

Non-Substantive Change Request to OMB Control No. 0920-1129: Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through Practice and Implementation Centers and National Partnerships

Program Contact

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Circumstances of Change Request for OMB 0920-1129

CDC requests approval for a non-substantive change to OMB Control No. 0920-1129: Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through Practice and Implementation Centers and National Partnerships.

Overall, these changes are being made to better align certain data collection instruments with the training strategies that are being implemented. Many of these training strategies were not finalized at the time of the original ICR request. Instruments are being changed to reduce burden on training participants, to address testing results that showed certain questions were not adequate for evaluation, to be more relevant to training target audiences, and to allow for the provision of continuing education credit. Changes to each instrument are described in detail on the following pages.

Estimates of annualized burden hours for this change request decrease compared to the ICR that was previously approved. The revised burden estimate for the forms included in OMB Control No. 0920-1129 is 3,764 hours (compared to 3,776 in the approved ICR).

Description and Justification of Changes

1. AAP Pre-Training Evaluation Survey

Rationale for changing instrument: Following a training session where this survey was presented and piloted, trainees (who are members of the target audience for the survey) provided feedback to shorten the instrument to decrease respondent burden. To do this, questions were removed that did not support the evaluation needs of the project or well represent the content in each of the training modules. In addition, upon further testing of the survey, several questions immediately showed a ceiling effect, thus rendering them useless from an evaluation standpoint. These questions were also removed. To further reduce respondent burden from answering irrelevant questions, respondents saw one of two subsets of the questions depending on which training module they completed before taking the survey. Specific changes are described in bullets below, and language for requested changes to this survey (with comparison to previously-approved language) is included in Table 1. The requested changes have reduced the burden estimate for this instrument from 7 minutes to 3 minutes per response.

- The following questions were deleted in order to shorten the instrument: questions 5, 8, 10a, 10b, 13, 14a, 14c, 14d, 14f, 14g, 14h, 14i, 14j, 14k, and 16.
- Response options using Likert-type scales (questions 10, 14, 15, 17, and 18) are no longer underlined.
- Respondents saw one of two reduced subsets of questions depending on the training module they completed.
 - o Path 1: questions: 1, 2, 3, 4, 6, 7, 9, 10c, 10d, 11, 12, 14b, 14e, 14l, 15a-d, 17a-c, 18a-c, 19, 20, 21, 22
 - o Path 2: questions: 1, 2, 3, 4, 9, 10c, 15e, 17d, 17e, 18d, 18e, 22

Table 1. Comparison of current AAP Pre-Training Evaluation Survey with requested changes

Current Wording	Requested Changes
5. Fetal alcohol spectrum disorders (FASDs) is an umbrella term describing the range of effects that can occur in an individual who was exposed prenatally to alcohol. ☐ True ☐ False	Deleted
8. Which of the following could indicate that a child may have been exposed to alcohol prenatally? (Check all that apply) ☐ Growth deficiencies ☐ Clinically significant abnormalities in neuroimaging and/or a history of seizures ☐ Cognitive/developmental deficiencies or discrepancies	Deleted

☐ Executive function deficits ☐ Delays in gross/fine motor function ☐ Problems with self-regulation/self-soothing ☐ Delayed adaptive skills ☐ Confirmed history of alcohol exposure in utero ☐ Don't know/unsure	
10. To what extent do you agree with the following statements? (Mark one response per row) a. Prenatal alcohol exposure is a potential cause of growth impairment b. Prenatal alcohol exposure is a potential cause of physical, cognitive and behavioral health problems c. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family d. Diagnosis of one of the FASDs only needs to be considered for certain populations	To what extent do you agree with the following statements? (Mark one response per row) a. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family b. Diagnosis of one of the FASDs only needs to be considered for certain populations
10. (Response options only) <u>Strongly disagree</u> <u>Disagree</u> <u>Neither agree nor disagree</u> <u>Agree</u> <u>Strongly agree</u>	(Response options only) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
13. Many providers do not screen for prenatal alcohol exposure. In your opinion, which of the following factors may contribute to this situation (Check all that apply): ☐ Time limitation ☐ Lack of training ☐ Concern about stigmatizing the child or the mother ☐ Lack of reimbursement for alcohol (or substance use) screening of the mother ☐ Concern about legal implications for parents/caregivers ☐ Assumed (or likely) reluctance of mothers to share information ☐ Discomfort with discussing alcohol use during pregnancy with	Deleted

mothers ☐ Lack of confidence in their skill/ability to facilitate a productive dialogue with mothers	
14. To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row) a. Is more prevalent in women with lower incomes b. Is more prevalent in women with higher incomes c. Does not vary between income levels d. Is more prevalent in women with lower levels of education e. Is more prevalent in women with higher levels of education f. Does not vary between education levels g. Is more prevalent in African-American women h. Is more prevalent in American-Indian women i. Is more prevalent in Anglo-white women j. Is more prevalent in Asian-American women k. Is more prevalent in Hispanic/Latina-American women l. Does not vary between ethnic or racial groups	To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row) 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
14. (Response options only) <u>Strongly disagree</u> <u>Disagree</u> <u>Neither agree nor disagree</u> <u>Agree</u> <u>Strongly agree</u>	(Response options only) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
15. (Response options only) <u>Never</u> <u>Rarely</u> <u>Sometimes</u> <u>Usually</u> <u>Always</u>	(Response options only) Never Rarely Sometimes Usually Always
16. Physicians in my practice consider a diagnosis of one of the FASDs in patients with at least one physical, cognitive or behavioral feature of prenatal alcohol exposure. ☐ Yes ☐ No ☐ Not sure	Deleted

