Diagnosing fetal alcohol spectrum disorders (FASDs) can be tricky. This FASDs checklist developed by the American Academy of Pediatrics (AAP) FASD Expert Panel is designed to facilitate the identification, diagnosis, and referral of a child with an FASD so that appropriate interventions can be initiated as early as possible. Please note, FASD is not intended to be a clinical diagnosis. It is an umbrella term used to include a number of diagnoses such as fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (PFAS), alcohol-related neurodevelopmental (ARND) disorders and others.

### 1. Risk Indicators:
- **a. Does the patient have a sibling with an FAS/FASD?**
  - Yes
  - No
  - Unknown
- **b. Was the patient adopted?**
  - Yes
  - No
  - Unknown
  - **bi. List the country from which the patient was adopted, if not from the US:**
- **c. Has the patient ever been in foster care?**
  - Yes
  - No
  - Unknown
- **d. Has the patient ever been in the juvenile justice system?**
  - Yes
  - No
  - Unknown

### 2. Screening / Evaluation
- **Height and/or weight**
  - **ever** below or at 10th percentile (not explained by post-natal environment or parental height)
  - **Yes**
  - **No**
- **Facial abnormalities noted:**
  - short palpebral fissures
  - Yes
  - No
  - smooth philtrum
  - Yes
  - No
  - thin upper lip
  - Yes
  - No
- **CNS abnormality**
  - microcephaly
  - Yes
  - No
  - focal neurological deficits
  - Yes
  - No
  - cognitive problems
  - Yes
  - No
  - behavioral problems
  - Yes
  - No
  - developmental problems
  - Yes
  - No
  - **other:**
  - Yes
  - No
- **List other CNS abnormalities noted:**

### 3. Maternal History:
- **History of alcohol exposure?**
  - **Yes**
  - **No**
  - **Unknown**
  - **a. If yes, in what trimester?**
    - 1
    - 2
    - 3
    - all
  - **b. Specific exposure incident(s) at what gestational age(s)?**
    - __________
- **How was the history of alcohol exposure reported?**
  - **Alcohol exposure was:**
  - **a. Suspected or reported by foster or adoptive parent, social services agent, or other 3rd party?**
    - Yes
    - No
  - **b. Confirmed by individual(s) who directly observed mother drinking during this pregnancy**
    - Yes
    - No
  - **c. Confirmed by mother**
    - Yes
    - No
  - **d. Possible since mother was arrested or detained, or entered treatment for drinking-related behavior**
    - Yes
    - No
  - **di. If yes above, at which week gestation did the arrest, detainment, or treatment occur?**
    - _____
e. If measured, please indicate Blood Alcohol Level (BAC):

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<tr>
<th>BAC Level:</th>
<th>When measured:</th>
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f. Other information about alcohol use during this pregnancy such as amount/pattern/type of drinking (e.g., binge drinking):

g. Rate your CONFIDENCE in whether alcohol exposure occurred. (1=low; 5=high)

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<th>5</th>
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4. Indicate referrals made and contact information:

- Geneticist:
- FAS/FASD diagnostic clinic:
- Developmental/behavioral pediatrician:
- Neurologist:
- School evaluation:
- Early Intervention Services:
- Developmental therapist:
- Psychologist/Neuropsychologist:
- Family Therapist:
- Other:
- Other: