



rffada FASD Screening Tool

ADMINISTRATORS:

This is an informal non-medical screening tool to identify adults with suspected FASD. The questions in this tool are based on my research both personal and academic into the condition over the last 15 years as well as my experience as a mother of two biological adult children with FASD. There is a difference between a medical diagnosis and screening. The material in this form offers information only and is not evidence-based. Only a doctor can give medical advice and | or make a diagnosis. FASD can vary in severity. Some people may have just one or two problems; others may have many. The types of problems experienced by adults with FASD can also change as they become older. A positive response to all these questions still may not mean FASD as there are other conditions which also have these same signs, symptoms and history **however for the purpose of implementing interventions and strategies - if it looks and sounds like FASD treat it like FASD.** Anne Russell
rffada 06112015

Apart from Section 1, each tick in each section is worth one point. Once this document is complete, take it to your medical practitioner for them to make a final diagnosis.

MEDICAL PRACTITIONERS:

In the absence of an Australian protocol [to be rectified when the trials have been completed], the diagnostic criteria for each diagnosis on the spectrum is on the last page of this document.

Name of Case Worker Doctor Clinic Health Worker Other	Date
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Personal Information

Name of Adult	Date of Birth
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address Community Location	

SECTION 1 - General Medical	<input type="checkbox"/> No None Not Applicable
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Has the adult been diagnosed with any of these conditions?

Fetal Alcohol Syndrome Partial Fetal Alcohol Syndrome Alcohol Related Neuro-developmental Disorder Alcohol Related Birth Defects Neurodevelopmental Disorder – Prenatal Alcohol Exposed Static Encephalopathy

NO NEED TO GO FURTHER – THE ADULT HAS FASD

Has the adult been prenatally exposed to alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes tick ~ 5 points
Is there alcohol or drug abuse in the family of origin? (self-identify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes tick ~ 3 points
Is the adult's mother or father alcoholic?	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother ~ 5 points <input type="checkbox"/> Father ~ 4 points

TOTAL SCORE POSSIBLE FOR THIS SECTION	17	TOTAL SCORE FOR ADULT	
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COMMENTS



SECTION 2 - Early History of Adult

No | None | Not Applicable

History	Explanation of condition	History	Explanation of condition
<input type="checkbox"/> low birth weight <input type="checkbox"/> poor sucking reflex <input type="checkbox"/> failure to thrive <input type="checkbox"/> developmental delay <input type="checkbox"/> hearing problems <input type="checkbox"/> difficulty sleeping	Small at birth – remains small for age Tires easily – cant suck for long periods Does not gain appropriate weight Does not meet milestones Suspected to have hearing problems Poor sleep wake cycle – will often wake at night and play	<input type="checkbox"/> premature baby <input type="checkbox"/> growth deficits <input type="checkbox"/> learning delay <input type="checkbox"/> 'poor' behaviour <input type="checkbox"/> otitis media <input type="checkbox"/> repeated illnesses	Delivered prior to date Remains small for age Find it difficult to learn at home school Tantrums immature behaviour Also known as glue ear grommets regular colds flu upper respiratory tract infections

COMMENTS - THESE CONDITIONS ARE ALL COMMON IN BABIES AND ADULTS WHO HAVE BEEN PRENATALLY EXPOSED TO ALCOHOL

TOTAL SCORE POSSIBLE FOR THIS SECTION

12

TOTAL SCORE FOR ADULT

SECTION 3 - Medical | Diagnostic History

No | None | Not Applicable

Condition	Explanation of condition	Condition	Explanation of condition
<input type="checkbox"/> ADHD ADD <input type="checkbox"/> ODD <input type="checkbox"/> RAD <input type="checkbox"/> Asperger's <input type="checkbox"/> Autism <input type="checkbox"/> GDD <input type="checkbox"/> Tic	Attention Deficit Hyperactivity Disorder Oppositional Defiant Disorder Reactive Attachment Disorder Asperger's Syndrome Autism Spectrum Disorder Global Development Disorder A repetitive involuntary movement	<input type="checkbox"/> Pectus excavatum <input type="checkbox"/> Pectus carinatum <input type="checkbox"/> low IQ <input type="checkbox"/> PDD <input type="checkbox"/> CD <input type="checkbox"/> small size for age <input type="checkbox"/> Epilepsy	Sunken chest Chest that pokes out IQ below 70 Pervasive Developmental Disorder Conduct Disorder Chronological age Seizure other neurological disorder

