

# FETAL ALCOHOL SYNDROME QUESTIONNAIRE

Australian Paediatric Surveillance Unit

Please ring Jan Payne on 08 9489 7752 if you have any problems with this questionnaire.

## REPORTING CLINICIAN

1. APSU Dr Code/Name  /..... 2. Month/Year of Report..... / .....

## PATIENT

3. First 2 letters of first name  4. First 2 letters of surname   
5. Date of Birth:  /  /  6. Sex M  F   
7. Postal code   
8. Date diagnosis considered  /  /

**If this patient is primarily cared for by another physician who you believe will report the case, please complete the questionnaire details above this line and return to APSU. Please keep the patient's name and other details in your records. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.**

## MOTHER'S DETAILS

\*Don't know #Not applicable

9. Mother's age ..... years (at time of patient's birth)  
10. Country of birth:  Australia  Other  DK\*  
If other please specify: .....  
11. Indigenous status  Aboriginal  Torres Strait Is.  DK  NA#  
12. Highest level of education  Primary  Secondary  Tertiary  Postgraduate  
 DK

## FAMILY CHARACTERISTICS

13. Does the patient live with his/her biological parent(s)  Yes  No  DK  
If no, other family member(s) e.g.  grandparents  adoptive family/foster care  
Other, please specify: .....

## SIBLINGS

14. Do any of the patient's siblings have FAS?  Yes  No  DK  
15. Is the patient a twin?  Yes  No  DK  
If yes:  Monozygotic  Dizygotic  DK  
16. Is the other twin affected?  Yes  No  DK

## DIAGNOSTIC CRITERIA

### Growth

17. Gestation at birth \_\_\_\_\_ weeks  
18. Birth weight (kg) .....  
19. Birth length (cm) .....  
20. Birth head circumference (cm) .....  
21. Current weight (kg) .....  
22. Current height (cm) .....  
23. Current head circumference (cm) .....  
24. Mother's height (cm) .....  
25. Father's height (cm) .....

### Facial features (refer to instructions on protocol sheet)

26. Short palpebral fissure  Yes  No IF YES .....mm  
27. Smooth philtrum  Yes  No  grade according to guide (1-5)  
28. Thin upper lip  Yes  No  grade according to guide (1-5)  
29. Flat midface  Yes  No

### CNS involvement (likely to be of prenatal origin)

#### Structural Abnormalities on CNS imaging

If CNS imaging was performed, were the following identified:

30. Agenesis of Corpus Callosum  Yes  
31. Cerebellar hypoplasia  Yes  
32. Other  Yes Please specify.....

**Abnormal neurological signs/ cognitive impairment/ behavioural/ emotional problems**

33. Seizure disorder  Yes  No  DK
34. Motor delay -gross motor  Yes  No  DK  
 - fine motor  Yes  No  DK
35. Incoordination  Yes  No  DK
36. Sensorineural hearing loss  Yes  No  DK
37. Hypertonia/ Hypotonia  Yes  No  DK , specify which.....
38. Tremor  Yes  No  DK
39. Nystagmus  Yes  No  DK
40. Hyperreflexia/ Hyporeflexia  Yes  No  DK, specify which.....
41. Refractive error  Yes  No  DK
42. Visual impairment  Yes  No  DK
43. Intellectual impairment  Yes  No  DK IQ if known.....
44. Speech or language disorder/delay  Yes  No  DK  
 If, yes, please specify.....
45. Behavioural problems  Yes  No  DK  
 If yes, please specify (eg ADHD, ADD, other).....
46. Emotional problems  Yes  No  DK  
 If yes, please specify.....

**OTHER CONDITIONS**

47. Does the child have any other congenital abnormalities?  Yes  No  DK  
 If yes, e.g.  VSD  Microphthalmia  Skeletal Other specify .....
48. Does the child have any other medical conditions:  Yes  No  DK  
 If yes, specify .....

**FETAL ALCOHOL EXPOSURE IN UTERO**

49. Please **TICK** the category which **BEST** describes fetal alcohol exposure, if known

<b>High risk</b>	Report from the birth mother of alcohol intake in pregnancy <i>or</i> directly from another individual who saw the mother drink during pregnancy. Intake of $\geq 4$ standard drinks in one sitting at least once weekly <i>or</i> "binge" drinking ( $> 5$ standard drinks in one sitting), particularly in the first trimester of pregnancy constitutes high risk.
<b>Some risk</b>	Report of alcohol intake by the birth mother, other direct observer, or reliable source of drinking during pregnancy in frequencies and volumes less than the high risk category (i.e $< 4$ drinks in one sitting at least once weekly but $\geq 1$ drink once per month).
<b>No risk</b>	The mother reliably acknowledges <i>no exposure</i> to alcohol in pregnancy, or <i>minimal exposure</i> (i.e. less than one drink once per month)
<b>Unknown risk</b>	Exposure <i>in utero</i> is not known <i>or</i> information is of uncertain reliability

**EXPOSURE TO OTHER PRESCRIBED/ NON-PRESCRIBED DRUGS IN UTERO**

50. Phenytoin  Yes  No  DK If yes, dose /day .....
51. Methadone  Yes  No  DK If yes, dose /day .....
52. Cigarettes  Yes  No  DK If yes, quantity/ day .....
53. Cocaine  Yes  No  DK If yes, frequency e.g. daily .....
54. Heroin  Yes  No  DK If yes, frequency e.g. daily .....
55. Solvents e.g. glue  Yes  No  DK If yes, frequency e.g. daily .....
56. Other, eg: amphetamines, marijuana.....

**HEALTH-RELATED SERVICE USAGE (Agents ever involved with the affected child)**

57. Child development service  Psychological medicine  Specialty paediatric   
 Respite services  Dept. Community Services  Remedial education   
 Other .....

Please return this questionnaire in the addressed reply-paid envelope.  
 Thank you for your help with this research project.