**Sample FASD assessment form**

**PATIENT DETAILS**

|  |  |
| --- | --- |
| **NAME** |  |
| Sex | Female  Male Other |
| Date of birth (DD/MM/YYYY) |  / / Age at assessment: |
| Racial/ ethnic background |  |
| Preferred language |  |
| CHI number |  |
| Referral source, date, provider number and contact details |  |
| Name of person(s) accompanying patient |  |
| Patient’s primary carer(select 1 or more) | Birth mother Birth fatherFoster carer Adoptive parent/s Other |
| Birth mother’s name |  |
| Birth father’s name |  |
| Consent form for assessment completed | No Yes |
| Assessment Form completed by |  |
| Place of assessment |  |
| Completion of this form (DD/MM/YYYY) |  / /  |

**HISTORY**

|  |
| --- |
| **Presenting concerns:** *(Include concerns identified by referring doctor, parent, caregiver, teacher; strengths and needs; age-appropriate abilities eg behavioural regulation, memory and learning, social skills and motor control)* |

|  |
| --- |
| **Obstetric history:** **Developmental history:** **Mental health and other behavioural issues:****Medical history:****Social history:** *(eg foster care, living arrangements)* |

**MATERNAL ALCOHOL USE**

Evidence of maternal alcohol use in the three months prior to and during pregnancy should be assessed, including any special occasions when a large amount of alcohol may have been consumed, using a standardised screening tool (AUDIT-C, T-ACE or TWEAK).
The definition of a standard unit of alcohol should be explained prior to administering the AUDIT-C (Q1–3). Information on standard units and volume of alcohol can be found at

[www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/what-is-an-alcohol-unit](http://www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/what-is-an-alcohol-unit)

**Alcohol use in early pregnancy** (if available)

|  |  |
| --- | --- |
| 1. Was the pregnancy planned or unplanned?
 |  Planned  Unplanned  Unknown |
| 1. At what gestation did the birth mother realise that she was pregnant?
 | \_\_\_\_ (weeks)  Unknown |
| 1. Did the birth mother drink alcohol before the pregnancy was confirmed?
 |  Yes  No  Unknown |
| 1. Did the birth mother modify her drinking behaviour on confirmation of pregnancy?

If Yes please specify: |  Yes  No  Unknown |
| 1. During which trimesters was alcohol consumed? (tick one or more)
 |  None  1st  2nd  3rd  Unknown |

**Screening tools – assess and record alcohol exposure using one of AUDIT-C, T-ACE or TWEAK**

**AUDIT-C Reported alcohol use** (if available)

|  |
| --- |
| 1. How often did the birth mother have a drink containing alcohol during this pregnancy?
 |
| Unknown | Never*[skip Q2 + Q3]* | Monthly or less | 2–4 times a month | 2–3 times a week | 4 or more times a week |
|  | 0 | 1 | 2 | 3 | 4 |
| 1. How many units of alcohol did the birth mother have on a typical day when she was drinking during this pregnancy?
 |
| Unknown | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |
|  | 0 | 1 | 2 | 3 | 4 |
| 1. How often did the birth mother have 6 or more units of alcohol on one occasion during this pregnancy?
 |
| Unknown | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|  | 0 | 1 | 2 | 3 | 4 |
| **AUDIT-C score during this pregnancy: (Q1+Q2+Q3)=\_\_\_\_\_\_**Scores: 0=No exposure, 1–4= Confirmed exposure, 5+= Confirmed high-risk exposure |

**T-ACE** (if available)

|  |  |  |  |
| --- | --- | --- | --- |
| **T****Tolerance** | How many drinks does it take to make you feel high (effects)? | **Scores** |  |
| *0 to 2 drinks* | **0** |  |
| *More than 2 drinks* | **2** |  |
|  |  | **Yes** | **No** |
| **A****Annoyed** | Have people ever annoyed you by criticising your drinking? | **1** | **0** |
| **C****Cut down** | Have you ever felt you ought to cut down on your drinking? | **1** | **0** |
| **E****Eye opener** | Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hang-over? | **1** | **0** |
|  |  | Add total |  |
|  | **Scoring: A total of ≥2 represents potential risk** | **\_\_\_\_\_\_\_** |  |

**TWEAK** (if available)

|  |  |  |
| --- | --- | --- |
| **T****Tolerance** | How many drinks does it take to make you feel high? | Score |
| Less than 3 | **0** | 3 or more | **2** |  |
| **W****Worried** | Have close friends or relatives worried or complained about your drinking? |  |
| No | **0** | Yes | **2** |  |
| **E****Eye opener** | Do you sometimes have a drink in the morning when you first get up? |  |
| No | **0** | Yes | **1** |  |
| **A****Amnesia** | Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? |  |
| No | **0** | Yes | **1** |  |
| **K****K/Cut down** | Do you sometimes feel the need to cut down on your drinking? |  |
| No | **0** | Yes | **1** |  |
|  |  | **Total score** |
|  | **Scoring: A total of ≥2 represents potential risk** | **\_\_\_\_\_\_\_\_** |

