

Fetal Alcohol Spectrum Disorders Screen (Birth – 3)

DIRECTIONS: Please complete ALL information for every child, even if maternal alcohol history is negative or unknown.

Demographic Information

AGE in months: _____

Screening Date: _____

Site: _____

What is the child's gender?

- male
 female
 indeterminate

What is this child's race?

- American Indian or Alaska native
 (includes Central & S. America natives)
 Asian/Pacific Islander
 Black/African American
 White
 Other
 Don't know

Hispanic or Latina/o? Yes No

What is this child's family status?

- Child in DSS custody
 Adoption (Domestic)
 Adoption (International)
 Birth Child
 Other: _____

Alcohol History

During your pregnancy with this child, how often did you drink any beer, wine, wine coolers, or liquor?

- Daily Weekly No answer Never I don't drink Unknown Not biological mother

How often did you have 4 or more drinks per day? _____

Why was this child referred for care/services? _____

Screening and Referral

Any child with more than one risk factor would benefit from a referral for further evaluation.

Does this child have:
 (Check all that apply)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Small head circumference* _____
<input type="checkbox"/>	<input type="checkbox"/> Smooth philtrum
<input type="checkbox"/>	<input type="checkbox"/> Alcohol use during pregnancy

Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Poor sleep patterns
<input type="checkbox"/>	<input type="checkbox"/> Difficult to feed
<input type="checkbox"/>	<input type="checkbox"/> Hard to soothe

Referred? Yes No

Referral results/date (describe):

Date of referral: _____

Reason for referral: _____

Services

Which services is this child currently receiving?

- Sensory Integration/OT Behavioral Health Medication for (specify): _____
 Parent Education Social Skills Other (specify): _____
 Physical Therapy Speech/language

*Instructions for Measuring Head Circumference

If not available from medical chart, measure as directed: A child has "small head circumference" if their head at the broadest part (above the eyebrows) measures smaller than the size for age and gender listed to the right. With the infant lying down or being held by a parent, gently wrap the paper tape measure snug, but not tight.

Age	10 th %tile Head Circumference	
	Boys (in cm)	Girls (in cm)
Birth	33.6 cm	32.6 cm
6 months	42.0	41.0
12 months	44.8	43.6
18 months	46.0	44.8
24 months	47.0	45.8
30 months	47.25	46.2
36 months	47.6	46.6