

FASD 4-Digit Code Diagnostic Form

Medical #		Clinic		Clinic Date	
Patient's Name			Age (y)	Birth date	
<small>First</small>		<small>MI</small>		<small>Last</small>	

Person accompanying patient	Name:	Relation:
Relationship(s) to patient	Name:	Relation:

Patient's Race(s)	
Patient's sex at birth:	
Patient's gender identity	
Form completed by:	
Diagnosis made by:	
Diagnosis	

4-Digit Diagnostic Code Grid

(See instructions in Diagnostic Guide for FASD)

FASD 4-Digit Code

		all 3 features	abnormal structure/neurology	high	high	high
Rank 4	severe					
3	moderate	2.5 features	severe dysfunction	some	some	some
2	mild	1-2 features	moderate dysfunction	unknown	unknown	unknown
1	normal	no features	normal function	none	none	none
	Growth	Face	Brain	Prenatal Alcohol	Other Prenatal Risks	Other Postnatal Risks

GROWTH

Prenatal Growth

	Gestational Age	Birth Length			Birth Weight		
Date	(wks)	(cm)	(inches)	(percentile)	(gm)	(lbs/oz)	(percentile)

Postnatal Growth

	Age	Height					Weight		
Date	(yrs/months)	(cm)	(inches)	Unadjusted (percentile)	Mid-birthparent Adjustment (cm)	Parent-Adjusted (percentile)	(kg)	(lbs)	(percentile)

Birth Parent's Heights

Birth Mother Height		Birth Father Height		Mid-Parent Height
cm	inches	cm	inches	cm

ABC-Score for Growth Deficiency

See instructions in the "Diagnostic Guide for FASD" for deriving the ABC-score for growth and translating it into a 4-Digit Diagnostic Code

Circle the ABC Scores for:

	Height	Weight
≤ 3rd percentile = C	C	C
>3rd and ≤ 10th percentile = B	B	B
> 10th percentile = A	A	A

This ABC Score reflects the patient's growth between _____ years and _____ years of age.
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FACIAL FEATURES (and other physical findings)

CURRENT PHENOTYPE: Age _____ years Date ____/____/____

Direct Measures by Hand

	mm	z-score	Normal Chart Used
Left PFL			
Right PFL			
Mean PFL			
Inner Canthal Distance			

	5-Point Rank	UW Lip-Philtrum Guide Used
Philtrum		
Upper Lip		

2D Photograph or 3D Image

Frontal digital photo filename	Internal measure of scale (dot on forehead)		
	True dot size	Units (mm, cm, inches)	Dot size in photo, pixels

	Length in photo (pixels)	mm	z-score	Normal Chart Used
Left PFL				
Right PFL				
Mean PFL				
Inner Canthal Distance				

Photo filename	5-Point Rank	UW Lip-Philtrum Guide	Upper Lip Circularity
	Philtrum		
	Upper Lip		

PAST PHENOTYPE Age _____ years Date ____/____/____

Source of Information	Internal measure of scale (dot on forehead)		
	True dot size	Units (mm, cm, inches)	Dot size in photo (pixels)
Photo:			
Text Record:			

	Length in photo (pixel)	mm	z-score	Normal Chart Used
Left PFL				
Right PFL				
Mean PFL				
Inner Canthal Distance				

Photo filename	5-Point Rank	UW Lip-Philtrum Guide	Upper Lip Circularity
	Philtrum		
	Upper Lip		

FACIAL ABC-SCORE See instructions in the "Diagnostic Guide for FASD" for deriving the ABC Score and 4-Digit Code

5-Point Likert Rank for Philtrum & Lip	Z-score for Palpebral Fissure Length	Circle the ABC Scores for:		
		Palpebral Fissure	Philtrum	Upper Lip
4 or 5	≤ -2 SD	C	C	C
3	>-2 SD and ≤ -1 SD	B	B	B
1 or 2	> -1 SD	A	A	A
Source of Data for each Facial Feature →				

OTHER PHYSICAL FINDINGS / ANOMALIES / SYNDROMES / MEDICAL CONDITIONS

BRAIN

Severity Score: Severity of Delay/Impairment (Displayed along left margin)

Circle: **0** = Unknown, Not Assessed **1** = Within Normal Limits **2** = Mild to Moderate **3** = Severe

Severity

STRUCTURAL

0 1 2 3

OFC

cm	smallest %tile	date	cm	%tile	date	cm	%tile	date

0 1 2 3 Structural anomalies seen on brain imaging: _____

0 1 2 3 Other: _____

NEUROLOGICAL

0 1 2 3 Seizures: type: _____ meds. _____ Date of onset _____

0 1 2 3 Other neurological signs (vision, hearing, tics, tremors): _____

FUNCTIONAL/Standardized Measures

Document most recent, valid test scores.

