

You have unlocked your survey. When you have finished editing, please [lock](#) your survey again.

Default Question Block
Block Options

Q21

▼

Form Approved
 OMB No. 0920-XXX
 Exp. Date XX/XX/20XX

Dear Colleagues,

Please consider completing an electronic survey being conducted as part of an AAP grant funded project focused on the prevention, early identification, and care for children who have or may have one of the fetal alcohol spectrum disorders (FASDs).

Purpose: The intent of this survey is to gather information about pediatric primary care and sub-specialty care attitudes and practices regarding the identification of children who have or may have one of the FASDs as well as corresponding care management, care coordination, and care planning for children who were prenatally exposed to alcohol.

Eligible Participants: All pediatricians and pediatric sub-specialists are welcome to complete the survey. Questions will be most applicable to primary care and sub-specialty pediatricians who provide well-child care in an out-patient or ambulatory care setting.

Time: The survey will take approximately 5-10 minutes to complete.

All surveys will be anonymous. Survey results will be used to inform the development of education, awareness and practice-based resources for pediatricians and other pediatric clinicians. Please contact the AAP Program Manager, Josh Benke, at 847/434-7863 or jbenke@aap.org if you have questions about the survey and/or its results.

Thank you in advance for the time you take to complete this survey.

Best regards,
 Vincent C Smith, MD, FAAP
 Medical Director
 AAP FASD Prevention, Early Identification and Management Program

Public reporting burden of this collection of information varies from 5-10 minutes with an estimated average of 7 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Page Break

Q1

▼

Do you currently provide primary or specialty medical care to pediatric patients?

Yes

No

Are you currently in a pediatric residency or fellowship training program?

Yes

No

Q2
-----Page Break-----

Q3
Do you feel it is important to inquire about prenatal alcohol exposure in your patient population?

Yes
 No

Q4
Please check which of the following two statements below best corresponds with your personal viewpoint. Please check only ONE box.

Occasional consumption of alcohol (one standard drink per day or less) 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-----

Q5
Please indicate to what extent you agree with the following statements:

Alcohol consumption during pregnancy:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. is more prevalent in women with lower incomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. is more prevalent in women with higher incomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. does not vary between income levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. is more prevalent in women with lower levels of education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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"/>
f. does not vary between education levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. is more prevalent in African-American women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. is more prevalent in American-Indian women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. is more prevalent in Anglo-white women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. is more prevalent in Asian-American women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. is more prevalent in Hispanic/Latina-American women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. 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-----

Q6
To what extent do you agree that fetal alcohol syndrome (FAS) is more likely to occur in children from certain racial or ethnic groups?

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

Q7

To what extent do you agree that making a diagnosis of fetal alcohol syndrome (FAS) stigmatizes the child and/or the family?

- Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
-



Page Break

Q8

To what extent do you agree that concerns regarding stigma contribute to pediatricians' reluctance to identify the constellation of physical and behavioral health concerns that could lead to a diagnosis of one of the fetal alcohol spectrum disorders (FASDs) in their patient?

- Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
-



Q9

Which of the following are the primary dysmorphic facial features associated with prenatal alcohol exposure? (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

Q10

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 on neuroimaging and/or a history of seizures
- Cognitive/developmental deficits 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



Page Break

Q11

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, impaired self-regulation, 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-----

Q12

During the past two years, did you diagnose any children with fetal alcohol syndrome (FAS) or any of the fetal alcohol spectrum disorders (FASDs)?

- Yes
- No



Q13

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 criteria
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
- Other schema (please specify)

- I did not use any particular schema



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

Q14

During the past two years, did you refer any children for assessment for one of the fetal alcohol spectrum disorders?

- Yes
- No



Q15

In the past two years, have you participated in any training on fetal alcohol spectrum disorders (e.g., residency training, CME training)?

- Yes
- No



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

Q16

In the past two years, have you used, referenced or been made aware of the following fetal alcohol spectrum disorders (FASDs) resources?

- American Academy of Pediatrics FASD Online Toolkit
- Centers for Disease Control and Prevention FASD Webpage
- FASD Center for Excellence SAMHSA Webpage
- NOFAS Website
- Other reference or resource (please specify)

- I did not use any particular FASD resources in the past two years

< _____ >

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

Q17

How prepared are you to identify children who have or may have one of the Fetal Alcohol Spectrum Disorders?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all prepared | A little Prepared | Moderately Prepared | Prepared | Completely prepared |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

< _____ >

Q18

How willing are you to diagnose and/or refer for further evaluation and possible diagnosis children who may have one of the Fetal Alcohol Spectrum Disorders?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all Willing | A little Willing | Moderately Willing | Willing | Completely willing |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

< _____ >

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

Q19

Are you aware of clinical guidance on interviewing a birth mother for alcohol use in the three months before she knew she was pregnant and/or while pregnant?

- Yes (please specify)

- No

< _____ >

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

Q22

During a typical workweek, how many hours do you spend in the following professional activities? *If you do not spend any time in a particular activity, please enter zero (0) hours in the appropriate box.*

- Direct patient care
- Administration
- Academic medicine
- Research
- Fellowship training
- Other (Specify)
- Number of hours in Other activity above

Page Break

Q23

Are you currently in a pediatric residency training program?

- Yes
- No

Q24

Approximately what percentage of your time is spent in the following areas? Please make sure both percentage numbers provided add to 100%.

- General Pediatrics (Specify percentage of time spent in general pediatrics in the box below)
- Other specialty/sub-specialty area (Specify the specialty area--i.e., developmental pediatrics--in the box below)
- Percentage of time in "Other specialty/sub-specialty area" (Specify percentage of time spent in specialty area in the box below)

Page Break

Q25

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

- Self-employed solo practice
- Two physician practice
- Pediatric group practice, 3-10 pediatricians
- Pediatric group practice, >10 pediatricians
- Multispecialty group practice
- Health maintenance organization (staff model)
- Medical school or parent university
- Non-profit community health center
- Non-government hospital or clinic
- City/county/state government hospital or clinic
- US government hospital or clinic
- Other: (Specify)

Page Break

Q26

Please describe the community in which your primary practice/position is located?

- Urban, inner city
- Urban, not inner city
- Suburban
- Rural

Page Break

Q27

In what year were you born?

Q28

How many years have you been in practice (do not include formal training)?

Page Break

Q29

What is your gender?

- Male
- Female
- Transgender

Page Break

Q30

With what racial or cultural group(s) do you identify yourself? Indicate all that apply.

- White, non-Hispanic/Latin@
- Hispanic/Latin@
- Black/African American, non-Hispanic/Latin@
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native

< >

Page Break

Q31

Thank you for taking the time to complete this survey!

< >