

# 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 and field of person completing this form	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

☐ Tick if Not Applicable and move to next section

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

**IF ANY OF THESE BOXES ARE TICKED THERE IS NO NEED TO GO FURTHER – THE YOUNG PERSON HAS FASD**

Has the adult been prenatally exposed to alcohol? ☐ Yes ☐ No  Yes tick ~ 5 points

Is there alcohol or drug abuse in the family of origin? (self-identify) ☐ Yes ☐ No  Yes tick ~ 3 points

Does the young person's mother or father have a substance use disorder? ☐ Mother ☐ Father  Mother ~ 5 points  
Father ~ 4 points

TOTAL SCORE POSSIBLE FOR SECTION 1

17

TOTAL SCORE FOR SECTION 1

### COMMENTS



## SECTION 2 - Early History

☐ Tick if Not Applicable and move to next section

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 SECTION 2

12

TOTAL SCORE FOR SECTION 2

## SECTION 3 - Medical | Diagnostic History

☐ Tick if Not Applicable and move to next section

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Reactive Attachment Disorder <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Global Development Disorder <input type="checkbox"/> A repetitive involuntary movement	<input type="checkbox"/> Sunken chest [pectus excavatum] <input type="checkbox"/> Chest that pokes out [Pectus carinatum] <input type="checkbox"/> IQ below 70 <input type="checkbox"/> Pervasive Developmental Disorder <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> small size for chronological age <input type="checkbox"/> Epilepsy or other seizure disorder
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**COMMENTS** - EXPERTS IN THE UNITED STATES AND CANADA SAY THAT THE MORE OF THESE DIAGNOSES THAT A PERSON HAS, THE MORE LIKELY IT IS THAT THEY HAVE FASD

TOTAL SCORE POSSIBLE FOR SECTION 3

14

TOTAL SCORE FOR SECTION 3

## SECTION 4 - Family History

☐ Tick if Not Applicable and move to next section

- ☐ Domestic violence in family  
 ☐ Drug or alcohol use in family  
 ☐ Middle income parents  
 ☐ Mother older than 35 when adult was 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 SECTION 4

6

TOTAL SCORE FOR SECTION 4

## SECTION 5 - Other Family

☐ Tick if Not Applicable and move to next section

- ☐ The adult was adopted | in foster care system | in child protection  
☐ There was a number of failed placements  
☐ The adult has a biological **sibling** with a diagnosis of FASD  
☐ The adult has a **sibling** with a diagnosis of one or more of the conditions in the Medical Diagnostic History field

**COMMENTS** - THE POINTS ABOVE ARE ALL RISK FACTORS FOR FASD

TOTAL SCORE POSSIBLE FOR SECTION 5

4

TOTAL SCORE FOR SECTION 5

SECTION 6 - Assessment History			<input type="checkbox"/> Tick if Not Applicable and move to next section
	Year completed	Result   Comment	
Adaptive Behaviour   Executive Function Neuro-psych assessment IQ Assessment Mental Health Assessment Occupational Therapist   Speech Therapist			
<b>COMMENTS</b> - 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 <u>DO NOT</u> 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 SECTION 6	6	TOTAL SCORE FOR SECTION 6	

SECTION 7 - Medication History				<input type="checkbox"/> Tick if Not Applicable and move to next section
Name of medication adult <u>should</u> be taking	Are they taking their meds? No <input type="checkbox"/> Yes <input type="checkbox"/>	We need to have <u>their</u> reason for not taking medication <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	Condition	<b>Each medication not being taken ~ 1 point</b>
	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		
<b>COMMENTS</b> - PEOPLE WITH FASD TYPICALLY REFUSE OR FORGET TO TAKE MEDICATION REGARDLESS HOW CRITICAL IT IS TO THEIR HEALTH. FURTHER, OBTAINING REPEAT SCRIPTS AND FILLING THEM CAN ALSO BE NEGLECTED BECAUSE OF POOR PLANNING. IF THE ADULT STATES THEY DO NOT KNOW WHY THEY ARE NOT TAKING THEIR MEDS AND THERE IS NO OTHER REASON FOR THEM NOT TO BE TAKING THEM, 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. HOWEVER IT HAS BEEN FOUND THAT AS A PERSON WITH FASD GETS OLDER THEY MAY BE ABLE TO MANAGE THIS PART OF THEIR LIFE.				
TOTAL SCORE POSSIBLE FOR SECTION 7	2	TOTAL SCORE FOR section 7		

