Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

**Three Month Follow-Up Webinar Questionnaire**

Thank you for attending WEBINAR TITLE on DATE. This questionnaire will be used by NOFAS for evaluation purposes only. This survey is being conducted for the Centers for Disease Control and Prevention and will take approximately 2 minutes to complete. Your responses will be kept secure.

**Please select the most appropriate answer for the following questions.**

1. **The webinar enhanced my knowledge of fetal alcohol spectrum disorders (FASDs)**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_

1. **The webinar enhanced my skills in preventing alcohol-exposed pregnancies (AEP).**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_\_

Not Applicable\_\_

1. **The webinar increased my confidence in addressing alcohol use and/or FASD with my patients/clients.**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_

Not Applicable\_\_

1. **Have you been able to incorporate any new knowledge gained from the webinar in your clinical practice?**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_

Not Applicable\_\_\_

**If yes, what did you incorporate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Any additional comments**

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**Thank you for completing the survey and for your valuable feedback!**