

# FETAL ALCOHOL SYNDROME QUESTIONNAIRE

## Scottish Paediatric Surveillance Unit

Please ring Dr Chris Steer on 07919597578 if you have any problems with this questionnaire<sup>1</sup>.

### REPORTING CLINICIAN

1. Dr's Name (please print) ..... 2. Month/Year of Report  /
3. Date diagnosis considered  /  /

### PATIENT (Infant/child)

4. First Letter of Forename
5. Month and year of birth  /
6. Gender M  F
7. Postal code
8. CHI number .....

### BIRTH MOTHER'S DETAILS

9. First Letter of MAIDEN SURNAME  10. Current Age .....
11. Current situation - alive  dead
12. Any history of liver disease  Yes  No  DK
- If yes specify .....
13. Under Psychiatric Care  Yes  No  DK
14. Required special education  Yes  No  DK
- If yes give any available detail.....

### FAMILY CHARACTERISTICS

15. Does the patient live with his/her biological parent(s)  Yes  No  DK
- If no, - with other family member(s) eg grandparents/aunt  OR with adoptive family/foster care

### SIBLINGS

- 15A. Number of siblings .....
- 15B. Do any of the patient's siblings have FAS?  Yes  No  DK

### DIAGNOSTIC CRITERIA

#### Growth

16. Gestation at birth \_\_\_\_\_ weeks
17. Birth weight (kg) .....
18. Birth head circumference (cm) .....
19. Current weight .....
20. Current height .....
21. Current head circumference .....

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

22. Palpebral fissure short  Yes  No measured length if possible.....mm  
*The maximum palpebral fissure length (from the outer to the inner canthus) should be measured with the child looking upwards while the head is held level. See pictorial guidance*
23. Smooth philtrum  Yes  No  grade according to guide (1-5)
24. Thin upper lip  Yes  No  grade according to guide (1-5)
25. Flat midface  Yes  No

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

**Structural Abnormalities on CNS imaging (CT or MRI) – NOTE It is not necessary to do this for the survey, but if previously done the results would be of interest.**

27. CNS imaging done  Yes  No
- If CNS imaging was performed, were the following identified:
28. Agenesis of Corpus Callosum  Yes  No
29. Cerebellar hypoplasia  Yes  No
30. Other  Yes Please specify.....

<sup>1</sup> Adapted from the Australian Paediatric Surveillance Questionnaire

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

- 31. Seizure disorder  Yes  No  DK
- 32. Motor delay -gross motor  Yes  No  DK
- fine motor  Yes  No  DK
- 33. Incoordination  Yes  No  DK
- 34. Sensorineural hearing loss  Yes  No  DK
- 35. Visual impairment  Yes  No  DK
- 36. Intellectual impairment  Yes  No  DK IQ if known...
- (include any further information eg Griffith Scores etc.....)
- 37. Speech or language disorder/delay  Yes  No  DK
- If, yes, please specify.....
- 38. Behavioural problems  Yes  No  DK
- If yes, please specify (eg ADHD, other).....
- 39. Emotional problems  Yes  No  DK
- If yes, please specify.....

**OTHER CONDITIONS**

- 40. Does the child have any other congenital abnormalities?  Yes  No  DK
- If yes, e.g.  CHD Other specify .....
- .....
- 41. Does the child have any other medical conditions:  Yes  No  DK
- If yes, specify .....

**42. FETAL ALCOHOL EXPOSURE IN UTERO**

Please **TICK** the category which BEST describes fetal alcohol exposure, if known. This information may be best obtained from Maternal Medical and Obstetric Notes or a phone call to the GP.

<b>High risk</b>	Birth mother frequently drinking to intoxication, known alcohol dependence, alcoholic liver disease, or repeated heavy episodic drinking ('binge drinking') during pregnancy.
<b>Some risk</b>	Moderate to heavy drinker but less than above
<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 or information is of uncertain reliability

What was main source of alcohol exposure - Child's  Mothers medical  Obstetric  or GP  notes?

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

- 42. Cigarettes  Yes  No  DK If yes, quantity/ day .....
- 43. Illicit drugs  Yes  No  DK If yes, specify.....

**Previous Health Related Service Usage**

- 44. Community Child Health  Yes  No  DK If yes, specify.....
- 45. Social work team  Yes  No  DK If yes, specify.....
- 46. CAMHS services  Yes  No  DK If yes, specify.....
- 47. Clinical Psychology  Yes  No  DK If yes, specify.....
- 48. Occupational Therapy  Yes  No  DK If yes, specify.....
- 49. Physiotherapy  Yes  No  DK If yes, specify.....
- 50. Respite services  Yes  No  DK If yes, specify.....
- 51. Remedial services  Yes  No  DK If yes, specify.....
- 52. Specialty paediatrics  Yes  No  DK If yes, specify.....
- 53. Clinical Genetics  Yes  No  DK If yes, specify.....

Would you like to make any other comment about the mother or the patient?

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

Measurement of Palpebral Fissures

For Centile Charts, see Smiths Recognisable patterns of human malformations



Measurement of philtrum, and upper lip: – ensure child is looking at you but not smiling

<p>Lip-Philtrum Guide 1</p>	<p>Lip-Philtrum Guide 2</p>	<p><b>A Smile Can Distort the Lip and Philtrum</b></p> <p>It is important that the patient have a relaxed facial expression (no smile, lips gently closed). A smile can alter lip thinness and philtrum smoothness.</p> <p>This is the same person with and without a smile. Note that without a smile, the lip and philtrum would both receive a correct Likert Rank of #2 on the Caucasian Lip-Philtrum Guide. With a smile, the lip and philtrum would both receive an <i>incorrect</i> Likert Rank of 5</p>	<p>with permission from Susan Astley, Ph.D          University of Washington  <a href="http://depts.washington.edu/fasdpn/htmls/lip-philtrum-guides.htm">http://depts.washington.edu/fasdpn/htmls/lip-philtrum-guides.htm</a></p>
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**Investigators**

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- Dr Ron Gray – Consultant in Public Health, National Perinatal Epidemiology Unit, Oxford
- Dr Margaret Barrow – Consultant Clinical Geneticist, University of Leicester
- Prof Neil McIntosh – Emeritus Professor of Child Life and Health, University of Edinburgh