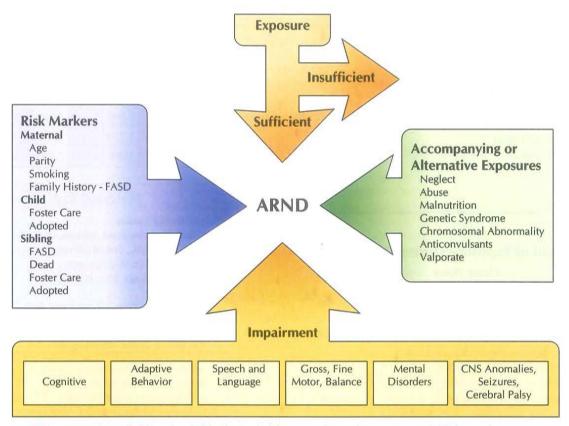


Neurocognitive Impairments & Prenatal Alcohol Exposure



Diagnosis of Alcohol Related Neurodevelopmental Disorders

Larry Burd, PhD
North Dakota Fetal Alcohol Syndrome Center
501 N. Columbia Rd.
Grand Forks, ND 58201-9037
Larry.burd@med.und.edu
www.online-clinic.com
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RISK AND EXPOSURE ASSESSMENT: FETAL ALCOHOL SPECTRUM DISORDERS

Screening for Prenatal Alcohol Exposure

When was your last drink? Before **Pregnancy** Pre-awareness Post-awareness Unexposed Exposed Exposed & High Risk

Exposure Modifiers

Mate	rnal
	Mother dead
	Drug use
	In jail
	Smoked during pregnancy
Pater	nal
Part of the sale.	Father dead
	In jail

Assessment of Exposure During Pregnancy

On average, how many days per week did you drink during pregnancy?	(a)
On an average drinking day during pregnancy, how many drinks did you have?	(b)
How many days per month did you have 4 or more drinks during pregnancy?	(c)
What is the most you had to drink on any one day during pregnancy?	(d)
What is a drink? Alcohol % Drink vol	

Exposure Parameters

(Cumulative exposure d		
Pregnancy Drinking Days = Estimates number of drinking days		_ (e)
Percentage of Days Exposed Durin Estimates days exposed during preg		
Number of Binge Days (4 or more drinks in one day) = Estimates numbers of binge days.	(c x 9) =	
Number of Drinks During Pregnance Estimates cumulative number of dri	Title	(f)
Ounces of absolute alcohol = Estimates cumulative absolute alcohol		

Number of Drinks During Pregnancy

On average, how many days per week did you drink?

	1	2	3	4	5	6	7
1	40	80	120	160	200	240	280
2	80	160	240	320	400	480	560
3	120	240	360	480	600	720	840
4	160	320	480	640	800	960	1,120
5	200	400	600	800	1,000	1,200	1,400
6	240	480	720	960	1,200	1,440	1,680
7	280	560	840	1,120	1,400	1,680	1,96
8	320	640	960	1,280	1,600	1,920	2,24
9	360	720	1,080	1,440	1,800	2,160	2,52
10	400	800	1,200	1,600	2,000	2,400	2,80
11	440	880	1,320	1,760	2,200	2,640	3,08
12	480	960	1,440	1,920	2,400	2,880	3,36
13	520	1,040	1,560	2,080	2,600	3,120	3,64
14	560	1,120	1,680	2,240	2,800	3,360	3,92
15	600	1,200	1,800	2,400	3,000	3,600	4,20

Maternal Risk Score

On TANF, WIC, Social Security or income < \$16,000 per year Did not graduate from high school Poor diet Smokes more than 1/2 pack per day	Check any one Add 5	Sco
Drinks less than 2 days/week & less than 2 drinks /drinking day	Check here Add 20	
Age first drunk—less than 15 years In treatment over three times In treatment in last 12 months Previous child with FASD, birth defe	Cneck	
or developmental disability Previous child died Children out of home (foster care or	any one Add 35 adopted)	

Score	Risk Category	Recommendations	Total Score
0	None	Standard prenatal care	
5	Low	Standard prenatal care	
20-40	Moderate	Standard prenatal care and patient education on FASD	
45-50	High	High risk pregnancy, alcohol- abuse treatment	-drug
55-10	5 Very High	High risk pregnancy, alcohol- abuse treatment	-drug

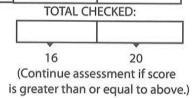
THE ARND BEHAVIORAL CHECKLIST

Name/ID:			DOB:_	/	_/	_ AGE:	SEX (circle one): F M
RACE (circle one):	Caucasian	Native American	А	frican A	merican	Other	
In order to comple	ete this check	list:					

- 1) Behaviors must be impaired for the age of the person being assessed.
- 2) Interviewee needs to have known the person beign assessed for at least one month.

CHECK ALL THAT APPLY FOR THE APPROPRIATE AGE RANGE

BEHAVIOR	3-6 Yrs.	7 Yrs.+
Hyperactive		
Poor attention		
Impulsive		
Disorganized		
Seems unaware of consquences of actions		
No fear		
Would leave with a stranger		
Poor social skills		
Few friends		
Will talk or interact with anyone		
Easily manipulated and set up by others		
Socially inept (Inappropriate speech or touching)		
Difficulty staying on topic during conversation		
Always talking		
Cocktail speech - little content		
Too loud	19.71	
Can't remember from one day to the next		
Below average IQ (<85)		
Poor school performance		
Suspended or expelled from school	In the second	
Poor sleeper	1/1/1	
Can't follow routine - needs reminders to get dressed, brush teeth, etc.	The last section of the la	
Temper tantrums		
Extreme mood swings	11111111	
Requires constant supervison		
Been in trouble with the law		
Inpatient treatment for mental health, substance abuse, or in jail	N. Committee	
In appropriate sexual behavior		
Poor motor skills		
Has or needs glasses	-11-1-	
Had foster care or was adopted		
Medication for behavior - ever	777	
Mother used alcohol during pregnancy (OPTIONAL)	Land of	
Mother used alcohol in last five months of this pregnancy (OPTIONAL)		
Mother has been in treatment for alcohol use (OPTIONAL)		



Neurobehavioral Disorder Associated With Prenatal Alcohol Exposure

Name:	_	Birth Date:
		dd/mm/year
Gender:	:	Current Age:
Propos	ed Cr	iteria
	Α.	More than minimal exposure to alcohol during gestation, including prior to pregnancy recognition. Confirmation of gestational exposure to alcohol may be obtained from maternal self-report of alcohol use in pregnancy, medical or other records, or clinical observation.
_	В.	 Impaired neurocognitive functioning as manifested by one or more of the following: Impairment in global intellectual performance (i.e., IQ of 70 or below, or a standard score of 70 or below on a comprehensive developmental assessment). Impairment in executive functioning (e.g., poor planning and organization; inflexibility; difficulty with behavioral inhibition). Impairment in learning (e.g., lower academic achievement than expected for intellectual level; specific learning disability). Memory impairment (e.g., problems remembering information learned recently; repeatedly making the same mistakes; difficulty remembering lengthy verbal instructions). Impairment in visual-spatial reasoning (e.g., disorganized or poorly planned drawings or constructions; problems differentiating left from right).
	C.	 Impaired self-regulation as manifested by one or more of the following: Impairment in mood or behavioral regulation (e.g., mood lability; negative affect or irritability; frequent behavioral outbursts). Attention deficit (e.g., difficulty shifting attention; difficulty sustaining mental effort). Impairment in impulse control (e.g., difficulty waiting turn; difficulty complying with rules).
	D.	 Impairment in adaptive functioning as manifested by two or more of the following, one of which must be (1) or (2): Communication deficit (e.g., delayed acquisition of language; difficulty understanding spoken language). Impairment in social communication and interaction (e.g., overly friendly with strangers; difficulty reading social cues; difficulty understanding social consequences). Impairment in daily living skills (e.g., delayed toileting, feeding, or bathing; difficulty managing daily schedule). Impairment in motor skills (e.g., poor fine motor development; delayed attainment of gross motor milestones or ongoing deficits in gross motor function; deficits in co-ordination and balance).
	E.	Onset of the disorder (symptoms in Criteria B, C, and D) occurs in childhood.
-	F.	The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.
—	G.	The disorder is not better explained by the direct physiological effects associated with postnatal use of a substance (e.g., a medication, alcohol or other drugs), a general medical condition (e.g., traumatic brain injury, delirium, dementia), another known teratogen (e.g., fetal hydantoin syndrome), a genetic condition (e.g., Williams syndrome, Down syndrome, Cornelia de Lange syndrome), or environmental neglect.