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
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

<table>
<thead>
<tr>
<th>Brain Domain</th>
<th>Yes</th>
<th>No</th>
<th>Not Assessed</th>
<th>Inconclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Skills</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Neuroanatomy /Neurophysiology</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Cognition</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Language</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Academic Achievement</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Memory</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Attention</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Executive Function, including Impulse Control</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Affect Regulation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Adaptive Behaviour, Social Skills, or Social Communication</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

**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
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

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Used</th>
<th>Misused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are any of these issues currently being experienced by the individual being assessed??
Please check all that apply

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal problems: Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal problems: Offender</td>
<td></td>
<td></td>
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<tr>
<td>Custody issues/family court</td>
<td></td>
<td></td>
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<tr>
<td>Employment problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs help living on own</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs assisted or sheltered housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special courts jail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular courts jail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School expulsion/suspension</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is intervention currently being accessed by the individual being assessed?
Please check all that apply

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other drugs □ □ □

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

Please check all that apply

<table>
<thead>
<tr>
<th>Service</th>
<th>Recommended</th>
<th>Would recommend but not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaching</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support (individual or group)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Communication strategies</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>FASD assessment/early intervention</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counselling support group</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counselling or individual therapy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Couple/family counselling</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Substance abuse counselling/therapy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Respite</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Elder abuse intervention</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Child protection</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Spousal abuse intervention</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mental health support</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Income support</td>
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<td>☐</td>
</tr>
<tr>
<td>Food bank</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Emergency housing/shelter</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Child care</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Guardianship</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Power of Attorney</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Personal directive</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Other substitute decision-making options</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Legal aid</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Services for civil court issues</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Services for family court issues
Other legal services
Other medical referral
Speech and language pathologist
Applied behaviour therapy (ABA)
Medication/psychopharmacology
Intensive behaviour therapy (IBI)
Occupational therapy
Accommodations/adaptation in environment, expectations, supports used, or routine
Anticipatory Guidance/Prevention: for the purpose of increasing awareness and/or decreasing risk of potential future problems
Safety: Precautions to be taken or specific measures to deal with safety concerns
Reassessment