17. (Response options only) <u>Not at all confident in my skills</u> <u>A little confident in my skills</u> <u>Moderately confident in my skills</u> <u>Confident in my skills</u> <u>Completely confident in my skills</u>	(Response options only) 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
18. (Response options only) <u>Not at all willing</u> <u>A little willing</u> <u>Moderately willing</u> <u>Willing</u> <u>Completely willing</u>	(Response options only) Not at all willing A little willing Moderately willing Willing Completely willing

2. AAP Post-Training Evaluation Survey

Rationale for changing instrument: Following a training session where this survey was presented and piloted, trainees (who are members of the target audience for the survey) provided feedback to shorten the instrument to decrease respondent burden. To do this, questions were removed that did not support the evaluation needs of the project or well represent the content in each of the training modules. In addition, upon further testing of the survey, several questions immediately showed a ceiling effect, thus rendering them useless from an evaluation standpoint. These questions were also removed. To further reduce respondent burden from answering irrelevant questions, respondents saw one of three subsets of the questions depending on which training module they completed before taking the survey. Specific changes are described in bullets below, and language for requested changes to this survey (with comparison to previously-approved language) is included in Table 2. The requested changes have reduced the burden estimate for this instrument from 7 minutes to 5 minutes per response.

- The following questions were deleted in order to shorten the instrument: questions 9a, 9b, 9c, 9d, 9e, 9f, 9i, 9o, 9p, 10, 13, 15a, 15b, 18a, 18c, 18d, 18f, 18g, 18h, 18i, 18j, and 18k.
- Response options using Likert-type scales (questions 9, 15, 18, 19, 20) are no longer underlined.
- Respondents saw one of three reduced subsets of questions depending on the training module they completed.
 - Path 1: questions: 1, 2, 3, 4, 5, 6, 7, 8, 9g, 9h, 9n, 11, 12, 14, 15c-d, 16, 17, 18b, 18e, 18l, 19a-c, 20a-c, 21, 22, 23, “Please take a moment to tell us about yourself” module
 - Path 2: questions: 1, 2, 3, 4, 5, 6, 7, 8, 9n, 9q, 11, 12, 14, 15c-d, 16, 17, 18b, 18e, 18l, 19a-c, 20a-c, 21, 22, 23, “Please take a moment to tell us about yourself” module
 - Path 3: questions: 1, 2, 3, 4, 5, 6, 7, 8, 9j-m, 14, 15c, 19d-e, 20d-e, 21, 22, 23, “Please take a moment to tell us about yourself” module

Table 2. Comparison of current AAP Post-Training Evaluation Survey with requested changes

Current Wording	Requested Changes
9. To what extent do you agree the following educational objectives were met? (Mark one response per row)	To what extent do you agree the following educational objectives were met? (Mark one response per row)
a. Explain alcohol metabolism and pharmacology (absorption, distribution, metabolism, and elimination).	a. Describe the diagnostic criteria and approaches for diagnosis for each condition along the continuum of FASDs, including ARND, ND-PAE, FAS, pFAS, and ARBD.
b. Describe birth defects associated with alcohol use.	b. Distinguish major physical and neurobehavioral features for differential diagnosis of FASDs from other
c. Describe alcohol-induced injuries on developing organ systems.	
d. Describe cellular responses to alcohol exposure.	
e. Explain putative biomedical mechanisms.	

f. Describe genetic variants and markers for susceptibility for FASDs. g. Describe the diagnostic criteria and approaches for diagnosis for each condition along the continuum of FASDs, including ARND, ND-PAE, FAS, pFAS, and ARBD. h. Distinguish major physical and neurobehavioral features for differential diagnosis of FASDs from other genetic and behavioral disorders as well as relevant comorbidities. i. Describe how to obtain information about prenatal exposure to alcohol from patient or parents as part of patient screening. j. Identify potential referrals, secondary conditions, risk factors, and care planning for individuals with FASDs. k. Describe developmental and functional concerns for individuals with FASDs and their families across the life span. l. Explain various treatment approaches for FASDs. m. Explain support services and resources for families and providers n. Explain the importance of screening every patient for a history of prenatal alcohol exposure at birth and during their first clinic visit. o. Discuss the stigma associated with assessing a patient for effects of prenatal alcohol exposure for clinicians, parents/caregivers, affected individuals and society. p. Know key state and federal policies regarding assessing all patients for FASDs. q. Name the 4 diagnostic criteria for ND-PAE.	genetic and behavioral disorders as well as relevant comorbidities. c. Identify potential referrals, secondary conditions, risk factors, and care planning for individuals with FASDs. d. Describe developmental and functional concerns for individuals with FASDs and their families across the life span. e. Explain various treatment approaches for FASDs. f. Explain support services and resources for families and providers g. Explain the importance of screening every patient for a history of prenatal alcohol exposure at birth and during their first clinic visit. h. Name the 4 diagnostic criteria for ND-PAE.
9. (Response options only) <u>Strongly disagree</u> <u>Disagree</u> <u>Neither agree nor disagree</u> <u>Agree</u> <u>Strongly agree</u>	(Response options only) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
10. Fetal alcohol spectrum disorders (FASDs) is an umbrella term describing the range of effects that can occur in an individual who was exposed prenatally to alcohol. ☐ True ☐ False	Deleted
13. Which of the following could indicate that a child may have been exposed to alcohol prenatally? (Check all that apply)	Deleted

