

Explanation Checklist for Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure

Professional Name: _____ **Position:** _____ **Date of Completion:** _____

Patient Identifiers: Initials: _____ Age: _____ Grade: _____ Ethnicity: _____

Reason for Screening (“Red Flag” or referral source): _____

Has the person had a psychiatric hospitalization? Yes No (circle) # Times past Year: _____ Lifetime: _____

Please indicate which criteria your patient meets:

A. Is there documentation of the following?

- more than minimal exposure to alcohol at any time during gestation, including prior to pregnancy recognition.

Confirmation of gestational exposure to alcohol may be obtained from any of the following sources: (circle one) maternal self-report of alcohol use in pregnancy, collateral reports, or medical or other records.

B. Neurocognitive impairment, as evidenced by one (or more) of the following:

- global intellectual impairment (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; difficulty changing strategies or inflexibility; difficulty with behavioral inhibition).
- impairment in learning (e.g., lower academic achievement than expected for intellectual level; requires special education services; specific learning disability)
- impairment in memory (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; problems aligning numbers in columns)

Please write in the source of the neurocognitive information (e.g., neuropsychological testing, psychoeducational testing, psychological testing, etc.) _____ Date of testing: _____

C. Impairment in self-regulation in one (or more) of the following:

- impairment in mood or behavioral regulation (e.g., mood lability; negative affect or irritability; frequent behavioral outbursts). Please describe: _____
- attention deficit (e.g., difficulty encoding new information; difficulty shifting attention; difficulty sustaining mental effort) Please describe: _____
- impairment in impulse control (e.g., difficulty waiting turn; difficulty complying with rules; confabulating; taking possessions of others) Please describe: _____

D. Deficits in adaptive functioning as manifested in two (or more) of the following, including at least one of (1) or (2):

- communication deficit (e.g., delayed acquisition of language; difficulty understanding spoken language; difficulty using language to express self so that the listener understands). Please describe and list the source of the information: _____

- social impairment (e.g., overly friendly with strangers; difficulty reading social cues; difficulty understanding social consequences; acting “too young”). Please describe and list the source of the information:

- impairment in daily living (e.g., delayed toileting, feeding, or bathing; problems following rules of personal safety; difficulty managing daily schedule). Please describe and list the source of the information:

4. motor impairment (e.g., poor fine motor development; delayed attainment of gross motor milestones or ongoing deficits in gross motor function; problems in coordination and balance).

E. The onset of the disturbance (symptoms in Criteria B, C, and D) is before 18 years of age. **Yes No**

Age of onset: _____

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Yes No If yes, please describe: _____

G. The disturbance is not better explained by the direct physiological effects [of another condition] associated with postnatal use of a substance (e.g., medication, alcohol or other drugs), another medical condition (e.g., traumatic brain injury, delirium, dementia), other known teratogens (e.g., Fetal Hydantoin syndrome), a genetic condition (e.g., Williams syndrome, Down syndrome, Cornelia de Lange syndrome), or environmental neglect. Yes No Please explain: _____

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- **Please return a copy of completed forms to 7thGenerationFoundation@gmail.com with Subject: “ND-PAE Tool Complete” in order to assess relevance to population based samples.**