COMMENTS - EXPERTS IN THE UNITED STATES AND CANADA SAY THAT THE MORE OF THESE DIAGNOSES THAT A ADULT HAS, THE MORE LIKELY IT IS THAT THEY HAVE FASD

TOTAL SCORE POSSIBLE FOR THIS SECTION

14

TOTAL SCORE FOR ADULT

SECTION 4 - Family History

No | None | Not Applicable

Domestic violence in family
 Drug or alcohol use in family
 Middle income parents
 Mother older than 35 when adult conceived
 Mother smoked cigarettes when young
 Adult 'adopted' by other biological family members

COMMENTS - DOMESTIC VIOLENCE, SUBSTANCE USE, CIGARETTE SMOKING ARE ALL RISK FACTORS FOR ALCOHOL USE DURING PREGNANCY

TOTAL SCORE POSSIBLE FOR THIS SECTION

6

TOTAL SCORE FOR ADULT

SECTION 5 - Other Family

No | None | Not Applicable

Adult was adopted | in foster care system | in ADULT protection
 Failed foster care placements
 Adult has a **sibling** with a diagnosis of FASD
 Adult has a **sibling** with a diagnosis of one of the conditions in the Medical Diagnostic History field

COMMENTS - THE POINTS ABOVE ARE ALL RISK FACTORS FOR FASD

TOTAL SCORE POSSIBLE FOR THIS SECTION

4

TOTAL SCORE FOR ADULT

SECTION 6 - Assessment History No | None | Not Applicable

	Date	Result Comment
Adaptive Behaviour Executive Function	<input type="checkbox"/> No	
Neuro-psych assessment	<input type="checkbox"/> No	
IQ Assessment	<input type="checkbox"/> No	
Mental Health Assessment	<input type="checkbox"/> No	
Occupational Therapist Speech Therapist	<input type="checkbox"/> No	

YOUR COMMENTS - ANY ASSESSMENTS SHOWING MILD DEFICITS IN ONE DOMAIN WITH STRENGTHS IN OTHERS IS A PATTERN KNOWN TO BE TYPICAL OF FASD. THE STRENGTHS IN CERTAIN DOMAINS DO NOT SUPPORT THE DEFICITS. ADDITIONALLY ONLY 25% OF PEOPLE WITH FASD WILL HAVE A LOW IQ – THOSE WITH AN AVERAGE IQ CAN STILL HAVE A COGNITIVE IMPAIRMENT

TOTAL SCORE POSSIBLE FOR THIS SECTION: TOTAL SCORE FOR ADULT:

SECTION 7 - Medication History Each incident of not taking medication (except 'can't afford') ~ 1 point No | None | Not Applicable

Children with FASD typically refuse to take or forget to take medication regardless as to how critical it is to their health and wellbeing.....unless it is given to them by a trusted person – adults with FASD may have learned that it is critical to take medication.

Name of medication ADULT should be taking	Are they taking their meds?	Their reason for not taking medication	Condition
	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Don't know <input type="checkbox"/> Forgot <input type="checkbox"/> Just stopped <input type="checkbox"/> Can't afford <input type="checkbox"/> Doesn't work	
	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Don't know <input type="checkbox"/> Forgot <input type="checkbox"/> Just stopped <input type="checkbox"/> Can't afford <input type="checkbox"/> Doesn't work	

COMMENTS - IF THE ADULT STATES THEY DO NOT KNOW WHY THEY ARE NOT TAKING THE MEDS AND THERE IS NO OTHER REASON FOR THEM NOT TO BE TAKING IT, THIS IS A 'RED FLAG' FOR FASD OR SOME OTHER NEUROLOGICAL PROBLEM. ADULTS WITH FASD DO NOT LINK CAUSE AND CONSEQUENCE. EVEN THOUGH THE CONDITION MAY BE SERIOUS AND TAKING THE MEDICATION MAY PREVENT FURTHER ILL HEALTH OR WORSE.

TOTAL SCORE POSSIBLE FOR THIS SECTION: TOTAL SCORE FOR ADULT:

SECTION 8 Mental Health history No | None | Not Applicable

Has the Adult been formally diagnosed, or **thought** to have any of these conditions?

