

This document contains 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

Peds DSW 6-month 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) about six 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 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 other 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).

Form Approved
 OMB No. 0920-1129
 Exp. Date 08/31/2019

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

Unique identifier information (to help us match your previous surveys)

First 2 letters of your mother's maiden name:

Month of your birth:

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

6Mk6

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

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):



- 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

6Mk9

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

6M10 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	Strongly 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"/>	<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"/>	<input type="radio"/>

Page Break

6M11

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

Page Break

6M12

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

6M13 b, e, l

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

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



6M14 a, b, c, d

	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"/>

Page Break

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



6M16 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 patient	<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)


6M17 a, b, c

	Not at all Willing	A Little Willing	Moderately Willing	Completely Willing
 a. Inquire about potential prenatal alcohol exposure for pediatric patient	<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

Is stigma a barrier as you consider assessing for prenatal alcohol exposure in your clinical practice?

6M18
yes=1 no=2

 Yes

No

Page Break

6M19 During the past six months, did you diagnose any children with fetal alcohol syndrome (FAS) or one of the fetal alcohol spectrum disorders (FASDs)?
yes=1 no=2

- Yes
- No

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)

- I did not use any particular schema

Page Break

6M20 During the past six months, did you refer any children for FASD assessment?
yes=1 no=2

- Yes
- No

Page Break

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

- Yes
- No

6M21 If yes, describe what change you made:
text

Page Break

6M22 Did you encounter any barriers to making a change in your practice?
yes=1 no=2

- Yes
- No

■ If YES, please describe:

6M22
text

⚙

Page Break

■ Please feel free to comment on your response to any of the questions in this survey.

6M23

⚙

■ *Thank you for taking the time to answer these questions!*

⚙

Page Break

[Add Block](#)



AAP Six Month Follow Up Training Evaluation Survey

Survey Path 2

Training: ND-PAE



Peds DSW 6-month survey - ND-PAE

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
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.



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


■ 6Mk6 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

-----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):



- 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-----

■ 6Mk9 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-----

6M10 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	Strongly 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"/>	<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"/>	<input type="radio"/>

Page Break

6M11

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

Page Break

6M12

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

6M13 b, e, f

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

6M16 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

6M17 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

6M18
yes=1 no=2

Is stigma a barrier as you consider assessing for prenatal alcohol exposure in your clinical practice?

Yes

No

Page Break

6M19
yes=1 no=2


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

Yes

No

6M19
schema

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
- Seattle 4-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

Page Break

6M20
yes=1 no=2


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

- Yes
-  No

Page Break


6M21
yes=1 no=2

As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice?

- Yes
-  No

6M21 text


If yes, describe what change you made:



Page Break

6M22
yes=1 no=2

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

- Yes
-  No

6M21 text


If YES, please describe:




Page Break

■ Please feel free to comment on your response to any of the questions in this survey.

6M23



■ Thank you for taking the time to answer these questions!



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

[Add Block](#)




AAP Six Month Follow Up Training Evaluation Survey


Survey Path 3

Training: Treatment Across the Lifespan

Treatment Across the Lifespan: 6-Month Follow-up Evaluation Survey

▼ Default Question Block Block Options ▼





Thank you for completing the training on fetal alcohol spectrum disorders (FASD) about six months ago. We would like to invite you to complete this 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 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 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).

Form Approved
 OMB No. 0920-1129
 Exp. Date 08/31/2019

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.





Page Break

6Mk9 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

6M10 c To what extent do you agree with the following statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly 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"/>	<input type="radio"/>

Page Break

P14e How often do you do the following?

	Never	Rarely	Sometimes	Usually	Always
a. Manage/coordinate the treatment of patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

6M16 d, e How confident are you in your skills to do the following? (Mark one response 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
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

6M17 d, e

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

	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

6M21
yes=1 no=2

As a result of participating in the FASD learning activity 6 months ago, did you make a change in your practice?

Yes
 No

6M20
text

If yes, describe what change you made:

Page Break

6M22 yes=1 no=2

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

Yes
 No

6M21 text

If YES, please describe:

Page Break

6M23

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!

[Add Block](#)



[Qualtrics.com](#) [Contact Information](#) [Legal](#)