SECTION 8 Mental Health history			<input type="checkbox"/> Tick if Not Applicable and move to next section
Has the Adult been formally diagnosed, or <u>thought</u> to have any of these conditions?			
<input type="checkbox"/> Agoraphobia <input type="checkbox"/> Anxiety <input type="checkbox"/> Grief and loss <input type="checkbox"/> Alcohol Use Disorder	<input type="checkbox"/> Self-Harm <input type="checkbox"/> Post-Traumatic Stress Disorder <input type="checkbox"/> Suicide attempts <input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Suicide ideation <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Cannabis use disorder	
<b>COMMENTS</b> - RESEARCH HAS FOUND THAT 96% OF PEOPLE WITH FASD WILL HAVE A MENTAL HEALTH PROBLEM			
TOTAL SCORE POSSIBLE FOR SECTION 8	12	TOTAL SCORE FOR SECTION 8	

SECTION 9 - Personality Disorders		<input type="checkbox"/> Tick if Not Applicable and move to next section
Has the Adult been diagnosed, or thought to have any conditions below?		
<input type="checkbox"/> borderline personality disorder <input type="checkbox"/> alcohol related brain injury <input type="checkbox"/> anti-social personality disorder <input type="checkbox"/> obsessive-compulsive disorder		
<b>COMMENTS</b> - 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 SECTION 9	4	TOTAL SCORE FOR ADULT

## SECTION 10 – Adult's Accommodation History

- ☐ 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.**

TOTAL SCORE POSSIBLE FOR SECTION 10

15

TOTAL SCORE FOR SECTION 10

## SECTION 11 - Criminal History

☐ Tick if Not Applicable and move to next section

- 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 ALTHOUGH CRIMES SUCH AS DOMESTIC VIOLENCE, ASSAULT OR EVEN MURDER CAN OCCUR. PRIMARILY PEOPLE WITH FASD WILL STEAL FOOD, GET INTO A FIGHT, RESIST ARREST, AND PROPERTY DAMAGE – THEY WILL TRY TO OBTAIN THINGS THEY NEED RIGHT NOW – CRIMES WILL NOT BE THOROUGHLY PLANNED AND ARE LIKELY TO BE OPPORTUNISTIC. A PERSON WITH FASD IS LIKELY TO BECOME INVOLVED WITH PETTY CRIME AT A YOUNG AGE IF THEY DON'T HAVE APPROPRIATE PARENTING.**

TOTAL SCORE POSSIBLE FOR SECTION 11

2

TOTAL SCORE FOR SECTION 11

## SECTION 12 - Offences

☐ Tick if Not Applicable and move to next section

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> break and enter              | <input type="checkbox"/> public nuisance       | <input type="checkbox"/> Opportunistic petty theft     | <input type="checkbox"/> possession of weapon |
| <input type="checkbox"/> motor vehicle related        | <input type="checkbox"/> sex offence           | <input type="checkbox"/> arson   fire setting          | <input type="checkbox"/> resisting arrest     |
| <input type="checkbox"/> alcohol   drug related crime | <input type="checkbox"/> assault – bodily harm | <input type="checkbox"/> bail   reporting requirements | <input type="checkbox"/> 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 SECTION 12

12

TOTAL SCORE FOR SECTION 12

## SECTION 13 - Personal | Social History

☐ Tick if Not Applicable and move to next section

### Issues | conditions | experiences

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 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 behaviour   | <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 |
| 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 |
| History of not being able to keep relationships  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| History of tantrums, meltdowns which last an unusually long time                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has already experienced an unwanted pregnancy  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ward of the state  | <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 SECTION 13

11

TOTAL SCORE FOR SECTION 13

## SECTION 14 - Behaviour Checklist

☐ Tick if Not Applicable and move to next section

- ☐ 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 | may have been 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 appointments even if it meant negative consequences
- ☐ Concrete and literal thinker – problems managing money | time [abstract concepts] – does not 'get' idiom | jokes but will laugh
- ☐ Lacks insight into their situation | condition
- ☐ Demanding | can be immature and may blame others for any predicament they are in
- ☐ Anger control problems | can be violent | quick mood swings [may be involved in 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 SECTION 14

10

TOTAL SCORE FOR SECTION 14

## SECTION 15 - Sensory Issues

☐ Tick if Not Applicable and move to next section

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 PEOPLE WITH FASD. IDEALLY A PERSON WITH THIS CONDITION REQUIRES A LOW SENSORY ENVIRONMENT.**