<input type="checkbox"/> Agoraphobia	<input type="checkbox"/> Self-Harm	<input type="checkbox"/> Suicide ideation
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Post-Traumatic Stress Disorder	<input type="checkbox"/> Cannabis use disorder
<input type="checkbox"/> Grief and loss	<input type="checkbox"/> Suicide attempts	<input type="checkbox"/> Depression
<input type="checkbox"/> Alcohol Use Disorder	<input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Bipolar

COMMENTS - RESEARCH HAS FOUND THAT 96% OF PEOPLE WITH FASD WILL HAVE A MENTAL HEALTH PROBLEM

TOTAL SCORE POSSIBLE FOR THIS SECTION: TOTAL SCORE FOR ADULT:

SECTION 9 - Personality Disorders No | None | Not Applicable

Has the Adult been formally diagnosed, or **thought** to have any of these personality disorders?

borderline personality disorder alcohol related brain injury anti-social personality disorder obsessive-compulsive disorder

COMMENTS - FASD CAN BE MISDIAGNOSED AS A PERSONALITY DISORDER, WHICH IS A DEEPLY INGRAINED AND MALADAPTIVE PATTERN OF BEHAVIOUR, TYPICALLY APPARENT BY ADOLESCENCE, CAUSING LONG-TERM DIFFICULTIES IN PERSONAL RELATIONSHIPS OR IN FUNCTIONING IN SOCIETY

TOTAL SCORE POSSIBLE FOR THIS SECTION: TOTAL SCORE FOR ADULT:

SECTION 10 – Adult’s Accommodation History

No | None | Not Applicable

- Living with birth parent[s] Living with adoptive | foster parent[s] Ward of the state Couch surfing Living with **own** family
 Hostel Safe House Homeless - preference Homeless – not preferred Men's | Women's Shelter Youth Shelter
 Temporarily Homeless – awaiting accommodation Living with other family [Indigenous] Living with Kinship Carers

COMMENTS - HOMELESSNESS IS COMMON IN PEOPLE WITH FASD WHO DO NOT HAVE SUPPORT AT HOME. THE REASON FOR HOMELESSNESS IS THAT THEY ARE LIKELY TO HAVE BEEN KICKED OUT OF HOME, THEN FRIENDS OR NEIGHBOURS TAKE THEM IN BUT THEY ARE ASKED TO LEAVE BECAUSE OF THEIR BEHAVIOUR OR THEIR DRUG USE OR ANGER. THEY COME TO THE ATTENTION OF HOMELESSNESS ORGANISATIONS AND ARE PROVIDED WITH ACCOMMODATION. THEN BECAUSE OF THEIR IMMATURITY AND BAD DECISION-MAKING, THEY ALLOW FRIENDS TO CRASH, HAVE PARTIES, TRASH THE HOUSE [THIS IS NOT ALWAYS THEIR FAULT] AND ARE BLACKLISTED. THE MORE OFTEN THEY MOVE, THE HIGHER THE RISK FOR FASD.

TOTAL SCORE POSSIBLE FOR THIS SECTION

15

TOTAL SCORE FOR ADULT

SECTION 11 - Criminal History

No | None | Not Applicable

- Has Adult been in custody | prison at any time in the past? Yes No
 Does the ADULT have an accumulation of SPERS debts? Yes No

COMMENTS - CONTACT WITH THE CJS IS A SECONDARY DISABILITY OF FASD. IT IS USUALLY FOR SMALL ISSUES THAT ESCALATE. SOMETIMES A DOMESTIC VIOLENCE, ASSAULT OR EVEN MURDER IS INVOLVED BUT PRIMARILY THEY WILL STEAL FOOD, GET INTO A FIGHT, RESIST ARREST, PROPERTY DAMAGE – THINGS THEY NEED RIGHT NOW – CRIMES WILL NOT BE THOROUGHLY PLANNED.

TOTAL SCORE POSSIBLE FOR THIS SECTION

2

TOTAL SCORE FOR ADULT

SECTION 12 - Offences

No | None | Not Applicable

- break and enter public nuisance assault possession of weapon
 motor vehicle related sex offence arson | starting fires resisting arrest
 alcohol | drug related assault – bodily harm bail | reporting requirements warrants

COMMENTS - ADULTS WITH FASD WILL BE IN PRISON FOR OPPORTUNISTIC CRIMES OR CRIMES WHICH DO NOT REQUIRE PLANNING. THEY MAY WAIVE THEIR RIGHT TO REMAIN SILENT. IT IS COMMON FOR THEM TO CONFESS TO CRIMES THEY DID NOT COMMIT TO PLEASE THE 'NICE' POLICE OFFICER. THEY MAY ALSO CONFABULATE – FILL IN THE BLANKS IF THEY CAN'T REMEMBER.

