Form Approved

OMB No. xxxx-xxxx

# Exp. Date xx/xx/xxxx

**AMERICAN ACADEMY OF PEDIATRICS**

**PRE-TRAINING EVALUATION SURVEY**

Thank you for your interest in fetal alcohol spectrum disorders (FASD). We would like to invite you to complete a pre-training evaluation survey. We appreciate your willingness to help us evaluate the effectiveness of the training and its impact on your practice as you address the prevention, identification, and treatment of FASD.

This survey will take approximately 10 minutes to complete. Your responses will be kept secure and no individually identifying information will be included. Risks to participating in this survey are minimal and include the risk of your information becoming known to individuals outside the AAP. This project is being conducted with support from the Centers for Disease Control and Prevention (CoAg# OT18-1802). We plan to share findings with CDC in de-identified, aggregate form.

Your participation in this survey is voluntary. You may decline to answer any question and you have the right to stop the survey at any time.

Please submit questions to the project partners at [PEHDIC@aap.org](mailto:PEHDIC@aap.org).

**UNIQUE IDENTIFIER INFORMATION (to help us match your pre- and post-training responses)**

Today’s date: \_\_\_ \_\_\_ /\_\_\_ \_\_\_/ \_\_\_ \_\_\_ \_\_\_ \_\_\_

1. First 2 letters of your mother’s maiden name \_\_\_ \_\_\_
2. Month of your birthday \_\_\_ \_\_\_
3. Last 2 digits of your social security number \_\_\_ \_\_\_
4. State in which you practice \_\_\_ \_\_\_

The public reporting burden of this collection of information is estimated to average 10 minutesper response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (xxxx-xxxx)

KNOWLEDGE QUESTIONS

5. Which of the following are true statements? (Check all that apply)

* A. FASDs are temporary conditions that children outgrow.
* B. Treatment options for FASDs are aimed at improving the symptoms and/or providing environmental modifications, and developing parenting strategies and educational interventions, to optimally address the brain-based problems.
* C. Even with appropriate services and supports, individuals with an FASD cannot be successful and productive members of society.
* D. Each person with an FASD is similar, so treatment approaches are standard and do not require individual modification.
* E. Children with FASDs may benefit from a structured environment in both home and school where there are reasonable rules, expectation, routines, and supervision.

6. Which of the following is a true statement? (Check all that apply)

* A. Children with FASDs benefit from a structured environment where there are reasonable rules, expectations, routines, and supervision based on their developmental age.
* B. Many children with an FASD have an elevated sense of self due to the neurobehavioral dysregulation.
* C The developmental disabilities seen in FASD are only seen before the age of 5 and do not manifest until the child is school age or older.
* D. While FASDs are medical conditions, medications have no place in their management.
* E. Unlike children with other developmental disabilities, when they violate rules, children with FASD respond best to punishments rather than positive behavioral reinforcement.

7. Which of the following approaches can be used to manage and treat FASDs? (Check all that apply)

* A. A combination of special education, vocational programs, and tutors.
* B. Medication for treating specific symptoms.
* C. Behavioral and developmental evaluation and therapy.
* D. Interventions that include parent-child interaction in a structured environment.
* E. Trial on alternative diets such as limiting sugar and carbohydrate intake or diets rich in calcium.

8.Which of the following is NOT a common neurobehavioral finding in children with prenatal alcohol exposure? (Check all that apply)

* A. Little or no interest in playing with children.
* B. Poor reading comprehension, memory deficits, and difficulty with mathematics.
* C. Short attention span, hyperactivity, and increased distractibility.
* D. Poor problem-solving abilities, social skill deficits, and language skill delays.
* E. Impulsive and aggressive behavior.

*9. Complete the sentence by selecting all answers that are applicable.*It is important to obtain the history of prenatal alcohol exposure and identify a patient with an FASD even if a child is already in the school-age years because children with prenatal alcohol exposure: (Check all that apply)

* A. Can have behavioral problems that do not respond to traditional parenting or behavioral intervention strategies.
* B. May need a different approach to learning (may need an individualized education plan in the school setting).
* C. May have social skill deficits that need to be addressed with close supervision and guidance and support in peer and adult interactions.
* D. May not have discernible problems in expressive language which can mask disabilities in auditory processing, receptive communication, and social pragmatic use of speech as well as other hidden disabilities.
* E. Have impairments and disabilities that often do not improve until they reach adulthood.

**OPINION QUESTIONS**

10. To what extent do you agree with the following statement?

|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| 1. Concern about mothers’/parents’ response to screening for prenatal alcohol exposure is a barrier to screening. | 1 | 2 | 3 | 4 | 5 |
| 1. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family | 1 | 2 | 3 | 4 | 5 |

**PRACTICE QUESTIONS**

**If any of the following screening, diagnostic or referral items do not apply to you in your current position, please circle “N/A” for each item that is not applicable.**

11. How often do you do the following?

|  | N/A | Never | Rarely | Sometimes | Usually | Always |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Manage/coordinate the treatment of patient | 0 | 1 | 2 | 3 | 4 | 5 |

12. How confident are you in your skills to do the following? (Mark one number per row)

|  | N/A | Not at all Confident in my Skills | A Little Confident in my Skills | Moderately Confident in my Skills | Confident in my Skills | Completely  Confident in my skills |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D) | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Manage/coordinate the treatment of persons with FASDs | 0 | 1 | 2 | 3 | 4 | 5 |

13. How willing are you to do the following? (Mark one response per row)

|  | N/A | Not at all Willing | A little Willing | Moderately Willing | Willing | Completely Willing |
| --- | --- | --- | --- | --- | --- | --- |
| a. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D) | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. Manage/coordinate the treatment of persons with FASDs | 0 | 1 | 2 | 3 | 4 | 5 |

**GENERAL**

14. Please feel free to comment on your response to any of the questions in this survey.

|  |  |
| --- | --- |
| **Please take a moment to tell us about yourself:** | |
| **How would you describe your gender identity? :**  ❒ Male  ❒ Female  **Are you Hispanic or Latino/a?**  ❒ No  ❒ Yes (includes: Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or other Hispanic or Latino/a)  **With what racial or cultural group(s) do you identify yourself?  (Mark all that apply)**  ❒ Black/African American  ❒ Asian  ❒ Native Hawaiian or other Pacific  Islander  ❒ American Indian or Alaska Native  ❒ White  ❒ Other  (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **What year did you complete or will you complete your training:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are you, or will you be, a:**  ❒ Primary Care Pediatrician  ❒ Developmental/Behavioral Pediatrician  ❒ Geneticist  ❒ Other Pediatric Sub-specialty  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❒ Family Physician  ❒ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response.**  ❒ Self-employed solo practice  ❒ Two physician practice  ❒ Pediatric group practice, 3-10 pediatricians  ❒ Pediatric group practice, >10 pediatricians  ❒ Multispecialty group practice  ❒ Health maintenance organization (staff model)  ❒ Medical school or parent university  ❒ Non-profit community health center  ❒ Non-government hospital or clinic  ❒ City/county/state government hospital or clinic  ❒ US government hospital or clinic  ❒ Other:  **Please describe the community in which your primary practice/position is located?**  ❒ Urban, inner city  ❒ Urban, not inner city  ❒ Suburban  ❒ Rural |

*Thank you for taking the time to answer these questions!*