

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 Survey - 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



Thank you for completing 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 the survey at any time.



Please submit questions to the project partners at [PEHDIC@aap.org](mailto:PEHDIC@aap.org).

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Exp. Date 08/31/2019

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:

Question Saved (QID: Q135) **In what State do you practice? Use the drop down menu to find your State.**



Page Break

**PO5** How would you rate your overall satisfaction with this course?

Not at all Satisfied    A little Satisfied    Moderately Satisfied    Satisfied    Completely Satisfied





Page Break

**PO6** How well did this course meet your educational needs?

Not at all Met    Slightly Met    Met    Somewhat Exceeded    Exceeded





Page Break

**PO7** Will you recommend this course to your colleagues?

yes=1  
no=2

Yes (Why?)





No (Why not?)

**PO8** Please offer suggestions for improvement:





Page Break

Question Saved (Auto Save) **To what extent do you agree the following educational objectives were met? (Mark one response per row)**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
  <p>Describe the diagnostic criteria and approaches for diagnosis for each condition along the continuum of FASDs, including ARND, ND-PAE, FAS, pFAS, and ARBD.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Distinguish major physical and neurobehavioral features for differential diagnosis of FASDs from other genetic and behavioral disorders as well as relevant comorbidities.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Explain the importance of screening every patient for a history of prenatal alcohol exposure at birth and during their first clinic visit.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break


 **POK11** Which of the following are the primary facial dysmorphic features associated with fetal alcohol syndrome? (Check all that apply)



- Wide inner canthal distance
- Short palpebral fissures
- Full lips
- Smooth philtrum
- Thin upper lip
- Flaring nares
- Don't know/unsure

Page Break

 **POK12** 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
- 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

Page Break

Question Saved (01/18/2017 09:03) **Which of the following approaches/care strategies is not applicable for children diagnosed with an FASD?**

POK14



- 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.

Page Break



PO15 c, d

To what extent do you agree with the following statements? (Mark one response per row)



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree
Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis of one of the FASDs only needs to be considered for certain populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Page Break



PO16

In your opinion, how much alcohol is safe to drink during pregnancy?





PO17 1, 2

Which of the following two statements below best corresponds with your personal viewpoint. Please check 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

Question Saved (Q18) (Q18) To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row)



**Alcohol consumption during pregnancy...**



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Is more prevalent in women with higher incomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is more prevalent in women with higher levels of education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not vary between ethnic or racial groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

How confident are you in your skills to do the following? (Mark one response per row)

PO19 a, b, c



	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
a. Inquire about potential prenatal alcohol exposure for pediatric patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. 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"/>



Page Break

How willing are you to do the following? (Mark one response per row)

Q19



	Not at all Willing	A little Willing	Moderately Willing	Completely Willing
a. Inquire about potential prenatal alcohol exposure for pediatric patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Identify persons with possible FAS or other prenatal alcohol-related disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Page Break

As a result of participating in this learning activity, do you intend to make change in your practice?

PO21 yes=1 no=2




- Yes
- No

Question Saved (Was Edited) **If yes, describe what you will do differently in practice and how you will accomplish this change.**



Page Break

**PO22** Do you feel a commercial product, device, or service was inappropriately promoted in the educational content?  
yes=1 no=2

  Yes (please comment)

No

**PO23** Please feel free to comment on your response to any of the questions in this survey or provide any feedback.




Page Break

**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 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)



Question Saved (/QID35/QID35)

■ What year did you complete or will you complete your training:




■ Are you, or will you be a:



- Primary care pediatrician
- Developmental/behavioral pediatrician
- 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, 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

■ 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**

## Peds DSW Post-Training Evaluation Survey - ND-PAE

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▼ Default Question Block
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Thank you for completing 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.

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-----Page Break-----

Unique identifier information (to help us match your pre- and post-training 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

PO5

How would you rate your overall satisfaction with this course?



- Not at all Satisfied
- A little Satisfied
- Moderately Satisfied
- Satisfied
- Completely Satisfied

Page Break

PO6

How well did this course meet your educational needs?



- Not at all Met
- Slightly Met
- Met
- Somewhat Exceeded
- Exceeded

Page Break

PO7 yes=1  
no=2

Will you recommend this course to your colleagues?



Yes (Why?)

No (Why not?)

POS8

Please offer suggestions for improvement:



Page Break

**PO9 n, q**

To what extent do you agree the following educational objectives were met? (Mark one response per row)

	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Name the 4 diagnostic criteria for ND-PAE.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

**POK11**

Which of the following are the primary facial dysmorphic features associated with fetal alcohol syndrome? (Check all that apply)

- Wide inner canthal distance
- Short palpebral fissures
- Full lips
- Smooth philtrum
- Thin upper lip
- Flaring nares
- Don't know/unsure

Page Break

**POK12**

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
- 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

Page Break

**POK14**

Which of the following approaches/care strategies is **not** 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.