TOTAL SCORE POSSIBLE FOR THIS SECTION

12

TOTAL SCORE FOR ADULT

SECTION 13 - Personal | Social History

No | None | Not Applicable

Issues | conditions | experiences

- | Issues conditions experiences | Yes | No |
|--|--------------------------|--------------------------|
| History of being on medications which don't seem to work | <input type="checkbox"/> | <input type="checkbox"/> |
| A history of getting a job but not being able to keep it | <input type="checkbox"/> | <input type="checkbox"/> |
| A history of poor academic performance in school dropping out early | <input type="checkbox"/> | <input type="checkbox"/> |
| A history of inappropriate or unsafe parenting | <input type="checkbox"/> | <input type="checkbox"/> |
| A history of wandering around the street without direction or purpose | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex offending of an opportunistic non-predatory type | <input type="checkbox"/> | <input type="checkbox"/> |
| Inability to live independently [may be fine for several months but it eventually falls apart] | <input type="checkbox"/> | <input type="checkbox"/> |
| History of never having money not paying bills etc | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

COMMENTS - MANY OF THESE ISSUES ARE SECONDARY DISABILITIES AND OCCUR WHEN THE CONDITION HAS NOT BEEN IDENTIFIED AND STRATEGIES OR INTERVENTIONS PUT INTO PLACE IN THE HOME, AT SCHOOL AND IN THE COMMUNITY. A NUMBER OF TICKS IN THESE AREAS CAN INDICATE FASD.

TOTAL SCORE POSSIBLE FOR THIS SECTION

8

TOTAL SCORE FOR ADULT

SECTION 14 - Behaviour Checklist

No | None | Not Applicable

- Seems willing to cooperate but does not follow through or attend even if it results in negative even catastrophic consequences
- Impatient | impulsive
- Poor understanding of personal boundaries | was bullied or may also have been the bully at school
- Has trouble answering some questions in any depth – particularly 'why did you do that?' or 'why did you say that?' or 'how do you feel?'
- Has missed an appointment even if it meant a negative consequence to adult
- Concrete and literal thinker – problems managing money | time [abstract concepts] – does not 'get' idiom | jokes but will pretend they do
- Lacks insight into their situation | condition
- Attention seeking | demanding | loud | immature
- Anger control problems | can be violent | quick mood swings [as an adult may be either perpetrator or victim of domestic violence
- Acts younger than chronological age when stressed | makes 'silly' decisions | instead of trying to solve problem will not do anything

COMMENTS - THESE CORE BEHAVIOURS ARE COMMON IN PEOPLE WITH FASD. THERE ARE MANY DIFFERENT RESULTS FROM PRENATAL ALCOHOL EXPOSURE BECAUSE OF THE RANGE OF FACTORS INVOLVED – a] timing and amount b] DNA and epigenetics c] nutrition d] other drug use e] height and weight f] stress

TOTAL SCORE POSSIBLE FOR THIS SECTION

12

TOTAL SCORE FOR ADULT

SECTION 15 - Sensory Issues

No | None | Not Applicable

The adult:

- Has problems wearing certain textures of clothing | eating certain textures | sleeping on or touching certain fabric
- Has the television up or speaks louder than is comfortable [where there is no mechanical hearing problem per se]
- Interrupts | talks over people | talks more than appropriate | gets words wrong | changes from once subject to the next quickly
- Looks for places in the house where there is less stimulation such as the corner of a room or an area by him or herself
- Is distracted by open window or other people in the room | report card says 'distracted easily' | doesn't like people touching him or her
- Has trouble with bright lights or the sun – **must** wear sunglasses

COMMENTS - SENSORY ISSUES ARE COMMON IN ADULTREN WITH FASD. IDEALLY A PERSON WITH THIS CONDITION REQUIRES A LOW SENSORY ENVIRONMENT.