☐ Growth deficiencies ☐ Clinically significant abnormalities in neuroimaging and/or a history of seizures ☐ Cognitive/developmental deficiencies or discrepancies ☐ Executive function deficits ☐ Delays in gross/fine motor function ☐ Problems with self-regulation/self-soothing ☐ Delayed adaptive skills ☐ Confirmed history of alcohol exposure in utero ☐ Don't know/unsure	
15. To what extent do you agree with the following statements? (Mark one response per row) a. Prenatal alcohol exposure is a potential cause of growth impairment b. Prenatal alcohol exposure is a potential cause of physical, cognitive and behavioral health problems c. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family d. Diagnosis of one of the FASDs only needs to be considered for certain populations	To what extent do you agree with the following statements? (Mark one response per row) a. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family b. Diagnosis of one of the FASDs only needs to be considered for certain populations
15. (Response options only) <u>Strongly disagree</u> <u>Disagree</u> <u>Neither agree nor disagree</u> <u>Agree</u> <u>Strongly agree</u>	(Response options only) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
18. To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row) a. Is more prevalent in women with lower incomes b. Is more prevalent in women with higher incomes c. Does not vary between income levels d. Is more prevalent in women with lower levels of education e. Is more prevalent in women with higher levels of education f. Does not vary between education levels	To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row) 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

g. Is more prevalent in African-American women h. Is more prevalent in American-Indian women i. Is more prevalent in Anglo-white women j. Is more prevalent in Asian-American women k. Is more prevalent in Hispanic/Latina-American women l. Does not vary between ethnic or racial groups	
18. (Response options only) <u>Strongly disagree</u> <u>Disagree</u> <u>Neither agree nor disagree</u> <u>Agree</u> <u>Strongly agree</u>	(Response options only) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
19. (Response options only) <u>Not at all confident in my skills</u> <u>A little confident in my skills</u> <u>Moderately confident in my skills</u> <u>Confident in my skills</u> <u>Completely confident in my skills</u>	(Response options only) 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
20. (Response options only) <u>Not at all willing</u> <u>A little willing</u> <u>Moderately willing</u> <u>Willing</u> <u>Completely willing</u>	(Response options only) Not at all willing A little willing Moderately willing Willing Completely willing

3. AAP Six-Month Follow-Up Evaluation Survey

Rationale for changing instrument: Following a training session where this survey was presented and piloted, trainees (who are members of the target audience for the survey) provided feedback to shorten the instrument to decrease respondent burden. To do this, questions were removed that did not support the evaluation needs of the project or well represent the content in each of the training modules. In addition, upon further testing of the survey, several questions immediately showed a ceiling effect, thus rendering them useless from an evaluation standpoint. These questions were also removed. To further reduce respondent burden from answering irrelevant questions, respondents saw one of three subsets of the questions depending on which training module they completed before taking the survey. Specific changes are described in bullets below, and language for requested changes to this survey (with comparison to previously-approved language) is included in Table 3. The requested changes have not changed the burden estimate for this instrument.

- The following questions were deleted in order to shorten the instrument: questions 5, 8, 10a, 10b, 13a, 13c, 13d, 13f, 13g, 13h, 13i, 13j, 13k, and 15.
- Response options using Likert-type scales (questions 10, 13, 14, 16, 17) are no longer underlined.
- Respondents saw one of three reduced subsets of questions depending on the training module they completed.
 - o Path 1: questions: 1, 2, 3, 4, 6, 7, 9, 10c-d, 11, 12, 13b, 13e, 13l, 14a-d, 16a-c, 17a-c, 18, 19, 20, 21, 22
 - o Path 2: questions: 1, 2, 3, 4, 6, 7, 9, 10c-d, 11, 12, 13b, 13e, 13l, 16a-c, 17a-c, 18, 19, 20, 21, 22
 - o Path 3: questions: 1, 2, 3, 4, 9, 10c, 14e, 16d-e, 17d-e, 21, 22

Table 3. Comparison of current AAP Six-Month Follow-Up Evaluation Survey with requested changes

Current Wording	Requested Changes
5. Fetal alcohol spectrum disorders (FASDs) is an umbrella term describing the range of effects that can occur in an individual who was exposed prenatally to alcohol. ☐ True ☐ False	Deleted
8. Which of the following could indicate that a child may have been exposed to alcohol prenatally? (Check all that apply) ☐ Growth deficiencies ☐ Clinically significant abnormalities in neuroimaging and/or a history of seizures ☐ Cognitive/developmental deficiencies or discrepancies ☐ Executive function deficits	Deleted

