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

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Survey	Distributions Data & Analysis Reports				
and Di	OSW Post-Training Evaluation Survery - Screening, Assessment agnosis s survey is currently LOCKED to prevent invalidation of collected responses! Please unlock your survey to hanges.	,			
💌 Defa	ult Question Block     Block Options ~				
\$	Form Approved OMB No. 0920-1129 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 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).				
	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:				

Page Break         How would you rate your overall satisfied       Moderately Satisfied       Satisfied       Completely Satisfied         Not at all Satisfied       A little Satisfied       Moderately Satisfied       Satisfied       Completely Satisfied         Page Break       Page Break       Page Break       Page Break       Exceeded         Not at all Met       Slightly Met       Met       Somewhat Exceeded       Exceeded         Page Break       Page Break       O       O       O       O         Will you recommend this course to your colleagues?       Yes (Why?)       O       O       O         Page Break       O       O       O       O       O       O       O         Page Break       O       O       O       O       O       O       O       O         Page Break       O       O       O       O       O       O       O       O         Page Break       O	7	AL		$\checkmark$		
How would you rate your overall satisfaction with this course?   Not at all Satisfied   A little Satisfied   Moderately Satisfied   Satisfied   Completely Satisfied   Page Break   How well did this course meet your educational needs?   Not at all Met   Slightly Met   Met   Somewhat Exceeded   Not at all Met   Slightly Met   Met   Somewhat Exceeded   O   Page Break   Will you recommend this course to your colleagues?   Yes (Why?)   Yes (Why?)   Please offer suggestions for improvement:						
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How well did this course meet your educational needs?     Not at all Met     Slightly Met        Page Break     Will you recommend this course to your colleagues?     Yes (Why?)     No (Why not?)         Please offer suggestions for improvement:		0	0			
How well did this course meet your educational needs?     Not at all Met     Slightly Met        Page Break     Will you recommend this course to your colleagues?     Yes (Why?)     No (Why not?)         Please offer suggestions for improvement:						
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Queenon Saved To be to you agree the following educational objectives were met? (Mark one

<b>‡</b>		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	O	O	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	(			
POK11	Which of the following are the prin alcohol syndrome? (Check all that		smorphic fe	atures assoc	ciated with	fetal
d.	☐ Wide inner canthal distance					
•	— □ Short palpebral fissures					
	— □ Full lips					
	Smooth philtrum					
	— ☐ Thin upper lip					
	Flaring nares					
	Don't know/unsure					
		Page Brea	(			
рок12 С	The diagnosis of "neurobehavioral PAE)" as identified in the Diagnost (DSM-5):					
*	<ul> <li>A. Requires recognition of neurocog in adaptive functioning</li> </ul>	nitive impairme	ent, self-regu	ation impairm	ent, and defi	cits
	O b. Can be diagnosed without knowle	edge of confirm	ed prenatal a	lcohol exposur	e	
	O c. Includes recognition of the 3 prim	nary morpholog	ic features of	prenatal alcoh	ol exposure	
	O d. Is the least common manifestation	on of prenatal a	lcohol exposu	re		
	O e. All of the above					
		Page Brea	(			

## Edit Survey | Qualtrics Survey Software

	<ul> <li>Regularly scheduled follow-up in the medical home to anticipate/a lifespan.</li> </ul>	address needs	across t	he	
	<ul> <li>Refer child's case to therapist to provide all follow-up and lifelong traditional behavioral therapies work best for children with an FAS</li> </ul>	-	ecause		
	<ul> <li>Evaluation by a psychologist to assess neurocognitive functioning adaptive functioning skills.</li> </ul>		on, and		
	O Medication management for co-occurring conditions as needed to	optimize car	e.		
	O All of the above are applicable approaches/care strategies for chile	dren with an F	ASD.		
	Page Break				
	To what extent do you agree with the following statements?	(Mark one	respons	e per row)	
2015 c, d		Strongly	Disagree	Neither Agree nor Disagree	Aa
	Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family	0	0	0	(
	Diagnosis of one of the FASDs only needs to be considered for certain populations	0	0	0	$\langle$
	<				>
PO16				$\hat{\mathbf{v}}$	
4 <b>,</b> r					
PO17 1, 2	Which of the following two statements below best correspon Please check only ONE.	ids with you	r persor	nal viewpo	int
<b>Q</b>	O Occasional consumption of one standard alcoholic drink per day or				
	12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful to t		ely absta	in	
	<ul> <li>12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful to the O</li> <li>Pregnant women or women who are trying to become pregnant sh from consuming alcohol.</li> </ul>	ould complet	2		
	O Pregnant women or women who are trying to become pregnant sh		-		
	O Pregnant women or women who are trying to become pregnant sh from consuming alcohol.		-		
	O Pregnant women or women who are trying to become pregnant sh from consuming alcohol.		-		
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	O Pregnant women or women who are trying to become pregnant sh from consuming alcohol.		-		
	O Pregnant women or women who are trying to become pregnant sh from consuming alcohol.		-		

