

Section A: Assessing maternal alcohol use

The timing, frequency and quantity of prenatal alcohol exposure (PAE) are linked to the pattern and severity of fetal outcomes, but may not be available or reliable. (4, 18-21) In addition, both maternal and fetal characteristics are associated with variability in alcohol-related outcomes. Brain growth and development occur throughout pregnancy hence **adverse cognitive, behavioural and neurodevelopmental outcomes may result from exposure at any time during pregnancy and may occur in the absence of facial anomalies or structural central nervous system abnormalities.** (22)

It is likely that multiple mechanisms are involved in damage to the brain from PAE and **no 'safe' threshold for alcohol consumption during pregnancy has been established.** (23)

Although there is limited evidence associating low levels of prenatal alcohol exposure with risks to human fetal development, (24) the Australian Guide to Reduce Health Risks for Drinking Alcohol(10) states that maternal alcohol consumption can harm the developing fetus and recommends that *for women who are pregnant or planning a pregnancy, not drinking is the safest option*(10).

The level of risk to the fetus from prenatal alcohol exposure is highest when there is high, frequent maternal alcohol intake. The level of risk for the fetus is likely to be low if a woman has consumed only small amounts of alcohol (such as one or two drinks per week) before she knew she was pregnant or during pregnancy.(10)

A diagnosis of FASD is not appropriate where there is *confirmed absence* of prenatal alcohol exposure, but a diagnosis of FASD with three sentinel facial features can be made when prenatal alcohol exposure is unknown (see Table 1). (3)

Assessment of prenatal alcohol exposure requires clinical judgement and careful evaluation of a range of information that may provide confirmation of maternal alcohol use and allow quantification of intake.

Evidence of confirmed prenatal alcohol exposure may include:

- Information reported by the birth mother about her alcohol consumption during the index pregnancy, ideally using a validated tool;
- Reports by others, including a relative, partner, household or community member who had direct observation of drinking during the index pregnancy; or
- Documentation in child protection, medical, legal or other records of maternal alcohol consumption, alcohol-related disorders, and problems directly related to drinking during the index pregnancy, including alcohol-related injury and intoxication.

Assessing the reliability of evidence:

- If recalled information from different informants is in direct conflict (confirmed absence and confirmed presence) and reliable information on exposure is not available, alcohol exposure should be recorded as unknown. (4)

- The reliability of information on prenatal alcohol exposure may reflect the timing of pregnancy awareness.
- A history of alcohol dependence *without evidence of consumption during the index pregnancy is not sufficient to indicate confirmed exposure* but should raise suspicion of risk.(3, 4)

Alcohol Use Disorders Identification Test - Consumption (AUDIT-C)

When detailed information on maternal alcohol use is available, consumption during pregnancy should be assessed using the AUDIT-C questions(25) as included on the *Australian FASD Diagnostic Assessment Form* (Appendix A1) and reproduced in Table 2.

The AUDIT-C questions provide a standardised method for the assessment of maternal alcohol use and are based on a validated sex-specific version of the instrument.(26, 27) The use of a sex-specific threshold of *5 or more drinks on one occasion for question 3 of the AUDIT-C* reflects known levels of maternal alcohol consumption associated with increased risk of FASD and other harms.(10, 28, 29) Five or more drinks on an occasion (consumption of 50+ g of alcohol) is sometimes referred to as a binge.(29)

Derivation of the AUDIT-C score, although not essential for diagnosis, allows the clinician to categorise the **level of fetal risk associated with maternal drinking**.

Information on the definition of a standard drink for different types of alcoholic drinks should be provided prior to using the AUDIT-C. Appendix B shows standard drink sizes for commonly consumed drinks. A complete guide is available at:

<http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/drinksguide-cnt>

Some guiding principles for taking an alcohol history in pregnancy:

A non-judgemental approach is important when taking a history of alcohol consumption in pregnancy.

Some factors to consider:

- A pregnancy may be unplanned and not confirmed for some time, during which time alcohol may have been consumed;
- A woman may have made lifestyle changes once the pregnancy was confirmed, including reducing or stopping alcohol consumption;
- A woman may be unaware that not drinking during pregnancy is the 'safest' option and may have been given incorrect advice by other health professionals;
- Women may be more likely to drink if their partner and household members also drink and this may be explored.

Some questions to begin history taking:

- Was the pregnancy planned or unplanned?
- When did the birth mother realise that she was pregnant?
- Did the birth mother modify her drinking behaviour on confirmation of pregnancy?
- Were there any special occasions (e.g. a wedding) during pregnancy when alcohol was consumed at a high level?

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. The definition of a standard drink should be explained prior to administering the AUDIT-C (Q1-3), using the Standard Drinks Guide (Appendix B).

