



# rffada FASD Screening Tool

## ADMINISTRATOR:

This is an informal non-medical screening tool to identify people 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 children and adolescents 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 PRACTITIONER:

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

## SECTION 1 - General Medical No | None | Not Applicable

Has the child | adolescent 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 CHILD | ADOLESCENT HAS FASD**

Has the child   adolescent 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 child   adolescent’s mother or father an 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 CHILD   ADOLESCENT	
---------------------------------------	----	------------------------------------	--

**COMMENTS**



**SECTION 2 - Early Child | Adolescent History from Newborn to Child | adolescent**  No | None | Not Applicable

Child   adolescent History	Explanation of condition	Child   adolescent 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 CHILD | ADOLESCENTREN WHO HAVE BEEN PRENATALLY EXPOSED TO ALCOHOL

TOTAL SCORE POSSIBLE FOR THIS SECTION	12	TOTAL SCORE FOR CHILD   ADOLESCENT	
---------------------------------------	----	------------------------------------	--

**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 CHILD | ADOLESCENT HAS, THE MORE LIKELY IT IS THAT THEY HAVE FASD

TOTAL SCORE POSSIBLE FOR THIS SECTION	14	TOTAL SCORE FOR CHILD   ADOLESCENT	
---------------------------------------	----	------------------------------------	--

**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 child | adolescent conceived  
  Mother smoked cigarettes when young  
  Child | adolescent '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 CHILD   ADOLESCENT	
---------------------------------------	---	------------------------------------	--

**SECTION 5 - Other Family**  No | None | Not Applicable

Child | adolescent has been adopted | in foster care system | in child | adolescent protection  
 Failed foster care placements  
 Child | adolescent has a **sibling** with a diagnosis of FASD  
 Child | adolescent 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 CHILD   ADOLESCENT	
---------------------------------------	---	------------------------------------	--



**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 CHILD | ADOLESCENT:

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

People 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. Additionally, obtaining repeat scripts and filling scripts will be problematic.

Name of medication child   adolescent 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 CHILD | ADOLESCENT 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. PEOPLE 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, THEY MAY NOT LINK THE TWO.

TOTAL SCORE POSSIBLE FOR THIS SECTION:  TOTAL SCORE FOR CHILD | ADOLESCENT:

**SECTION 8 Mental Health history**  No | None | Not Applicable

Has the child | adolescent 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 CHILD | ADOLESCENT:

**SECTION 9 - Personality Disorders**  No | None | Not Applicable

Has the child | adolescent 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 CHILD | ADOLESCENT:

### SECTION 10 - Child | Adolescent'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 CHILD | ADOLESCENT

### SECTION 11 - Criminal History

No | None | Not Applicable

- Has child | adolescent been in custody | prison at any time in the past?  
  Yes  
  No  
 Does the child | adolescent 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 CHILD | ADOLESCENT

### 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** - PEOPLE 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 CHILD | ADOLESCENT

### SECTION 13 - Personal | Social History

No | None | Not Applicable

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

**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 CHILD | ADOLESCENT



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

**Early Development**

- Failure to thrive
- low birth weight |  Premature birth
- Feeding problems in infancy

**Adolescent behaviours:**

- sex offences
- early onset puberty
- aggression | violence | anger
- money problems
- very verbal

**Communication | Speech**

- Talks too much, too fast
- Interrupts a lot
- Unusual conversational subjects
- Very opinionated
- Speaks indistinctly
- Makes off the wall comments
- Repeats phrases | words frequently

**Memory | Learning | Information Processing**

- Poor | inconsistent memory
- Slow to learn new skills
- Does not seem to learn from mistakes
- Difficulty recognizing consequences
- Slow information processing speed and accuracy

**Behaviour Regulation**

- seems fearless
- Mood swings
- Impulsive |  Compulsive
- Perseverative
- Inattentive
- Unusual activity level (high or low)
- Confabulation
- Stealing
- Unusual reactivity to sound, touch, light

- Fidgety, can't sit still

**Abstract Thinking | Judgment**

- Poor judgment
- Unable to plan and execute
- Functions poorly without assistance
- Concrete, black and white thinking

**Planning | Temporal Skills**

- Needs help organizing daily tasks
- Cannot organize time |  Misses appointments
- Has difficulty with multi-step instructions

**Spatial Skills | Spatial Memory**

- Gets lost easily, has difficulty navigating from A to B
- Poor memory for sequences and dates

**Motor Skills**

- Poor | delayed motor skills
- Overly active
- Poor balance |  Accident prone

**Social Skills | Adaptive Behaviour**

- Poor social | adaptive skills
- Overly friendly
- Attention-seeking
- Behaves notably younger than chronological age
- Easily led | manipulated by others
- Laughs inappropriately
- Poor social | sexual boundaries
- Inappropriate social behaviours

**Academic | Work Performance**

- Gives impression of being more capable than he is
- Tries hard, but end result is often disappointing
- Has trouble completing tasks
- Has problems with school | job attendance
- School drop-out
- Poor work
- Poor employment history

**OFFICE USE ONLY –SCORES**

SECTION 1	<input type="text" value="17"/>	SECTION 2	<input type="text" value="12"/>	SECTION 3	<input type="text" value="14"/>	SECTION 4	<input type="text" value="6"/>
SECTION 5	<input type="text" value="4"/>	SECTION 6	<input type="text" value="6"/>	SECTION 7	<input type="text" value="2"/>	SECTION 8	<input type="text" value="12"/>
SECTION 9	<input type="text" value="4"/>	SECTION 10	<input type="text" value="12"/>	SECTION 11	<input type="text" value="2"/>	SECTION 12	<input type="text" value="12"/>
SECTION 13	<input type="text" value="8"/>	SECTION 14	<input type="text" value="12"/>	SECTION 15	<input type="text" value="7"/>		

**TOTAL CLIENT SCORES AND ACTION TAKEN**

**0 - 12** Possibly not FASD – however you are concerned about the child | adolescent 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 the 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**

Child's | Adolescent's Score

Total Possible Score for questions able to be answered

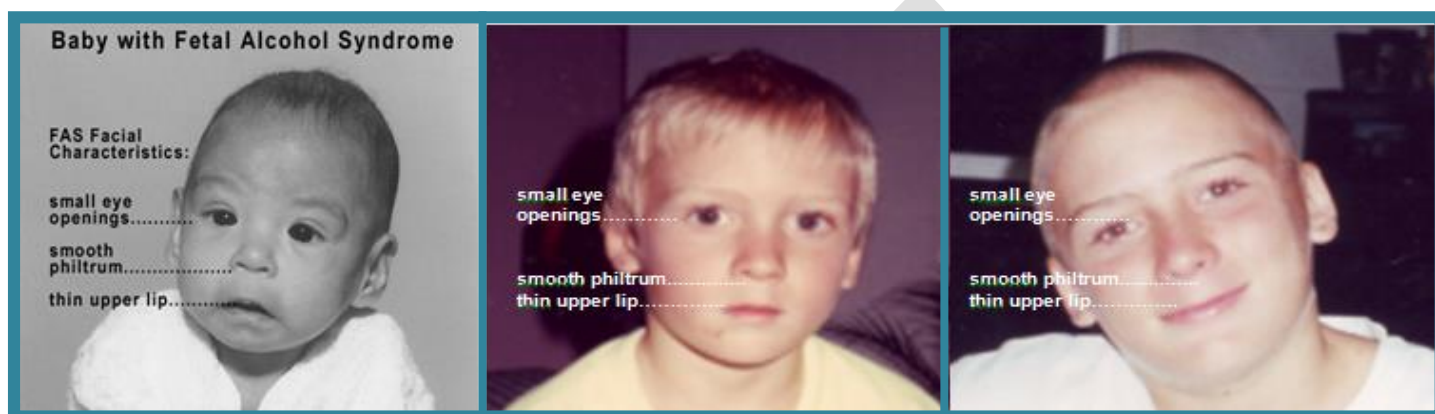



## FOR MEDICAL PRACTITIONERS

### 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"> <li>Confirmed prenatal alcohol exposure</li> <li>CNS involvement</li> <li>Growth retardation</li> <li>Three facial anomalies</li> </ol>	<ol style="list-style-type: none"> <li>Confirmed prenatal alcohol exposure</li> <li>CNS involvement</li> <li>Growth retardation</li> <li>Two facial anomalies</li> </ol>	<ol style="list-style-type: none"> <li>Confirmed prenatal exposure to alcohol</li> <li>CNS involvement</li> <li>Complex pattern of behaviour or cognitive abnormalities inconsistent with developmental level</li> </ol>	<ol style="list-style-type: none"> <li>Confirmed prenatal exposure to alcohol and</li> <li>One or more birth defects: renal   cardiac   skeletal   auditory</li> </ol>

### Fetal Alcohol Syndrome [FAS]



#### 1. Facial dysmorphia

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