		Strongly		Neither Agree nor e Disagree	Aaree	Strongly Agree
	Is more prevalent in women with higher incomes	0	0	0	0	0
	Is more prevalent in women with higher levels of	0	0	0	0	0
	education Does not vary between ethnic or racial groups	0	0	0	0	0
	Page Break					
9 a, b,	How confident are you in your skills to do the follov				er row)	
₽		Not at al Confider in my Skills		nt Modera Confid	ent	onfident C in my C Skills in
	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		0
	<					>
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	Page Break					
9	How willing are you to do the following? (Mark one	response	per row)			
<b>\$</b>		Not at all Willing	A little M Willing	-	Willing	Completel 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
	<					>
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21 yes=1	As a result of participating in this learning activity,	do you in	tend to m	iake chan	ge in ye	our
-	As a result of participating in this learning activity, practice?	do you in <sup>.</sup>	tend to m	iake chan	ge in ye	our
21 yes=1 2 \$	As a result of participating in this learning activity,	do you in <sup>.</sup>	tend to m	ake chan	ge in ye	our

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	Do you feel a commercial product, device, or service was inappropriately promoted in the
PO22 /es=1 no=2	educational content?
Ċ.	O Yes (please comment)
- <b>T</b>	^
	$\sim$
	O No
2023	Please feel free to comment on your response to any of the questions in this survey or provide
	any feedback.
<b>Q</b>	
	Page Break
	Page Break
	Page Break Please Take a Moment to Tell Us About Yourself.
₽	
	Please Take a Moment to Tell Us About Yourself.
	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) O 1. Male
¢	Please Take a Moment to Tell Us About Yourself. Are You (select one) O 1. Male O 2. Female
¢	Please Take a Moment to Tell Us About Yourself. Are You (select one) O 1. Male
¢	Please Take a Moment to Tell Us About Yourself. Are You (select one) O 1. Male O 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 apply)
*	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)        With what racial or cultural group(s) do you identify yourself? (Mark all that apply)
*	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@
*	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@ A bio

	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
ж.	most of your time. Mark only ONE response.
<b>Q</b>	O Self-employed solo practice
	O Two physician practice
	O Pediatric group practice, 3-10 pediatricians
	<ul> <li>Pediatric group practice, &gt;10 pediatricians</li> </ul>
	O Multispecialty group practice
	O Health maintenance organization (staff model)
	O 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
1	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!
Ū.	

Question Saved (/QID35/QID35)

Add Block



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AAP Post-Training Evaluation Survey

Survey Path 2

Training: ND-PAE

	Peds DSW Post-Trainir	ng Evaluation	✓ Projects	Contacts	Library	Survey Director	Help	
Survey	Distributions Data & Analy	vsis Reports						
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\$				OMB No. Exp. Date	n Approved 0920-1129 08/31/2019			
	Thank you for competing the traini to complete a post-training evaluat effectiveness of the training and its treatment of FASD.	ion survey. We appreciat	te your willingness to	help us evaluate	e the			
	This survey will take approxin secure and no individually ide this survey are minimal and ir outside the AAP.	ntifying information w	vill be included. Ris	sks to particip	ating in			
	Your participation in this survey is vol the survey at any time.	untary. You may decline to	answer any question a	nd you have the r	ight to stop			
	Please submit questions to the project	t partners at PEHDIC@aap.o	.org.					
	The public reporting burden for th for reviewing instructions, searchi completing and reviewing the coll person is not required to respond control number. Send comments i information, including suggestion: Clifton Road NE, MS D-74, Atlanta	ng existing data sources, ection of information. An to a collection of informat egarding this burden esti s for reducing this burden	, gathering and mainta agency may not cond tion unless it displays imate or any aspect o n to - CDC/ATSDR Rej	aining the data r duct or sponsor, a currently valio f this collection	needed, and and a d OMB of			
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	Unique identifier information	(to help us match you	r pre- and post-tra	ining surveys	).			
<b>☆</b> ∗	First 2 letters of your mother's maiden name:							
	Last 2 digits of your social security number:							
	State in which you practice. I	Jse the drop down me	enu to find your Sta	ite.				
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5 ¢	How would you rat Not at all Satisfied O		faction with this co Moderately Satisfied O		Completely Satisfied
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	How well did this c	ourse meet your e	ducational needs?		
° ₽	Not at all Met O	Slightly Met O	Met O	Somewhat Exceeded	Exceeded
			Page Prosk		
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es=1	Will you recomme	nd this course to ye	our colleagues?		
h.	O Yes (Why?)				
<b>Ç</b> r			^		
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-	Please offer sugge	stions for improve	ment:		
8 <b>7</b>					$\hat{\boldsymbol{\mathcal{S}}}$
<b>H</b>					
			Page Break		

209 n, q	To what extent do you agree the f response per row)	ollowing educ	cational obje	ectives were	met? (Mar	k one
<b>‡</b>		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 Brea	k			
DK11	Which of the following are the prinal context and the prinel context		smorphic fe	eatures assoc	iated with	fetal
Ŏ	□ Wide inner canthal distance					
*4	<ul> <li>Short palpebral fissures</li> </ul>					
	— □ Full lips					
	Smooth philtrum					
	Thin upper lip					
	Flaring nares					
	Don't know/unsure					
		Page Brea	k			
DK12	The diagnosis of "neurobehavioral PAE)" as identified in the Diagnos (DSM-5):					
<b>*</b>	<ul> <li>A. Requires recognition of neurocog in adaptive functioning</li> </ul>	gnitive impairm	ent, self-regu	lation impairme	ent, and defi	cits
	O b. Can be diagnosed without knowl	edge of confirm	ned prenatal a	lcohol exposur	e	
	O c. Includes recognition of the 3 prin	nary morpholog	jic features of	prenatal alcoh	ol exposure	
	O d. Is the least common manifestati	on of prenatal a	lcohol exposu	ire		
	O e. All of the above					
		Page Brea	k			
OK14	Which of the following approache with an FASD?	s/care strate	gies is <u>not</u> a	pplicable for	children di	agnosed
¢	O Regularly scheduled follow-up in the lifespan.	ne medical hom	e to anticipate	e/address need	ls across the	3
	O Refer child's case to therapist to pr traditional behavioral therapies wo				ecause	
	<ul> <li>Evaluation by a psychologist to ass adaptive functioning skills.</li> </ul>	ess neurocogni	tive functioni	ng, self-regulat	tion, and	
	O Medication management for co-oc	curring condition	ons as needed	l to optimize ca	re.	
	O All of the above are applicable app	roaches/care st	rategies for c	hildren with an	FASD.	

	To what extent do you agree with the following statemen	its? (l	Mark on	e respon	se per	row)				
015 c, d	Nei									
\$					Agr					
			Strong		nc Diago					
			Disagre	e Disagre	e Disa	gree Agre				
	a. Diagnosis of one of the FASDs may confer a negative stigma to child and/or his or her family	a	0	0	С	0				
	b. Diagnosis of one of the FASDs only needs to be considered for certain populations		0	0	С	) 0				
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	Page Break									
	1 430 21044									
	In your opinion, how much alcohol is safe to drink during p	orean	ancv?							
016		orogin			^					
					<b>V</b>	8				
<b>Ø</b>										
	<ul> <li>Which of the following two statements below best corres</li> <li>Please check only ONE.</li> <li>Occasional consumption of one standard alcoholic drink per da 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful</li> <li>Pregnant women or women who are trying to become pregnant</li> </ul>	ay or le I to the	ess (i.e., 1 mother	.5 oz. hard or the fetu	l liquor, s.	ewpoint.				
017 1, 2	<ul> <li>Please check only ONE.</li> <li>Occasional consumption of one standard alcoholic drink per da 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful</li> </ul>	ay or le I to the nt shou	ess (i.e., 1 mother uld comp	.5 oz. hard or the fetu letely abst	l liquor, s. ain	ewpoint.				
017 1, 2	<ul> <li>Please check only ONE.</li> <li>Occasional consumption of one standard alcoholic drink per da 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful</li> <li>Oregnant women or women who are trying to become pregnar from consuming alcohol.</li> </ul>	ay or le I to the nt shou	ess (i.e., 1 mother uld comp	l.5 oz. hard or the fetu letely abst	l liquor, s. ain					
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017 1, 2	<ul> <li>Please check only ONE.</li> <li>Occasional consumption of one standard alcoholic drink per da 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful</li> <li>Pregnant women or women who are trying to become pregnar from consuming alcohol.</li> </ul> Page Break To what extent do you agree with the following statemen pregnancy? (Mark one response per row)	ay or le I to the nt shou	ess (i.e., 1 mother uld comp	.5 oz. hard or the fetu letely abst hol consu Neither	l liquor, s. ain					
2017 1, 2	<ul> <li>Please check only ONE.</li> <li>Occasional consumption of one standard alcoholic drink per da 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful</li> <li>Pregnant women or women who are trying to become pregnar from consuming alcohol.</li> </ul> Page Break To what extent do you agree with the following statemen pregnancy? (Mark one response per row) Alcohol consumption during pregnancy	ay or le I to the nt shou	ess (i.e., 1 mother uld comp	.5 oz. hard or the fetu letely abst	I liquor, s. ain					
017 1, 2	<ul> <li>Please check only ONE.</li> <li>Occasional consumption of one standard alcoholic drink per da 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful</li> <li>Pregnant women or women who are trying to become pregnar from consuming alcohol.</li> </ul> Page Break To what extent do you agree with the following statemen pregnancy? (Mark one response per row) Alcohol consumption during pregnancy	ay or le to the nt shou its abo	ess (i.e., 1 mother uld comp	.5 oz. hard or the fetu letely abst hol consu Neither Agree nor	I liquor, s. ain	n during Strongly				
017 1, 2	Please check only ONE.         O Occasional consumption of one standard alcoholic drink per da 12 oz. of beer or 5 oz. of wine) during pregnancy is not harmful         Pregnant women or women who are trying to become pregnar from consuming alcohol.         Page Break         To what extent do you agree with the following statemen pregnancy? (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	ay or le to the nt shou its abo	ess (i.e., 1 mother uld comp out alco Disagree	.5 oz. hard or the fetu letely abst hol consu Neither Agree nor Disagree	I liquor, s. ain umptio Agree	n during Strongly Agree				
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How confident are you in your skills to do the following? (Mark one response per row) Not at all A Little								
:				dent Mode ny Con	erately fident y Skills	Confident in my Skills	C (	
a. Inquire about potential prena pediatric patients	tal alcohol exposure for	0	О	)	0	0		
b. Identify persons with possible alcohol-related disorders	e FAS or other prenatal	0	0	)	0	0		
c. Diagnose persons with possil prenatal alcohol-related disorde		0	C	) 1	0	0		
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	Page Break							
How willing are you to do th	e following? (Mark or	ne response	e per rov	v)				
b,		Not at all Willing		Moderatel Willing	y Willin	Comple ig Willir		
a. Inquire about potential prena pediatric patients	tal alcohol exposure for	0	0	0	0	0		
b. Identify persons with possible alcohol-related disorders	e FAS or other prenatal	0	0	0	0	0		
c. Diagnose persons with possil alcohol-related disorders	ble FAS or other prenata	0	0	0	0	0		
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As a result of participating in practice?								
As a result of participating in practice?								
As a result of participating in practice? O Yes	n this learning activit	y, do you in	tend to	make cha	ange in	your		
As a result of participating i practice? O Yes O No If yes, describe what you wi	n this learning activit	y, do you in	tend to	make cha	ange in	your		
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Page Break         Please Take a Moment to Tell Us About Yourself.         Are You (select one)         1. Male         2. Female         3. Transgender         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 Havaiian or other Pacific Islander         American Indian/Alaska Native         Other (Specify)         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 Asian American Indian/Alaska Native Other (Specify) Page Break  What year did you complete or will you complete your training: Page Break  Are you, or will you be a: Primary care pediatrician Pevelopmental/Behavioral pediatrician Ceneticist		¥.
Are You (select one)		Page Break
Are You (select one)		
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<ul> <li>2. Female <ul> <li>3. Transgender</li> </ul> </li> <li>Page Break</li> </ul> <li>With what racial or cultural group(s) do you identify yourself? (Mark all that apply) <ul> <li>White, non-Hispanic/Latin@</li> <li>Hispanic/Latin@</li> <li>Black/African American, non-Hispanic/Latin@</li> <li>Asian</li> <li>Native Hawaiian or other Pacific Islander</li> <li>Armerican Indian/Alaska Native</li> <li>Other (Specify)</li> </ul> </li> <li>What year did you complete or will you complete your training: <ul> <li>Page Break</li> </ul> </li> <li>What year did you be a: <ul> <li>Primary care pediatrician</li> <li>Developmental/Behavioral pediatrician</li> <li>Geneticist</li> </ul> </li>		Are You (select one)
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)         Zet         Page Break		
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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		
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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 O Primary care pediatrician O Evelopmental/Behavioral pediatrician		Black/African American, non-Hispanic/Latin@
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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 O Pevelopmental/Behavioral pediatrician Geneticist		
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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 (Specify)
Are you, or will you be a: O Primary care pediatrician O Developmental/Behavioral pediatrician O Geneticist	-	Page Break
<ul> <li>Primary care pediatrician</li> <li>Developmental/Behavioral pediatrician</li> <li>Geneticist</li> </ul>		What year did you complete or will you complete your training:
<ul> <li>Primary care pediatrician</li> <li>Developmental/Behavioral pediatrician</li> <li>Geneticist</li> </ul>		
<ul> <li>Primary care pediatrician</li> <li>Developmental/Behavioral pediatrician</li> <li>Geneticist</li> </ul>		
O Developmental/Behavioral pediatrician O Geneticist		Are you, or will you be a:
Developmental/Behavioral pediatrician     Geneticist		O Primary care pediatrician
		-
O Other Pediatric Sub-specialty (Specify)		O Geneticist
		O Other Pediatric Sub-specialty (Specify)