0 1 2 3 **Cognition** (e.g., WISC, WAIS, DAS, TONI, Stanford-Binet, etc.)

0 1 2 3 **Processing Speed** (e.g., WISC, etc.)

Other Test/Subtest Names	Score	Type of Score	Date	Other Test/Subtest Names	Score	Type of Score	Date

0 1 2 3 **Academic Achievement** (e.g., WIAT, Woodcock Johnson, WRAT, Keymath, etc.)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

0 1 2 3 **Adaptive Behavior / Social Skills** (e.g., VABS, BASC, ABAS, etc.)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

BRAIN (Continued)

Severity Score: Severity of Delay/Impairment (Displayed along left margin)

Circle: **0** = Unknown, Not Assessed **1** = Within Normal Limits **2** = Mild to Moderate **3** = Severe

Severity

0 1 2 3 **Executive Function** (e.g., D-KEFS, Rey Complex Figure Test, WCST, NEPSY, etc.)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

0 1 2 3 **Memory** (CVLT, WRAML, Rey Complex Figure Test, etc)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

0 1 2 3 **Motor** (e.g., PDMS, QNST, VMI, Brunuinks-Oseretsky Scales of Motor Dev, etc.)

0 1 2 3 **Sensory** (e.g., SSP, AASP, etc.)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

0 1 2 3 **Language** (e.g., TOLD, PLS, CELF, TOWL etc.)

0 1 2 3 **Social Communication** (e.g., SCQ etc.)

0 1 2 3 **Speech Articulation** (Arizona, etc.)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

BRAIN (Continued)

Severity Score: Severity of Delay/Impairment (Displayed along left margin)
Circle: **0** = Unknown, Not Assessed **1** = Within Normal Limits **2** = Mild to Moderate **3** = Severe

Severity

0 1 2 3 Mental Health/Psychiatric Conditions: (e.g., ADHD, ODD, Maj. Depression, ASD, etc)

Disorder	Date Diagnosed	Disorder	Date Diagnosed	Disorder	Date Diagnosed

Medication. √ if Currently Taking	Response (+, -, none)	Medication. √ if Currently Taking	Response (+, -, none)	Medication. √ if Currently Taking	Response (+, -, none)

0 1 2 3 Behavior/Attention/Activity Level (e.g., CBCL, Conners Rating Scale, NICHQ, BASC, CSHQ, etc.)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

0 1 2 3 Development (e.g., Bayley Scales of Infant Dev., Battelle Dev. Invent., Miller Assessment of Preschoolers, etc.)

Test/Subtest Name	Score	Type of Score	Date	Test/Subtest Name	Score	Type of Score	Date

BRAIN (Continued)

FUNCTIONAL / Non-Standardized Observational Measures

Severity Score: Severity of Delay/Impairment (Displayed along left margin)
Circle: 0 = Unknown, Not Assessed, Too Young 1 = Within Normal Limits 2 = Mild to Moderate 3 = Severe

Severity Caregiver Interview

Planning / Temporal Skills

- 0 1 2 3 Needs considerable help organizing daily tasks _____
0 1 2 3 Can not organize time _____
0 1 2 3 Does not understand concept of time _____
0 1 2 3 Difficulty in carrying out multi-step tasks _____
0 1 2 3 Other _____

Behavioral Regulation/ Sensory Motor Integration

- 0 1 2 3 Poor management of anger / tantrums _____
0 1 2 3 Mood swings _____
0 1 2 3 Impulsive _____
0 1 2 3 Compulsive _____
0 1 2 3 Perseverative _____
0 1 2 3 Inattentive _____
0 1 2 3 Inappropriately [high or low] activity level _____
0 1 2 3 Lying/stealing _____
0 1 2 3 Unusual [high or low] reactivity to [sound touch light] _____
0 1 2 3 Other _____

Abstract Thinking / Judgment

- 0 1 2 3 Poor judgment _____
0 1 2 3 Cannot be left alone _____
0 1 2 3 Concrete, unable to think abstractly _____
0 1 2 3 Other _____

Memory / Learning / Information Processing

- 0 1 2 3 Poor memory, inconsistent retrieval of learned information _____
0 1 2 3 Slow to learn new skills _____
0 1 2 3 Does not seem to learn from past experiences _____
0 1 2 3 Problems recognizing consequences of actions _____
0 1 2 3 Problems with information processing speed and accuracy _____
0 1 2 3 Other _____

Spatial Skills and Spatial Memory

- 0 1 2 3 Gets lost easily, has difficulty navigating from point A to point B _____
0 1 2 3 Other _____

Social Skills and Adaptive Behavior

- 0 1 2 3 Behaves at a level notably younger than chronological age _____
0 1 2 3 Poor social/adaptive skills _____
0 1 2 3 Other _____

Motor/Oral Motor Control

- 0 1 2 3 Poor/delayed motor skills _____
0 1 2 3 Poor balance _____
0 1 2 3 Other _____

BRAIN (Continued)

FUNCTIONAL DOMAINS

Examples include, but are not limited to Memory, Cognition, Language, Executive Function, Motor, and Attention.

