Pre-Survey

1. First Name\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Best Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Company/Practice affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please select your community-based birth role:
* Certified nurse midwife
* Certified professional midwife
* Midwife student/assistant
1. Do you have hands on prior experience collecting the following types of newborn screens:

Yes No Blood spot

Yes No Hearing screen

Yes No Pulse oximetry screen

1. Do you have hands on prior experience doing the following:

Yes No Guiding parents through the BioTrust consent process

Yes No Ordering and paying for blood spot cards

Yes No Educating parents about newborn screening

Please Rate you comfort level doing the following: Not very comfortable Very comfortable

* Collecting blood spot screens 0 1 2 3 4 5
* Collecting hearing screens 0 1 2 3 4 5
* Collecting Pulse oximetry screens 0 1 2 3 4 5
* Guiding parents through the BioTrust consent process 0 1 2 3 4 5
* Ordering and paying for blood spot cards 0 1 2 3 4 5
* Educating parents about newborn screening 0 1 2 3 4 5