TOTAL SCORE POSSIBLE FOR THIS SECTION

6

TOTAL SCORE FOR ADULT

## OFFICE USE ONLY –SCORES

Section	Total	Score	Section	Total	Score	Section	Total	Score	Section	Total	Score	Section	Total	Score
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	3		Section 10	12	
Section 11	2		Section 12	12		Section 13	11		Section 14	10		Section 15	6	
SUB TOTAL			SUB TOTAL			SUB TOTAL			SUB TOTAL			SUB TOTAL		

ADD ALL SUB TOTALS TOGETHER AND  
MATCH WITH ACTION TO BE TAKEN BELOW

GRAND TOTAL

## ACTION TO BE TAKEN

### 51 - 129

Refer for official diagnosis and implement FASD interventions with family

### 13 - 50

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

### 0 - 12

Unlikely to be FASD – however you are concerned about the young person 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

## Babies

- ☐ Poor | weak sucking reflex
- ☐ Tires easily
- ☐ Doesn't thrive
- ☐ Shaky cry
- ☐ Hyper or hypo tonic (poor muscle tone | rigidity)
- ☐ Seems to settle better when wrapped snugly in a dark room
- ☐ Developmental delay
- ☐ Small head circumference
- ☐ Premature delivery
- ☐ If meconium is tested it will show the presence of alcohol
- ☐ Low birth weight

## School aged child

- ☐ Does reasonably well at school until he or she reaches higher grades
- ☐ Is always in trouble often for the same thing
- ☐ Is unable to focus to do homework
- ☐ Becomes angry, frustrated and has tantrums after school (has used all self-discipline at school)
- ☐ Is very concrete (may take instructions literally – for example if told to learn a sentence by reading it aloud to everyone including the neighbour's dog, may take it literally and not be satisfied until the sentence is also read to the dog)
- ☐ Makes friends but then loses them quickly
- ☐ May have trouble getting anyone to come to birthday parties
- ☐ Is clearly unhappy
- ☐ Lacks confidence
- ☐ Has problems with mathematics
- ☐ Is boisterous and aggressive when a lot of children around him | her
- ☐ Drug and | or alcohol use
- ☐ Premature puberty
- ☐ Leaves school early
- ☐ Is suspended and | or expelled from school
- ☐ Comprehension is problematic
- ☐ May have trouble reading and writing
- ☐ Often diagnosed with ADHD | ADD | RAD | ODD | Bipolar | ASP
- ☐ Socially | personally immature
- ☐ Cannot understand social situations
- ☐ Struggles to follow rules | instructions
- ☐ Learning problems at school
- ☐ Difficulty remembering things
- ☐ Gets upset easily at little things
- ☐ Difficulty making and keeping friends
- ☐ Long-term bed wetting
- ☐ Ongoing behavioural problems (often in trouble with the law)
- ☐ Ongoing health problems
- ☐ Acts younger than their age

## Adult

- ☐ Has substance use disorder
- ☐ May not be able to manage a relationship longer than a few months
- ☐ Cannot parent well
- ☐ Will not wear prophylactics
- ☐ Will often behave like a young teenager
- ☐ Is socially immature while physically mature
- ☐ Will come to the notice of the police
- ☐ Is unable to organise a day off
- ☐ May say he will do something and then it will not be done
- ☐ Will get belligerent if he doesn't get his | her way

## Toddlers

- ☐ Hyperactive
- ☐ Aggressive
- ☐ Poor attachment
- ☐ Clothing or food sensitivity
- ☐ Prefers not to have certain fabrics on his or her skin
- ☐ Has a difficult sleep | wake cycle
- ☐ Seems to not learn from mistakes or experience
- ☐ Will go to anyone – seems to have no particular attachment to parents
- ☐ Is small of stature, thin with some skeletal problems
- ☐ Developmental delays

