

FASD BIRTH MOTHER INTERVIEW

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Interviewer:

Interview Date:

Interviewee:

Relationship to client:

Client's Name:

Client's DOB:

Important Preliminary Information for Interviewers

This interview protocol was designed to assist mitigation specialists, social workers, and other members of the legal team who interview birth mothers for the possibility of prenatal alcohol use.

Prenatal alcohol exposure is a key criterion in fetal alcohol spectrum disorder (FASD) diagnosis. However, establishing an accurate history of prenatal alcohol consumption is one of the most difficult diagnostic issues in FASD. It is not easy to identify a pregnant woman who consumes alcohol or drinks alcohol in combination with drugs. Exposing one's child, albeit unintentionally, to a damaging substance can cause severe guilt and anxiety in the birth mother. Also, there is a profound stigma in our society regarding mothers who drink or abuse drugs. Consequently, when birth mothers are interviewed, some may attempt to conceal or minimize their drinking habits out of concern they might be blamed for their child's problems or alleged criminal acts. Some birth mothers may have difficulty remembering their drinking behavior around the time they were pregnant. Others may under-report beer or wine drinking because they do not understand that such beverages have the potential to cause as much harm as hard liquor. Despite these and other difficulties, gathering a complete prenatal alcohol history is extremely important in FASD diagnosis.

It is important for interviewers to recognize that there is no established "safe" amount of alcohol that can be consumed during pregnancy. *Any* drinking or drug use is of concern and should be identified. High risk drinking is considered 4 or more drinks per occasion / 45 or more drinks per month. According to the Centers for Disease Control, "1 drink" is equivalent to 12 ounces of beer, 8 ounces of malt liquor, 5 ounces of wine, and 1.5 ounce or a "shot" of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey).

There are many factors other than alcohol intake that can adversely affect prenatal development and lead to FASD, such as the mother's metabolism, health, and nutrition. Therefore, **any** amount of exposure during pregnancy or just prior to pregnancy is relevant. Since most women do not learn they are pregnant until 1-2 months into gestation, even those who say they did not drink during pregnancy may have exposed their unborn children to alcohol. In fact, the

embryo is especially vulnerable to damage during the first few weeks of pregnancy, even before the birth mother notices she has missed a period. Therefore, it is especially important during FASD interviews to establish with as much detail as possible birth mothers' drinking patterns prior to when they learned they were pregnant.

The first step when interviewing a birth mother (or any credible collateral source) is to establish rapport. This is essential. It may take several sessions in order to build trust. The interviewer should allow enough time to establish a good connection with the birth mother. Whenever possible, she should be interviewed in comfortable surroundings, such as her home. It is usually helpful to conduct the interview away from other family members, who may hinder her ability to speak openly.

This Protocol is divided into three sections: Phase I involves a maternal risk assessment that focuses on the birth mother's personal history, including her general drinking history; Phase II focuses on her child's (your client's) history, focusing on his/her behavior in order to screen for central nervous system dysfunction. Phase III involves a structured screening process for prenatal alcohol exposure. Once rapport has been established, a good starting technique for discussing alcohol use is to begin the interview process with the "Phase I and II" questions. This shifts the emphasis off the alcohol-related questions in Phase III and makes them seem less central to the interview.

Prior to asking the alcohol-related questions, it is recommended that interviewers try to reduce some of the stigma associated with drinking during pregnancy. For example, the following passage might be a good way to begin the alcohol-related questions:

"I'm going to ask you now about your nutrition, about any medications you were taking, and about anything else you might have consumed or inhaled around the time of your pregnancy. These things are important in determining your health and your baby's health while you were pregnant. We now know that some substances can be toxic and can cause birth defects that affect prenatal development in many ways. Take alcohol for example. Even today, many people don't understand how alcohol can affect unborn children during pregnancy. In fact, it was pretty common for doctors to tell their pregnant patients to drink a little alcohol to relax."

It may help to personalize the issue by offering an example from your life. For instance, you might say:

"When my mother was pregnant, she was told to have a glass of wine or a beer every evening to relax. The doctor said it would help her breastfeed, too."

By offering personal life examples, the interviewer may seem less judgmental. Only real examples should be offered, however.

Interviewers should be aware that many women now know that drinking is not recommended during pregnancy. As noted previously, they may feel some guilt over this issue although they might deny it or feel defensive. Failing to recognize these feelings can derail an interview. Mothers may need some supportive words to admit their drinking. This takes sensitivity and typically happens only after good rapport has been established. For instance, a female interviewer who is a mother herself might say:

“You know, I’m a mom, too. I feel terrible when I think that maybe I did something that hurt my kids when I was pregnant.”

Throughout your interviews, try to elicit stories. Anecdotes tell us a lot about our clients. Stories have details that bring our cases alive for juries and judges. For example, ask moms to tell you funny stories about their children. It is surprising how poignant and telling these stories can be. Ask for stories about their schooling, their first dates, and so forth. Don’t be afraid to evoke laughter and tears, as this will help with rapport as well as give you insight into your client’s adaptive functioning.

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Suggestions and comments regarding ways this protocol could be improved are welcome (email: natnovickbrown@gmail.com).

Phase I: RISK ASSESSMENT

Extended Family Health History

(Includes birth parents' **biological** siblings, parents, grandparents, aunts, uncles, cousins)

Was anyone ever born with a genetic condition (e.g., cerebral palsy, Down Syndrome, Fragile X, etc.):

Was anyone known to be a slow learner / could not read / held back in school:

Was anyone diagnosed with Mental Retardation or Intellectual Disability or called "mentally retarded":

Did anyone have a chronic illness:

Was anyone ever diagnosed with a neurological condition (e.g., seizures or epilepsy):

Did anyone have sensory processing issues:

Did anyone take medications for any reason (obtain details):

Did anyone have attention or hyperactive problems:

Was anyone diagnosed with a developmental disorder (e.g., Autism Spectrum Disorder, Asperger's Disorder, Rhett's):

Was anyone diagnosed with a syndrome (e.g., Williams syndrome):

Did anyone have a mental health problem:

Did anyone get SSI or disability payments for a mental health problem (describe the problem/issue):

Did anyone have a drinking problem or abuse drugs:

Client's Siblings

Client's siblings (names / dates of birth / father's names):

Total number of pregnancies:

Number of miscarriages (note reason / how long into the pregnancy):

Number of premature births (note reason, if known):

Client's position in the birth order (including miscarriages, etc.):

How old were you when you became pregnant the first time:

How was your health during your first pregnancy:

Did you see a doctor for regular check-ups during your pregnancy (if so, who?):

Describe your health during subsequent pregnancies:

Did you see a doctor during subsequent pregnancies:

Did your health change during subsequent pregnancies:

Did any of your children die in infancy/childhood (describe):

Were any of your children diagnosed with a birth defect (describe):

Were any of your children diagnosed with a developmental disability or disorder on the Autism spectrum (note child's name / describe condition):

Were any of your children diagnosed with a learning disability (note child's name / describe disability):

Were any of your children diagnosed with ADD/ADHD (note child's name):

Were any of your children diagnosed with an FASD (note child's name & diagnosis):

Were any of your children ever diagnosed with a mental health condition (note child's name & condition):

Did any of your children ever receive mental health services in childhood (note child's name & services):

Did any of your children receive any other diagnoses in childhood (note child's name & diagnosis):

Did any of your children ever experience lead exposure (note details):

Did any of your children ever take medication (note child's name & medication):

Were any of your children ever removed from your care and placed in relative/foster care or adopted (obtain details):

Did any of your children receive Special Education services (note child's name & Special Education category):

How far did each of your children go in school (note child's name & last year of school completed):

Did any of your children abuse alcohol or drugs before age 18 (note child's name / substance abused):

Did any of your children abuse alcohol or drugs after age 18 (note child's name / substance abused):

Were any of your children arrested before age 18 (note child's name & charge):

Were any of your children arrested after age 18 (note child's name & charge):

Were any of your children committed to a juvenile facility (note child's name & charge)?

Were any of your children ever incarcerated in prison (note child's name & conviction)?

Birth Mother History

Country of origin:

Cultural/ethnic history:

Language barriers:

Marital history (include significant live-in relationships):

Work history (summarize):

Legal history (include all arrests & convictions, note age at time):

Ever incarcerated:

Did CPS ever intervene in your parenting:

Medical history (significant health problems):

Current medical problems:

Hospitalization history (includes psychiatric hospitalizations & note age/reason for hospitalization):

Mental health history (include any diagnoses/therapy):

Were you ever court-ordered into treatment (types of treatment/dates):

Medication history (only psychotropic meds):

Did you ever work around chemicals/paint/asbestos/fumes (if so, note age and chemical):

Did you ever live in a home or location place known to be polluted with environmental toxins:

How old were you when you started smoking cigarettes:

How old were you when you started partying and drinking alcohol:

How old were you when you started using drugs:

Did you ever abuse prescription medications (age / type of meds):

How often did you drink or party prior to age 12:

When in your life did you drink the most:

CRAFFT Questionnaire

TOTAL CRAFFT Score: _____

(Target these questions toward the birth mother's age prior to the index pregnancy without mentioning the link to the pregnancy.)

- C Did you ever ride in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? ____
- R Did you ever use alcohol or drugs to relax, feel better about yourself, or fit in? ____
- A Did you ever drink alcohol or use drugs when alone? ____
- F Did you ever forget things you did while using alcohol or drugs? ____
- F Did family/friends ever say you should cut down on your drinking or drug use? ____
- T Ever get in trouble while you were using alcohol or drugs? ____

(Each affirmative answer = 1 point; the CRAFFT is "positive" with a score of 2 or more. The CRAFFT has good test-retest reliability [Knight et al., 2003]. Although the standard CRAFFT cut point is 2, a cut point of 1 has been recommended to prevent alcohol-exposed pregnancies [Floyd et al., 2006]).

T-ACE Questionnaire

TOTAL T-ACE SCORE: _____

(Target the T-ACE questions toward the birth mother's age prior to the index pregnancy without mentioning the link to the pregnancy.)

- T How many drinks did it take to make you feel high (tolerance)? ____
- A Did people annoy you by criticizing your drinking? ____
- C Did you ever feel that you ought to cut down on your drinking? ____
- E Did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)? ____

(T-ACE is "positive" with a total score of 2 or more. Score 1 point for "yes" responses to the A, C, E questions. Score 2 points if respondent reports 2 or more drinks to the Tolerance question [Sokol et al., 1989]).

From **age 12-15**, how often did you drink or party (junior high/middle school):

What kind of alcohol did you drink:

What was "a drink":

How much did you smoke per day:

If you also used drugs, which ones / how much (include inhalants):

From **age 15-18**, how often did you drink or party (high school):

What kind of alcohol did you drink:

What was "a drink":

How much did you smoke per day:

If you also used drugs, which ones / how much (include inhalants):

From **age 18-21**, how often did you drink or party:

What kind of alcohol did you drink:

What was "a drink":

How much did you smoke per day:

If you also used drugs, which ones / how much (include inhalants):

From **age 21-30**, how often did you drink or party:

What kind of alcohol did you drink:

What was “a drink”:
 How much did you smoke per day:
 If you also used drugs, which ones / how much (include inhalants):

From **age 31-40**, how often did you drink or party:
 What kind of alcohol did you drink:
 What was “a drink”:
 How much did you smoke per day:
 If you also used drugs, which ones / how much (include inhalants):

When/how often did you drink alcohol while using drugs (note age/describe substance use pattern):

Ever have a black out from drinking/drug use (# times/when/susbtances):
 Ever have withdrawal symptoms when you stopped drinking/using drugs:
 Ever go to detox (# times/when):
 Ever go to AA:
 How many times have you received substance abuse treatment (age/type of treatment):
 DUIs/DWIs (note age/dates):
 Any other alcohol-related arrests (note age/dates/charges):
 Any drug-related arrests (note age/dates/charges):

Maternal Risk Score

(Screen developed by Larry Burd, PhD, and used with his permission)

Item	Yes	Points
Age over 25		Check any one = 5 points
Did not graduate from high school		
Poor diet during pregnancy		
Smoked more than ½ pack of cigarettes per day		
On AFDC, WIC, Social Security/SSI, or income under \$16,000 per year		

Drank during pregnancy, but less than criteria for heavy drinker (see below)		20 points
Age of first drink was less than 15		Check any one = 35 points
In treatment > 3 times		
Treatment in 12 months before pregnancy		
Previous child with FASD, birth defect, or developmental disability		
Previous child died		
Children out of home (foster care/adopted)		Check any one = 45 points
Heavy drinker (3 or more drinks/day for 3 or more days/week OR more than 5 drinks/day on 6 or more occasions during pregnancy)		
Uses inhalants, sniffs, huffs, or illegal drugs		
Total Maternal Risk Score		

Score	Risk Category
0	None
5	Low
20-40	Moderate
45-50	High
55-105	Very High

Phase II: CLIENT HISTORY

Birth

Length of pregnancy (38-40 weeks = full term):

If premature, by how many weeks:

Was delivery normal / induced / breech / caesarian / forceps:

Other birth complications:

Fetal distress:

Birth weight:

Mechanical ventilation (incubator):

Neonatal intensive care unit:

Rh factor incompatibility:

Congenital problems:

Congenital infection:

Defects of the head / neck:

Other birth defects:

Genetic conditions or syndromes:

Post-birth complications during hospital stay:

Did the baby go home with you from the hospital?

Infancy

Any medical problems or serious illness:

Any injuries or accidents:

Any hospitalizations:

Any medications:

Breast or bottle-feed:

Feeding problems:

Failure to gain weight:

High fevers:

Seizures:

Colicky:

Frequent ear infections:

Allergies:

Asthma / bronchitis / pneumonia:

Problems with ears or hearing:

Problems with eyes or vision:
Any sensory issues:
Heart problems / heart murmur:
Other health/medical issues:
Temperament:
Excessive crying:
Easy / difficult to soothe:
Activity level:
Sleep pattern problems:
Problems in alertness/responsiveness:

Childhood Health (through age 17)

Health problems:
Seizures / convulsions:
Medication for seizures / convulsions (note age/duration):
Any serious illnesses:
Any hospitalizations:
Any surgeries:
Any head injuries involving loss of consciousness:
Any abnormal EEGs / MRIs:
Any lead exposure:
Sleep problems:
Failure to gain weight:
Attention Deficit / Hyperactivity Disorder (note age when diagnosed):
Ritalin or other stimulant medication (note type/age):
Outpatient mental health treatment (note type / age / duration / results):
Inpatient mental health treatment (note type / age / duration / results):

Development

(Note age when event occurred or task was successfully accomplished.)

Physical development – same as age-peers? (Height / weight):
Motor skill development – on target? (Rolling over, sitting, crawling, standing, walking, using a cup, etc.):
Occupational therapy:

Speech development (delay or articulation/stuttering problems):
Speech therapy:
Problems following directions:
Learning problems at home:
Learning problems at school:
Toilet trained:
Bladder/bowel control problems in school:
Independent in dressing self:
Independent in tying shoelaces:
Age at which he/she learned to ride a bicycle (without training wheels):
Age when he/she learned to write cursive:
Any unusual behaviors in preschool/elementary school years:
Preschool (note age when first enrolled):
Daycare before Kindergarten (age when first enrolled / amount per week):
Tantrums:
Attention span:
Head-banging or rocking:
Behavior problems at home (describe):
Difficult to discipline (get details):
Was your child ever diagnosed with a mental health condition (note details):
Did you child ever receive mental health services (note details):
Did your child ever receive behavioral therapy (note age/duration/specific reason):
How did your child get along with his/her siblings:
Peer relationships (developmentally-consistent?):
Social problems with peers (describe):
At what age did your child begin to date:
At what age (if you know) did your child become sexually active:
Did your child have a steady girlfriend/boyfriend before age 18 (note age):
Did your child smoke cigarettes before age 18 (note age):
Did your child drink alcohol before age 18 (how often/age):
Did your child abuse drugs before age 18 (which drugs/age):
Did your child use inhalants (which kind/age):

