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.

<b>1. Provider Type</b> : Family Medicine Ob/Gyn Pediatrics Nurse Social Worker Medical AssistantOther
<b>2. Are you a student?</b> Yes No (If yes, skip question 3.)
<b>3. Years in Practice</b> : 0-5 6-10 11-15 16-20 >20
<b>4. This webinar increased my knowledge of the harmful effects of alcohol on the developing fetus. (Circle one)</b> 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!

CDC estimates the average public reporting burden for this collection of information as 2 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).



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