TOTAL SCORE POSSIBLE FOR THIS SECTION

7

TOTAL SCORE FOR ADULT

COMMENTS | NOTES



Typical features of FASD throughout lifetime [NOT SCORED - PROVIDES ADDITIONAL INFORMATION TO MEDICAL PRACTITIONER]

<p>Early Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to thrive <input type="checkbox"/> low birth weight <input type="checkbox"/> Premature birth <input type="checkbox"/> Feeding problems in infancy <p>Adolescent behaviours:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sex offences <input type="checkbox"/> early onset puberty <input type="checkbox"/> aggression violence anger <input type="checkbox"/> money problems <input type="checkbox"/> very verbal <p>Communication Speech</p> <ul style="list-style-type: none"> <input type="checkbox"/> Talks too much, too fast <input type="checkbox"/> Interrupts a lot <input type="checkbox"/> Unusual conversational subjects <input type="checkbox"/> Very opinionated <input type="checkbox"/> Speaks indistinctly <input type="checkbox"/> Makes off the wall comments <input type="checkbox"/> Repeats phrases words frequently <p>Memory Learning Information Processing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor inconsistent memory <input type="checkbox"/> Slow to learn new skills <input type="checkbox"/> Does not seem to learn from mistakes <input type="checkbox"/> Difficulty recognizing consequences <input type="checkbox"/> Slow information processing speed and accuracy <p>Behaviour Regulation</p> <ul style="list-style-type: none"> <input type="checkbox"/> seems fearless <input type="checkbox"/> Mood swings <input type="checkbox"/> Impulsive <input type="checkbox"/> Compulsive <input type="checkbox"/> Perseverative <input type="checkbox"/> Inattentive <input type="checkbox"/> Unusual activity level (high or low) <input type="checkbox"/> Confabulation <input type="checkbox"/> Stealing <input type="checkbox"/> Unusual reactivity to sound, touch, light 	<p><input type="checkbox"/> Fidgety, can't sit still</p> <p>Abstract Thinking Judgment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor judgment <input type="checkbox"/> Unable to plan and execute <input type="checkbox"/> Functions poorly without assistance <input type="checkbox"/> Concrete, black and white thinking <p>Planning Temporal Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs help organizing daily tasks <input type="checkbox"/> Cannot organize time <input type="checkbox"/> Misses appointments <input type="checkbox"/> Has difficulty with multi-step instructions <p>Spatial Skills Spatial Memory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gets lost easily, has difficulty navigating from A to B <input type="checkbox"/> Poor memory for sequences and dates <p>Motor Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor delayed motor skills <input type="checkbox"/> Overly active <input type="checkbox"/> Poor balance <input type="checkbox"/> Accident prone <p>Social Skills Adaptive Behaviour</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor social adaptive skills <input type="checkbox"/> Overly friendly <input type="checkbox"/> Attention-seeking <input type="checkbox"/> Behaves notably younger than chronological age <input type="checkbox"/> Easily led manipulated by others <input type="checkbox"/> Laughs inappropriately <input type="checkbox"/> Poor social sexual boundaries <input type="checkbox"/> Inappropriate social behaviours <p>Academic Work Performance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gives impression of being more capable than he is <input type="checkbox"/> Tries hard, but end result is often disappointing <input type="checkbox"/> Has trouble completing tasks <input type="checkbox"/> Has problems with school job attendance <input type="checkbox"/> School drop-out <input type="checkbox"/> Poor work <input type="checkbox"/> Poor employment history
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OFFICE USE ONLY –SCORES

SECTION 1	17 --	SECTION 2	12	SECTION 3	14	SECTION 4	6
SECTION 5	4	SECTION 6	6	SECTION 7	2	SECTION 8	12
SECTION 9	4	SECTION 10	12	SECTION 11	2	SECTION 12	12
SECTION 13	8	SECTION 14	12	SECTION 15	7		

TOTAL CLIENT SCORES AND ACTION TAKEN

0 - 12 Possibly not FASD – however you are concerned about the adult otherwise you would not have completed this form – consider that there are many different symptoms for FASD because of the large number of factors. It is worthwhile taking this completed form to a medical professional

13 - 50 Consider referral if no other medical condition is obvious – implement strategies

51 - 113 Refer for official diagnosis and implement FASD interventions with family