## Teenager

- ☐ May get in trouble with police
- ☐ Does silly things that are counterproductive for his | her goals
- ☐ Cannot manage money
- ☐ Is always asking for money
- ☐ Can get a job but finds it hard to keep it longer than a month or so
- ☐ Wants his own way regardless of consequences to himself or others
- ☐ Likes animals
- ☐ May wish to buy toys or items which are for younger people
- ☐ Can get on well with younger children
- ☐ Will have started exploring sexuality at a very young age
- ☐ Will be using alcohol and drugs (cannabis preferentially)
- ☐ May become depressed and suicidal
- ☐ Leaves school early
- ☐ Is suspended and | or expelled from school
- ☐ Comprehension is problematic
- ☐ May have trouble reading and writing
- ☐ Often diagnosed with ADHD | ADD | RAD | ODD | Bipolar | Autism | Asperger's
- ☐ Has a mental health disorder – anxiety | depression
- ☐ Socially | personally immature
- ☐ Cannot understand social situations
- ☐ Ongoing behavioural problems (often in trouble with the law)
- ☐ Ongoing health problems
- ☐ Acts younger than their age
- ☐ Doesn't understand consequences of their actions
- ☐ Struggles to follow rules | instructions
- ☐ Being homeless or difficulty keeping accommodation
- ☐ Long-time unemployed or difficulty getting employment
- ☐ Impulsive behaviour; anger issues, poor social skills
- ☐ Poor time management
- ☐ Poor self-care
- ☐ Kids on welfare
- ☐ Doesn't understand consequences of their actions

## Adult

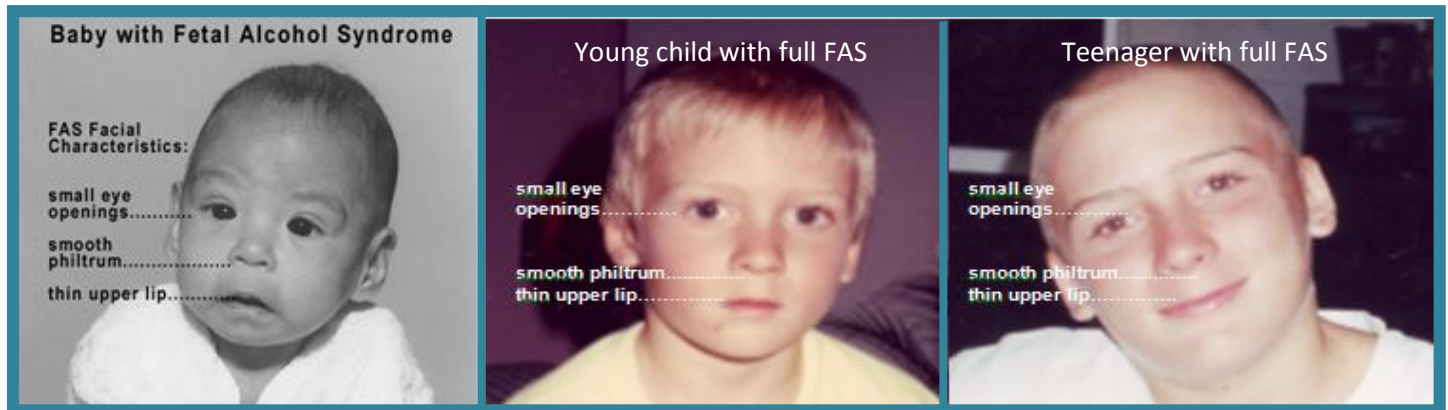
- ☐ Is constantly making silly | inappropriate decisions
- ☐ Is unable to problem-solve simple problems
- ☐ Is verbally competent but cannot follow instructions
- ☐ Will not be on time for appointments
- ☐ Can get a job but cannot hold it down
- ☐ Comprehension is problematic
- ☐ Has been in prison or confined in a mental health institution
- ☐ Has a mental health disorder – anxiety | depression
- ☐ Does not have stable accommodation
- ☐ Lives on the street
- ☐ Couch surfs

## 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
Confirmed prenatal alcohol exposure CNS involvement Growth retardation Three facial anomalies	Confirmed prenatal alcohol exposure CNS involvement Growth retardation Two facial anomalies	Confirmed prenatal exposure to alcohol CNS involvement Complex pattern of behaviour or cognitive abnormalities inconsistent with developmental level	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]

1. Confirmed prenatal alcohol exposure
2. Evidence of Central Nervous System developmental abnormalities
3. 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

**NOTE: CANADA HAS RECENTLY DEVELOPED LESS COMPLEX DIAGNOSTIC GUIDELINES – FASD WITH SENTINEL FACIAL ANOMALIES AND FASD WITHOUT SENTINEL FACIAL ANOMALIES. IT IS HOPED THAT IN THE FUTURE AUSTRALIA WILL ALSO ADOPT THESE DIAGNOSTIC GUIDELINES.**