	Page Break
<b>I</b>	Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response.
<b>\$</b>	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)
	O 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?
t	O Urban, inner city
	O Urban, not inner city
	O Suburban
	O Rural
≯	Thank you for taking the time to answer this survey!
	Add Block



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AAP Post-Training Evaluation Survey

## Survey Path 3

**Training: Treatment Across the Lifespan** 

	Freatment A		oan: Post ~ Projects Contacts	Library S		
Survey	Distributions	Data & Analysis	Reports		1	
Treatr	nent Across	s the Lifespan	Post-Training Evaluation Survey	y		
	s survey is currentl hanges.	y LOCKED to prevent i	alidation of collected responses! Please unlock your s	survey to		
💌 Defa	ult Question Block		Block	k Options 🗸		
\$			OMB No.	n Approved 0920-1129 08/31/2019		
	would like to in your willingne	nvite you to comple ss to help us evalu	ing on fetal alcohol spectrum disorders (FAS e a post-training evaluation survey. We app e the effectiveness of the training and its im revention, identification, and treatment of FA	preciate npact on		
	secure and no	individually identif are minimal and inc	y 5 minutes to complete. Your responses wil ing information will be included. Risks to par ude the risk of your information becoming kn	rticipating		
		tion is voluntary. Noop the survey at an	u may decline to answer any question and yo time.	ou have		
	Please submit	questions to the p	ject partners at PEHDIC@aap.org.			
	the time for reviewi completing and rev required to respond comments regardir	ng instructions, searching iewing the collection of ir d to a collection of informa- ing this burden estimate of en to - CDC/ATSDR Repo	f information is estimated to average 5 minutes per response xisting data sources, gathering and maintaining the data neu- rmation. An agency may not conduct or sponsor, and a pers on unless it displays a currently valid OMB control number. S ny aspect of this collection of information, including suggesti c Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlante	eeded, and rson is not Send tions for		
			Page Break			
	Unique identifi	er information (to he	o us match your pre- and post-training surveys)	).		
÷.	First 2 letters of maiden name:	your mother's				
*	Month of your bi	rthday:				
	Last 2 digits of y security number					
	State in which	you practice. Use th	drop down menu to find your State.			
			,			
<b>Ö</b>	AL		$\checkmark$			

ſ	Not at all Satisfied	A little Satisfied	Moderately Satisfied	I Satisfied	Completely Satisfie
			Page Break		
	How well did this	course meet your e	educational needs?		
ľ	Not at all Met O	Slightly Met	Met	Somewhat Exceeded	Exceeded
			- Page Break		
=1	<ul> <li>Yes (Why?)</li> <li>No (Why not?)</li> </ul>	nd this course to y			
5		· ·			Ŷ
			Page Break		