Severity Score: Severity of Delay/Impairment (Displayed along left margin)

Circle: **0** = Unknown, Not Assessed **1** = Within Normal Limits **2** = Mild to Moderate **3** = Severe

Severity	Name of Domain	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	
0 1 2 3	Name of Domain	
	Supportive Evidence	

MATERNAL ALCOHOL USE

Alcohol Consumption of the Birth Mother

Before Pregnancy	average number of drinks per drinking occasion:					
	maximum number of drinks per occasion:					
	average number of drinking days per week:					
	Type(s) of alcohol	wine	beer	liquor	unknown	Other (specify)

During Pregnancy	average number of drinks per drinking occasion:					
	maximum number of drinks per occasion:					
	average number of drinking days per week:					
	Type(s) of alcohol	wine	beer	liquor	unknown	Other (specify)

Trimester(s) in which alcohol was consumed	1 st	2 nd	3 rd	unknown	none
Was the birth mother ever reported to have a problem with alcohol?	yes	suspected	no	unknown	
Was the birth mother ever diagnosed with alcoholism?	yes	suspected	no	unknown	
Did the birth mother ever receive treatment for alcohol addiction?	yes	suspected	no	unknown	
Was alcohol use during this pregnancy positively confirmed through verbal or written documentation?	yes	no			
If yes, source of verbal or written confirmation:					
Reported use of alcohol during this pregnancy is:	Reliable	Somewhat reliable	Unk. reliability		
Was the Rank 4 FAS facial phenotype used as a proxy measure of prenatal alcohol exposure?	yes	no			
Other information about alcohol use during this pregnancy					

4-DIGIT RANK for Alcohol Exposure

4-Digit Diagnostic Rank	Prenatal Alcohol Exposure Category	Description
4	High Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is CONFIRMED. <i>and</i> ● Reported exposure pattern is consistent with the medical literature placing the fetus at “high risk” (generally high peak blood alcohol concentrations delivered at least weekly in early pregnancy, reports of intoxication, binge-drinking).
3	Some Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is CONFIRMED. <i>and</i> ● Level of alcohol use is reported to be less than in Rank (4) or the level is unknown.
2	Unknown Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is UNKNOWN (cannot be confirmed or ruled-out).
1	No Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is CONFIRMED to be completely ABSENT from conception to birth.

OTHER PRENATAL AND POSTNATAL RISK FACTORS

PRENATAL RISKS:

No known risk Unknown risk Some risk High risk

1	2	3	4
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See the "Diagnostic Guide for FASD" for instructions on deriving the rank for Other Prenatal Risks.

Prenatal:

1. Parity ____, Gravity ____ of this birth. Birth order if child is the result of a multiple birth pregnancy: ____ of ____
2. Prenatal care: ____ Yes, (If yes, when did it start? _____), ____ No, ____ Unknown
3. Complications (specify) _____

Genetics

1. Biological parents learning difficulties.
Mother ____ Yes ____ Suspected ____ No ____ Unknown. **Father** ____ Yes ____ Suspected ____ No ____ Unknown
2. Other conditions of heritability (ADHD, mental health, syndromes, etc.) that may be relevant to this case. (*specify*) _____

Prenatal Exposure to Other Substances (e.g., medications, tobacco, illicit drugs, other teratogens, etc.)

POSTNATAL RISKS:

No known risk Unknown risk Some risk High risk

1	2	3	4
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See the "Diagnostic Guide for FASD" for instructions on deriving the rank for Postnatal Risks.

Perinatal Difficulties (prematurity, extended stay in birth hospital, etc.): _____

Medical Conditions: _____

Postnatal Adversity (ACES, TESI, etc):

1. Number of out-of-home placements _____ Age at first out-of-home placement _____ Age at last placement _____
2. Please report the age range for all adversities experienced by the patient. If age is unknown, enter Yes, No Suspected or Unknown in each box.

Adversity	age range	Adversity	age range	Adversity	age range
sexual abuse		orphanage/group care		serious medical issue	
physical abuse		abandonment		substance abuse (patient)	
emotional abuse		homelessness		patient incarceration	
domestic violence		poverty		patient suicide attempt	
physical neglect		food insecurity		natural disaster	
emotional neglect		bullying		war, terrorism	
medical neglect		school violence		List others below	
family death		community violence			
family incarceration		discrimination			
parent separated/divorced		serious accident			
family mental health		home fire			
parent substance abuse		animal attack			

Additional details that may be relevant: