



University of Alberta
Women & Childrens Health Research Institute

CanFASD Research Network Dataform Project PID 1991

Codebook ▾

Data Dictionary Codebook

26-08-2020 2:51pm

▾ Expand all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)														
Instrument: Dataform (dataform) ✔ Enabled as survey ^ Collapse																	
1	record_id		text														
2	surveylanguage	Preferred language/Langue de préférence:	radio <table border="1" style="margin-left: 20px;"> <tr><td>0</td><td>English</td></tr> <tr><td>1</td><td>Français</td></tr> </table> Custom alignment: RH	0	English	1	Français										
0	English																
1	Français																
3	demographic Show the field ONLY if: [surveylanguage]="0"	DEMOGRAPHIC INFORMATION AND CLIENT CHARACTERISTICS	descriptive														
4	idtitle Show the field ONLY if: [surveylanguage]="0"	Identification	descriptive														
5	siteid Show the field ONLY if: [surveylanguage]="0"	Site ID	text														
6	country Show the field ONLY if: [surveylanguage]="0"	Country	dropdown <table border="1" style="margin-left: 20px;"> <tr><td>0</td><td>Canada</td></tr> <tr><td>1</td><td>Australia</td></tr> <tr><td>2</td><td>New Zealand</td></tr> <tr><td>3</td><td>United States</td></tr> <tr><td>4</td><td>United Kingdom</td></tr> <tr><td>5</td><td>France</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	0	Canada	1	Australia	2	New Zealand	3	United States	4	United Kingdom	5	France	6	Other
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5	France																
6	Other																
7	country_other Show the field ONLY if: [country]="6"	Please specify	text														

8	<p>province</p> <p>Show the field ONLY if: [country]="0"</p>	Province/Territory	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>AB</td></tr> <tr><td>1</td><td>BC</td></tr> <tr><td>2</td><td>MB</td></tr> <tr><td>3</td><td>NB</td></tr> <tr><td>4</td><td>NS</td></tr> <tr><td>5</td><td>NL</td></tr> <tr><td>6</td><td>NWT</td></tr> <tr><td>7</td><td>NU</td></tr> <tr><td>8</td><td>ON</td></tr> <tr><td>9</td><td>QC</td></tr> <tr><td>10</td><td>SK</td></tr> <tr><td>11</td><td>YK</td></tr> </table>	0	AB	1	BC	2	MB	3	NB	4	NS	5	NL	6	NWT	7	NU	8	ON	9	QC	10	SK	11	YK
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9	<p>assessment_type</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Type of assessment	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Initial Assessment</td></tr> <tr><td>1</td><td>Re-assessment</td></tr> <tr><td>2</td><td>Follow-up</td></tr> </table>	0	Initial Assessment	1	Re-assessment	2	Follow-up																		
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10	<p>at_risk</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	If being re-assessed, was the individual previously given an "At Risk" designation?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table>	1	Yes	2	No	3	Unknown																		
1	Yes																										
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3	Unknown																										
11	<p>ref_date</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Date of Referral	descriptive																								
12	<p>ref_mth</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Month	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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13	<p>ref_yr</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Year	text (number, Min: 1900, Max: 2030)																								

14	ref_source Show the field ONLY if: [surveylanguage]="0"	Source of Referral	dropdown <table border="1"> <tr> <td>0</td> <td colspan="2">Social Services Agency (e.g., Child and Family Services agency, community support agency)</td> </tr> <tr> <td>1</td> <td colspan="2">Medical Referral</td> </tr> <tr> <td>2</td> <td colspan="2">Education System (e.g., school, daycare)</td> </tr> <tr> <td>3</td> <td colspan="2">Legal System</td> </tr> <tr> <td>4</td> <td colspan="2">Self</td> </tr> <tr> <td>5</td> <td colspan="2">Family referral (e.g., biological, foster, adoptive parent)</td> </tr> <tr> <td>6</td> <td colspan="2">Other</td> </tr> </table>	0	Social Services Agency (e.g., Child and Family Services agency, community support agency)		1	Medical Referral		2	Education System (e.g., school, daycare)		3	Legal System		4	Self		5	Family referral (e.g., biological, foster, adoptive parent)		6	Other																
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15	ref_sourcespecify Show the field ONLY if: [ref_source]="6"	Specify	text																																				
16	ref_reason Show the field ONLY if: [surveylanguage]="0"	Reason(s) for referral Please check all that apply	checkbox <table border="1"> <tr> <td>0</td> <td>ref_reason__0</td> <td>Behavioural issues</td> </tr> <tr> <td>1</td> <td>ref_reason__1</td> <td>Learning difficulties</td> </tr> <tr> <td>2</td> <td>ref_reason__2</td> <td>Difficulties with the law</td> </tr> <tr> <td>3</td> <td>ref_reason__3</td> <td>Developmental delays/delays to meet developmental milestones</td> </tr> <tr> <td>4</td> <td>ref_reason__4</td> <td>Adaptive living problems</td> </tr> <tr> <td>5</td> <td>ref_reason__5</td> <td>Confirmed prenatal alcohol exposure</td> </tr> <tr> <td>6</td> <td>ref_reason__6</td> <td>Social skills difficulties</td> </tr> <tr> <td>7</td> <td>ref_reason__7</td> <td>Self-regulation difficulties (feeding, sleeping, sensory)</td> </tr> <tr> <td>8</td> <td>ref_reason__8</td> <td>Reassessment</td> </tr> <tr> <td>9</td> <td>ref_reason__9</td> <td>Follow-up</td> </tr> <tr> <td>10</td> <td>ref_reason__10</td> <td>Establish eligibility for supports (e.g., financial or developmental support programs)</td> </tr> <tr> <td>11</td> <td>ref_reason__11</td> <td>Other</td> </tr> </table> Custom alignment: LV	0	ref_reason__0	Behavioural issues	1	ref_reason__1	Learning difficulties	2	ref_reason__2	Difficulties with the law	3	ref_reason__3	Developmental delays/delays to meet developmental milestones	4	ref_reason__4	Adaptive living problems	5	ref_reason__5	Confirmed prenatal alcohol exposure	6	ref_reason__6	Social skills difficulties	7	ref_reason__7	Self-regulation difficulties (feeding, sleeping, sensory)	8	ref_reason__8	Reassessment	9	ref_reason__9	Follow-up	10	ref_reason__10	Establish eligibility for supports (e.g., financial or developmental support programs)	11	ref_reason__11	Other
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11	ref_reason__11	Other																																					
17	ref_reasonspecify Show the field ONLY if: [ref_reason(11)]=1"	Please specify	text																																				
18	screen Show the field ONLY if: [surveylanguage]="0"	Was a screening tool used for referral?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	1	Yes																																
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19	screen_tool Show the field ONLY if: [screen]="1"	Which tool?	text Custom alignment: RH																																				
20	screen_who Show the field ONLY if: [screen]="1"	Who did the screen?	text, Identifier Custom alignment: RH																																				
21	assessment_date Show the field ONLY if: [surveylanguage]="0"	Date of Diagnostic Assessment	descriptive																																				

<p>22</p>	<p>assessment_mth</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	<p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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<p>23</p>	<p>assessment_yr</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	<p>Year</p>	<p>text (number, Min: 1900, Max: 2030)</p>																								
<p>24</p>	<p>sex</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	<p>Sex</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> </table> <p>Custom alignment: RH</p>	0	Male	1	Female																				
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1	Female																										
<p>25</p>	<p>gender</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	<p>Gender identity</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> <tr><td>3</td><td>Other</td></tr> </table> <p>Custom alignment: RH</p>	0	Male	1	Female	3	Other																		
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1	Female																										
3	Other																										
<p>26</p>	<p>gender_specify</p> <p>Show the field ONLY if: [gender]="3"</p>	<p>Please specify</p>	<p>text</p>																								
<p>27</p>	<p>dob</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	<p>Date of Birth</p>	<p>descriptive</p>																								
<p>28</p>	<p>dob_mth</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	<p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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<p>29</p>	<p>dob_yr</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	<p>Year</p>	<p>text (number, Min: 1900, Max: 2030)</p>																								

<p>30</p> <p>ethnicity</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>		<p>Which ethnic group(s) does this person most identify with?</p>	<p>checkbox</p> <table border="1"> <tr><td>0</td><td>ethnicity__0</td><td>Caucasian</td></tr> <tr><td>1</td><td>ethnicity__1</td><td>Indigenous</td></tr> <tr><td>2</td><td>ethnicity__2</td><td>African American</td></tr> <tr><td>3</td><td>ethnicity__3</td><td>Latin American</td></tr> <tr><td>4</td><td>ethnicity__4</td><td>South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)</td></tr> <tr><td>5</td><td>ethnicity__5</td><td>West Asian (e.g. Iranian, Afghan, etc.)</td></tr> <tr><td>6</td><td>ethnicity__6</td><td>Chinese</td></tr> <tr><td>7</td><td>ethnicity__7</td><td>Filipino</td></tr> <tr><td>8</td><td>ethnicity__8</td><td>Korean</td></tr> <tr><td>9</td><td>ethnicity__9</td><td>Japanese</td></tr> <tr><td>10</td><td>ethnicity__10</td><td>Southeast Asian (e.g. Vietnamese, Cambodia, Laotian, Thai, etc.)</td></tr> <tr><td>11</td><td>ethnicity__11</td><td>Arab</td></tr> <tr><td>12</td><td>ethnicity__12</td><td>Other</td></tr> <tr><td>9999</td><td>ethnicity__9999</td><td>Unknown</td></tr> </table> <p>Custom alignment: LV</p>	0	ethnicity__0	Caucasian	1	ethnicity__1	Indigenous	2	ethnicity__2	African American	3	ethnicity__3	Latin American	4	ethnicity__4	South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)	5	ethnicity__5	West Asian (e.g. Iranian, Afghan, etc.)	6	ethnicity__6	Chinese	7	ethnicity__7	Filipino	8	ethnicity__8	Korean	9	ethnicity__9	Japanese	10	ethnicity__10	Southeast Asian (e.g. Vietnamese, Cambodia, Laotian, Thai, etc.)	11	ethnicity__11	Arab	12	ethnicity__12	Other	9999	ethnicity__9999	Unknown
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<p>31</p> <p>ethnicity_specify</p> <p>Show the field ONLY if: [ethnicity(12)]=1"</p>		<p>Specify</p>	<p>text</p>																																										
<p>32</p> <p>living</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>		<p>Current living situation</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Independent</td></tr> <tr><td>1</td><td>With biological mother</td></tr> <tr><td>2</td><td>With biological father</td></tr> <tr><td>3</td><td>With other family member(s)</td></tr> <tr><td>4</td><td>Foster care (non-family member)</td></tr> <tr><td>5</td><td>Adoptive parent(s)</td></tr> <tr><td>6</td><td>Group home</td></tr> <tr><td>7</td><td>Homeless</td></tr> <tr><td>8</td><td>In custody</td></tr> <tr><td>9</td><td>Other</td></tr> </table>	0	Independent	1	With biological mother	2	With biological father	3	With other family member(s)	4	Foster care (non-family member)	5	Adoptive parent(s)	6	Group home	7	Homeless	8	In custody	9	Other																						
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<p>33</p> <p>living_familyspecify</p> <p>Show the field ONLY if: [living]="3"</p>		<p>Specify other family member(s)</p>	<p>text</p>																																										
<p>34</p> <p>living_specify</p> <p>Show the field ONLY if: [living]="9"</p>		<p>Specify</p>	<p>text</p>																																										
<p>35</p> <p>parent_diagnosis</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>		<p>Has a biological parent been diagnosed with FASD?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table> <p>Custom alignment: RH</p>	0	No	1	Yes	3	Unknown																																				
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36	sibling_diagnosis Show the field ONLY if: [surveylanguage]="0"	Has a sibling been diagnosed with FASD?	radio 0 No 1 Yes 3 Unknown 4 Not applicable (no siblings)
37	assessmenttitle Show the field ONLY if: [surveylanguage]="0"	ASSESSMENT OF PRENATAL ALCOHOL EXPOSURE	descriptive
38	exposure Show the field ONLY if: [surveylanguage]="0"	Prenatal alcohol exposure is:	radio 0 Absent (Confirmed) 1 Present (Confirmed) 2 Unconfirmed 3 Unknown
39	exposure_specify Show the field ONLY if: [exposure]="1"	Please specify source, if known	text
40	exposuretitle Show the field ONLY if: [surveylanguage]="0"	Other prenatal exposures:	descriptive
41	nicotine Show the field ONLY if: [surveylanguage]="0"	Nicotine	radio (Matrix) 0 Absent (Confirmed) 1 Present (Confirmed) 3 Unknown
42	opiates Show the field ONLY if: [surveylanguage]="0"	Opiates	radio (Matrix) 0 Absent (Confirmed) 1 Present (Confirmed) 3 Unknown
43	marijuana Show the field ONLY if: [surveylanguage]="0"	Marijuana/cannabis	radio (Matrix) 0 Absent (Confirmed) 1 Present (Confirmed) 3 Unknown
44	cocaine Show the field ONLY if: [surveylanguage]="0"	Cocaine/crack	radio (Matrix) 0 Absent (Confirmed) 1 Present (Confirmed) 3 Unknown
45	meth Show the field ONLY if: [surveylanguage]="0"	Methamphetamine/speed	radio (Matrix) 0 Absent (Confirmed) 1 Present (Confirmed) 3 Unknown
46	prescription_meds Show the field ONLY if: [surveylanguage]="0"	Prescription medications	radio (Matrix) 0 Absent (Confirmed) 1 Present (Confirmed) 3 Unknown
47	exposure_other Show the field ONLY if: [surveylanguage]="0"	Other Exposures	radio (Matrix) 0 Absent (Confirmed) 1 Present (Confirmed) 3 Unknown

48	<p>exposure_otherspecify</p> <p>Show the field ONLY if: [exposure_other]<>""</p>	Please specify	text												
49	<p>factors</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Other factors Please check all that apply	<p>checkbox</p> <table border="1"> <tr> <td>0</td> <td>factors__0</td> <td>Post-natal trauma</td> </tr> <tr> <td>1</td> <td>factors__1</td> <td>Attachment issues</td> </tr> <tr> <td>2</td> <td>factors__2</td> <td>Sexual or physical abuse</td> </tr> <tr> <td>3</td> <td>factors__3</td> <td>Other</td> </tr> </table>	0	factors__0	Post-natal trauma	1	factors__1	Attachment issues	2	factors__2	Sexual or physical abuse	3	factors__3	Other
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50	<p>factors_specify</p> <p>Show the field ONLY if: [factors(3)]="1"</p>	Please specify	text												
51	<p>facialtitle</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	SENTINEL FACIAL FEATURES	descriptive												
52	<p>fissurenorms</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Palpebral fissure norms used:	<p>checkbox</p> <table border="1"> <tr> <td>0</td> <td>fissurenorms__0</td> <td>Canadian norms</td> </tr> <tr> <td>1</td> <td>fissurenorms__1</td> <td>Thomas</td> </tr> <tr> <td>2</td> <td>fissurenorms__2</td> <td>Scandinavian</td> </tr> <tr> <td>3</td> <td>fissurenorms__3</td> <td>Other</td> </tr> </table>	0	fissurenorms__0	Canadian norms	1	fissurenorms__1	Thomas	2	fissurenorms__2	Scandinavian	3	fissurenorms__3	Other
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3	fissurenorms__3	Other													
53	<p>fissurenorms_specify</p> <p>Show the field ONLY if: [fissurenorms(3)]="1"</p>	Please specify	text												
54	<p>fissurelength</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Palpebral fissure length	<p>radio</p> <table border="1"> <tr> <td>0</td> <td>>-1 SD</td> </tr> <tr> <td>1</td> <td>> -2 SD & < -1 SD</td> </tr> <tr> <td>2</td> <td>< -2 SD</td> </tr> </table>	0	>-1 SD	1	> -2 SD & < -1 SD	2	< -2 SD						
0	>-1 SD														
1	> -2 SD & < -1 SD														
2	< -2 SD														
55	<p>philtrum</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Philtrum smoothnessScore on lip-philtrum guide	<p>dropdown</p> <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table>	1	1	2	2	3	3	4	4	5	5		
1	1														
2	2														
3	3														
4	4														
5	5														
56	<p>upperlip</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Upper lip thinnessScore on lip-philtrum guide	<p>dropdown</p> <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table>	1	1	2	2	3	3	4	4	5	5		
1	1														
2	2														
3	3														
4	4														
5	5														
57	<p>sentinel</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Total number of sentinel facial features present	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>Inconclusive</td> </tr> </table>	0	0	1	1	2	2	3	3	4	Inconclusive		
0	0														
1	1														
2	2														
3	3														
4	Inconclusive														
58	<p>neurotitle</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	NEUROBEHAVIOURAL ASSESSMENT	descriptive												
59	<p>neurotitle1</p> <p>Show the field ONLY if: [surveylanguage]="0"</p>	Brain Domain Assessment ResultsPlease indicate how the following brain domain was assessed	descriptive												

60	motorskills_brain Show the field ONLY if: [surveylanguage]="0"	Motor skills	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
61	neuroanat_brain Show the field ONLY if: [surveylanguage]="0"	Neuroanatomy/Neurophysiology	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
62	cognition_brain Show the field ONLY if: [surveylanguage]="0"	Cognition	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
63	language_brain Show the field ONLY if: [surveylanguage]="0"	Language	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
64	academic_brain Show the field ONLY if: [surveylanguage]="0"	Academic achievement	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
65	memory_brain Show the field ONLY if: [surveylanguage]="0"	Memory	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
66	attention_brain Show the field ONLY if: [surveylanguage]="0"	Attention	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
67	executive_brain Show the field ONLY if: [surveylanguage]="0"	Executive function including impulse control	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete
68	regulation_brain Show the field ONLY if: [surveylanguage]="0"	Affect Regulation	radio (Matrix) 0 Not impaired 1 Significant Impairment 888 Not Assessed 889 Incomplete

69	adaptive_brain Show the field ONLY if: [surveylanguage]="0"	Adaptive behaviour, social skills, or social communication	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>Not impaired</td> </tr> <tr> <td>1</td> <td>Significant Impairment</td> </tr> <tr> <td>888</td> <td>Not Assessed</td> </tr> <tr> <td>889</td> <td>Incomplete</td> </tr> </table>	0	Not impaired	1	Significant Impairment	888	Not Assessed	889	Incomplete													
0	Not impaired																							
1	Significant Impairment																							
888	Not Assessed																							
889	Incomplete																							
70	iq Show the field ONLY if: [surveylanguage]="0"	Full scale IQ	radio <table border="1"> <tr> <td>0</td> <td>Less than 70</td> </tr> <tr> <td>1</td> <td>70</td> </tr> <tr> <td>2</td> <td>71-85</td> </tr> <tr> <td>3</td> <td>greater than 85</td> </tr> <tr> <td>4</td> <td>Unable to calculate</td> </tr> </table>	0	Less than 70	1	70	2	71-85	3	greater than 85	4	Unable to calculate											
0	Less than 70																							
1	70																							
2	71-85																							
3	greater than 85																							
4	Unable to calculate																							
71	diagnosis Show the field ONLY if: [surveylanguage]="0"	Diagnosis	radio <table border="1"> <tr> <td>0</td> <td>FASD with sentinel facial features</td> </tr> <tr> <td>1</td> <td>FASD without sentinel facial features</td> </tr> <tr> <td>2</td> <td>At risk for neurodevelopmental disorder and FASD associated with prenatal alcohol exposure</td> </tr> <tr> <td>3</td> <td>No FASD Diagnosis</td> </tr> </table>	0	FASD with sentinel facial features	1	FASD without sentinel facial features	2	At risk for neurodevelopmental disorder and FASD associated with prenatal alcohol exposure	3	No FASD Diagnosis													
0	FASD with sentinel facial features																							
1	FASD without sentinel facial features																							
2	At risk for neurodevelopmental disorder and FASD associated with prenatal alcohol exposure																							
3	No FASD Diagnosis																							
72	fasdcode Show the field ONLY if: [surveylanguage]="0"	Do you use another diagnostic schema to record information (i.e. 4-digit code)?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	1	Yes																	
0	No																							
1	Yes																							
73	fasd4digit Show the field ONLY if: [surveylanguage]="0" and [fasdcode]="1"	Please provide the 4-digit diagnostic code	text (number, Min: 0, Max: 9999)																					
74	associatedfeatures Show the field ONLY if: [surveylanguage]="0"	Other associated features Please check all that apply	checkbox <table border="1"> <tr> <td>0</td> <td>associatedfeatures__0</td> <td>Sleep problems</td> </tr> <tr> <td>1</td> <td>associatedfeatures__1</td> <td>Sensory sensitives</td> </tr> <tr> <td>2</td> <td>associatedfeatures__2</td> <td>Sensory processing</td> </tr> <tr> <td>3</td> <td>associatedfeatures__3</td> <td>Trauma</td> </tr> <tr> <td>4</td> <td>associatedfeatures__4</td> <td>Slower processing speed</td> </tr> <tr> <td>5</td> <td>associatedfeatures__5</td> <td>Gender identity</td> </tr> <tr> <td>6</td> <td>associatedfeatures__6</td> <td>Other</td> </tr> </table>	0	associatedfeatures__0	Sleep problems	1	associatedfeatures__1	Sensory sensitives	2	associatedfeatures__2	Sensory processing	3	associatedfeatures__3	Trauma	4	associatedfeatures__4	Slower processing speed	5	associatedfeatures__5	Gender identity	6	associatedfeatures__6	Other
0	associatedfeatures__0	Sleep problems																						
1	associatedfeatures__1	Sensory sensitives																						
2	associatedfeatures__2	Sensory processing																						
3	associatedfeatures__3	Trauma																						
4	associatedfeatures__4	Slower processing speed																						
5	associatedfeatures__5	Gender identity																						
6	associatedfeatures__6	Other																						
75	associatedfeatures_specify Show the field ONLY if: [associatedfeatures(6)]=1"	Please specify	text																					
76	otherdiagnosisistitle Show the field ONLY if: [surveylanguage]="0"	Other diagnoses Note: Assessment did not have to occur at this clinic. <i>Please check all that apply</i>	descriptive																					
77	congenital Show the field ONLY if: [surveylanguage]="0"	Congenital malformations	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>No (Assessed but not diagnosed)</td> </tr> <tr> <td>1</td> <td>Yes (Assessed and diagnosed)</td> </tr> <tr> <td>2</td> <td>Not assessed</td> </tr> </table>	0	No (Assessed but not diagnosed)	1	Yes (Assessed and diagnosed)	2	Not assessed															
0	No (Assessed but not diagnosed)																							
1	Yes (Assessed and diagnosed)																							
2	Not assessed																							
78	intellectual Show the field ONLY if: [surveylanguage]="0"	Intellectual disability	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>No (Assessed but not diagnosed)</td> </tr> <tr> <td>1</td> <td>Yes (Assessed and diagnosed)</td> </tr> <tr> <td>2</td> <td>Not assessed</td> </tr> </table>	0	No (Assessed but not diagnosed)	1	Yes (Assessed and diagnosed)	2	Not assessed															
0	No (Assessed but not diagnosed)																							
1	Yes (Assessed and diagnosed)																							
2	Not assessed																							

79	add Show the field ONLY if: [surveylanguage]="0"	ADD/ADHD	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
80	attachment Show the field ONLY if: [surveylanguage]="0"	Attachment disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
81	dcd Show the field ONLY if: [surveylanguage]="0"	Developmental coordination disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
82	language Show the field ONLY if: [surveylanguage]="0"	Language disorder/impairment	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
83	auditory Show the field ONLY if: [surveylanguage]="0"	Auditory deficit	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
84	visual Show the field ONLY if: [surveylanguage]="0"	Visual deficit	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
85	tourette Show the field ONLY if: [surveylanguage]="0"	Tourette's	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
86	anxiety Show the field ONLY if: [surveylanguage]="0"	Anxiety disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
87	autism Show the field ONLY if: [surveylanguage]="0"	Autism Spectrum Disorders	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
88	bipolar Show the field ONLY if: [surveylanguage]="0"	Bipolar disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
89	conduct Show the field ONLY if: [surveylanguage]="0"	Conduct disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
90	mood Show the field ONLY if: [surveylanguage]="0"	Mood disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed

91	ocd Show the field ONLY if: [surveylanguage]="0"	Obsessive compulsive disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
92	personality Show the field ONLY if: [surveylanguage]="0"	Personality disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
93	ptsd Show the field ONLY if: [surveylanguage]="0"	PTSD	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
94	schizophrenia Show the field ONLY if: [surveylanguage]="0"	Schizophrenia	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
95	substanceabuse Show the field ONLY if: [surveylanguage]="0"	Substance abuse disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
96	suicide Show the field ONLY if: [surveylanguage]="0"	Suicide attempt(s)/Ideation	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
97	odd Show the field ONLY if: [surveylanguage]="0"	Oppositional defiant disorder	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
98	therdiagnosis Show the field ONLY if: [surveylanguage]="0"	Other	radio (Matrix) 0 No (Assessed but not diagnosed) 1 Yes (Assessed and diagnosed) 2 Not assessed
99	otherdiagnosis_specify Show the field ONLY if: [therdiagnosis]="0" or [therdiagnosis]="1" or [therdiagnosis]="2"	Please specify	text
100	medicaltitle Show the field ONLY if: [surveylanguage]="0"	MEDICAL HEALTH HISTORY	descriptive
101	growth Show the field ONLY if: [surveylanguage]="0"	Growth restriction	radio 0 No 1 Yes Custom alignment: RH
102	growth_specify Show the field ONLY if: [surveylanguage]="0"	Please specify height and weight percentiles	text

103	microcephaly Show the field ONLY if: [surveylanguage]="0"	Microcephaly	radio 1 Yes 2 No Custom alignment: RH
104	ftt Show the field ONLY if: [surveylanguage]="0"	Failure to thrive	radio 1 yes 2 No Custom alignment: RH
105	neurological Show the field ONLY if: [surveylanguage]="0"	Neurological conditions	radio 0 No 1 Yes Custom alignment: RH
106	neurological_specify Show the field ONLY if: [neurological]="1"	Please specify	text
107	mental Show the field ONLY if: [surveylanguage]="0"	Mental health	radio 0 No 1 Yes Custom alignment: RH
108	mental_specify Show the field ONLY if: [mental]="1"	Please specify	text
109	headneck Show the field ONLY if: [surveylanguage]="0"	Head and neck issues	radio 0 No 1 Yes Custom alignment: RH
110	headneck_specify Show the field ONLY if: [headneck]="1"	Please specify	text
111	cleft Show the field ONLY if: [surveylanguage]="0"	Cleft Lip Palate	radio 1 Yes 2 No Custom alignment: RH
112	cardiovascular Show the field ONLY if: [surveylanguage]="0"	Cardiovascular conditions	radio 0 No 1 Yes Custom alignment: RH
113	cardiovascular_specify Show the field ONLY if: [cardiovascular]="1"	Please specify	text
114	respiratory Show the field ONLY if: [surveylanguage]="0"	Respiratory system	radio 0 No 1 Yes Custom alignment: RH
115	respiratory_specify Show the field ONLY if: [respiratory]="1"	Please specify	text

116	endocrine Show the field ONLY if: [surveylanguage]="0"	Endocrinological conditions	radio 0 No 1 Yes Custom alignment: RH
117	endocrine_specify Show the field ONLY if: [endocrine]="1"	Please specify	text
118	musculoskeletal Show the field ONLY if: [surveylanguage]="0"	Musculoskeletal	radio 0 No 1 Yes Custom alignment: RH
119	musculoskeletal_specify Show the field ONLY if: [musculoskeletal]="1"	Please specify	text
120	infectiousdiseases Show the field ONLY if: [surveylanguage]="0"	Infectious diseases	radio 0 No 1 Yes Custom alignment: RH
121	infectiousdiseases_specify Show the field ONLY if: [infectiousdiseases]="1"	Please specify	text
122	medicalother Show the field ONLY if: [surveylanguage]="0"	Other	radio 0 No 1 Yes Custom alignment: RH
123	medicalother_specify Show the field ONLY if: [medicalother]="1"	Please specify	text
124	meds Show the field ONLY if: [surveylanguage]="0"	MEDICATION	descriptive
125	omega3 Show the field ONLY if: [surveylanguage]="0"	Omega-3	radio (Matrix) 0 No 1 Yes
126	choline Show the field ONLY if: [surveylanguage]="0"	Choline	radio (Matrix) 0 No 1 Yes
127	glutamine Show the field ONLY if: [surveylanguage]="0"	Glutamine	radio (Matrix) 0 No 1 Yes
128	aripiprazole Show the field ONLY if: [surveylanguage]="0"	Aripiprazole	radio (Matrix) 0 No 1 Yes
129	vortioxetine Show the field ONLY if: [surveylanguage]="0"	Vortioxetine	radio (Matrix) 0 No 1 Yes

130	minocycline Show the field ONLY if: [surveylanguage]="0"	Minocycline	radio (Matrix) 0 No 1 Yes
131	bupropion Show the field ONLY if: [surveylanguage]="0"	Bupropion	radio (Matrix) 0 No 1 Yes
132	bupirone Show the field ONLY if: [surveylanguage]="0"	Buspirone	radio (Matrix) 0 No 1 Yes
133	clozapine Show the field ONLY if: [surveylanguage]="0"	Clozapine	radio (Matrix) 0 No 1 Yes
134	melatonin Show the field ONLY if: [surveylanguage]="0"	Melatonin	radio (Matrix) 0 No 1 Yes
135	othermeds Show the field ONLY if: [surveylanguage]="0"	Please list all other current medications	descriptive
136	stimulanttitle Show the field ONLY if: [surveylanguage]="0"	Stimulants	descriptive
137	stimulant1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text
138	stimulant2 Show the field ONLY if: [stimulant1]<>""	Medication 2:	text
139	stimulant3 Show the field ONLY if: [stimulant2]<>""	Medication 3:	text
140	stimulant4 Show the field ONLY if: [stimulant3]<>""	Medication 4:	text
141	stimulant5 Show the field ONLY if: [stimulant4]<>""	Medication 5:	text
142	stimulant6 Show the field ONLY if: [stimulant5]<>""	Medication 6:	text
143	stimulant7 Show the field ONLY if: [stimulant6]<>""	Medication 7:	text
144	stimulant8 Show the field ONLY if: [stimulant7]<>""	Medication 8:	text
145	stimulant9 Show the field ONLY if: [stimulant8]<>""	Medication 9:	text
146	stimulant10 Show the field ONLY if: [stimulant9]<>""	Medication 10:	text

147	antidepressanttitle Show the field ONLY if: [surveylanguage]="0"	Anti-depressants	descriptive
148	antidepressant1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text
149	antidepressant2 Show the field ONLY if: [antidepressant1]<>""	Medication 2:	text
150	antidepressant3 Show the field ONLY if: [antidepressant2]<>""	Medication 3:	text
151	antidepressant4 Show the field ONLY if: [antidepressant3]<>""	Medication 4:	text
152	antidepressant5 Show the field ONLY if: [antidepressant4]<>""	Medication 5:	text
153	antidepressant6 Show the field ONLY if: [antidepressant5]<>""	Medication 6:	text
154	antidepressant7 Show the field ONLY if: [antidepressant6]<>""	Medication 7:	text
155	antidepressant8 Show the field ONLY if: [antidepressant7]<>""	Medication 8:	text
156	antidepressant9 Show the field ONLY if: [antidepressant8]<>""	Medication 9:	text
157	antidepressant10 Show the field ONLY if: [antidepressant9]<>""	Medication 10:	text
158	antipsychotitle Show the field ONLY if: [surveylanguage]="0"	Anti-psychotics	descriptive
159	antipsycho1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text
160	antipsycho2 Show the field ONLY if: [antipsycho1]<>""	Medication 2:	text
161	antipsycho3 Show the field ONLY if: [antipsycho2]<>""	Medication 3:	text
162	antipsycho4 Show the field ONLY if: [antipsycho3]<>""	Medication 4:	text
163	antipsycho5 Show the field ONLY if: [antipsycho4]<>""	Medication 5:	text

164	antipsycho6 Show the field ONLY if: [antipsycho5]<>""	Medication 6:	text
165	antipsycho7 Show the field ONLY if: [antipsycho6]<>""	Medication 7:	text
166	antipsycho8 Show the field ONLY if: [antipsycho7]<>""	Medication 8:	text
167	antipsycho9 Show the field ONLY if: [antipsycho8]<>""	Medication 9:	text
168	antipsycho10 Show the field ONLY if: [antipsycho9]<>""	Medication 10:	text
169	birthcontroltitle Show the field ONLY if: [surveylanguage]="0"	Birth Control Pills	descriptive
170	birthcontrol1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text
171	birthcontrol2 Show the field ONLY if: [birthcontrol1]<>""	Medication 2:	text
172	birthcontrol3 Show the field ONLY if: [birthcontrol2]<>""	Medication 3:	text
173	birthcontrol4 Show the field ONLY if: [birthcontrol3]<>""	Medication 4:	text
174	birthcontrol5 Show the field ONLY if: [birthcontrol4]<>""	Medication 5:	text
175	birthcontrol6 Show the field ONLY if: [birthcontrol5]<>""	Medication 6:	text
176	birthcontrol7 Show the field ONLY if: [birthcontrol6]<>""	Medication 7:	text
177	birthcontrol8 Show the field ONLY if: [birthcontrol7]<>""	Medication 8:	text
178	birthcontrol9 Show the field ONLY if: [birthcontrol8]<>""	Medication 9:	text
179	birthcontrol10 Show the field ONLY if: [birthcontrol9]<>""	Medication 10:	text
180	hrrtitle Show the field ONLY if: [surveylanguage]="0"	Hormone replacement therapy	descriptive

181	hrt1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text
182	hrt2 Show the field ONLY if: [hrt1]<>""	Medication 2:	text
183	hrt3 Show the field ONLY if: [hrt2]<>""	Medication 3:	text
184	hrt4 Show the field ONLY if: [hrt3]<>""	Medication 4:	text
185	hrt5 Show the field ONLY if: [hrt4]<>""	Medication 5:	text
186	hrt6 Show the field ONLY if: [hrt5]<>""	Medication 6:	text
187	hrt7 Show the field ONLY if: [hrt6]<>""	Medication 7:	text
188	hrt8 Show the field ONLY if: [hrt7]<>""	Medication 8:	text
189	hrt9 Show the field ONLY if: [hrt8]<>""	Medication 9:	text
190	hrt10 Show the field ONLY if: [hrt9]<>""	Medication 10:	text
191	antihypertensivetitle Show the field ONLY if: [surveylanguage]="0"	Anti-hypertensives	descriptive
192	antihypertensive1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text
193	antihypertensive2 Show the field ONLY if: [antihypertensive1]<>""	Medication 2:	text
194	antihypertensive3 Show the field ONLY if: [antihypertensive2]<>""	Medication 3:	text
195	antihypertensive4 Show the field ONLY if: [antihypertensive3]<>""	Medication 4:	text
196	antihypertensive5 Show the field ONLY if: [antihypertensive4]<>""	Medication 5:	text
197	antihypertensive6 Show the field ONLY if: [antihypertensive5]<>""	Medication 6:	text

