THE FLORIDA CENTER
FOR EARLY CHILDHOOD

Fetal Alcohol Spectrum Disorders (FASD) Screening Tool

Client Name:_____ **DOB:**_____

DOE: _____ **Race:** _____

Current living situation: ___ biological parent ___ family member/relative ___ foster care

___ adoptive home ___ emergency shelter/foster care ___ other

Number of relative/foster care/adoptive placements _____

Criteria 1:

Growth:
Gestational Age at birth: _____weeks Premature: Yes No Uncertain

Birth: Weight _____gm. (____%) Length _____in. (____%) Head Circumference ____cm (____%)

Pre-natal growth retardation? Yes No Uncertain
Post-natal growth retardation? Yes No Uncertain

APGAR Scores: 1 minute ____ 5 minutes ____ Not known _____

Current Height: _____ inches (_____ %) Current Weight: _____ pounds (_____%)

Head Circumference: _____ cm (_____%)

Diagnosed with Failure to Thrive: Yes No Uncertain

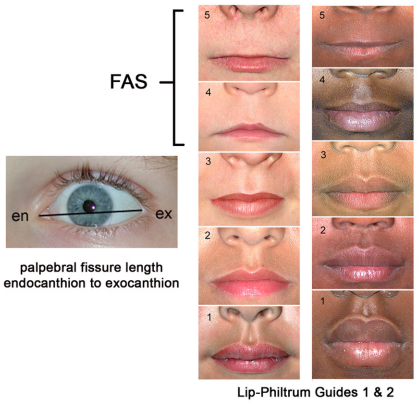
Criteria 2:

Facial Stigmata:
A. Microcephaly: Head Circumference _____ cm **Below 10th percentile? Yes No**

See Facial Dysmorphology Guide Below:

B.	**Facial Dysmorphology:**	short palpebral fissures **(short eye slits)**	**Yes**	**No**
		thinned upper lip	**Yes**	**No**
		smooth philtrum **(area above upper lip)**	**Yes**	**No**

Facial Dysmorphology Guide



The three facial features of FAS include: short palpebral fissures, a smooth philtrum, and a thin upper lip (Rank 4 or 5 on the Lip-Philtrum Guide (with permission, Susan Astley, University of Washington).

Criteria 3.

Central Nervous System (CNS) Dysfunction: **Yes** **No**

(check all that apply)

___ attention problems	___ high activity level	___ cognitive impairment
___ developmental delay	___ impulse control problems	___ behavior problems
___ sleep problems	___ rapid mood shifts/swings	___ overly reactive to sounds, touch, smells,
___ learning delays/disabilities	___ easily over-stimulated	___ seizures
___ speech/language problems	___ fine/gross motor problems	___ tremors
___ autistic traits	___ emotional over-reactivity	___ difficulty calming/self-soothing

other: _____

History of MRI , EEG, brain imaging, CT scan performed? **Yes** **No**

If YES: Date: _____

Physician/neurologist: _____

Criteria 4.

Is there confirmed maternal alcohol use during pregnancy? **Yes** **No** **Uncertain**

If yes: Frequency of alcohol use: ___ 1 X/week or less ___ 3-5 X's/week ___ daily

Amount of alcohol use: ___ 1-3 drinks each occasion ___ 3-5 drinks each occasion

___ 5 drinks or more each occasion

Is there suspected maternal alcohol use during pregnancy?	**Yes**	**No**	**Uncertain**
Is there alcohol/drug history in birth mother?	**Yes**	**No**	**Uncertain**
Is there alcohol/drug history in birth father?	**Yes**	**No**	**Uncertain**
Is there alcohol/drug history in family members?	**Yes**	**No**	**Uncertain**
Did infant/child test positive to drugs at birth?	**Yes**	**No**	**Uncertain**

(If **YES**, indicate which drug(s): _____)

Other Physical Characteristics/Problems:

___ skeletal defects
___ ear anomalies
___ cleft palate/lip
___ birth marks/hemangiomas
___ other:_____

___ epicanthal folds
___ finger/toe abnormalities
___ genital malformations
___ strabismus/esotropia

___ low nasal bridge
___ dental problems
___ ptosis (drooping eye lids)

Medical Problems:

___ ear infections ___ ear tube placement ___ asthma ___ upper respiratory infections
___ hearing deficit ___ vision problems ___ enuresis (wetting) ___ encopresis (soiling)
___ seizures ___ allergies/nasal congestion ___ gastrointestinal problems
___ headaches ___ heart murmur/defects ___ immune system problems/dysfunction
___ sucking/feeding problems ___ other: _____

Mental Health Issues:
DSM IV/DC:0-3R:

Diagnosis:_____

Medications: (past) _____

(current) _____

Other relevant information: (parent/family mental health or substance abuse issues, domestic violence, history of family abuse/trauma, etc.)

NOTE: If there is confirmed or suspected use of alcohol during pregnancy and the infant/child is showing delays in growth, has birth defects, and/or exhibiting developmental delay or other signs of CNS problems, a referral for a full FASD evaluation *should be considered*.

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A very special "Thank You" to Dr. Susan Astley, University of Washington and Dr. Anika Trancik, The Florida Center, for their valuable contributions.