

DataForm

DEMOGRAPHIC INFORMATION AND PATIENT CHARACTERISTICS

Identification

Site ID

Participant ID

PHN

Year of Diagnosis

- 2016
- 2017
- Other _____

Province/Territory

- BC
- AB
- SK
- MB
- ON
- QC
- NB
- NS
- NL
- YK
- NWT
- NU

Date of Referral

Reason for referral:

- Behavioural issues
- Learning difficulties
- Issues with the law
- Developmental delays/or delays to meet developmental milestones
- Transition to adulthood
- Other _____

Source of Referral

- Social Agency
- Medical Referral
- Education System
- Legal System
- Self
- Other _____

Current Living Situation

- Independent
- With biological mother
- With biological father
- With kin
- Foster care
- Adoptive parent(s)
- Group home
- Homeless
- In custody
- Other _____

Gender

- Male
- Female
- Other

Date of Birth (Month/Year)

This data collection is:

"Retrospective" refers to collecting the data from a patient's chart that has already been assessed.
"Prospective" is collecting the data on new patients.

- Retrospective
- Prospective
- Both (e.g., re-assessment)

Has a sibling been diagnosed with FASD?

- Yes
- No
- Unsure
- N/A

Has a biological parent been diagnosed with FASD?

- Yes
- No
- Unsure
- N/A

ASSESSMENT OF PRENATAL ALCOHOL EXPOSURE

Prenatal alcohol exposure is

- Confirmed present
- Confirmed absent
- Unconfirmed
- Unknown

SENTINEL FACIAL FEATURES

Palpebral fissure length

- > -1 SD
- > -2 SD & < -1 SD
- < -2 SD

Philtrum smoothness

(score on lip-philtrum guide)

- 1
- 2
- 3
- 4
- 5

Upper lip thinness

(score on lip-philtrum guide)

- 1
- 2
- 3
- 4

- 5

Total number of sentinel facial features present

- 0
- 1
- 2
- 3
- Inconclusive

THE NEUROBEHAVIOURAL ASSESSMENT

Brain Domain Assessment Results

Please indicate whether each brain domain was impaired or not

	Yes	No	Not Assessed	Inconclusive
Motor Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuroanatomy /Neurophysiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Executive Function, including Impulse Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptive Behaviour, Social Skills, or Social Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IQ score

- less than 70
- 70

- greater than 70
- unknown

Diagnosis

- FASD with Sentinel Facial Features
- FASD without Sentinel Facial Features
- At Risk for Neurodevelopmental Disorder and FASD, Associated with Prenatal Alcohol Exposure
- No FASD diagnosis
- Other _____

Other Associated Features

Check all that apply

- Sleep problems
- Sensory sensitivities
- Intrauterine growth restriction/small stature
- Attachment
- Proprioception
- Vestibular
- Trauma
- Epilepsy/seizures
- Other _____

Co-morbidities

Please Check all that apply

- ADHD
- Genetic disorder
- Intellectual disability
- Learning disability
- Developmental coordination disorder

- Language disorder/impairment
- Visual problems
- Physical Findings/Other Congenital Anomalies _____
- Mental health disorders (e.g., anxiety, depression)
- Autism Spectrum Disorders
- Auditory
- Other _____

Other diagnoses previously given and accepted

Please check all that apply and add AGE of previous diagnosis, if known

- Congenital malformations
- Intellectual disability
- ADHD
- Developmental Coordination Disorder
- Language Disorder/Impairment
- Auditory Deficit
- Visual Deficit
- ADD
- Anxiety disorder
- ASD
- Bipolar disorder
- Conduct disorder
- Mood disorder
- Obsessive compulsive disorder
- Personality disorder
- Post Traumatic Stress Disorder
- Schizophrenia
- Substance abuse disorder
- Suicide attempts(s)/Ideation
- Tourette's

Other _____

Medical Health Diagnosis History

Please check all that apply

- Gastrointestinal problems
- Musculoskeletal problems
- Mental Health problems
- Immune system problems
- Endocrine system problems
- Respiratory system problems
- Infectious diseases
- Other _____

Please list all current medications

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Are any of the following substances currently being used/misused by the individual being assessed?

Please check all that apply

	Yes	No	Unknown	Used	Misused
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perscription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are any of these issues currently being experienced by the individual being assessed??

Please check all that apply

	Yes	No	Unknown
Legal problems: Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal problems: Offender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custody issues/family court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs help living on own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs assisted or sheltered housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special courts jail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular courts jail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School expulsion/suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is intervention currently being accessed by the individual being assessed?

Please check all that apply

	Yes	No	Unknown
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other drugs

Which recommendations were made for the individual the individual being assessed??

Please check all that apply

	Recommended	Would recommend but not available
Coaching	<input type="checkbox"/>	<input type="checkbox"/>
Support (individual or group)	<input type="checkbox"/>	<input type="checkbox"/>
Communication strategies	<input type="checkbox"/>	<input type="checkbox"/>
FASD assessment/early intervention	<input type="checkbox"/>	<input type="checkbox"/>
Counselling support group	<input type="checkbox"/>	<input type="checkbox"/>
Counselling or individual therapy	<input type="checkbox"/>	<input type="checkbox"/>
Couple/family counselling	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse counselling/therapy	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse intervention	<input type="checkbox"/>	<input type="checkbox"/>
Child protection	<input type="checkbox"/>	<input type="checkbox"/>
Spousal abuse intervention	<input type="checkbox"/>	<input type="checkbox"/>
Mental health support	<input type="checkbox"/>	<input type="checkbox"/>
Income support	<input type="checkbox"/>	<input type="checkbox"/>
Food bank	<input type="checkbox"/>	<input type="checkbox"/>
Emergency housing/shelter	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Personal directive	<input type="checkbox"/>	<input type="checkbox"/>
Other substitute decision-making options	<input type="checkbox"/>	<input type="checkbox"/>
Legal aid	<input type="checkbox"/>	<input type="checkbox"/>
Services for civil court issues	<input type="checkbox"/>	<input type="checkbox"/>

Services for family court issues	<input type="checkbox"/>	<input type="checkbox"/>
Other legal services	<input type="checkbox"/>	<input type="checkbox"/>
Other medical referral	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language pathologist	<input type="checkbox"/>	<input type="checkbox"/>
Applied behaviour therapy (ABA)	<input type="checkbox"/>	<input type="checkbox"/>
Medication/psychopharmacology	<input type="checkbox"/>	<input type="checkbox"/>
Intensive behaviour therapy (IBI)	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
Accommodations/adaptation in environment, expectations, supports used, or routine	<input type="checkbox"/>	<input type="checkbox"/>
Anticipatory Guidance/Prevention: for the purpose of increasing awareness and/or decreasing risk of potential future problems	<input type="checkbox"/>	<input type="checkbox"/>
Safety: Precautions to be taken or specific measures to deal with safety concerns	<input type="checkbox"/>	<input type="checkbox"/>
Reassessment	<input type="checkbox"/>	<input type="checkbox"/>