198	antihypertensive7 Show the field ONLY if: [antihypertensive6]<>""	Medication 7:	text
199	antihypertensive8 Show the field ONLY if: [antihypertensive7]<>""	Medication 8:	text
200	antihypertensive9 Show the field ONLY if: [antihypertensive8]<>""	Medication 9:	text
201	antihypertensive10 Show the field ONLY if: [antihypertensive9]<>""	Medication 10:	text
202	anticonvulsanttitle Show the field ONLY if: [surveylanguage]="0"	Anti-convulsants	descriptive
203	anticonvulsant1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text
204	anticonvulsant2 Show the field ONLY if: [anticonvulsant1]<>""	Medication 2:	text
205	anticonvulsant3 Show the field ONLY if: [anticonvulsant2]<>""	Medication 3:	text
206	anticonvulsant4 Show the field ONLY if: [anticonvulsant3]<>""	Medication 4:	text
207	anticonvulsant5 Show the field ONLY if: [anticonvulsant4]<>""	Medication 5:	text
208	anticonvulsant6 Show the field ONLY if: [anticonvulsant5]<>""	Medication 6:	text
209	anticonvulsant7 Show the field ONLY if: [anticonvulsant6]<>""	Medication 7:	text
210	anticonvulsant8 Show the field ONLY if: [anticonvulsant7]<>""	Medication 8:	text
211	anticonvulsant9 Show the field ONLY if: [anticonvulsant8]<>""	Medication 9:	text
212	anticonvulsant10 Show the field ONLY if: [anticonvulsant9]<>""	Medication 10:	text
213	othermedstitle Show the field ONLY if: [surveylanguage]="0"	Other	descriptive
214	othermeds1 Show the field ONLY if: [surveylanguage]="0"	Medication 1:	text

215	othermeds2 Show the field ONLY if: [othermeds1]<>""	Medication 2:	text						
216	othermeds3 Show the field ONLY if: [othermeds2]<>""	Medication 3:	text						
217	othermeds4 Show the field ONLY if: [othermeds3]<>""	Medication 4:	text						
218	othermeds5 Show the field ONLY if: [othermeds4]<>""	Medication 5:	text						
219	othermeds6 Show the field ONLY if: [othermeds5]<>""	Medication 6:	text						
220	othermeds7 Show the field ONLY if: [othermeds6]<>""	Medication 7:	text						
221	othermeds8 Show the field ONLY if: [othermeds7]<>""	Medication 8:	text						
222	othermeds9 Show the field ONLY if: [othermeds8]<>""	Medication 9:	text						
223	othermeds10 Show the field ONLY if: [othermeds9]<>""	Medication 10:	text						
224	substancetitle Show the field ONLY if: [surveylanguage]="0"	Are any of the following substances currently being used/misused?	descriptive						
225	alcohol_misuse Show the field ONLY if: [surveylanguage]="0"	Alcohol	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	0	No	1	Yes	2	Unknown
0	No								
1	Yes								
2	Unknown								
226	tobacco_misuse Show the field ONLY if: [surveylanguage]="0"	Tobacco	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	0	No	1	Yes	2	Unknown
0	No								
1	Yes								
2	Unknown								
227	marijuana_misuse Show the field ONLY if: [surveylanguage]="0"	Marijuana/cannabis	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	0	No	1	Yes	2	Unknown
0	No								
1	Yes								
2	Unknown								
228	opiates_misuse Show the field ONLY if: [surveylanguage]="0"	Opiates	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	0	No	1	Yes	2	Unknown
0	No								
1	Yes								
2	Unknown								
229	solvents_misuse Show the field ONLY if: [surveylanguage]="0"	Solvents	radio (Matrix) <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	0	No	1	Yes	2	Unknown
0	No								
1	Yes								
2	Unknown								

230	crack_misuse Show the field ONLY if: [surveylanguage]="0"	Crack/Cocaine	radio (Matrix) 0 No 1 Yes 2 Unknown
231	other_misuses Show the field ONLY if: [surveylanguage]="0"	Other	radio (Matrix) 0 No 1 Yes 2 Unknown
232	other_misuse_specify Show the field ONLY if: [other_misuses]="1"	Please specify	text
233	substancetitle2 Show the field ONLY if: [surveylanguage]="0"	Are any of the following substance use/misuse treatments currently being accessed?	descriptive
234	alcohol_treat Show the field ONLY if: [surveylanguage]="0"	Alcohol	radio (Matrix) 0 No 1 Yes 2 Unknown
235	tobacco_treat Show the field ONLY if: [surveylanguage]="0"	Tobacco	radio (Matrix) 0 No 1 Yes 2 Unknown
236	marijuana_treat Show the field ONLY if: [surveylanguage]="0"	Marijuana/cannabis	radio (Matrix) 0 No 1 Yes 2 Unknown
237	othersubstances_treat Show the field ONLY if: [surveylanguage]="0"	Other	radio (Matrix) 0 No 1 Yes 2 Unknown
238	othersubstances_treat_specify Show the field ONLY if: [othersubstances_treat]="1"	Please specify	text
239	issuestitle Show the field ONLY if: [surveylanguage]="0"	Are any of the following currently being experienced?	descriptive
240	teacherassistant Show the field ONLY if: [surveylanguage]="0"	Teachers assistants prior to diagnosis	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
241	expulsion Show the field ONLY if: [surveylanguage]="0"	School expulsion/suspension	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic

242	employment Show the field ONLY if: [surveylanguage]="0"	Employment problems	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
243	helpiving Show the field ONLY if: [surveylanguage]="0"	Needs help living on own	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
244	assistedhousing Show the field ONLY if: [surveylanguage]="0"	Needs assisted or sheltered housing	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
245	victim Show the field ONLY if: [surveylanguage]="0"	Legal problems: Victim	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
246	offender Show the field ONLY if: [surveylanguage]="0"	Legal problems: Offender	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
247	custody Show the field ONLY if: [surveylanguage]="0"	Custody issues/family court	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
248	specialcourts Show the field ONLY if: [surveylanguage]="0"	Special courts jail	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
249	regularcourts Show the field ONLY if: [surveylanguage]="0"	Regular courts jail	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
250	incarceration Show the field ONLY if: [surveylanguage]="0"	Incarcerated	radio (Matrix) 0 No 1 Yes 2 Unknown 3 To be followed up after clinic
251	recommendations Show the field ONLY if: [surveylanguage]="0"	Which of the following recommendations were made?	descriptive

252	coaching Show the field ONLY if: [surveylanguage]="0"	Coaching	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
253	support Show the field ONLY if: [surveylanguage]="0"	Support (individual or group)	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
254	communication Show the field ONLY if: [surveylanguage]="0"	FASD Education	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
255	earlyintervention Show the field ONLY if: [surveylanguage]="0"	FASD Early intervention	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
256	supportgroup Show the field ONLY if: [surveylanguage]="0"	Counselling support group	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
257	individualtherapy Show the field ONLY if: [surveylanguage]="0"	Counselling or individual therapy	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
258	familycounselling Show the field ONLY if: [surveylanguage]="0"	Couple/family counselling	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
259	abusecounselling Show the field ONLY if: [surveylanguage]="0"	Substance abuse counselling/therapy	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
260	respite Show the field ONLY if: [surveylanguage]="0"	Respite	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
261	sexed Show the field ONLY if: [surveylanguage]="0"	Sexual Health Education	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
262	anger Show the field ONLY if: [surveylanguage]="0"	Anger Management	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
263	childprotection Show the field ONLY if: [surveylanguage]="0"	Child protection	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available

264	spousalabuse Show the field ONLY if: [surveylanguage]="0"	Spousal abuse intervention	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
265	mentalhealth Show the field ONLY if: [surveylanguage]="0"	Mental health support	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
266	incomesupport Show the field ONLY if: [surveylanguage]="0"	Income support	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
267	foodbank Show the field ONLY if: [surveylanguage]="0"	Food bank	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
268	emergencyhousing Show the field ONLY if: [surveylanguage]="0"	Emergency housing/shelter	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
269	daycare Show the field ONLY if: [surveylanguage]="0"	Daycare	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
270	guardianship Show the field ONLY if: [surveylanguage]="0"	Guardianship	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
271	poa Show the field ONLY if: [surveylanguage]="0"	Power of Attorney	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
272	personaldirective Show the field ONLY if: [surveylanguage]="0"	Personal directive	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
273	legalaids Show the field ONLY if: [surveylanguage]="0"	Legal aid	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
274	civilcourt Show the field ONLY if: [surveylanguage]="0"	Services for civil court issues	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
275	familycourt Show the field ONLY if: [surveylanguage]="0"	Services for family court issues	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available

276	slp Show the field ONLY if: [surveylanguage]="0"	Speech and language pathologist	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
277	aba Show the field ONLY if: [surveylanguage]="0"	Behaviour Therapy services (CBT, ABA, IBI, and other BT supports)	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
278	meds_rec Show the field ONLY if: [surveylanguage]="0"	Medication/psychopharmacology	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
279	ot Show the field ONLY if: [surveylanguage]="0"	Occupational therapy	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
280	accommodations Show the field ONLY if: [surveylanguage]="0"	Accommodations/adaptation in environment, expectations, supports used, or routine	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
281	guidance Show the field ONLY if: [surveylanguage]="0"	Anticipatory Guidance/Prevention: for the purpose of increasing awareness and/or decreasing risk of potential future problems	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
282	safety Show the field ONLY if: [surveylanguage]="0"	Safety: Precautions to be taken or specific measures to deal with safety concerns	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
283	reassessment Show the field ONLY if: [surveylanguage]="0"	Reassessment	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
284	othersubstitute Show the field ONLY if: [surveylanguage]="0"	Other substitute decision-making options	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
285	legalservices Show the field ONLY if: [surveylanguage]="0"	Other legal services	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
286	medicalreferral Show the field ONLY if: [surveylanguage]="0"	Medical referral	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available
287	fasdspecific Show the field ONLY if: [surveylanguage]="0"	FASD-specific intervention	radio (Matrix) 0 No 1 Yes 2 Yes, but service not available

288	demographic_fr Show the field ONLY if: [surveylanguage]="1"	RENSEIGNEMENTS DÉMOGRAPHIQUES ET CARACTÉRISTIQUES DES PATIENTS	descriptive																								
289	idtitle_fr Show the field ONLY if: [surveylanguage]="1"	Identification	descriptive																								
290	siteid_fr Show the field ONLY if: [surveylanguage]="1"	Code de site	text																								
291	country_fr Show the field ONLY if: [surveylanguage]="1"	Pays	dropdown <table border="1"> <tr><td>0</td><td>Canada</td></tr> <tr><td>1</td><td>Australie</td></tr> <tr><td>2</td><td>Nouvelle-Zélande</td></tr> <tr><td>3</td><td>États-Unis</td></tr> <tr><td>4</td><td>Royaume-Uni</td></tr> <tr><td>5</td><td>France</td></tr> <tr><td>6</td><td>Autre</td></tr> </table>	0	Canada	1	Australie	2	Nouvelle-Zélande	3	États-Unis	4	Royaume-Uni	5	France	6	Autre										
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292	country_other_fr Show the field ONLY if: [country_fr]="6"	Veillez préciser	text																								
293	province_fr Show the field ONLY if: [country_fr]="0"	Province/Territoire	dropdown <table border="1"> <tr><td>0</td><td>AB</td></tr> <tr><td>1</td><td>CB</td></tr> <tr><td>2</td><td>MB</td></tr> <tr><td>3</td><td>NB</td></tr> <tr><td>4</td><td>NE</td></tr> <tr><td>5</td><td>TN</td></tr> <tr><td>6</td><td>TNO</td></tr> <tr><td>7</td><td>NU</td></tr> <tr><td>8</td><td>ON</td></tr> <tr><td>9</td><td>QC</td></tr> <tr><td>10</td><td>SK</td></tr> <tr><td>11</td><td>YK</td></tr> </table>	0	AB	1	CB	2	MB	3	NB	4	NE	5	TN	6	TNO	7	NU	8	ON	9	QC	10	SK	11	YK
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11	YK																										
294	diagnosis_year_fr Show the field ONLY if: [surveylanguage]="1"	Année du diagnostic	text (number, Min: 1900, Max: 2030)																								
295	assessment_type_fr Show the field ONLY if: [surveylanguage]="1"	Type de diagnostic:	dropdown <table border="1"> <tr><td>0</td><td>Une évaluation initiale</td></tr> <tr><td>1</td><td>Une réévaluation</td></tr> <tr><td>2</td><td>Un suivi</td></tr> </table>	0	Une évaluation initiale	1	Une réévaluation	2	Un suivi																		
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296	ref_date_fr Show the field ONLY if: [surveylanguage]="1"	Date de la référence	descriptive																								

297	ref_mth_fr Show the field ONLY if: [surveylanguage]="1"	Mois	dropdown <table border="1"> <tr><td>1</td><td>janvier</td></tr> <tr><td>2</td><td>février</td></tr> <tr><td>3</td><td>mars</td></tr> <tr><td>4</td><td>avril</td></tr> <tr><td>5</td><td>mai</td></tr> <tr><td>6</td><td>juin</td></tr> <tr><td>7</td><td>juillet</td></tr> <tr><td>8</td><td>août</td></tr> <tr><td>9</td><td>septembre</td></tr> <tr><td>10</td><td>octobre</td></tr> <tr><td>11</td><td>novembre</td></tr> <tr><td>12</td><td>décembre</td></tr> </table>	1	janvier	2	février	3	mars	4	avril	5	mai	6	juin	7	juillet	8	août	9	septembre	10	octobre	11	novembre	12	décembre
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298	ref_yr_fr Show the field ONLY if: [surveylanguage]="1"	Année	text (number, Min: 1900, Max: 2030)																								
299	ref_source_fr Show the field ONLY if: [surveylanguage]="1"	Source de la référence	dropdown <table border="1"> <tr><td>0</td><td>Agence des services sociaux (par ex. agence de services à l'enfance et à la famille, agence de soutien communautaire)</td></tr> <tr><td>1</td><td>Recommandation médicale</td></tr> <tr><td>2</td><td>Système éducatif (par ex. école, garderie)</td></tr> <tr><td>3</td><td>Système judiciaire</td></tr> <tr><td>4</td><td>Auto-recommandation</td></tr> <tr><td>5</td><td>Recommandation de la famille (par ex. parents biologiques, adoptifs, famille d'accueil)</td></tr> <tr><td>6</td><td>Autre</td></tr> </table>	0	Agence des services sociaux (par ex. agence de services à l'enfance et à la famille, agence de soutien communautaire)	1	Recommandation médicale	2	Système éducatif (par ex. école, garderie)	3	Système judiciaire	4	Auto-recommandation	5	Recommandation de la famille (par ex. parents biologiques, adoptifs, famille d'accueil)	6	Autre										
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300	ref_sourcespecify_fr Show the field ONLY if: [ref_source_fr]="6"	Veillez préciser	text																								

301	ref_reason_fr Show the field ONLY if: [surveylanguage]="1"	Raison de la référence Veuillez cocher tout ce qui s'applique	checkbox <table border="1" data-bbox="1040 107 1523 961"> <tr> <td>0</td> <td>ref_reason_fr__0</td> <td>Problèmes de comportement</td> </tr> <tr> <td>1</td> <td>ref_reason_fr__1</td> <td>Difficultés d'apprentissage</td> </tr> <tr> <td>2</td> <td>ref_reason_fr__2</td> <td>Problèmes avec le système judiciaire</td> </tr> <tr> <td>3</td> <td>ref_reason_fr__3</td> <td>Retards de développement/délais en matière de stades de développement</td> </tr> <tr> <td>4</td> <td>ref_reason_fr__4</td> <td>Problèmes de vie adaptatifs</td> </tr> <tr> <td>5</td> <td>ref_reason_fr__5</td> <td>Exposition prénatale à l'alcool confirmée</td> </tr> <tr> <td>6</td> <td>ref_reason_fr__6</td> <td>Difficultés en matière d'aptitudes sociales</td> </tr> <tr> <td>7</td> <td>ref_reason_fr__7</td> <td>Difficultés d'autorégulation (par ex. nourriture, sommeil, sens)</td> </tr> <tr> <td>8</td> <td>ref_reason_fr__8</td> <td>Réévaluation</td> </tr> <tr> <td>9</td> <td>ref_reason_fr__9</td> <td>Suivi</td> </tr> <tr> <td>10</td> <td>ref_reason_fr__10</td> <td>Pour établir l'éligibilité pour un soutien (financier ou programmes de soutien au développement)</td> </tr> <tr> <td>11</td> <td>ref_reason_fr__11</td> <td>Autre</td> </tr> </table> Custom alignment: LV	0	ref_reason_fr__0	Problèmes de comportement	1	ref_reason_fr__1	Difficultés d'apprentissage	2	ref_reason_fr__2	Problèmes avec le système judiciaire	3	ref_reason_fr__3	Retards de développement/délais en matière de stades de développement	4	ref_reason_fr__4	Problèmes de vie adaptatifs	5	ref_reason_fr__5	Exposition prénatale à l'alcool confirmée	6	ref_reason_fr__6	Difficultés en matière d'aptitudes sociales	7	ref_reason_fr__7	Difficultés d'autorégulation (par ex. nourriture, sommeil, sens)	8	ref_reason_fr__8	Réévaluation	9	ref_reason_fr__9	Suivi	10	ref_reason_fr__10	Pour établir l'éligibilité pour un soutien (financier ou programmes de soutien au développement)	11	ref_reason_fr__11	Autre
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11	ref_reason_fr__11	Autre																																					
302	ref_reasonspecify_fr Show the field ONLY if: [ref_reason_fr(11)]=1"	Veuillez préciser	text																																				
303	screen_fr Show the field ONLY if: [surveylanguage]="1"	Est-ce qu'un outil de dépistage a été utilisé pour la référence?	radio <table border="1" data-bbox="1040 1167 1125 1247"> <tr> <td>0</td> <td>Non</td> </tr> <tr> <td>1</td> <td>Oui</td> </tr> </table> Custom alignment: RH	0	Non	1	Oui																																
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304	screen_tool_fr Show the field ONLY if: [screen_fr]="1"	Quel outil?	text Custom alignment: RH																																				
305	screen_who_fr Show the field ONLY if: [screen_fr]="1"	Qui a effectué le dépistage?	text Custom alignment: RH																																				
306	assessment_date_fr Show the field ONLY if: [surveylanguage]="1"	Date de l'évaluation multidisciplinaire	descriptive																																				

307	assessment_mth_fr Show the field ONLY if: [surveylanguage]="1"	Mois	dropdown <table border="1"> <tr><td>1</td><td>janvier</td></tr> <tr><td>2</td><td>février</td></tr> <tr><td>3</td><td>mars</td></tr> <tr><td>4</td><td>avril</td></tr> <tr><td>5</td><td>mai</td></tr> <tr><td>6</td><td>juin</td></tr> <tr><td>7</td><td>juillet</td></tr> <tr><td>8</td><td>août</td></tr> <tr><td>9</td><td>septembre</td></tr> <tr><td>10</td><td>octobre</td></tr> <tr><td>11</td><td>novembre</td></tr> <tr><td>12</td><td>décembre</td></tr> </table>	1	janvier	2	février	3	mars	4	avril	5	mai	6	juin	7	juillet	8	août	9	septembre	10	octobre	11	novembre	12	décembre
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308	assessment_yr_fr Show the field ONLY if: [surveylanguage]="1"	Année	text (number, Min: 1900, Max: 2030)																								
309	sex_fr Show the field ONLY if: [surveylanguage]="1"	Sexe (biologique)	radio <table border="1"> <tr><td>0</td><td>Homme</td></tr> <tr><td>1</td><td>Femme</td></tr> </table> Custom alignment: RH	0	Homme	1	Femme																				
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310	gender_fr Show the field ONLY if: [surveylanguage]="1"	Genre	radio <table border="1"> <tr><td>0</td><td>Homme</td></tr> <tr><td>1</td><td>Femme</td></tr> <tr><td>3</td><td>Autre</td></tr> </table> Custom alignment: RH	0	Homme	1	Femme	3	Autre																		
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311	gender_specify_fr Show the field ONLY if: [gender_fr]="3"	Veillez préciser	text																								
312	dob_fr Show the field ONLY if: [surveylanguage]="1"	Date de naissance	descriptive																								
313	dob_mth_fr Show the field ONLY if: [surveylanguage]="1"	Mois	dropdown <table border="1"> <tr><td>1</td><td>janvier</td></tr> <tr><td>2</td><td>février</td></tr> <tr><td>3</td><td>mars</td></tr> <tr><td>4</td><td>avril</td></tr> <tr><td>5</td><td>mai</td></tr> <tr><td>6</td><td>juin</td></tr> <tr><td>7</td><td>juillet</td></tr> <tr><td>8</td><td>août</td></tr> <tr><td>9</td><td>septembre</td></tr> <tr><td>10</td><td>octobre</td></tr> <tr><td>11</td><td>novembre</td></tr> <tr><td>12</td><td>décembre</td></tr> </table>	1	janvier	2	février	3	mars	4	avril	5	mai	6	juin	7	juillet	8	août	9	septembre	10	octobre	11	novembre	12	décembre
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8	août																										
9	septembre																										
10	octobre																										
11	novembre																										
12	décembre																										
314	dob_yr_fr Show the field ONLY if: [surveylanguage]="1"	Année	text (number, Min: 1900, Max: 2030)																								

315	ethnicity_fr Show the field ONLY if: [surveylanguage]="1"	Avec quel group ethnique cette personne s'identifie le plus?	checkbox <table border="1" data-bbox="1040 107 1524 856"> <tr><td>0</td><td>ethnicity_fr__0</td><td>Caucasien</td></tr> <tr><td>1</td><td>ethnicity_fr__1</td><td>Indigène</td></tr> <tr><td>2</td><td>ethnicity_fr__2</td><td>Afro-Américain</td></tr> <tr><td>3</td><td>ethnicity_fr__3</td><td>Latino-Américain</td></tr> <tr><td>4</td><td>ethnicity_fr__4</td><td>Sud-Asiatique (p. ex. Indien de l'Inde, Pakistanais, Sri-Lankais, etc.)</td></tr> <tr><td>5</td><td>ethnicity_fr__5</td><td>Asiatique occidentale (p. ex. Iranien, Afghan, etc.)</td></tr> <tr><td>6</td><td>ethnicity_fr__6</td><td>Chinois</td></tr> <tr><td>7</td><td>ethnicity_fr__7</td><td>Philippin</td></tr> <tr><td>8</td><td>ethnicity_fr__8</td><td>Coréen</td></tr> <tr><td>9</td><td>ethnicity_fr__9</td><td>Japonais</td></tr> <tr><td>10</td><td>ethnicity_fr__10</td><td>Asiatique du Sud-Est (p. ex. Vietnamien, Cambodgien, Laotien, Thaïlandais, etc.)</td></tr> <tr><td>11</td><td>ethnicity_fr__11</td><td>Arabe</td></tr> <tr><td>12</td><td>ethnicity_fr__12</td><td>Autre</td></tr> <tr><td>9999</td><td>ethnicity_fr__9999</td><td>Inconnue</td></tr> </table> Custom alignment: LV	0	ethnicity_fr__0	Caucasien	1	ethnicity_fr__1	Indigène	2	ethnicity_fr__2	Afro-Américain	3	ethnicity_fr__3	Latino-Américain	4	ethnicity_fr__4	Sud-Asiatique (p. ex. Indien de l'Inde, Pakistanais, Sri-Lankais, etc.)	5	ethnicity_fr__5	Asiatique occidentale (p. ex. Iranien, Afghan, etc.)	6	ethnicity_fr__6	Chinois	7	ethnicity_fr__7	Philippin	8	ethnicity_fr__8	Coréen	9	ethnicity_fr__9	Japonais	10	ethnicity_fr__10	Asiatique du Sud-Est (p. ex. Vietnamien, Cambodgien, Laotien, Thaïlandais, etc.)	11	ethnicity_fr__11	Arabe	12	ethnicity_fr__12	Autre	9999	ethnicity_fr__9999	Inconnue
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12	ethnicity_fr__12	Autre																																											
9999	ethnicity_fr__9999	Inconnue																																											
316	ethnicity_specify_fr Show the field ONLY if: [ethnicity_fr(12)]=1"	Veuillez préciser	text																																										
317	living_fr Show the field ONLY if: [surveylanguage]="1"	Situation domiciliaire	dropdown <table border="1" data-bbox="1040 1064 1524 1486"> <tr><td>0</td><td>Indépendant</td></tr> <tr><td>1</td><td>Avec mère biologique</td></tr> <tr><td>2</td><td>Avec père biologique</td></tr> <tr><td>3</td><td>Avec autre famille</td></tr> <tr><td>4</td><td>Famille d'accueil (personnes qui ne font pas partie de la famille)</td></tr> <tr><td>5</td><td>Parent(s) adoptif(s)</td></tr> <tr><td>6</td><td>Foyer</td></tr> <tr><td>7</td><td>Sans abri</td></tr> <tr><td>8</td><td>En détention</td></tr> <tr><td>9</td><td>Autre</td></tr> </table>	0	Indépendant	1	Avec mère biologique	2	Avec père biologique	3	Avec autre famille	4	Famille d'accueil (personnes qui ne font pas partie de la famille)	5	Parent(s) adoptif(s)	6	Foyer	7	Sans abri	8	En détention	9	Autre																						
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7	Sans abri																																												
8	En détention																																												
9	Autre																																												
318	living_familyspecify_fr Show the field ONLY if: [living_fr]="3"	Veuillez préciser autre famille	text																																										
319	living_specify_fr Show the field ONLY if: [living_fr]="9"	Veuillez préciser	text																																										
320	parent_diagnosis_fr Show the field ONLY if: [surveylanguage]="1"	Est-ce qu'un parent biologique a reçu un diagnostic de TSAF?	radio <table border="1" data-bbox="1040 1743 1170 1864"> <tr><td>0</td><td>Non</td></tr> <tr><td>1</td><td>Oui</td></tr> <tr><td>3</td><td>Inconnue</td></tr> </table> Custom alignment: RH	0	Non	1	Oui	3	Inconnue																																				
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3	Inconnue																																												

