

Healthcare Professionals Survey (Nursing)

You are invited to take part in a survey for health professionals. The purpose of this survey is to understand the opinions and practices of health professionals around their patients'/clients' alcohol use and on the prevention, identification, and treatment of fetal alcohol spectrum disorders. Your feedback is important as it will help assess the efficacy of trainings and identify the needs of health professionals to better address the services they provide to patients/clients around alcohol consumption and/or the effects of alcohol use during pregnancy.

This survey will take approximately 9 minutes to complete and your responses will be kept secure.

Your participation is voluntary; you may decline to answer any question and you have the right to stop the survey at any time. Any information you provide will be presented in aggregate in a report and no individual identifying information will be included. There will be no costs for participating, nor will you benefit from participating.

CDC estimates the average public reporting burden for this collection of information as 9 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 (0920-1129).

1. Fetal alcohol spectrum disorders are: (Check only one response.)
 - ☐ Disorders a pregnant woman experiences when she drinks alcohol.
 - ☐ Disorders that affect the ability of a pregnant woman who drinks alcohol to go full term.
 - ☐ Physiological problems experienced by a newborn.
 - ☐ The range of effects that can occur in an individual who was exposed prenatally to alcohol.
2. 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 in neuroimaging and/or a history of seizures
 - ☐ Cognitive/developmental deficiencies 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
3. Risky drinking for non-pregnant women ages 21 and older is defined as more than _____ standard drinks in a day, or more than _____ standard drinks per week on average: (Check only one response.)
 - ☐ 2, 6
 - ☐ 3, 7
 - ☐ 3, 8
 - ☐ 4, 7
4. What advice would you give your patient/client about how much alcohol is safe to drink during pregnancy? (Check only one response.)
 - ☐ No more than one drink per day
 - ☐ No more than one or two drinks per week
 - ☐ Minimal alcohol is okay only during certain trimesters
 - ☐ There is no known safe amount of alcohol consumption during pregnancy
5. When is it safe to drink alcohol during pregnancy? (Check only one response.)
 - ☐ During the first three months
 - ☐ During the last three months
 - ☐ Once in a while
 - ☐ Never
6. Rate the importance of providing counseling to your patients/clients on risky alcohol use in women of childbearing age: (Check only one response.)
 - ☐ Not at all important
 - ☐ Somewhat important
 - ☐ Moderately important
 - ☐ Very important
 - ☐ Extremely important

If you are a student, please skip to Question 9. Otherwise, please continue.

7. When do you (or someone in your practice) ask your patients/clients or their parents/caregivers about their alcohol use? (Check only one response.)
- ☐ Never
 - ☐ Annually
 - ☐ At each visit
 - ☐ When indicated (please describe: _____)
 - ☐ Other, please specify _____
8. My practice has a consistent process to screen or obtain information from all patients/clients about their alcohol use. (Check only one response.)
- ☐ Yes
 - ☐ No
 - ☐ Don't Know
 - ☐ Not applicable to the patients/clients in my practice setting

If yes, please continue. Otherwise, skip to Question 9.

- a. What does initial patient/client screening for alcohol use consist of in your practice setting? (Check only one response.)
- ☐ Informal questions (Do you drink? How often/much do you drink?, etc.).
 - ☐ Formal screening tool or evidence-based/ validated screening instrument (AUDIT, AUDIT-C, DAST, CAGE, CRAFFT, NIAAA Youth Alcohol Screen, etc.).
 - ☐ I don't know.
- b. Who generally conducts the initial screening for alcohol? (Check all that apply.)
- ☐ Nurse (including nurse practitioner)
 - ☐ Social worker
 - ☐ Behavioral health specialist (coach)
 - ☐ Psychologist
 - ☐ Physician
 - ☐ Physician's Assistant
 - ☐ Medical Assistant
 - ☐ Other, please specify _____
- c. Is screening for alcohol use followed by some type of intervention in your practice setting? (Check all that apply.)
- ☐ No, there is no patient/client education or intervention done following the initial screening
 - ☐ Yes, all patients/clients are given educational materials/information on "safe" levels of alcohol and health risks associated with consuming too much alcohol
 - ☐ Yes, patients/clients who screen positive for risky alcohol use are asked follow-up questions and provided brief counseling.
 - ☐ Yes, patients/clients who screen positive for risky alcohol use are asked follow-up questions and provided with additional resources (e.g., a list of treatment and/or counseling services in the community).
 - ☐ Not sure if there is an intervention following the initial screening.

9. On a scale from 1 to 5 where 1 means you strongly disagree with the statement and 5 means you strongly agree, to what extent do you disagree or agree with the following statements. (Select one number per row).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Alcohol is a teratogen and is risky for pregnant women	1	2	3	4	5
b. It is important to routinely screen all patients/clients for alcohol use	1	2	3	4	5
c. Screening a person for alcohol use confers a stigma to the person being screened	1	2	3	4	5
d. It is important to screen all pregnant women for alcohol use	1	2	3	4	5
e. It is important to screen all women of reproductive age for alcohol use	1	2	3	4	5
f. It is important to educate women of reproductive age, including those who are pregnant, about the effects of alcohol on a developing fetus	1	2	3	4	5
g. Prenatal alcohol exposure is a potential cause of growth impairment	1	2	3	4	5
h. Prenatal alcohol exposure is a potential cause of physical, cognitive, and behavioral health problems	1	2	3	4	5

10. On a scale from 1 to 5 where 1 means you are not confident in your skills and 5 means you are totally confident in your skills, how confident are you in your skills to do the following? (Select one number per row).

	Not at all confident in my skills	Slightly confident in my skills	Moderately confident in my skills	Very confident in my skills	Totally confident in my skills
a. Asking women, including pregnant women, about their alcohol use	1	2	3	4	5
b. Having a conversation with patients/clients who indicate risky alcohol use	1	2	3	4	5
c. Educating women of childbearing age, including those who are pregnant, about the effects of alcohol on a developing fetus	1	2	3	4	5
d. Conducting brief interventions for reducing alcohol use	1	2	3	4	5
e. Utilizing resources to refer patients/clients who need formal treatment for alcohol abuse	1	2	3	4	5
f. Inquiring about potential prenatal alcohol exposure for my patients/clients	1	2	3	4	5

11. Are you aware of the CDC training website on FASD and risky alcohol use (www.cdc.gov/ncbddd/fasdtraining.html)?

YES

NO

If yes, have you ever taken an FASD training on the CDC website?

Yes, within the last 12 months

Yes, more than 12 months ago

No, but I intend to within the next 12 months

No, and I don't intend to within the next 12 months

12. Please describe your primary professional role:

Nurse or midwife, in clinical practice

Nurse or midwife, not in clinical practice

Nurse or midwife, retired

Student

Other, please specify: _____

If you are a nurse, please answer the below questions. Otherwise, please skip to demographics.

Are you a member of any of the following nursing organizations? (Check all that apply.)

- ☐ American Nurses Association (ANA)
- ☐ American College of Nurse Midwives (ACNM)
- ☐ Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- ☐ Nurse Practitioners in Women's Health (NPWH)

What is your current education level?

☐ DNP

☐ MSN

☐ BSN

☐ RN Diploma

DEMOGRAPHICS

1. What sex were you assigned at birth, on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Refused
- ☐ I don't know

2. Do you currently describe yourself as male, female, or transgender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ None of these

3. In which state(s) do you provide services or go to school?

q AL

q DC

q IN

q MH

q NV

q AK

q FL

q IA

q MI

q NH

q AZ

q FM

q KS

q MN

q NJ

q AR

q GA

q KY

q MP

q NM

q CA

q GU

q LA

q MS

q NY

q CO

q HI

q ME

q MO

q NC

q CT

q ID

q MD

q MT

q ND

q DE

q IL

q MA

q NE

q OH

q OK
q OR
q PA
q PR

q PW
q RI
q SC
q SD

q TN
q TX
q UT
q VT

q VI
q VA
q WA
q WV

q WI
q WY
q Not
applic
able

4. What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

5. How would you describe your race? (Check all that apply.)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

Thank you for completing this survey.