
# FASD Assessment Services - Post Clinic Caregiver Survey

## FASD Assessment Services - Post-Clinic Caregiver Survey

You and your child/dependent recently participated in an FASD assessment at our clinic. Your feedback will help us evaluate and improve our services. Thank you for taking the time to complete this survey. Your responses are entirely voluntary, and you may refuse to complete any part or all of this survey. Please answer openly and honestly.

1. Please enter the date (or approximate date) the assessment was completed.

Date

Date

DD/MM/YYYY

2. Age of your child/dependent:

- [ ] Under 8 years old
- [ ] 8 - 12 years old
- [ ] 13 - 17 years old
- [ ] 18+ years old

3. What gender does your child/dependent identify as?

- ◯ Male
- ◯ Female
- ◯ Trans-gender
- ◯ Non-binary
- ◯ Prefer not to answer

Other (please specify)

4. Do you understand the diagnosis your child/dependent was given?

- ☐ Yes
- ☐ No

Other (please specify)

5. Do you have an increased understanding of how FASD affects your child/dependent?

- ☐ Yes
- ☐ No

6. Are you more aware of your child's/dependent's needs and strengths?

- ☐ Yes
- ☐ No

7. Do you have an increased understanding of the resources and services available in your community?

- ☐ Yes
- ☐ No

8. Were you treated respectfully by the clinic staff?

- [ ] Yes
- [ ] No

9. Do you have other comments or suggestions? If yes, please explain.