Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

**National Organization on Fetal Alcohol Syndrome Webinar Survey**

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. Provider Type**: Family Medicine\_\_\_ Ob/Gyn\_\_\_ Pediatrics\_\_\_ Nurse\_\_\_ Social Worker\_\_\_ Medical Assistant\_\_\_\_Other\_\_\_\_\_

**2. Are you a student?** Yes\_\_\_ No\_\_\_ (If yes, skip question 3.)

**3. Years in Practice**: 0-5\_\_\_ 6-10\_\_\_ 11-15\_\_\_ 16-20\_\_\_ >20\_\_\_

**4. This webinar increased my knowledge of the harmful effects of alcohol on the developing fetus. (Circle one)**

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

**5. I plan to use the content in my practice.**

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

**Thank you for participating and sharing your experience with NOFAS!**