**Other evidence of exposure**

|  |
| --- |
| Is there evidence that the birth mother has ever had a problem associated with alcohol misuse or dependency? No  Yes (identify below, including source of information) Alcohol dependency (specify) Alcohol-related illness or hospitalisation (specify) Alcohol-related injury (specify) Alcohol-related offence (specify) Other (specify)Information from records: eg medical records, court reports, child protection records.Is there evidence that the birth mother’s partner has ever had a problem associated with alcohol misuse or dependency? No  Yes (identify below, including source of information) |

**Alcohol Exposure Summary**

|  |  |
| --- | --- |
| Source of reported information on alcohol use:  |  Birth mother  Other (specify) |
| In your judgement what is the reliability of the information on alcohol exposure? |  Unknown  Low  High |
| In your judgement was there high-risk consumption of alcohol during pregnancy? |  Unknown  Yes  No |
| Prenatal alcohol exposure:  |  Unknown exposure  No exposure  Confirmed exposure  Confirmed high-risk exposure |

**OTHER EXPOSURES**

Assess evidence of adverse prenatal and postnatal exposures and events that need to be considered.

**Prenatal**

|  |
| --- |
| Other prenatal exposures identified: (if yes, specify and indicate source of information) Nicotine (eg cigarettes, inhalers, e-cigs and chewed tobacco) (specify) Marijuana (specify) Heroin (specify) Cocaine (specify) Amphetamines (specify) Other non-prescription drugs (specify) Anticonvulsants (specify) Other prescription drugs (specify) Don’t know None |
| Specify other prenatal risk factors and assess risk: (eg pregnancy complications, congenital infection, trauma, exposure to known teratogens, including ionizing radiation, paternal or maternal intellectual impairment, maternal ill-health) |
| Other prenatal risk summary:  No known risk  Unknown risk  Some risk  High risk |

**Postnatal**

|  |
| --- |
| Specify other physical or medical risk factors and assess risk based on your clinical judgement: (eg prematurity, history of abuse or neglect, serious head injury, meningitis or other medical conditions that could lead to brain damage, child substance abuse) |
| Specify other psychosocial risk factors and assess risk (eg emotional abuse, early life trauma, parental separation or incarceration, drug and alcohol use in the household; overcrowding, socioeconomic disadvantage): |
| Postnatal risk summary:  No known risk  Unknown risk  Some risk  High risk |

**GROWTH**

Assess birth parameters and postnatal growth, and determine if any deficit exists that is unexplained by genetic potential, environmental influences (eg nutritional deficiency) or other known conditions (eg chronic illness).

|  |  |  |  |
| --- | --- | --- | --- |
| **Birth** | Gestation age | Birth length | Birth weight |
| Date | weeks | cm | percentile | grams | percentile |
|  |  |  |  |  |  |

|  |
| --- |
| Growth reference chart used: CDC  WHO  Other (specify)  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Postnatal** |  | Height | Weight |
| Date | Age | cm | percentile | kg | percentile |
|  |  |  |  |  |  |
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|  |
| --- |
| Growth reference chart used: CDC  WHO  Other (specify)  |

**Parental height** (if available)

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s height (cm) | Father’s height (cm) | Sex-specific target height (cm) | Sex-specific target height (percentile) |
|  |  |  |  |

|  |
| --- |
| Specify factors that may explain growth parameters: (eg nutritional or environmental neglect, genetic condition, prematurity, other drugs, nicotine) |

**Growth summary**

|  |
| --- |
| Was an unexplained deficit in height or weight <3rd percentile identified at any time? Yes  NoIf Yes:  height or weight ≤10th and >3rd percentile  height or weight ≤3rd percentile |

**SENTINEL FACIAL FEATURES**

Assess for the 3 sentinel facial features of FASD: short palpebral fissure length (≥2 SD below the mean), smooth philtrum (rank 4 or 5 on the Lip-Philtrum guide), and thin upper lip (rank 4 or 5 on the Lip-Philtrum guide).

|  |  |  |  |
| --- | --- | --- | --- |
| **Palpebral Fissure Length (PFL)** | Right PFL | Left PFL | Mean PFL |
| Date | Age | Assessment method | mm | Z score (SD) | mm | Z score | mm | Z score\* |
|  |  |  direct measure  photo analysis |  |  |  |  |  |  |
|  |  |  direct measure  photo analysis |  |  |  |  |  |  |
| PFL reference chart used:  Strömland (Scandinavian)  Clarren (Canadian)  Other |

**Philtrum**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Age | Assessment method | UW Lip-Philtrum Guide 5-point rank |
|  |  |  direct measure  photo analysis |  |
|  |  |  direct measure  photo analysis |  |
|  |  |  direct measure  photo analysis |  |

