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Family Medicine FASD Survey Addendum

Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

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Instructions: Please answer the questions below. Your responses will be kept secure, and will be summarized only in aggregate with those of other respondents. Individual, identifiable responses will NOT be shared.

1 How many unique pediatric patients/clients have you/the practice seen? _____

2 How many patients/clients did you screen/were screened for FASDs? _____

3 How many patients/clients screened positive for FASDs? _____

4

How many patients/clients/families were referred for further assessment and/or treatment of FASDs? _____

5 How many unique patients/clients age 9 and older have you seen? Has the practice seen? _____

6 How many patients/clients did you screen/were screened for alcohol use using validated screening questions/tools? _____

7 How many patients/clients screened positive for risky alcohol use? _____

8 How many patients/clients screening positive for risky alcohol use received a brief intervention? _____

9 How many patients/clients were determined likely to have an alcohol use disorder? _____

10 How many patients/clients were referred for alcohol use disorder treatment?

11 How many unique, non-pregnant female patients/clients age 14 to 44 years old did you see/has the practice seen? (If zero, go to question 22). _____

12 How many unique, non pregnant female patients/clients age 14 to 44 years old received pregnancy risk assessment? _____

13

How many unique, non pregnant female patients/clients age 14 to 44 years old were assessed as at risk for pregnancy? (post menarche, sexually active with at least one male partner, not using contraception effectively or at all, and not sterile) _____

14 How many unique, non pregnant patients/clients 14 to 44 years old expressed desire for pregnancy in the next 6 months? _____

15 How many unique, non pregnant patients/clients 14 to 44 years old received pregnancy prevention counseling? _____

16 How many unique, non pregnant patients/clients 14 to 44 years old received effective contraception services and/or prescriptions? _____

17 How many unique, non pregnant patients/clients 14 to 44 years old received alcohol screening? _____

18 How many unique, non pregnant patients/clients 14 to 44 years old screening positive for risky alcohol use received a brief intervention? _____

19 How many unique, non pregnant patients/clients 14 to 44 years old were determined likely to have an alcohol use disorder? _____

20 How many unique, non pregnant patients/clients 14 to 44 years old were referred for alcohol use disorder treatment? _____

21

How many unique, non pregnant patients/clients 14 to 44 years old were referred for a CHOICES intervention? – for practices integrating CHOICES only. _____

22 How many unique, pregnant patients/clients did you see/has the practice seen? (If zero, go to question 30). _____

23 How many unique, pregnant patients/clients received alcohol screening? _____

24 How many unique, pregnant patients/clients screened positive for any alcohol use during their current pregnancy? _____

25 How many unique, pregnant patients/clients screening positive for alcohol use received a brief intervention? _____

26 How many unique, pregnant patients/clients were determined likely to have an alcohol use disorder? _____

27 How many unique, pregnant patients/clients were referred for alcohol use disorder treatment? _____

28 How many unique, pregnant patients/clients screening positive for alcohol use were asked about prior alcohol exposed pregnancies, children with FASDs? _____

29 How many unique, pregnant patients/clients screening positive for alcohol use were given information and resources on FASD and alcohol exposed pregnancies?

30 Is an FASD screening template integrated into the practice EMR? _____

31 Is an alcohol SBI template integrated into the practice EMR?

32 Is a pregnancy risk template integrated into the practice EMR?

33 On a scale 1 to 5 where 1 means you completely disagree with the statement and 5 means you completely agree, to what extent do you disagree or agree with the following statements (Circle one number per row)

	Completely Disagree	Disagree	Neither Agree nor Disagree	Agree	Completely Agree
a. I feel comfortable in my SBI role within this practice/clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel confident in my SBI role within this practice/clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel comfortable in my FASD screening and referral role within this practice/clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel confident in my FASD screening and referral role within this practice/clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel comfortable in my pregnancy risk reduction role within this practice/clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel confident in my pregnancy risk reduction role within this practice/clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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