321	sibling_diagnosis_fr Show the field ONLY if: [surveylanguage]="1"	Est-ce qu'un frère ou une soeur a reçu un diagnostic de TSAF	radio 0 Non 1 Oui 3 Inconnue 4 Sans objet (enfant unique)
322	assessmenttitle_fr Show the field ONLY if: [surveylanguage]="1"	EVALUATION DE L'EXPOSITION PRÉNATALE À L'ALCOOL	descriptive
323	exposure_fr Show the field ONLY if: [surveylanguage]="1"	L'exposition prénatale à l'alcool est:	radio 0 Absente (Confirmée) 1 Présente (Confirmée) 2 Non-confirmée 3 Inconnue
324	exposure_specify_fr Show the field ONLY if: [exposure_fr]="1"	Veillez préciser la source, si connue	text
325	exposuretitle_fr Show the field ONLY if: [surveylanguage]="1"	Autres expositions prénatales	descriptive
326	nicotine_fr Show the field ONLY if: [surveylanguage]="1"	Nicotine	radio (Matrix) 0 Absente (Confirmée) 1 Présent (Confirmée) 3 Inconnue
327	opiates_fr Show the field ONLY if: [surveylanguage]="1"	Opiacés	radio (Matrix) 0 Absente (Confirmée) 1 Présent (Confirmée) 3 Inconnue
328	marijuana_fr Show the field ONLY if: [surveylanguage]="1"	Marijuana	radio (Matrix) 0 Absente (Confirmée) 1 Présent (Confirmée) 3 Inconnue
329	cocaine_fr Show the field ONLY if: [surveylanguage]="1"	Cocaine/crack	radio (Matrix) 0 Absente (Confirmée) 1 Présent (Confirmée) 3 Inconnue
330	meth_fr Show the field ONLY if: [surveylanguage]="1"	Méthamphétamine/speed	radio (Matrix) 0 Absente (Confirmée) 1 Présent (Confirmée) 3 Inconnue
331	prescription_meds_fr Show the field ONLY if: [surveylanguage]="1"	Médicaments prescrits	radio (Matrix) 0 Absente (Confirmée) 1 Présent (Confirmée) 3 Inconnue
332	exposure_other_fr Show the field ONLY if: [surveylanguage]="1"	Autre expositions	radio (Matrix) 0 Absente (Confirmée) 1 Présent (Confirmée) 3 Inconnue

333	exposure_otherspecify_fr Show the field ONLY if: [exposure_other_fr]<>"	Veillez préciser	text												
334	factors_fr Show the field ONLY if: [surveylanguage]="1"	Autres facteurs Veillez cocher tout ce qui s'applique	checkbox <table border="1"> <tr> <td>0</td> <td>factors_fr__0</td> <td>Traumatisme post-natal</td> </tr> <tr> <td>1</td> <td>factors_fr__1</td> <td>Problèmes d'attachement</td> </tr> <tr> <td>2</td> <td>factors_fr__2</td> <td>Abus physique ou sexuel</td> </tr> <tr> <td>3</td> <td>factors_fr__3</td> <td>Autre</td> </tr> </table>	0	factors_fr__0	Traumatisme post-natal	1	factors_fr__1	Problèmes d'attachement	2	factors_fr__2	Abus physique ou sexuel	3	factors_fr__3	Autre
0	factors_fr__0	Traumatisme post-natal													
1	factors_fr__1	Problèmes d'attachement													
2	factors_fr__2	Abus physique ou sexuel													
3	factors_fr__3	Autre													
335	factors_specify_fr Show the field ONLY if: [factors_fr(3)]=1"	Veillez préciser	text												
336	facialtitle_fr Show the field ONLY if: [surveylanguage]="1"	TRAITS FACIAUX CARACTÉRISTIQUES	descriptive												
337	fissurenorms_fr Show the field ONLY if: [surveylanguage]="1"	Normes de fentes palpébrales utilisées:	checkbox <table border="1"> <tr> <td>0</td> <td>fissurenorms_fr__0</td> <td>Normes canadiennes</td> </tr> <tr> <td>1</td> <td>fissurenorms_fr__1</td> <td>Thomas</td> </tr> <tr> <td>2</td> <td>fissurenorms_fr__2</td> <td>Scandinaves</td> </tr> <tr> <td>3</td> <td>fissurenorms_fr__3</td> <td>Autre</td> </tr> </table>	0	fissurenorms_fr__0	Normes canadiennes	1	fissurenorms_fr__1	Thomas	2	fissurenorms_fr__2	Scandinaves	3	fissurenorms_fr__3	Autre
0	fissurenorms_fr__0	Normes canadiennes													
1	fissurenorms_fr__1	Thomas													
2	fissurenorms_fr__2	Scandinaves													
3	fissurenorms_fr__3	Autre													
338	fissurenorms_specify_fr Show the field ONLY if: [fissurenorms_fr(3)]=1"	Veillez préciser	text												
339	fissurelength_fr Show the field ONLY if: [surveylanguage]="1"	Longueur de la fente palpébrale	radio <table border="1"> <tr> <td>0</td> <td>>-1 ET</td> </tr> <tr> <td>1</td> <td>> -2 ET & < -1 ET</td> </tr> <tr> <td>2</td> <td>< -2 ET</td> </tr> </table>	0	>-1 ET	1	> -2 ET & < -1 ET	2	< -2 ET						
0	>-1 ET														
1	> -2 ET & < -1 ET														
2	< -2 ET														
340	philtrum_fr Show the field ONLY if: [surveylanguage]="1"	Caractère lisse du philtrumScore sur le guide lip-philtrum	dropdown <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table>	1	1	2	2	3	3	4	4	5	5		
1	1														
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4	4														
5	5														
341	upperlip_fr Show the field ONLY if: [surveylanguage]="1"	Épaisseur de la lèvre supérieure score sur le guide Lip-philtrum	dropdown <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table>	1	1	2	2	3	3	4	4	5	5		
1	1														
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342	sentinel_fr Show the field ONLY if: [surveylanguage]="1"	Nombre total de traits faciaux caractéristiques présents	dropdown <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>Non concluant</td> </tr> </table>	0	0	1	1	2	2	3	3	4	Non concluant		
0	0														
1	1														
2	2														
3	3														
4	Non concluant														
343	neurotitle_fr Show the field ONLY if: [surveylanguage]="1"	ÉVALUATION NEUROCOMPORTEMENTALE	descriptive												
344	neurotitle1_fr Show the field ONLY if: [surveylanguage]="1"	Résultats de l'évaluation des domaines du cerveau Veillez indiquer si chaque domaine du cerveau a été évalué	descriptive												

345	motorskills_brain_fr Show the field ONLY if: [surveylanguage]="1"	Habilités motrices	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
346	neuroanat_brain_fr Show the field ONLY if: [surveylanguage]="1"	Neuroanatomie/Neurophysiologie	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
347	cognition_brain_fr Show the field ONLY if: [surveylanguage]="1"	Cognition	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
348	language_brain_fr Show the field ONLY if: [surveylanguage]="1"	Langage	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
349	academic_brain_fr Show the field ONLY if: [surveylanguage]="1"	Rendement scolaire	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
350	memory_brain_fr Show the field ONLY if: [surveylanguage]="1"	Mémoire	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
351	attention_brain_fr Show the field ONLY if: [surveylanguage]="1"	Attention	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
352	executive_brain_fr Show the field ONLY if: [surveylanguage]="1"	Fonction exécutive (y compris le contrôle des impulsions)	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
353	regulation_brain_fr Show the field ONLY if: [surveylanguage]="1"	Régulation de l'affect	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
354	adaptive_brain_fr Show the field ONLY if: [surveylanguage]="1"	Comportement adaptatif, aptitudes sociales, ou communication sociale	radio (Matrix) 0 Non Altéré 1 Altéré 888 Non évalué
355	iq_fr Show the field ONLY if: [surveylanguage]="1"	QI global	radio 0 Inférieur à 70 1 70 2 71-85 3 Supérieur à 85 4 Inconnu/non-calculé

356	diagnosis_fr Show the field ONLY if: [surveylanguage]="1"	Diagnostic	radio 0 TSAF avec traits faciaux caractéristiques 1 TSAF sans traits faciaux caractéristiques 2 À risque de trouble neurodéveloppemental et de TSAF associés à l'exposition prénatale à l'alcool 3 Pas de diagnostic de TSAF
357	fasdcode_fr Show the field ONLY if: [surveylanguage]="1"	Utilisez-vous un autre modèle de diagnostic pour enregistrer les informations (c.-à-d. le code diagnostique à 4 chiffres)?	radio 0 Non 1 Oui Custom alignment: RH
358	fasd4digit_fr Show the field ONLY if: [surveylanguage]="1" and [fasdcode_fr]="1"	Veillez donner le code diagnostique à 4 chiffres	text (number, Min: 0, Max: 9999)
359	associatedfeatures_fr Show the field ONLY if: [surveylanguage]="1"	Autres caractéristiques associées Veillez cocher tout ce qui s'applique	checkbox 0 associatedfeatures_fr__0 Troubles du sommeil 1 associatedfeatures_fr__1 Sensibilités sensorielles 2 associatedfeatures_fr__2 Déficiences de traitement sensoriel 3 associatedfeatures_fr__3 Traumatisme 4 associatedfeatures_fr__4 Vitesse de traitement réduite 5 associatedfeatures_fr__5 identité sexuelle 6 associatedfeatures_fr__6 Autre
360	associatedfeatures_specify_fr Show the field ONLY if: [associatedfeatures_fr(6)]=1"	Veillez préciser	text
361	otherdiagnostictitle_fr Show the field ONLY if: [surveylanguage]="1"	Autre diagnostic Remarque : L'évaluation n'avait pas à se produire à cette clinique spécifique. <i>Veillez cocher tout ce qui s'applique</i>	descriptive
362	congenital_fr Show the field ONLY if: [surveylanguage]="1"	Malformations congénitales	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
363	intellectual_fr Show the field ONLY if: [surveylanguage]="1"	Déficience intellectuelle	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
364	add_fr Show the field ONLY if: [surveylanguage]="1"	TDA/TAH	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
365	attachment_fr Show the field ONLY if: [surveylanguage]="1"	Troubles d'attachement	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué

366	dcd_fr Show the field ONLY if: [surveylanguage]="1"	Dyspraxie	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
367	language_fr Show the field ONLY if: [surveylanguage]="1"	Trouble/Déficience du langage	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
368	auditory_fr Show the field ONLY if: [surveylanguage]="1"	Déficience auditive	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
369	visual_fr Show the field ONLY if: [surveylanguage]="1"	Déficience visuelle	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
370	tourette_fr Show the field ONLY if: [surveylanguage]="1"	Maladie de Gilles de la Tourette	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
371	anxiety_fr Show the field ONLY if: [surveylanguage]="1"	Trouble anxieux	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
372	autism_fr Show the field ONLY if: [surveylanguage]="1"	Troubles du spectre autistique	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
373	bipolar_fr Show the field ONLY if: [surveylanguage]="1"	Trouble bipolaire	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
374	conduct_fr Show the field ONLY if: [surveylanguage]="1"	Trouble de comportement	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
375	mood_fr Show the field ONLY if: [surveylanguage]="1"	Trouble de l'humeur	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
376	ocd_fr Show the field ONLY if: [surveylanguage]="1"	Trouble obsessionnel compulsif	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
377	personality_fr Show the field ONLY if: [surveylanguage]="1"	Trouble de la personnalité	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué

378	ptsd_fr Show the field ONLY if: [surveylanguage]="1"	TSPT	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
379	schizophrenia_fr Show the field ONLY if: [surveylanguage]="1"	Schizophrénie	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
380	substanceabuse_fr Show the field ONLY if: [surveylanguage]="1"	Trouble lié à l'abus d'alcool ou d'autres drogues	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
381	suicide_fr Show the field ONLY if: [surveylanguage]="1"	Tentatives de suicide /idées suicidaires	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
382	otherdiagnosis_fr Show the field ONLY if: [surveylanguage]="1"	Autres	radio (Matrix) 0 Non (Évalué) 1 Oui (Évalué et diagnostiqué) 2 Non évalué
383	otherdiagnosis_specify_fr Show the field ONLY if: [otherdiagnosis_fr]="0" or [ot herdiagnosis_fr]="1" or [other diagnosis_fr]="2"	Veillez préciser	text
384	medicaltitle_fr Show the field ONLY if: [surveylanguage]="1"	ANTÉCÉDENTS MÉDICAUX	descriptive
385	growth_fr Show the field ONLY if: [surveylanguage]="1"	Retard de croissance	radio 0 Non 1 Oui Custom alignment: RH
386	growth_specify_fr Show the field ONLY if: [growth_fr]="1"	Veillez préciser	text
387	neurological_fr Show the field ONLY if: [surveylanguage]="1"	Troubles neurologiques	radio 0 Non 1 Oui Custom alignment: RH
388	neurological_specify_fr Show the field ONLY if: [neurological_fr]="1"	Veillez préciser	text
389	mental_fr Show the field ONLY if: [surveylanguage]="1"	Problèmes de santé mentale	radio 0 Non 1 Oui Custom alignment: RH
390	mental_specify_fr Show the field ONLY if: [mental_fr]="1"	Veillez préciser	text

391	headneck_fr Show the field ONLY if: [surveylanguage]="1"	Problèmes de tête et de cou	radio 0 Non 1 Oui Custom alignment: RH
392	headneck_specify_fr Show the field ONLY if: [headneck_fr]="1"	Veillez préciser	text
393	cardiovascular_fr Show the field ONLY if: [surveylanguage]="1"	Troubles cardiovasculaires	radio 0 Non 1 Oui Custom alignment: RH
394	cardiovascular_specify_fr Show the field ONLY if: [cardiovascular_fr]="1"	Veillez préciser	text
395	respiratory_fr Show the field ONLY if: [surveylanguage]="1"	Troubles du système respiratoire	radio 0 Non 1 Oui Custom alignment: RH
396	respiratory_specify_fr Show the field ONLY if: [respiratory_fr]="1"	Veillez préciser	text
397	endocrine_fr Show the field ONLY if: [surveylanguage]="1"	Troubles endocrinologiques	radio 0 Non 1 Oui Custom alignment: RH
398	endocrine_specify_fr Show the field ONLY if: [endocrine_fr]="1"	Veillez préciser	text
399	musculoskeletal_fr Show the field ONLY if: [surveylanguage]="1"	Problèmes musculosquelettiques	radio 0 Non 1 Oui Custom alignment: RH
400	musculoskeletal_specify_fr Show the field ONLY if: [musculoskeletal_fr]="1"	Veillez préciser	text
401	infectiousdiseases_fr Show the field ONLY if: [surveylanguage]="1"	Maladies contagieuses	radio 0 Non 1 Oui Custom alignment: RH
402	infectiousdiseases_specify_fr Show the field ONLY if: [infectiousdiseases_fr]="1"	Veillez préciser	text
403	medicalother_fr Show the field ONLY if: [surveylanguage]="1"	Autres	radio 0 Non 1 Oui Custom alignment: RH

404	medicalother_specify_fr Show the field ONLY if: [medicalother_fr]="1"	Veillez préciser	text
405	meds_fr Show the field ONLY if: [surveylanguage]="1"	MÉDICAMENTS	descriptive
406	omega3_fr Show the field ONLY if: [surveylanguage]="1"	Omega-3	radio (Matrix) 0 Non 1 Oui
407	choline_fr Show the field ONLY if: [surveylanguage]="1"	Choline	radio (Matrix) 0 Non 1 Oui
408	glutamine_fr Show the field ONLY if: [surveylanguage]="1"	Glutamine	radio (Matrix) 0 Non 1 Oui
409	aripiprazole_fr Show the field ONLY if: [surveylanguage]="1"	Aripiprazole	radio (Matrix) 0 Non 1 Oui
410	vortioxetine_fr Show the field ONLY if: [surveylanguage]="1"	Vortioxetine	radio (Matrix) 0 Non 1 Oui
411	minocycline_fr Show the field ONLY if: [surveylanguage]="1"	Minocycline	radio (Matrix) 0 Non 1 Oui
412	bupropion_fr Show the field ONLY if: [surveylanguage]="1"	Bupropion	radio (Matrix) 0 Non 1 Oui
413	buspirone_fr Show the field ONLY if: [surveylanguage]="1"	Buspirone	radio (Matrix) 0 Non 1 Oui
414	clozapine_fr Show the field ONLY if: [surveylanguage]="1"	Clozapine	radio (Matrix) 0 Non 1 Oui
415	melatonin_fr Show the field ONLY if: [surveylanguage]="1"	Melatonin	radio (Matrix) 0 Non 1 Oui
416	othermeds_fr Show the field ONLY if: [surveylanguage]="1"	Veillez dresser une liste des autres médicaments consommés actuellement	descriptive
417	stimulanttitle_fr Show the field ONLY if: [surveylanguage]="1"	Stimulants	descriptive
418	stimulant1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
419	stimulant2_fr Show the field ONLY if: [stimulant1_fr]<>""	Médicament 2:	text

420	stimulant3_fr Show the field ONLY if: [stimulant2_fr]<>""	Médicament 3:	text
421	stimulant4_fr Show the field ONLY if: [stimulant3_fr]<>""	Médicament 4:	text
422	stimulant5_fr Show the field ONLY if: [stimulant4_fr]<>""	Médicament 5:	text
423	stimulant6_fr Show the field ONLY if: [stimulant5_fr]<>""	Médicament 6:	text
424	stimulant7_fr Show the field ONLY if: [stimulant6_fr]<>""	Médicament 7:	text
425	stimulant8_fr Show the field ONLY if: [stimulant7_fr]<>""	Médicament 8:	text
426	stimulant9_fr Show the field ONLY if: [stimulant8_fr]<>""	Médicament 9:	text
427	stimulant10_fr Show the field ONLY if: [stimulant9_fr]<>""	Médicament 10:	text
428	antidepressanttitle_fr Show the field ONLY if: [surveylanguage]="1"	Antidépresseurs	descriptive
429	antidepressant1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
430	antidepressant2_fr Show the field ONLY if: [antidepressant1_fr]<>""	Médicament 2:	text
431	antidepressant3_fr Show the field ONLY if: [antidepressant2_fr]<>""	Médicament 3:	text
432	antidepressant4_fr Show the field ONLY if: [antidepressant3_fr]<>""	Médicament 4:	text
433	antidepressant5_fr Show the field ONLY if: [antidepressant4_fr]<>""	Médicament 5:	text
434	antidepressant6_fr Show the field ONLY if: [antidepressant5_fr]<>""	Médicament 6:	text
435	antidepressant7_fr Show the field ONLY if: [antidepressant6_fr]<>""	Médicament 7:	text
436	antidepressant8_fr Show the field ONLY if: [antidepressant7_fr]<>""	Médicament 8:	text

437	antidepressant9_fr Show the field ONLY if: [antidepressant8_fr]<>""	Médicament 9:	text
438	antidepressant10_fr Show the field ONLY if: [antidepressant9_fr]<>""	Médicament 10:	text
439	antipsychotitle_fr Show the field ONLY if: [surveylanguage]="1"	Antipsychotiques	descriptive
440	antipsycho1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
441	antipsycho2_fr Show the field ONLY if: [antipsycho1_fr]<>""	Médicament 2:	text
442	antipsycho3_fr Show the field ONLY if: [antipsycho2_fr]<>""	Médicament 3:	text
443	antipsycho4_fr Show the field ONLY if: [antipsycho3_fr]<>""	Médicament 4:	text
444	antipsycho5_fr Show the field ONLY if: [antipsycho4_fr]<>""	Médicament 5:	text
445	antipsycho6_fr Show the field ONLY if: [antipsycho5_fr]<>""	Médicament 6:	text
446	antipsycho7_fr Show the field ONLY if: [antipsycho6_fr]<>""	Médicament 7:	text
447	antipsycho8_fr Show the field ONLY if: [antipsycho7_fr]<>""	Médicament 8:	text
448	antipsycho9_fr Show the field ONLY if: [antipsycho8_fr]<>""	Médicament 9:	text
449	antipsycho10_fr Show the field ONLY if: [antipsycho9_fr]<>""	Médicament 10:	text
450	birthcontroltitle_fr Show the field ONLY if: [surveylanguage]="1"	Pilule contraceptives	descriptive
451	birthcontrol1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
452	birthcontrol2_fr Show the field ONLY if: [birthcontrol1_fr]<>""	Médicament 2:	text
453	birthcontrol3_fr Show the field ONLY if: [birthcontrol2_fr]<>""	Médicament 3:	text

454	birthcontrol4_fr Show the field ONLY if: [birthcontrol3_fr]<>""	Médicament 4:	text
455	birthcontrol5_fr Show the field ONLY if: [birthcontrol4_fr]<>""	Médicament 5:	text
456	birthcontrol6_fr Show the field ONLY if: [birthcontrol5_fr]<>""	Médicament 6:	text
457	birthcontrol7_fr Show the field ONLY if: [birthcontrol6_fr]<>""	Médicament 7:	text
458	birthcontrol8_fr Show the field ONLY if: [birthcontrol7_fr]<>""	Médicament 8:	text
459	birthcontrol9_fr Show the field ONLY if: [birthcontrol8_fr]<>""	Médicament 9:	text
460	birthcontrol10_fr Show the field ONLY if: [birthcontrol9_fr]<>""	Médicament 10:	text
461	hrttitle_fr Show the field ONLY if: [surveylanguage]="1"	Traitement hormonal substitutif	descriptive
462	hrt1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
463	hrt2_fr Show the field ONLY if: [hrt1_fr]<>""	Médicament 2:	text
464	hrt3_fr Show the field ONLY if: [hrt2_fr]<>""	Médicament 3:	text
465	hrt4_fr Show the field ONLY if: [hrt3_fr]<>""	Médicament 4:	text
466	hrt5_fr Show the field ONLY if: [hrt4_fr]<>""	Médicament 5:	text
467	hrt6_fr Show the field ONLY if: [hrt5_fr]<>""	Médicament 6:	text
468	hrt7_fr Show the field ONLY if: [hrt6_fr]<>""	Médicament 7:	text
469	hrt8_fr Show the field ONLY if: [hrt7_fr]<>""	Médicament 8:	text
470	hrt9_fr Show the field ONLY if: [hrt8_fr]<>""	Médicament 9:	text

