

Diagnostic 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”): _____

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

Please indicate which criteria your patient meets:

If so, check & answer here:

<p>A. <u>More than minimal exposure to alcohol at any time during pregnancy</u> (2 drinks or more; including prior to pregnancy recognition)</p> <p>Was this a planned or unplanned pregnancy? _____</p>	<p><input type="checkbox"/> maternal self-report</p> <p><input type="checkbox"/> collateral reports</p> <p><input type="checkbox"/> medical or other records: _____</p>
<p>B. <u>Neurocognitive impairment (at least one of the following)</u></p> <p><input type="checkbox"/> 1. global intellectual impairment _____</p> <p><input type="checkbox"/> 2. impairment in executive functioning _____</p> <p><input type="checkbox"/> 3. impairment in learning _____</p> <p><input type="checkbox"/> 4. impairment in memory _____</p> <p><input type="checkbox"/> 5. impairment in visual spatial reasoning _____</p>	<p>Information Source: _____</p> <p>Date of testing: _____</p> <p>Or</p> <p>Documentation of an Individualized Educational Plan for learning disabilities _____</p>
<p>C. <u>Impairment in self-regulation:</u></p> <p><input type="checkbox"/> 1. impairment in mood or behavioral regulation.</p> <p><input type="checkbox"/> 2. attention deficit</p> <p><input type="checkbox"/> 3. impairment in impulse control</p>	<p>Please describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>D. <u>Deficits in adaptive functioning as manifested in two (or more) of the following</u>, including at least one of (1) or (2):</p> <p><input type="checkbox"/> 1. communication deficit</p> <p><input type="checkbox"/> 2. social impairment</p> <p><input type="checkbox"/> 3. impairment in daily living</p> <p><input type="checkbox"/> 4. motor impairment</p>	<p>Information Source: _____</p> <p>Please describe _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>E. The onset of the disturbance (symptoms in Criteria B, C, and D) is <u>before 18 years of age</u>.</p>	<p>Age of onset: _____</p>
<p>F. The disturbance causes <u>clinically significant distress or impairment in social, occupational, or other important areas of functioning</u>.</p>	<p>Please describe: _____</p> <p>_____</p> <p>_____</p>
<p>G. <u>The disturbance is not better explained by the direct physiological effects of another condition.</u></p>	<p>Please explain: _____</p> <p>_____</p> <p>_____</p>