**Upper Lip**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Age | Assessment method | UW Lip-Philtrum Guide 5-point rank |
|  |  |  direct measure  photo analysis |  |
|  |  |  direct measure  photo analysis |  |
|  |  |  direct measure  photo analysis |  |
| Lip-Philtrum Guide† used:  Guide 1: Caucasian  Guide 2: African American |

**Sentinel Facial Features Summary**

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| --- |
| Number of Sentinel Facial Features (PFL ≥2 SD below the mean, philtrum rank 4 or 5, upper lip rank 4 or 5):  0  1  2  3 |

**OTHER PHYSICAL FINDINGS**

**Dysmorphic Facial Features** (please specify)

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| --- |
|  |

**Other birth defects - major or minor** (please specify)

|  |
| --- |
|  |

**Other medical conditions:**

|  |
| --- |
| Hearing impairment:  No  Not tested  Yes (specify)Vision impairment:  No  Not tested  Yes (specify)Known syndrome or genetic disorder (please specify):Other (please specify): |

**Investigations:**

|  |
| --- |
| Chromosomal microarray:  No  Result pending  Yes (specify result)Fragile X testing:  No  Result pending  Yes (specific result)Other investigations as indicated: Full blood count, ferritin, metabolic screen, creatinine kinase, lead, and thyroid function (specify): |

**NEURODEVELOPMENTAL AREAS OF ASSESSMENT**

1. **BRAIN STRUCTURE/NEUROLOGY**

BRAIN STRUCTURE

**Occipitofrontal circumference (OFC)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Age  | OFC (cm)  | Percentile\* | Reference used |
| Birth: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*correct for gestational age when <2 years old

|  |
| --- |
| If OFC <3rd percentile, is it explained by other aetiologies, eg infection, metabolic or other disease?  No  Yes (specify) |

**Imaging**

|  |
| --- |
| CNS imaging performed:  No  Yes (specify image modality and date)Specify any structural abnormalities:If yes, are they explained by other aetiologies, eg injury, infection, or metabolic or other disease?  No  Yes (specify) |

NEUROLOGY

Assess evidence of seizure disorders or other abnormal hard neurological signs.

**Seizure disorder**

|  |
| --- |
| Seizure disorder present:  No  Yes (specify)If yes, are they explained by other aetiologies, eg injury, infection, or metabolic or other disease?  No  Yes (specify) |

**Other neurological diagnoses,** eg CP, visual impairment, sensorineural hearing loss

|  |
| --- |
| Other abnormal neurological diagnoses present:  No  Yes (specify)If yes, are they explained by other aetiologies, eg injury, infection, or metabolic or other disease?  No  Yes (specify) |

**Brain structure/neurology area of assessment summary**

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| --- |
| Evidence of brain structure/neurology abnormalities of presumed prenatal origin that are unexplained by other causes?  No  Yes  Not assessed  |

Assess evidence of significant CNS dysfunction due to underlying brain damage. Required evidence includes severe neurodevelopmental impairment (≥2 SD below the mean or <3rd percentile) in areas of assessment of brain function based on standardised psychometric assessment by a qualified professional.

1. **MOTOR SKILLS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
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|  |  |  |  |  |
|  |  |  |  |  |
| Other information: |
| Motor Skills impairment:  None  Some  Severe  Not assessed |

1. **COGNITION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
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|  |  |  |  |  |
|  |  |  |  |  |
| Other information: |
| Cognition impairment:  None  Some  Severe  Not assessed |

1. **LANGUAGE (expressive and receptive)**

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| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other information: |
| Language impairment:  None  Some  Severe  Not assessed |

1. **ACADEMIC ACHIEVEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| Other information: |
| Academic achievement impairment:  None  Some  Severe  Not assessed |

1. **MEMORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
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|  |  |  |  |  |
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|  |  |  |  |  |
| Other information: |
| Memory impairment:  None  Some  Severe  Not assessed |

1. **ATTENTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
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|  |  |  |  |  |
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| Other information: |
| Attention impairment:  None  Some  Severe  Not assessed |

1. **EXECUTIVE FUNCTION, INCLUDING IMPULSE CONTROL AND HYPERACTIVITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other information: |
| Executive function, including impulse control and hyperactivity impairment:   None  Some  Severe  Not assessed |

1. **AFFECT REGULATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other information: |
| Affect regulation impairment:  None  Some  Severe  Not assessed |

1. **ADAPTIVE BEHAVIOUR, SOCIAL SKILLS, OR SOCIAL COMMUNICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test/subtest name | Age/Date | Score | Percentile/SD | Interpretation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other information: |
| Adaptive behaviour, social skills, or social communication impairment:   None  Some  Severe  Not assessed |

**NEURODEVELOPMENTAL AREAS OF ASSESSMENT SUMMARY**

|  |
| --- |
| Number of neurodevelopmental domains with evidence of severe impairment:  None  1  2  3 or more (specify)\_\_\_\_\_ |