Table 2 Reported alcohol use, including AUDIT-C Questions

Alcohol use in early pregnancy (if available)

Was the pregnancy planned or unplanned? Planned Unplanned Unknown

When did the birth mother realise that she was pregnant? _____ (weeks) Unknown

Did the birth mother drink alcohol before the pregnancy was confirmed? Yes No Unknown

Did the birth mother modify her drinking behaviour on confirmation of pregnancy?
If Yes please specify: Yes No Unknown

During which trimesters was alcohol consumed? (tick one or more) None 1st 2nd 3rd Unknown

AUDIT-C questions

Source of reported information on alcohol use: Birth mother Other (please specify)

1. How often did the birth mother have a drink containing alcohol during this pregnancy?

Unknown	Never	Monthly	2-4 times	2-3 times	4 or more times
	[skip Q2+Q3]	or less	a month	a week	a week
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

2. How many standard drinks 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
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

Unknown	Never	Less than	Monthly	Weekly	Daily or
		monthly			almost daily
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

AUDIT-C score this pregnancy: (Q1+Q2+Q3)=_____ Scores= 0=no exposure 1-4= confirmed exposure 5+= confirmed high-risk exposure

Assessing prenatal alcohol exposure: Summary

Assessment of prenatal alcohol exposure requires clinical judgement and careful evaluation of a range of information that may provide confirmation of maternal alcohol use and quantification of intake.

Evidence of exposure can be evaluated to estimate the overall level of risk using the following broad risk categories:

- i. **No exposure** (confirmed absence), no risk of FASD;
- ii. **Unknown exposure** (alcohol use is unknown);
- iii. **Confirmed exposure** (AUDIT-C score =1-4; or confirmed use, but exposure less than high risk level for FASD; or confirmed use, but not known if exposed at a high risk level for FASD); and
- iv. **Confirmed-high risk exposure** (AUDIT-C score = 5+; confirmed use, exposure at high risk level for FASD).

Confirmed high risk exposures for FASD can be considered to include, at any time during pregnancy:

- i. An AUDIT-C score of **5 or more**
- ii. Reported consumption of **5 or more standard drinks on one occasion** (e.g. AUDIT-C question 3)
- iii. Other reliable evidence of high consumption

Other prenatal and post-natal exposures

Neurodevelopment impairment observed among individuals being assessed for FASD may be associated with exposures other than alcohol. It is important to determine whether any observed impairments can be explained by other causes or events (e.g. prenatal complications, genetic factors including chromosomal abnormalities, head injuries, early life trauma (including social and emotional abuse), problems with vision or hearing, or substance abuse by the patient).

All relevant prenatal and postnatal exposures or events, including prenatal exposure to prescription and non-prescription drugs, should be documented during the diagnostic assessment, and evaluated based on their likely influence. Other exposures should be considered when determining the appropriate diagnosis and management plan.

There may not be a single explanation for the observed neurodevelopmental impairment, and it is important that the diagnostic assessment process considers the effects of other adverse prenatal and postnatal exposures. (3)

In addition to vision and hearing testing, other clinically indicated investigations may include chromosome microarray analysis and Fragile X testing, and other tests such as full blood count, ferritin, vitamin B₁₂, metabolic screen, creatinine kinase, lead, and thyroid function.

Table 1 Diagnostic criteria and categories for Fetal Alcohol Spectrum Disorder (FASD)

FETAL ALCOHOL SPECTRUM DISORDER		
Diagnostic criteria	Diagnostic categories	
	FASD with 3 Sentinel Facial Features	FASD with < 3 Sentinel Facial Features
Prenatal alcohol exposure	Confirmed or unknown	Confirmed
Neurodevelopmental domains - Brain structure/Neurology - Motor skills - Cognition - Language - Academic Achievement - Memory - Attention - Executive Function, including impulse control and hyperactivity - Affect Regulation - Adaptive Behaviour, Social Skills or Social Communication	Severe impairment in at least 3 neurodevelopmental domains	Severe impairment in at least 3 neurodevelopmental domains
Sentinel facial features - Short palpebral fissure - Smooth philtrum - Thin upper lip	Presence of 3 sentinel facial features	Presence of 0, 1 or 2 sentinel facial features

Key components of the FASD diagnostic assessment include documentation of:

- History – presenting concerns, obstetric, developmental, medical, mental health, behavioural, social;
- Birth defects – dysmorphic facial features, other major and minor birth defects;
- Adverse prenatal and postnatal exposures, including alcohol;
- Known medical conditions – including genetic syndromes and other disorders;
- Growth

Infants and young children under 6 years of age and older adolescents and adults warrant special consideration during the FASD diagnostic assessment process. (16) There are also circumstances where an individual may be considered to be ‘at risk’ of FASD. These special clinical considerations are discussed in detail in Section B: Neurodevelopmental Impairment.

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

PATIENT DETAILS

NAME			
Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Date of birth (DD/MM/YYYY)	/	/	Age at assessment:
Racial/ ethnic background			
Preferred language			
Hospital number (if applicable)			
Referral source, date, provider number and contact details			
Name of person(s) accompanying patient			
Relationship (s) to the patient			
Patient's primary carer (select 1 or more)	<input type="checkbox"/> Birth mother	<input type="checkbox"/> Birth father	<input type="checkbox"/> Adoptive parent/s
	<input type="checkbox"/> Foster carer		
	<input type="checkbox"/> Other		
Birth mother's name			
Birth father's name			
Patient in care of	<input type="checkbox"/> Department of Child Protection	<input type="checkbox"/> Juvenile justice	<input type="checkbox"/> Not applicable
Consent form for assessment completed	<input type="checkbox"/> No	<input type="checkbox"/> 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 e.g. behavioural regulation, memory and learning, social skills and motor control)

Obstetric history:

Developmental history:

Mental health and other behavioural problems:

Patient's medical history:

Social history: e.g. foster care, living arrangements.

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

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. The definition of a standard drink should be explained prior to administering the AUDIT-C (Q1-3). A Standard Drinks Guide can be downloaded.

<http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/drinksguide-cnt>

Alcohol use in early pregnancy (if available)

- a. Was the pregnancy planned or unplanned? Planned Unplanned Unknown
- b. At what gestation did the birth mother realise that she was pregnant? _____ (weeks) Unknown
- c. Did the birth mother drink alcohol before the pregnancy was confirmed? Yes No Unknown
- d. Did the birth mother modify her drinking behaviour on confirmation of pregnancy? Yes No Unknown
If Yes please specify:
- e. During which trimesters was alcohol consumed? (tick one or more) None 1st 2nd 3rd Unknown

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
<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. How many standard drinks 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
<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

Unknown	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

AUDIT-C score during this pregnancy: (Q1+Q2+Q3)= _____

Scores: 0=No exposure 1-4= Confirmed exposure 5+= Confirmed high-risk exposure

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: e.g. 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

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

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 (e.g. cigarettes, inhalers, e-cigs and chewed tobacco) (specify)
- Marijuana (specify)
- Heroin (specify)
- Cocaine (specify)
- Amphetamines (specify)
- Other non-prescription drugs (specify)
- Anti-convulsants (specify)
- Other prescription drugs (specify)
- Don't know
- None

Specify other prenatal risk factors and assess risk: (e.g. 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: (e.g. prematurity, history of abuse or neglect, serious head injury, meningitis or other medical conditions that lead to brain damage, child substance abuse)

Specify other psychosocial risk factors and assess risk (e.g. emotional abuse, early life trauma, parental separation or incarceration, drug and alcohol use in the household; overcrowding, socio-economic disadvantage):

Postnatal risk summary:

No known risk

Unknown risk

Some risk

High risk

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

GROWTH

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

Birth	Gestational 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

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: (e.g. 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 No

If Yes height or weight ≤10th and >3rd percentile height or weight ≤3rd percentile

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

SENTINEL FACIAL FEATURES

Assess for the 3 sentinel facial features of Fetal Alcohol Spectrum Disorder: short palpebral fissure length (2 SD or more 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	
			mm	Z score (SD)	mm	Z score	mm	Z score*
Date	Age	Assessment method						
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis						
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis						

PFL reference chart used: Stromland Clarren Other

Philtrum

Date	Age	Assessment method	UW Lip-Philtrum Guide 5-point rank
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	

Upper lip

Date	Age	Assessment method	UW Lip-Philtrum Guide 5-point rank
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	

Lip-Philtrum Guide[†] used: Guide 1. Caucasian Guide 2. African American

Sentinel Facial Features Summary

Number of Sentinel Facial Features (PFL 2 SD or more below the mean, philtrum rank 4 or 5, upper lip rank 4 or 5): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

OTHER PHYSICAL FINDINGS

Dysmorphic facial features (please specify)

Other birth defects - major or minor (please specify)

Other medical conditions:

Hearing impairment:	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	<input type="checkbox"/> Yes (specify)
Vision impairment:	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	<input type="checkbox"/> Yes (specify)
Known syndrome or genetic disorder (please specify):			
Other (please specify):			

Investigations:

Chromosomal microarray:	<input type="checkbox"/> No	<input type="checkbox"/> Result pending	<input type="checkbox"/> Yes (specify result)
Fragile X testing:	<input type="checkbox"/> No	<input type="checkbox"/> Result pending	<input type="checkbox"/> Yes (specific result)
Other investigations as indicated: Full blood count, ferritin, metabolic screen, creatinine kinase, lead, and thyroid function (Specify):			

*University of Washington Palpebral Fissure Length Z-score calculator: <http://depts.washington.edu/fasdpn/htmls/diagnostic-tools.htm#pfl>

†University of Washington Lip-Philtrum Guides: <http://depts.washington.edu/fasdpn/htmls/lip-philtrum-guides.htm>

NEURODEVELOPMENTAL DOMAINS

1 BRAIN STRUCTURE / NEUROLOGY DOMAIN

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 e.g. 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 e.g. 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 e.g. injury, infection, or metabolic or other disease? No Yes (specify)

Other neurological diagnoses e.g. cerebral palsy, visual impairment, sensorineural hearing loss

Other abnormal neurological diagnoses present: No Yes (specify)
 If yes, are they explained by other aetiologies e.g. injury, infection, or metabolic or other disease? No Yes (specify)

Brain Structure/ Neurology domain summary

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

FUNCTIONAL NEURODEVELOPMENTAL DOMAIN SUMMARIES

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

2. MOTOR SKILLS

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Motor Skills impairment: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

3. COGNITION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Cognition impairment: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

4. LANGUAGE

(Expressive and Receptive)

Test/subtest name	Age/Date	Score	%ile/SD	Interpretation
Other information:				
Language impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

5. ACADEMIC ACHIEVEMENT

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Academic achievement impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

6. MEMORY

Test/subtest name	Age /Date	Score	%ile/SD	Interpretation
Other information:				
Memory impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

7. ATTENTION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Attention impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

8. EXECUTIVE FUNCTION, INCLUDING IMPULSE CONTROL AND HYPERACTIVITY

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Executive function, including impulse control and hyperactivity impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

9. AFFECT REGULATION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Affect regulation impairment: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

10. ADAPTIVE BEHAVIOUR, SOCIAL SKILLS, OR SOCIAL COMMUNICATION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Adaptive behaviour, social skills, or social communication impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

NEURODEVELOPMENTAL DOMAINS SUMMARY

Number of neurodevelopmental domains with evidence of severe impairment: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more (specify) _____
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AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

DIAGNOSIS:

For derivation of the Australian FASD diagnostic categories, please refer to the Australian FASD Diagnostic Criteria and FASD Diagnostic Pathway Algorithm below (also see Table 1 and Figure 1 in the Guide). Record the diagnosis below.

Indicate as applicable:

- FASD with 3 sentinel facial features
- FASD with < 3 sentinel facial features
- At risk of FASD
- Incomplete assessment e.g. further investigation/information needed
- Other diagnoses (with or without FASD)

Clinical notes:

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT SUMMARY FORM

PATIENT DETAILS

NAME			
Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Date of birth (DD/MM/YYYY)	/ /	Age at assessment:	
Racial/ethnic background			
Hospital number (if applicable)			

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

SENTINEL FACIAL FEATURES SUMMARY

Number of Sentinel Facial Features (PFL 2 SD or more below the mean, philtrum rank 4 or 5, upper lip rank 4 or 5):

0 1 2 3

NEURODEVELOPMENTAL DOMAINS SUMMARY

Neurodevelopmental Domain	Impairment			
1 Brain structure/Neurology	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not assessed	
2 Motor Skills	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
3 Cognition	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
4 Language	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
5 Academic achievement	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
6 Memory impairment	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
7 Attention	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
8 Executive function, including impulse control and hyperactivity	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
9 Affect regulation	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
10 Adaptive behavior, Social Skills, or Social Communication	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed

Number of neurodevelopmental domains with evidence of severe impairment

None 1 2 3 or more (specify) _____

Other Prenatal or Post-natal risk/exposure

Other prenatal risk summary:	<input type="checkbox"/> No known risk	<input type="checkbox"/> Unknown risk	<input type="checkbox"/> Some risk	<input type="checkbox"/> High risk
Postnatal risk summary:	<input type="checkbox"/> No known risk	<input type="checkbox"/> Unknown risk	<input type="checkbox"/> Some risk	<input type="checkbox"/> High risk

Growth summary

Was an unexplained deficit in height or weight < 3rd percentile identified at any time? Yes No

DIAGNOSIS:

For derivation of the Australian FASD diagnostic categories, please refer to the Australian FASD Criteria and the FASD Diagnostic Pathway Algorithm below (also see Table 1 and Figure 1 in the Guide). Record the diagnosis below.

Indicate as applicable:

- FASD with 3 sentinel facial features
- FASD with < 3 sentinel facial features
- At risk of FASD
- Incomplete assessment e.g. further investigation/information needed
- Other diagnoses (with or without FASD)

Clinical notes: