	O Urban, inner city
	O Urban, not inner city
	O Suburban
	O Rural
•	Thank you for taking the time to answer this survey!

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