☐ Delays in gross/fine motor function ☐ Problems with self-regulation/self-soothing ☐ Delayed adaptive skills ☐ Confirmed history of alcohol exposure in utero ☐ Don't know/unsure	
10. To what extent do you agree with the following statements? (Mark one response per row) a. Prenatal alcohol exposure is a potential cause of growth impairment b. Prenatal alcohol exposure is a potential cause of physical, cognitive and behavioral health problems c. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family d. Diagnosis of one of the FASDs only needs to be considered for certain populations	To what extent do you agree with the following statements? (Mark one response per row) a. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family b. Diagnosis of one of the FASDs only needs to be considered for certain populations
10. (Response options only) <u>Strongly disagree</u> <u>Disagree</u> <u>Neither agree nor disagree</u> <u>Agree</u> <u>Strongly agree</u>	(Response options only) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
12. Which of the following two statements below best corresponds with your personal viewpoint.	Please check which of the following two statements below best corresponds with your personal viewpoint. Please mark only ONE.
13. To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row) a. Is more prevalent in women with lower incomes b. Is more prevalent in women with higher incomes c. Does not vary between income levels d. Is more prevalent in women with lower levels of education e. Is more prevalent in women with higher levels of education	To what extent do you agree with the following statements about alcohol consumption during pregnancy? (Mark one response per row) 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

f. Does not vary between education levels g. Is more prevalent in African-American women h. Is more prevalent in American-Indian women i. Is more prevalent in Anglo-white women j. Is more prevalent in Asian-American women k. Is more prevalent in Hispanic/Latina-American women l. Does not vary between ethnic or racial groups	
13. (Response options only) <u>Strongly disagree</u> <u>Disagree</u> <u>Neither agree nor disagree</u> <u>Agree</u> <u>Strongly agree</u>	(Response options only) Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
14. (Response options only) <u>Never</u> <u>Rarely</u> <u>Sometimes</u> <u>Usually</u> <u>Always</u>	(Response options only) Never Rarely Sometimes Usually Always
15. Physicians in my practice consider a diagnosis of one of the FASDs in patients with at least one physical, cognitive or behavioral feature of prenatal alcohol exposure ☐ Yes ☐ No ☐ Not Sure	Deleted
16. (Response options only) <u>Not at all confident in my skills</u> <u>A little confident in my skills</u> <u>Moderately confident in my skills</u> <u>Confident in my skills</u> <u>Completely confident in my skills</u>	(Response options only) 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
17. (Response options only) <u>Not at all willing</u> <u>A little willing</u> <u>Moderately willing</u>	(Response options only) Not at all willing A little willing Moderately willing

<u>Willing</u> <u>Completely willing</u>	Willing Completely willing
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4. FASD Toolkit User Survey

Rationale for changing instrument: The overall rationales for changing the FASD Toolkit User Survey are to clarify the section on consent, and to specify respondent demographics and ensure responses are collected from the Pediatrics Discipline-Specific Workgroup target audience. Specific changes are described in bullets below, and language for requested changes to this survey (with comparison to previously-approved language) is included in Table 4. The requested changes have not changed the burden estimate for this instrument.

- Survey Pages 1-2 – Changes have been made to Part One of the survey to include additional options about respondents’ professional roles, location, and setting.
- Survey Page 2 – Language has been added to Part Two of the survey instructing respondents to open and use the FASD Toolkit (www.aap.org/fasd) to complete the survey.

Table 4. Comparison of current FASD Toolkit User Survey with requested changes

Current Wording	Requested Changes
This survey will take approximately 15 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. 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.	This survey will take approximately 15 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. 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 indicate your consent to participate in the survey by selecting one of the following choices: Yes, I consent--please continue with the survey. No, I do not wish to take the survey at this time.
Part One: Scenarios	Part One: Background Information Please select the category that best describes your professional role. Primary Care Pediatrician Pediatric specialist Family Physician None of the Above [SKIP TO END OF SURVEY] Where is your practice located?

	My practice is located in the United States (including Alaska and Hawaii) [IF YES] In what state do you practice? _____ My practice is located outside the United States [SKIP TO END OF SURVEY] Which of the following best describes the area where your practice is located? - Urban or large city - Suburban or metropolitan - Rural or small town
In this section, you will be asked to read four brief case scenarios. After each case scenario, you will be asked to use the toolkit to assist you in clinical decision-making related to a specific question. You will then be asked to rate the toolkit based on your experience. There is no right or wrong answer to any of the questions; we are interested in your honest feedback on the toolkit. Please have the toolkit open in your browser window while you complete this section: http://www.aap.org/fasd	In this section, we would like you to test the FASD Toolkit and give us your feedback. Before you begin this section, please open the FASD Toolkit in a separate tab or browser window by either clicking on the following link or copying and pasting the URL into the address bar of a new tab or browser window. (if you accidentally close the survey, you may return to it by using the original email link): http://www.aap.org/fasd The questions in this section, will ask you to read four brief case scenarios. After each case scenario, you will be asked to use the toolkit to assist you in clinical decision-making related to a specific question. You will then be asked to rate the toolkit based on your experience. There is no right or wrong answer to any of the questions; we are interested in your honest feedback on the toolkit. Please be sure the toolkit remains open in a separate tab or browser window while you complete this section:
Part Three: Background Information Please select the category that best describes your role. (Select all that apply.) Primary Care Pediatrician	Modified and moved to the beginning of the survey.

• Pediatric specialist • Nurse practitioner • Parent of a child with FASD • School professional • Educator/Trainer • Other, please specify: _____	
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5. Brief Questionnaire for Nursing Organization Memberships

Rationale for changing instrument: This requested change will allow us to be responsive to suggestions from new nursing organization partners (American College of Nurse-Midwives; National Association of Nurse Practitioners in Women's Health) and meet the needs of their members. Specific changes are described in bullets below, and language for requested changes to this survey (with comparison to previously-approved language) is included in Table 5. The requested changes have not changed the burden estimate for this instrument.

- One item has been added to determine if respondent is active in clinical practice. If not, the survey will skip the questions related to their practice behaviors and their practice's policies and advance respondent to the opinion/confidence questions.
- One item had been added differentiating nurses, nurse-midwives, and students.

Table 5. Comparison of current Brief Questionnaire for Nursing Organization Memberships with requested changes

Current Wording	Requested Changes
None	1. Are you currently in clinical practice? a. yes b. no
None	6. Which of the following best describes you? a. Nurse b. Nurse Midwife c. Midwife c. Student d. other. Please specify: _____

6. Pre Training Survey for Nursing, Post Training Survey for Nursing, and Six-Month Follow-Up Survey for Nursing

Overall rationale for changing instrument: Due to delays in the creation and utilization of a website for training, the Nursing Discipline Specific Workgroup has created alternative training programs with varying dissemination approaches. The changes below allow these trainings to be evaluated using existing survey instruments, without unnecessarily burdening respondents with unrelated questions. The changes were also made to meet the requirements of continuing nursing education (CNE) granting agencies and to provide CNE credits to training participants, which is crucial for engaging trainees. Specific changes are described in bullets below, and language for requested changes to these surveys (with comparison to previously-approved language) is included in Table 6. The requested changes have not changed the burden estimate for this instrument.

- One question has been added to all three training surveys identify the training type and then appropriately route participants to only those questions that are relevant to the training content.
- Other changes were required to meet requirements for CNE provision. In the pre-test, four questions have been revised and one question added. The post-test includes the revisions to the pre-test as well as the addition of revision of one question to assess satisfaction with training and the addition of three specific questions about promotion of commercial interest and personal bias in training. The six-month follow-up survey has the same changes as the pre-test.

Table 6a. Comparison of current Pre-Training Follow-Up Surveys for Nursing with requested changes

Current Wording	Requested Changes
None	1. What type of training did you attend? a. Webinar series b. FASD or SBI training
3. The effects of FASDs are always visible. (Check only one response.) ☐ True ☐ False ☐ Don't know	Which of the following could indicate that a child may have been exposed to alcohol prenatally? (check all that apply) ☐ Growth deficiencies ☐ Clinically significant abnormalities and/or a history of seizures ☐ Cognitive/developmental deficiencies or discrepancies ☐ Executive function deficits ☐ Delays in gross/fine motor function ☐ Problems with self-regulation/self-soothing ☐ Delayed adaptive skills

	☐ Confirmed history of alcohol exposure in utero ☐ Don't know/unsure
4. FASDs are certain to be prevented when: (Check only one response.) ☐ a woman quits drinking as soon as she knows she is pregnant. ☐ a woman who is pregnant or may become pregnant does not consume alcohol. ☐ a woman does not take drugs other than alcohol during her pregnancy. ☐ a woman stops drinking once she starts breastfeeding her baby.	Risky drinking for non-pregnant women ages 21 and older is defined as more than ____ standard drinks in a day or more than ____ standard drinks per week on average: a. 2, 6 b. 3, 7 c. 3, 8 d. 4, 7
None	Rate the <u>importance</u> of providing counseling to your patients/clients on risky alcohol use to women of childbearing age: a. Not at all important b. Somewhat important c. Moderately important d. Very important e. Extremely important
12. On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. a. It is important to routinely screen all patients/clients for alcohol use b. Screening a person for alcohol use confers a stigma to the person being screened c. It is important to screen all pregnant women for alcohol use d. It is important to screen all women of reproductive age for	On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. a. It is important to routinely screen all patients/clients for alcohol use b. Screening a person for alcohol use confers a stigma to the person being screened c. It is important to screen all pregnant women for alcohol use d. It is important to screen all women of reproductive age for

alcohol use e. It is important to educate women of reproductive age, including those who are pregnant, about the effects of alcohol on a developing fetus f. It is important to inquire about and document potential prenatal exposure for all pediatric patients g. Diagnosis of one of the FASDs may confer a stigma to a child and/or his or her family	alcohol use e. It is important to educate women of reproductive age, including those who are pregnant, about the effects of alcohol on a developing fetus f. Prenatal alcohol exposure is a potential cause of growth impairment. g. Prenatal alcohol exposure is a potential cause of physical, cognitive, and behavioral health problems.
13. On a scale from 1 to 5 where 1 means you are not confident in your skills and 5 means you are totally confident in your skills, how confident are you in your skills to do the following? (Select one number per row). a. Asking women, including pregnant women, about their alcohol use b. Having a conversation with patients/clients who indicate risky alcohol use c. Educating women of childbearing age, including those who are pregnant, about the effects of alcohol on a developing fetus d. Conducting brief interventions for reducing alcohol use e. Utilizing resources to refer patients/clients who need formal treatment for alcohol abuse f. Inquiring about potential prenatal alcohol exposure for my patients/clients g. Identifying persons who may have one of the FASDs h. Diagnosing persons who may have one of the FASDs i. Referring patients/clients for diagnosis and/or treatment services for an FASD or alcohol use disorder j. Managing/coordinating the treatment and care of persons who have one of the FASDs	On a scale from 1 to 5 where 1 means you are not confident in your skills and 5 means you are totally confident in your skills, how confident are you in your skills to do the following? (Select one number per row). a. Asking women, including pregnant women, about their alcohol use b. Having a conversation with patients/clients who indicate risky alcohol use c. Educating women of childbearing age, including those who are pregnant, about the effects of alcohol on a developing fetus d. Conducting brief interventions for reducing alcohol use e. Utilizing resources to refer patients/clients who need formal treatment for alcohol abuse f. Inquiring about potential prenatal alcohol exposure for my patients/clients