Page Break

PO15 c, d

To what extent do you agree with the following statements? (Mark one response per row)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree
a. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diagnosis of one of the FASDs only needs to be considered for certain populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

PO16

In your opinion, how much alcohol is safe to drink during pregnancy?

PO17 1, 2

Which of the following two statements below best corresponds with your personal viewpoint. Please check 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

PO18 b, e, 1

To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row)

**Alcohol consumption during pregnancy...**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Is more prevalent in women with higher incomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is more prevalent in women with higher levels of education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does not vary between ethnic or racial groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

**PO19 a, b, c**

How confident are you in your skills to do the following? (Mark one response per row)

	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
a. Inquire about potential prenatal alcohol exposure for pediatric patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. 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"/>

Page Break

**PO20 a, b, c**

How willing are you to do the following? (Mark one response per row)

	Not at all Willing	A little Willing	Moderately Willing	Completely Willing
a. Inquire about potential prenatal alcohol exposure for pediatric patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Identify persons with possible FAS or other prenatal alcohol-related disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnose persons with possible FAS or other prenatal alcohol-related disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

**PO21 yes=1 no=2**

As a result of participating in this learning activity, do you intend to make change in your practice?

Yes

No

**PO21 text**

If yes, describe what you will do differently in practice and how you will accomplish this change.

Page Break

**PO22 yes=1 no=2**

Do you feel a commercial product, device, or service was inappropriately promoted in the educational content?

Yes (please comment)

No



**■** P023 Please feel free to comment on your response to any of the questions in this survey or provide any feedback.




Page Break

**■** 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 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:



- Primary care pediatrician
- Developmental/Behavioral pediatrician
- 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, 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



Thank you for taking the time to answer this survey!



[Add Block](#)



**AAP Post-Training Evaluation Survey**


**Survey Path 3**

**Training: Treatment Across the Lifespan**

## Treatment Across the Lifespan: Post-Training Evaluation Survey

This survey is currently LOCKED to prevent invalidation of collected responses! Please [unlock](#) your survey to make changes.

▼ Default Question Block
Block Options ▼



Thank you for completing 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 your information becoming known to individuals outside the AAP.


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Unique identifier information (to help us match your pre- and post-training 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.



▼



PO5 How would you rate your overall satisfaction with this course?

Not at all Satisfied    A little Satisfied    Moderately Satisfied    Satisfied    Completely Satisfied



 

Page Break

PO6 How well did this course meet your educational needs?

Not at all Met    Slightly Met    Met    Somewhat Exceeded    Exceeded


              

Page Break


P07 yes=1  
no=2 Will you recommend this course to your colleagues?

Yes (Why?)



No (Why not?)

POS8 Please offer suggestions for improvement:



Page Break

Q09 j, k, l, m

To what extent do you agree the following educational objectives were met? (Mark one response per row)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Identify potential referrals, secondary conditions, risk factors, and care planning for individuals with FASDs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Describe the developmental and functional concerns for individuals with FASDs and their families across the lifespan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Explain various treatment approaches for FASDs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Explain support services and resources for families and providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

POK14

Which of the following approaches/care strategies is **not** 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.

Page Break

PO15 c

To what extent do you agree with the following statement?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree
a. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

< >

Page Break

**PO19 d, e**

How confident are you in your skills to do the following? (Mark one response per row)

	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
a. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Manage/coordinate the treatment of persons with FASDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

**PO20 d, e**

How willing are you to do the following? (Mark one response per row)

	Not at all Willing	A little Willing	Moderately Willing	Completely Willing
a. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Manage/coordinate the treatment of persons with FASDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

**PO21 yes=1  
no=2**

As a result of participating in this learning activity, do you intend to make change in your practice?

Yes

No

**PO21 text**

If yes, describe what you will do differently in practice and how you will accomplish this change.

Page Break

**PO22**

Do you feel a commercial product, device, or service was inappropriately promoted in the educational content?

Yes (please comment)

No

**■** P023 Please feel free to comment on your response to any of the questions in this survey or provide any feedback.




Page Break

**■** Please take a moment to tell us about yourself.



**■** Are you (Circle one):



- 1. Male
- 2. Female
- 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

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- Geneticist
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Page Break



■ Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response.



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- Non-government hospital or clinic
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- 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

■ Thank you for taking the time to answer this survey!



[Add Block](#)

