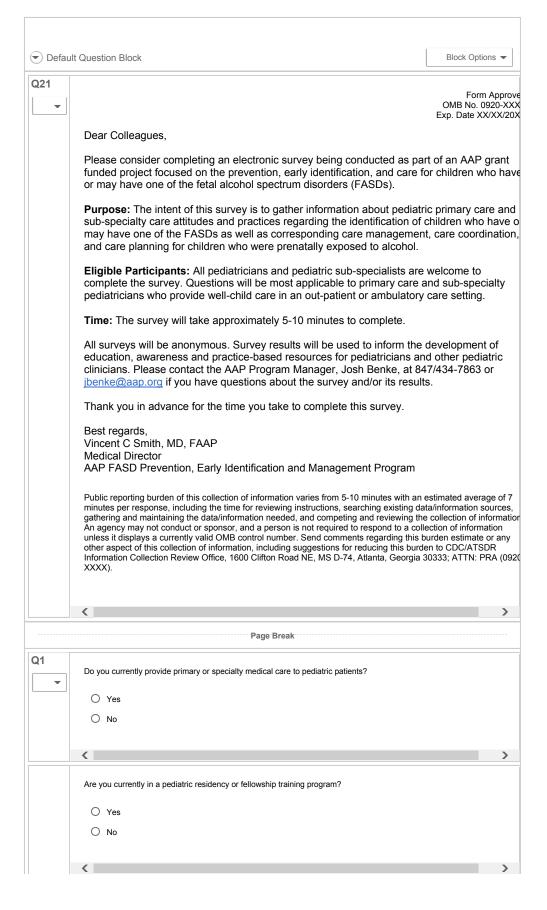
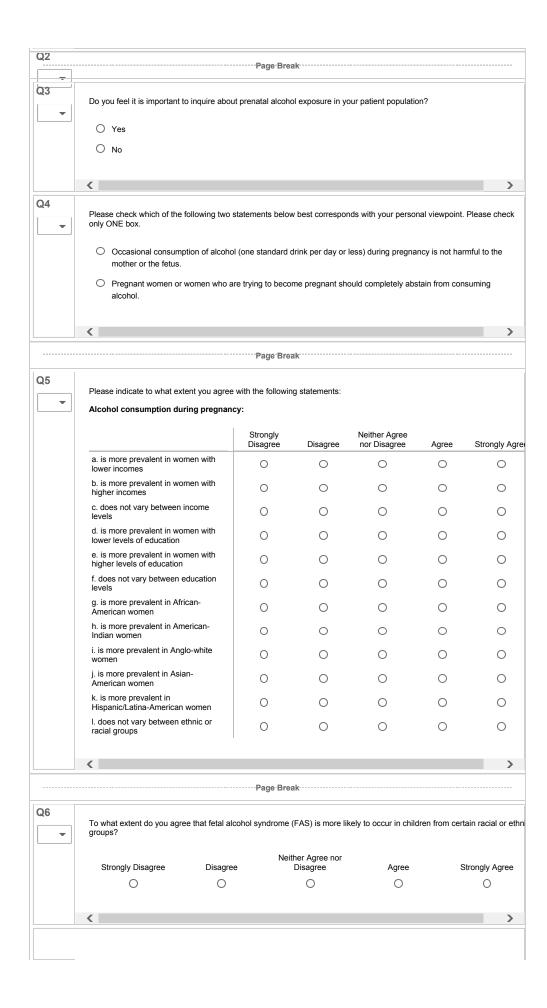
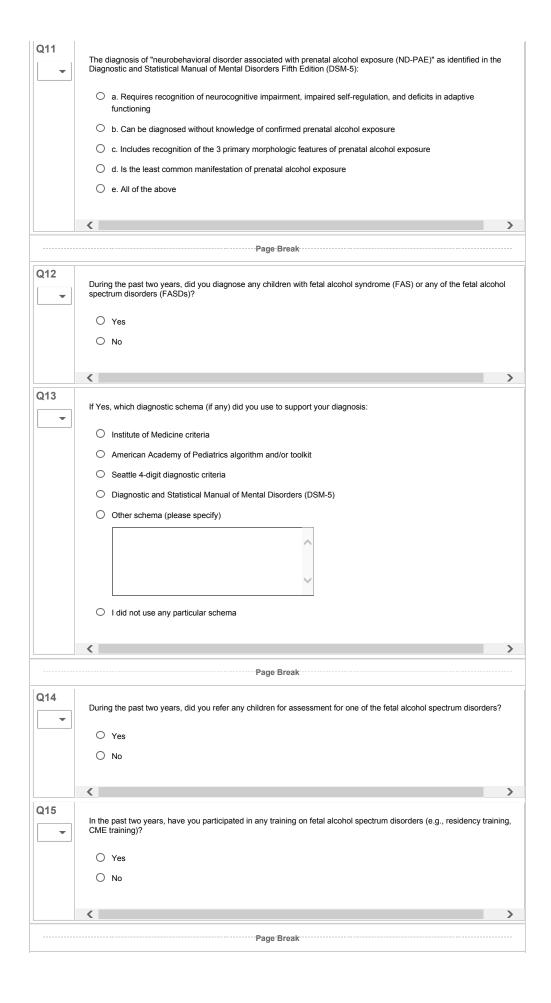
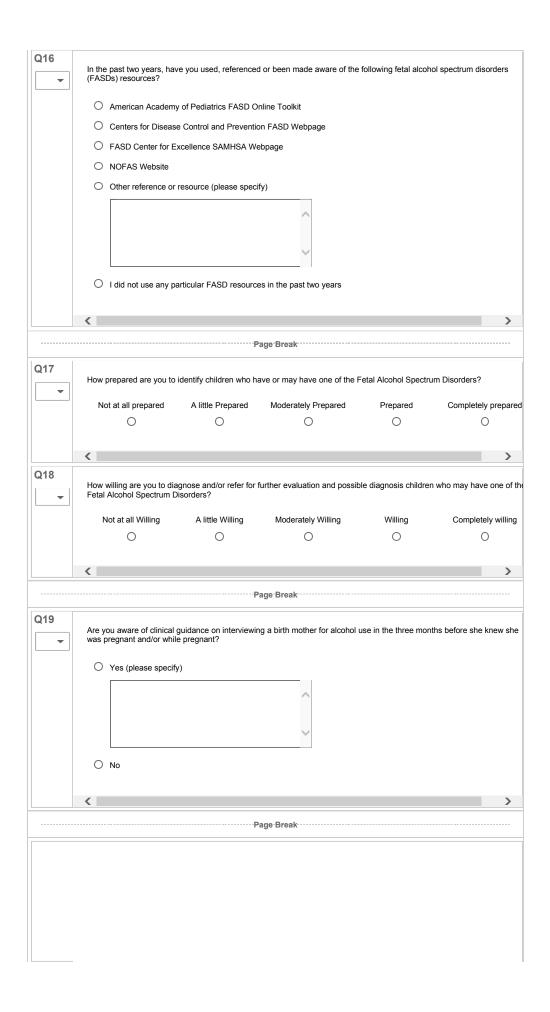
You have unlocked your survey. When you have finished editing, please $\underline{\text{lock}}$ your survey again.





Q7	To what extent do you agre family?	ee that making a diag	gnosis of fetal alcohol syndron	ne (FAS) stigmatizes	s the child and/or the		
	Strongly Diogram	Dinagroo	Neither Agree nor	Agroo	Strongly Agroo		
	Strongly Disagree	Disagree	Disagree	Agree	Strongly Agree		
	O	0	O	0	O		
	<				>		
			Page Break				
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Q8		d behavioral health of	arding stigma contribute to pe concerns that could lead to a				
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		
	0	0	0	0	0		
	<				>		
Q9	Which of the following are t apply)	he primary dysmorp	hic facial features associated	with prenatal alcoho	I exposure? (Check all tha		
	☐ Wide inner canthal d	istance					
	☐ Short palpebral fissu	res					
	☐ Full lips						
	☐ Smooth philtrum						
	☐ Thin upper lip						
	☐ Flaring nares						
	☐ Don't know/unsure						
	<				>		
			Page Break				
Q10	Which of the following could	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 on neuroimaging and/or a history of seizures ☐ Cognitive/developmental deficits or discrepancies 						
	☐ Executive function de	eficits					
	☐ Delays in gross/fine	motor function					
	Problems with self-re	egulation/self-soothin	ng				
	☐ Delayed adaptive ski	ills					
	☐ Confirmed history of	alcohol exposure in	utero				
	☐ Don't know/unsure						
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			Page Break				





Direct patient care Administration Academic medicine Research Pellowship training Other (Specify) Number of hours in Other activity above Page Break Are you currently in a pediatric residency training program? Yes No No General Pediatrics (Specify percentage of time spent in the following areas? Please make sure both percentage n provided add to 100%. General Pediatrics (Specify percentage of time spent in general pediatrics in the box below) Other specialty/sub-specialty area (Specify the specialty areai.e., developmental pediatricsin the box	
Research	
Other (Specify) Number of hours in Other activity above Page Break Are you currently in a pediatric residency training program? Yes No No Approximately what percentage of your time is spent in the following areas? Please make sure both percentage n provided add to 100%. General Pediatrics (Specify percentage of time spent in general pediatrics in the box below)	,
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in the box below)	a
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