TOTAL SCORE FOR CLIENT | PATIENT

Adult's Score

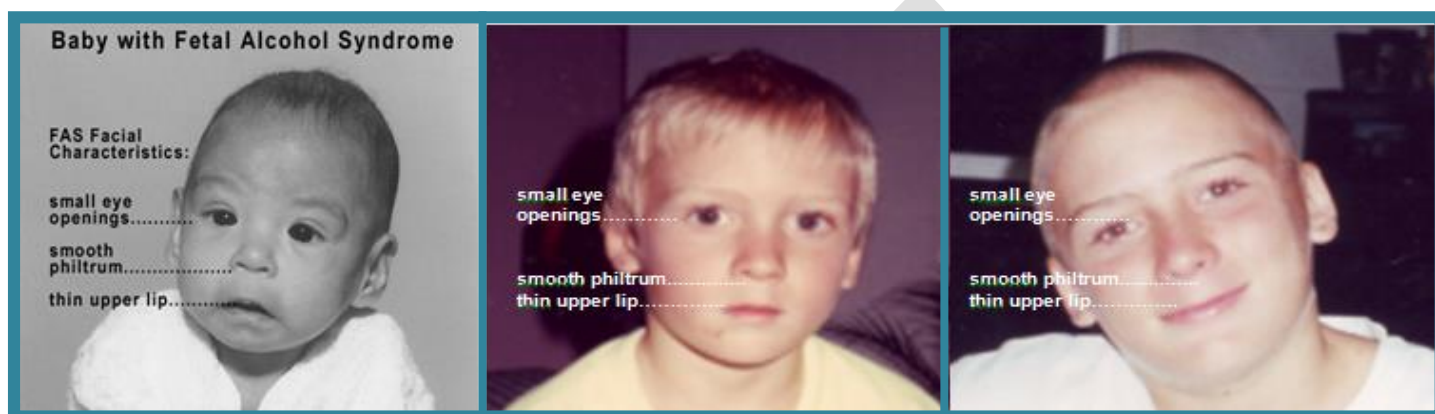
Total Possible Score
for questions able to
be answered

FOR MEDICAL PRACTITIONERS

DIAGNOSTIC CRITERIA FOR THE FULL SPECTRUM [FASD]

FETAL ALCOHOL SYNDROME	PARTIAL FETAL ALCOHOL SYNDROME	ALCOHOL RELATED NEURO-DEVELOPMENTAL DISORDER	ALCOHOL RELATED BIRTH DEFECTS
<ol style="list-style-type: none"> Confirmed prenatal alcohol exposure CNS involvement Growth retardation Three facial anomalies 	<ol style="list-style-type: none"> Confirmed prenatal alcohol exposure CNS involvement Growth retardation Two facial anomalies 	<ol style="list-style-type: none"> Confirmed prenatal exposure to alcohol CNS involvement Complex pattern of behaviour or cognitive abnormalities inconsistent with developmental level 	<ol style="list-style-type: none"> Confirmed prenatal exposure to alcohol and One or more birth defects: renal cardiac skeletal auditory

Fetal Alcohol Syndrome [FAS]



1. Facial dysmorphism

All three characteristic facial features:

- a) Smooth philtrum b) Thin vermilion border c) Small palpebral fissures

2. Growth problems

Confirmed prenatal or postnatal height or weight, or both, at or below the 10th percentile, documented at any one point in time [adjusted for age, sex, gestational age, and race or ethnicity]

3. Central Nervous System Abnormalities

4. Confirmed prenatal alcohol exposure

NOTE: Confirmed prenatal exposure to alcohol [a diagnosis can be made without the confirmed alcohol exposure however more reliance is then placed on the CNS abnormalities and a variety of assessments]

Partial Fetal Alcohol Syndrome [pFAS]

The diagnostic criteria for pFAS are as above with the exception of the facial anomalies – only 2 not 3 are required for a diagnosis of pFAS.

Alcohol Related Neuro-Developmental Disorder [ARND]

- Confirmed prenatal alcohol exposure
- Evidence of Central Nervous System developmental abnormalities
- Evidence of a Complex Pattern of behaviour and cognitive abnormalities

Alcohol Related Birth Defects [ARBD]

Physiological defects:

- a) Cardiac b) Skeletal c) Renal d) Ocular e) Auditory

NOTE: Virtually every malformation possible has been described in some patient with FAS. The etiologic specificity of most of these anomalies to alcohol teratogenesis remains uncertain