Table 6b. Comparison of current Post-Training Surveys for Nursing with requested changes

Current Wording	Requested Changes
None	1. What type of training did you attend? a. Webinar series b. FASD or SBI training
4. The effects of FASDs are always visible. (Check only one response.) ☐ True ☐ False ☐ Don't know	Which of the following could indicate that a child may have been exposed to alcohol prenatally? (check all that apply) ☐ Growth deficiencies ☐ Clinically significant abnormalities and/or a history of seizures ☐ Cognitive/developmental deficiencies or discrepancies ☐ Executive function deficits ☐ Delays in gross/fine motor function ☐ Problems with self-regulation/self-soothing ☐ Delayed adaptive skills ☐ Confirmed history of alcohol exposure in utero ☐ Don't know/unsure
5. FASDs are certain to be prevented when: (Check only one response.) ☐ a woman quits drinking as soon as she knows she is pregnant. ☐ a woman who is pregnant or may become pregnant does not consume alcohol. ☐ a woman does not take drugs other than alcohol during her pregnancy. ☐ a woman stops drinking once she starts breastfeeding her baby.	Risky drinking for non-pregnant women ages 21 and older is defined as more than ____ standard drinks in a day or more than ____ standard drinks per week on average: a. 2, 6 b. 3, 7 c. 3, 8 d. 4, 7
None	Rate the <u>importance</u> of providing counseling to your patients/clients on risky alcohol use to women of childbearing age:

	a. Not at all important b. Somewhat important c. Moderately important d. Very important e. Extremely important
10. On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. a. It is important to routinely screen all patients/clients for alcohol use b. Screening a person for alcohol use confers a stigma to the person being screened c. It is important to screen all pregnant women for alcohol use d. It is important to screen all women of reproductive age for alcohol use e. It is important to educate women of reproductive age, including those who are pregnant, about the effects of alcohol on a developing fetus f. It is important to inquire about and document potential prenatal exposure for all pediatric patients g. Diagnosis of one of the FASDs may confer a stigma to a child and/or his or her family	On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. a. It is important to routinely screen all patients/clients for alcohol use b. Screening a person for alcohol use confers a stigma to the person being screened c. It is important to screen all pregnant women for alcohol use d. It is important to screen all women of reproductive age for alcohol use e. It is important to educate women of reproductive age, including those who are pregnant, about the effects of alcohol on a developing fetus f. Prenatal alcohol exposure is a potential cause of growth impairment. g. Prenatal alcohol exposure is a potential cause of physical, cognitive, and behavioral health problems.
11. On a scale from 1 to 5 where 1 means you are not confident in your skills and 5 means you are totally confident in your skills, how confident are you in your skills to do the following? (Select one number per row). a. Asking women, including pregnant women, about their alcohol use b. Having a conversation with patients/clients who indicate risky alcohol use c. Educating women of childbearing age, including those who are	On a scale from 1 to 5 where 1 means you are not confident in your skills and 5 means you are totally confident in your skills, how confident are you in your skills to do the following? (Select one number per row). a. Asking women, including pregnant women, about their alcohol use b. Having a conversation with patients/clients who indicate risky alcohol use c. Educating women of childbearing age, including those who

pregnant, about the effects of alcohol on a developing fetus d. Conducting brief interventions for reducing alcohol use e. Utilizing resources to refer patients/clients who need formal treatment for alcohol abuse f. Inquiring about potential prenatal alcohol exposure for my patients/clients g. Identifying persons who may have one of the FASDs h. Diagnosing persons who may have one of the FASDs i. Referring patients/clients for diagnosis and/or treatment services for an FASD or alcohol use disorder j. Managing/coordinating the treatment and care of persons who have one of the FASDs	are pregnant, about the effects of alcohol on a developing fetus d. Conducting brief interventions for reducing alcohol use e. Utilizing resources to refer patients/clients who need formal treatment for alcohol abuse f. Inquiring about potential prenatal alcohol exposure for my patients/clients
14. On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. (Select one number per row). a. This training increased my understanding of the effects of prenatal alcohol exposure on the developing fetus. b. The training concepts were presented clearly. c. The training was presented in a culturally competent and sensitive manner. d. The content will be useful to me professionally. e. I would recommend this training to others. f. Overall, I am satisfied with the quality of this training. g. This training increased my awareness of considerations related to working with individuals who are lesbian, gay, bisexual, or transgender h. This training increased my awareness of considerations related to working with adolescents i. This training increased my awareness of considerations related to working with elderly individuals j. This training increased my awareness of considerations related to working with individuals who are veterans	On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. (Select one number per row). a. The training/webinar enhanced my skills in preventing alcohol-exposed pregnancies. b. The training/webinar increased my confidence in addressing alcohol use and/or FASD with my patients/clients. c. The content of the program related to the learning objectives. d. The training/webinar concepts were presented clearly. e. The training/webinar was presented in a culturally competent and sensitive manner. f. The content will be useful to me professionally. g. I would recommend this training/webinar to others. h. Overall, I am satisfied with the quality of this training/webinar.
None	Do you feel the content was free of commercial influence or

	bias? Yes No
None	Do you feel a commercial product, device, or service was inappropriately promoted in the educational content? Yes No
None	Do you feel the content was free of personal bias? Yes No

Table 6c. Comparison of current 6-month Follow-Up Surveys for Nursing with requested changes