109 j, k, l, 1	To what extent do you agree the for response per row)	ollowing educ	ational obje	ectives were r	met? (Mar	k one	
\$		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Stron Agre	
	a. Identify potential referrals, secondary conditions, risk factors, and care planning for individuals with FASDs.	0	0	0	0	0	
	b. Describe the developmental and functional concerns for individuals with FASDs and their families across the lifespan.	0	0	0	0	0	
	c. Explain various treatment approaches for FASDs.	0	0	0	0	0	
	d. Explain support services and resources for families and providers.	0	0	0	0	0	
		Page Brea	(				
0K14	Which of the following approaches with an FASD?	/care strateg	gies is <u>not</u> ap	oplicable for a	children di	agnosed	ł
<b>¢</b>	<ul> <li>Regularly scheduled follow-up in the lifespan.</li> </ul>	e medical home	e to anticipate	e/address need	s across the	<u>,</u>	
	<ul> <li>Refer child's case to therapist to pro traditional behavioral therapies work</li> </ul>				ecause		
	<ul> <li>Evaluation by a psychologist to asse adaptive functioning skills.</li> </ul>	ess neurocogni	tive functionii	ng, self-regulat	ion, and		
	O Medication management for co-occ	curring conditio	ns as needed	to optimize ca	re.		
	O All of the above are applicable appro	oaches/care st	rategies for cl	hildren with an	FASD.		
		Page Brea	<				
	To what extent do you agree with t	the following	statement?	,			
015 c						Neither	
<b>☆</b> ■				Strongly Disagree	Disagree	Agree nor Disagree	Agre
	a. Diagnosis of one of the FASDs may c child and/or his or her family	onfer a negativ	re stigma to a	0	0	0	0
	<						>
		Page Brea	۲				

⊁ 		Not at all Confident in my Skills		Moderately Confident in my Skills	in my	C C in
	a. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	0	0	0	0	
	b. Manage/coordinate the treatment of persons with FASDs	0	0	0	0	
	<				>	•
	Page Break					
d, e	How willing are you to do the following? (Mark one	response	per row)			
¥		Not at all A Willing V	A little Mod Willing W	erately illing Willi	Comple ng Willin	
	a. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	0	0	0 0	) ()	
	b. Manage/coordinate the treatment of persons with FASDs	0	0	0 0		
	<					•
es=1	As a result of participating in this learning activity, practice?					
\$	As a result of participating in this learning activity, practice? O Yes O No If yes, describe what you will do differently in pract	do you int	end to mal	ke change i	n your	
es=1	As a result of participating in this learning activity, practice? O Yes O No	do you int	end to mal	ke change i	n your	
<b>\$</b> :ext	As a result of participating in this learning activity, practice? O Yes O No If yes, describe what you will do differently in pract	do you int	end to mal	ke change i	n your	
<b>\$</b> :ext	As a result of participating in this learning activity, practice? O Yes O No If yes, describe what you will do differently in pract	do you int	end to mal	ke change in	n your	
<b>\$</b> :ext	As a result of participating in this learning activity, practice? Yes No If yes, describe what you will do differently in practichange.	do you int	end to mal	ke change in	n your	
\$ rext	As a result of participating in this learning activity, practice? Yes No If yes, describe what you will do differently in practichange. Page Break Do you feel a commercial product, device, or service	do you int	end to mal	ke change in	n your	
\$ rext	As a result of participating in this learning activity, practice? Yes No If yes, describe what you will do differently in practichange. Page Break Do you feel a commercial product, device, or service educational content?	do you int	end to mal	ke change in	n your	
\$ rext	As a result of participating in this learning activity, practice? Yes No If yes, describe what you will do differently in practichange. Page Break Do you feel a commercial product, device, or service educational content?	do you int	end to mal	ke change in	n your	

Ĵ,
 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:
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.	
<b>*</b>	O Self-employed solo practice	
	O Two physician practice	
	O Pediatric group practice, 3-10 pediatricians	
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	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	
	Lage Diesk.	
	Please describe the community in which your primary practice/position is located?	
•		
\$	Please describe the community in which your primary practice/position is located?	
\$	Please describe the community in which your primary practice/position is located?	
\$	Please describe the community in which your primary practice/position is located? O Urban, inner city O Urban, not inner city	
¢	<ul> <li>Please describe the community in which your primary practice/position is located?</li> <li>Urban, inner city</li> <li>Urban, not inner city</li> <li>Suburban</li> </ul>	-



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