471	hrt10_fr Show the field ONLY if: [hrt9_fr]<>""	Médicament 10:	text
472	antihypertensivetitle_fr Show the field ONLY if: [surveylanguage]="1"	Antihypertenseurs	descriptive
473	antihypertensive1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
474	antihypertensive2_fr Show the field ONLY if: [antihypertensive1_fr]<>""	Médicament 2:	text
475	antihypertensive3_fr Show the field ONLY if: [antihypertensive2_fr]<>""	Médicament 3:	text
476	antihypertensive4_fr Show the field ONLY if: [antihypertensive3_fr]<>""	Médicament 4:	text
477	antihypertensive5_fr Show the field ONLY if: [antihypertensive4_fr]<>""	Médicament 5:	text
478	antihypertensive6_fr Show the field ONLY if: [antihypertensive5_fr]<>""	Médicament 6:	text
479	antihypertensive7_fr Show the field ONLY if: [antihypertensive6_fr]<>""	Médicament 7:	text
480	antihypertensive8_fr Show the field ONLY if: [antihypertensive7_fr]<>""	Médicament 8:	text
481	antihypertensive9_fr Show the field ONLY if: [antihypertensive8_fr]<>""	Médicament 9:	text
482	antihypertensive10_fr Show the field ONLY if: [antihypertensive9_fr]<>""	Médicament 10:	text
483	anticonvulsanttitle_fr Show the field ONLY if: [surveylanguage]="1"	Anticonvulsivants	descriptive
484	anticonvulsant1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
485	anticonvulsant2_fr Show the field ONLY if: [anticonvulsant1_fr]<>""	Médicament 2:	text
486	anticonvulsant3_fr Show the field ONLY if: [anticonvulsant2_fr]<>""	Médicament 3:	text
487	anticonvulsant4_fr Show the field ONLY if: [anticonvulsant3_fr]<>""	Médicament 4:	text

488	anticonvulsant5_fr Show the field ONLY if: [anticonvulsant4_fr]<>""	Médicament 5:	text
489	anticonvulsant6_fr Show the field ONLY if: [anticonvulsant5_fr]<>""	Médicament 6:	text
490	anticonvulsant7_fr Show the field ONLY if: [anticonvulsant6_fr]<>""	Médicament 7:	text
491	anticonvulsant8_fr Show the field ONLY if: [anticonvulsant7_fr]<>""	Médicament 8:	text
492	anticonvulsant9_fr Show the field ONLY if: [anticonvulsant8_fr]<>""	Médicament 9:	text
493	anticonvulsant10_fr Show the field ONLY if: [anticonvulsant9_fr]<>""	Médicament 10:	text
494	othermedstitle_fr Show the field ONLY if: [surveylanguage]="1"	Autres	descriptive
495	othermeds1_fr Show the field ONLY if: [surveylanguage]="1"	Médicament 1:	text
496	othermeds2_fr Show the field ONLY if: [othermeds1_fr]<>""	Médicament 2:	text
497	othermeds3_fr Show the field ONLY if: [othermeds2_fr]<>""	Médicament 3:	text
498	othermeds4_fr Show the field ONLY if: [othermeds3_fr]<>""	Médicament 4:	text
499	othermeds5_fr Show the field ONLY if: [othermeds4_fr]<>""	Médicament 5:	text
500	othermeds6_fr Show the field ONLY if: [othermeds5_fr]<>""	Médicament 6:	text
501	othermeds7_fr Show the field ONLY if: [othermeds6_fr]<>""	Médicament 7:	text
502	othermeds8_fr Show the field ONLY if: [othermeds7_fr]<>""	Médicament 8:	text
503	othermeds9_fr Show the field ONLY if: [othermeds8_fr]<>""	Médicament 9:	text
504	othermeds10_fr Show the field ONLY if: [othermeds9_fr]<>""	Médicament 10:	text



505	substancestitle_fr Show the field ONLY if: [surveylanguage]="1"	Est-ce que les substances suivantes sont présentement consommées/surconsommées?	descriptive
506	alcohol_misuse_fr Show the field ONLY if: [surveylanguage]="1"	Alcool	radio (Matrix) 0 Non 1 Oui 2 Inconnu
507	tobacco_misuse_fr Show the field ONLY if: [surveylanguage]="1"	Tabac	radio (Matrix) 0 Non 1 Oui 2 Inconnu
508	marijuana_misuse_fr Show the field ONLY if: [surveylanguage]="1"	Marijuana	radio (Matrix) 0 Non 1 Oui 2 Inconnu
509	opiates_misuse_fr Show the field ONLY if: [surveylanguage]="1"	Opiacés	radio (Matrix) 0 Non 1 Oui 2 Inconnu
510	solvents_misuse_fr Show the field ONLY if: [surveylanguage]="1"	Solvants	radio (Matrix) 0 Non 1 Oui 2 Inconnu
511	crack_misuse_fr Show the field ONLY if: [surveylanguage]="1"	Crack/ cocaïne	radio (Matrix) 0 Non 1 Oui 2 Inconnu
512	other_misuses_fr Show the field ONLY if: [surveylanguage]="1"	Autres	radio (Matrix) 0 Non 1 Oui 2 Inconnu
513	other_misuse_specify_fr Show the field ONLY if: [other_misuses_fr]="1"	Veillez préciser	text
514	substancetitle2_fr Show the field ONLY if: [surveylanguage]="1"	Est-ce que l'individu en cours d'évaluation poursuit présentement un traitement concernant une substance consommée/surconsommée ?	descriptive
515	alcohol_treat_fr Show the field ONLY if: [surveylanguage]="1"	Alcool	radio (Matrix) 0 Non 1 Oui 2 Inconnu
516	tobacco_treat_fr Show the field ONLY if: [surveylanguage]="1"	Tabac	radio (Matrix) 0 Non 1 Oui 2 Inconnu
517	marijuana_treat_fr Show the field ONLY if: [surveylanguage]="1"	Marijuana	radio (Matrix) 0 Non 1 Oui 2 Inconnu

518	othersubstances_treat_fr Show the field ONLY if: [surveylanguage]="1"	Autres	radio (Matrix) 0 Non 1 Oui 2 Inconnu
519	othersubstances_treat_specify_fr Show the field ONLY if: [othersubstances_treat_fr]="1"	Veillez préciser	text
520	issuestitle_fr Show the field ONLY if: [surveylanguage]="1"	Est-ce que l'individu en cours d'évaluation se trouve dans une ou plusieurs des situations suivantes?	descriptive
521	teacherassistant_fr Show the field ONLY if: [surveylanguage]="1"	Aides enseignants avant le diagnostic	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
522	expulsion_fr Show the field ONLY if: [surveylanguage]="1"	Expulsion/Suspension de l'école	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
523	employment_fr Show the field ONLY if: [surveylanguage]="1"	Problèmes d'emploi	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
524	helpiving_fr Show the field ONLY if: [surveylanguage]="1"	A besoin d'aide pour vivre seul	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
525	assistedhousing_fr Show the field ONLY if: [surveylanguage]="1"	A besoin de logement protégé ou assisté	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
526	victim_fr Show the field ONLY if: [surveylanguage]="1"	Problèmes juridiques : victime	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
527	offender_fr Show the field ONLY if: [surveylanguage]="1"	Problèmes juridiques : accusé	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique

528	custody_fr Show the field ONLY if: [surveylanguage]="1"	Problèmes de garde/tribunal de la famille	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
529	specialcourts_fr Show the field ONLY if: [surveylanguage]="1"	Prison des tribunaux spéciaux	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
530	regularcourts_fr Show the field ONLY if: [surveylanguage]="1"	Prison des tribunaux réguliers	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
531	incarceration_fr Show the field ONLY if: [surveylanguage]="1"	Incarcération	radio (Matrix) 0 Non 1 Oui 2 Inconnu 3 Suivi à effectuer après clinique
532	recommendations_fr Show the field ONLY if: [surveylanguage]="1"	Lesquelles des recommandations suivantes ont été faites?	descriptive
533	coaching_fr Show the field ONLY if: [surveylanguage]="1"	Encadrement	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
534	support_fr Show the field ONLY if: [surveylanguage]="1"	Soutien (individuel ou de groupe)	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
535	communication_fr Show the field ONLY if: [surveylanguage]="1"	Stratégies de communication	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
536	earlyintervention_fr Show the field ONLY if: [surveylanguage]="1"	Évaluation/Intervention précoce en matière de TSAF	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
537	supportgroup_fr Show the field ONLY if: [surveylanguage]="1"	Groupes de soutien/services de conseil	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
538	individualtherapy_fr Show the field ONLY if: [surveylanguage]="1"	Services de conseils ou thérapie individuelle	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible

539	familycounselling_fr Show the field ONLY if: [surveylanguage]="1"	Thérapie de couple/familiale	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
540	abusecounselling_fr Show the field ONLY if: [surveylanguage]="1"	Services de conseils/thérapie en matière d'abus d'alcool ou de toxicomanie	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
541	respit_fr Show the field ONLY if: [surveylanguage]="1"	Répit	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
542	elderabuse_fr Show the field ONLY if: [surveylanguage]="1"	Intervention contre la violence à l'égard des aînés	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
543	childprotection_fr Show the field ONLY if: [surveylanguage]="1"	Protection de l'enfance	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
544	spousalabuse_fr Show the field ONLY if: [surveylanguage]="1"	Intervention contre la violence conjugale	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
545	mentalhealth_fr Show the field ONLY if: [surveylanguage]="1"	Soutien en matière de santé mentale	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
546	incomesupport_fr Show the field ONLY if: [surveylanguage]="1"	Aide au revenu	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
547	foodbank_fr Show the field ONLY if: [surveylanguage]="1"	Banque alimentaire	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
548	emergencyhousing_fr Show the field ONLY if: [surveylanguage]="1"	Logement/Abri d'urgence	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
549	daycare_fr Show the field ONLY if: [surveylanguage]="1"	Garderie	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
550	guardianship_fr Show the field ONLY if: [surveylanguage]="1"	Tutelle	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible

551	poa_fr Show the field ONLY if: [surveylanguage]="1"	Procuration	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
552	personaldirective_fr Show the field ONLY if: [surveylanguage]="1"	Instructions personnelles	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
553	legalaide_fr Show the field ONLY if: [surveylanguage]="1"	Aide juridique	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
554	civilcourt_fr Show the field ONLY if: [surveylanguage]="1"	Services pour les problèmes au tribunal civil	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
555	familycourt_fr Show the field ONLY if: [surveylanguage]="1"	Services pour les problèmes au tribunal de la famille	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
556	slp_fr Show the field ONLY if: [surveylanguage]="1"	Orthophoniste	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
557	aba_fr Show the field ONLY if: [surveylanguage]="1"	services de thérapie du comportement (ABA/IBI et autres soutiens)	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
558	meds_rec_fr Show the field ONLY if: [surveylanguage]="1"	Médicaments/Psychopharmacologie	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
559	ot_fr Show the field ONLY if: [surveylanguage]="1"	Ergothérapie	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
560	accommodations_fr Show the field ONLY if: [surveylanguage]="1"	Logement/Adaptation en environnement, attentes, soutiens ou routine	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
561	guidance_fr Show the field ONLY if: [surveylanguage]="1"	Conseils de prévention et d'orientation: dans le but d'augmenter la sensibilisation et/ ou réduire les problèmes potentiels à venir	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
562	safety_fr Show the field ONLY if: [surveylanguage]="1"	Sécurité : précautions à prendre ou mesures spécifiques pour gérer des inquiétudes en matière de sécurité	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible

563	reassessment_fr Show the field ONLY if: [surveylanguage]="1"	Réévaluation	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
564	othersubstitute_fr Show the field ONLY if: [surveylanguage]="1"	Options de prise de décisions alternatives	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
565	legalservices_fr Show the field ONLY if: [surveylanguage]="1"	Autres services juridiques	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
566	medicalreferral_fr Show the field ONLY if: [surveylanguage]="1"	Autres références médicales	radio (Matrix) 0 Non 1 Oui 2 Service non-disponible
567	dataform_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Immunization Health Provider Survey (immunization_health_provider_survey)  Enabled as survey Expand			
Instrument: French IHPS (french_ihps)  Enabled as survey Expand			