Current Wording	Requested Changes
None	1. What type of training did you attend? a. Webinar series b. FASD or SBI training
3. The effects of FASDs are always visible. (Check only one response.) ☐ True ☐ False ☐ Don't know	Which of the following could indicate that a child may have been exposed to alcohol prenatally? (check all that apply) ☐ Growth deficiencies ☐ Clinically significant abnormalities and/or a history of seizures ☐ Cognitive/developmental deficiencies or discrepancies ☐ Executive function deficits ☐ Delays in gross/fine motor function ☐ Problems with self-regulation/self-soothing ☐ Delayed adaptive skills ☐ Confirmed history of alcohol exposure in utero ☐ Don't know/unsure
4. FASDs are certain to be prevented when: (Check only one response.) ☐ a woman quits drinking as soon as she knows she is pregnant. ☐ a woman who is pregnant or may become pregnant does not consume alcohol. ☐ a woman does not take drugs other than alcohol during her pregnancy. ☐ a woman stops drinking once she starts	Risky drinking for non-pregnant women ages 21 and older is defined as more than ____ standard drinks in a day or more than ____ standard drinks per week on average: a. 2, 6 b. 3, 7 c. 3, 8 d. 4, 7

breastfeeding her baby.	
None	Rate the <u>importance</u> of providing counseling to your patients/clients on risky alcohol use to women of childbearing age: a. Not at all important b. Somewhat important c. Moderately important d. Very important e. Extremely important
14. On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. a. It is important to routinely screen all patients/clients for alcohol use b. Screening a person for alcohol use confers a stigma to the person being screened c. It is important to screen all pregnant women for alcohol use d. It is important to screen all women of reproductive age for alcohol use e. It is important to educate women of reproductive age, including those who are pregnant, about the effects of alcohol on a developing fetus f. It is important to inquire about and document potential prenatal exposure for all pediatric patients g. Diagnosis of one of the FASDs may confer a stigma to a child and/or his or her family	On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. a. It is important to routinely screen all patients/clients for alcohol use b. Screening a person for alcohol use confers a stigma to the person being screened c. It is important to screen all pregnant women for alcohol use d. It is important to screen all women of reproductive age for alcohol use e. It is important to educate women of reproductive age, including those who are pregnant, about the effects of alcohol on a developing fetus f. Prenatal alcohol exposure is a potential cause of growth impairment. g. Prenatal alcohol exposure is a potential cause of physical, cognitive, and behavioral health problems.
15. On a scale from 1 to 5 where 1 means you are not confident in	On a scale from 1 to 5 where 1 means you are not confident in

your skills and 5 means you are totally confident in your skills, how confident are you in your skills to do the following? (Select one number per row). a. Asking women, including pregnant women, about their alcohol use b. Having a conversation with patients/clients who indicate risky alcohol use c. Educating women of childbearing age, including those who are pregnant, about the effects of alcohol on a developing fetus d. Conducting brief interventions for reducing alcohol use e. Utilizing resources to refer patients/clients who need formal treatment for alcohol abuse f. Inquiring about potential prenatal alcohol exposure for my patients/clients g. Identifying persons who may have one of the FASDs h. Diagnosing persons who may have one of the FASDs i. Referring patients/clients for diagnosis and/or treatment services for an FASD or alcohol use disorder j. Managing/coordinating the treatment and care of persons who have one of the FASDs	your skills and 5 means you are totally confident in your skills, how confident are you in your skills to do the following? (Select one number per row). a. Asking women, including pregnant women, about their alcohol use b. Having a conversation with patients/clients who indicate risky alcohol use c. Educating women of childbearing age, including those who are pregnant, about the effects of alcohol on a developing fetus d. Conducting brief interventions for reducing alcohol use e. Utilizing resources to refer patients/clients who need formal treatment for alcohol abuse f. Inquiring about potential prenatal alcohol exposure for my patients/clients
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Estimates of Annualized Burden hours (decrease from approved ICR)

Estimates of annualized burden hours for this change request have slightly decreased from the approved ICR. The revised burden estimate for the forms included in OMB Control No. 0920-1129 is 3,764 (compared to the original burden estimate of 3,776).

Instruments included in this request are highlighted in the table below.

Table 1. Estimated Annualized Burden Hours

Type of Respondents	DSW/ Organization	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Project Grantee Staff	Westat (Cross-Site Evaluator)	DSW Report	90	2	10/60	30
Project Grantee Staff	Westat (Cross-Site Evaluator)	High Impact Study: Discipline Specific Workgroup Discussion Guide for Project Staff	10	2	60/60	20
Health Care System Staff	Westat (Cross-Site Evaluator)	High Impact Study: Key Informant Interview - Health Care System Staff	10	2	60/60	20
FASD Core Training Participants	Westat (Cross-Site Evaluator)	FASD Core Training Survey – Pre-Test	4013	1	9/60	602
FASD Core Training Participants	Westat (Cross-Site Evaluator)	FASD Core Training Survey – Post-Test	4013	1	5/60	334
FASD Core Training Participants	Westat (Cross-Site Evaluator)	FASD Core Training Survey – 6 Month Follow-Up	4013	1	6/60	401
Nurses	Nursing	Pre-Training Survey for Nursing	667	1	9/60	100

Type of Respondents	DSW/ Organization	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Nurses	Nursing	Post-Training Survey for Nursing	550	1	9/60	83
Nurses	Nursing	Six Month Follow-Up Training Survey for Nursing	440	1	9/60	66
Nurses	Nursing	Nursing DSW Polling Questions	417	1	5/60	35
Nurses	Nursing	Key Informant Interviews with Champions	14	2	45/60	21
Nurses	Nursing	Brief Questionnaire for Nursing Organization Memberships	2934	1	10/60	489
Nurses	Nursing	Friends & Members of the Network Survey	34	2	10/60	11
Healthcare Organization Representatives	Nursing	Healthcare Organization Utilization Survey	234	1	30/60	117
Obstetrician-Gynecologists and students in allied health professions	OBGYN	OBGYN SBI Knowledge & Agency	600	1	2/60	20
Obstetrician-Gynecologists	OBGYN	OBGYN BI-MI Proficiency Rating Scale - Provider Skills Training Baseline	600	1	3/60	30
Students in allied health professions	OBGYN	OBGYN BI-MI Proficiency	600	1	3/60	30

Type of Respondents	DSW/ Organization	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
		Rating Scale - Standardized Patient Version				
Obstetrician-Gynecologists	OBGYN	OBGYN BI-MI Proficiency Rating Scale - Provider Follow Up (3m & 6m)	600	2	3/60	60
Obstetrician-Gynecologists and students in allied health professions	OBGYN	OBGYN Telecom Training Satisfaction Survey	480	1	5/60	40
Obstetrician-Gynecologists and students in allied health professions	OBGYN	OBGYN Avatar Training Satisfaction Survey	120	1	5/60	10
Obstetrician-Gynecologists	OBGYN	OBGYN FASD-SBI Training Event Evaluation	124	1	2/60	4
Residency Directors, Training Coordinators, Clinical Directors, Obstetrician-Gynecologists	OBGYN	OBGYN Qualitative Key Informant Interview - Pre-Training	34	1	25/60	14
Residency Directors, Training Coordinators, Clinical Directors, Obstetrician-Gynecologists	OBGYN	OBGYN Qualitative Key Informant Interview - Post-Training	34	1	25/60	14
Certified Medical Assistants and students	Medical Assistants	Medical Assistant – Pre-Test Survey	334	1	10/60	56
Students in allied health professions	Medical Assistants	Medical Assistant – Pre-Test Survey (Academic)	67	1	10/60	12

Type of Respondents	DSW/ Organization	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Certified Medical Assistants and students	Medical Assistants	Medical Assistant – Post-Test Survey	334	1	10/60	56
Students in allied health professions	Medical Assistants	Medical Assistant – Post-Test Survey (Academic)	67	1	10/60	11
Certified Medical Assistants and students	Medical Assistants	Medical Assistant Follow Up Survey	200	1	10/60	33
Students in allied health professions	Medical Assistants	Medical Assistant Follow Up Survey (Academic)	17	1	10/60	3
Certified Medical Assistants and students	Medical Assistants	Medical Assistants Change in Practice Survey	250	1	15/60	63
Pediatricians	Pediatrics	Survey of Pediatricians - Baseline and Follow Up	534	2	10/60	178
Pediatricians	Pediatrics	AAP Post-Training Evaluation Survey	120	1	5/60	10
Pediatricians	Pediatrics	AAP Pre-Training Evaluation Survey	120	1	3/60	6
Pediatricians	Pediatrics	AAP Three Month Follow Up Evaluation Survey	120	1	2/60	4
Pediatricians	Pediatrics	AAP Six Month Follow Up Evaluation Survey	120	1	5/60	10
Pediatricians	Pediatrics	FASD Toolkit User Survey	50	1	15/60	13
Pediatricians	Pediatrics	FASD Toolkit Evaluation Focus Group/Guided	10	1	30/60	5

Type of Respondents	DSW/ Organization	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
		Interview				
Pediatricians	Pediatrics	Pediatric FASD Regional Education and Awareness Liaisons Work Plan	10	1	20/60	3
Pediatricians	Pediatrics	Pediatric FASD Regional Liaison/Champion Training Session Evaluation	10	1	4/60	1
Family Medicine Physicians	Social Work and Family Medicine	Family Medicine Evaluation Questions Addendum for Practice or Individual Provider	62	1	8/60	8
Family medicine physicians, social workers, social work students	Social Work and Family Medicine	Social Work and Family Physicians Pre-training Survey	1167	1	8/60	156
Family medicine physicians, social workers, social work students	Social Work and Family Medicine	Social Work and Family Physicians Post-training Survey	1167	1	5/60	97
Family medicine physicians, social workers, social work students	Social Work and Family Medicine	Social Work and Family Physicians 6-Month Follow Up Survey	1167	1	8/60	156
NOFAS webinar attendees	NOFAS	NOFAS Webinar Survey	601	1	2/60	20
NOFAS webinar attendees	NOFAS	NOFAS Three Month Follow-Up Webinar	601	1	2/60	20

Type of Respondents	DSW/ Organization	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
		Questionnaire				
NOFAS training participants	NOFAS	NOFAS Pre-Test Survey	551	1	3/60	28
NOFAS training participants	NOFAS	NOFAS Post-Test Survey	551	1	3/60	28
Systems change project participants	Cross-DSW	Clinical Process Improvement Survey	246	2	10/60	82
Systems change project participants	Cross-DSW	TCU Organizational Readiness Survey	246	2	10/60	82
Systems change project participants	Cross-DSW	Organizational Readiness to Change Assessment	220	2	10/60	73
TOTAL			29,573			3764