School History

How far did your child go in school:

How many elementary schools did your child attend:

How many middle/junior high schools:

How many high schools:

Alternative school (note grade/reason):

At what age did your child start school/preschool:

Did your child receive early intervention preschool services:

At what age did your child start Kindergarten:

Learning disabilities (note grade when first evaluated):

Grade retention (note grade):

Resource Room / Special Education (note grades):

Behavior problems at school (describe):

Suspensions (note behaviors):

Expulsions (note behavior):

Attention problems in classroom (note source of information):

Over-activity in classroom (note source of information):

Who cared for child during after-school hours:

Environmental Events

Source of income in the family:

Were there financial problems:

Describe the stability of your child's caregiving situation:

Describe the stability of your child's residential situation:

Was your child ever removed from your care for any reason (reason/child's age/duration):

Was your child ever voluntarily placed with a relative (reason/child's age/duration):

Was your child ever placed with a foster parent (reason/child's age/duration):

Was your child ever placed in a group home (reason/child's age/duration):

Did your child experience any other traumatic/distressing events during childhood (get details):

Axis I Screen

(check any items that applied during child's/client's childhood)

Item	Evident in Childhood	Remarks
ATTENTION / ACTIVITY LEVEL		
Often failed to give close attention to details/made careless mistakes		
Often had difficulty sustaining attention in tasks or play activities		
Often seemed to not listen when spoken to directly		
Often failed to follow through on instructions at home/school		
Often had difficulty organizing tasks and activities		
Often avoided/disliked tasks that required sustained mental effort		
Often lost things		
Easily distracted by noise in the environment		
Often forgetful in daily activities		
Fidgety		
Often had difficulty remaining seated		
Often ran about/climbed excessively and inappropriately		
Often had difficulty playing or engaging in leisure activities quietly		
Often "on the go"		
Often talked excessively		
Often blurted out answers before questions were completed		
Often had difficulty awaiting his/her turn		
Often interrupted or intruded on others		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help:		
EMOTIONAL SELF-REGULATION		
Often lost temper		
Often argued with adults		

Often defied or refused adult requests or rules		
Often deliberately annoyed people		
Often blamed others for own mistakes		
Often touchy or easily annoyed by others		
Often angry or resentful		
Often spiteful or vindictive		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions:		
BEHAVIORAL SELF-REGULATION		
Ran away from home overnight (at least twice)		
Often stayed out late at night despite parental prohibition (before age 13)		
Lied often (more than most children), especially to "con" people		
Stole things of nontrivial value without confronting someone		
Stole things of nontrivial value while confronting someone		
Stole things of trivial value		
Broke into someone's house/building/car		
Deliberately set fires to cause damage		
Deliberately destroyed others' property		
Forced someone into sexual activity		
Physically cruel to animals		
Physically cruel to people		
Used a weapon in a fight that could have injured someone (e.g., brick, hard object, knife)		
Often started fistfights		
Often bullied, threatened, or intimidated others		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
Ever arrested as a juvenile (note age/charge)?		

Ever committed to a juvenile facility (note age/charge)?		
SEPARATION ANXIETY		
Unrealistic and persistent worry about possible harm to attachment figures		
Unrealistic and persistent worry that a calamitous event will separate child from attachment figure		
Persistent school refusal		
Persistent refusal to sleep alone		
Persistently avoided being alone		
Repeated nightmares regarding separation		
Somatic complaints		
Excessive distress in anticipation of separation from attachment figure		
Excessive distress when separated from home or attachment figures		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
GENERALIZED ANXIETY		
Unrealistic worry about future events		
Unrealistic concern about appropriateness of past behavior		
Unrealistic concern about competence		
Somatic complaints		
Marked self-consciousness		
Excessive need for reassurance		
Marked inability to relax		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
DEPRESSION		

Depressed or irritable mood most of the day, nearly every day, for at least 2 weeks		
Diminished pleasure in activities		
Decrease or increase in appetite associated with possible failure to make weight gain		
Insomnia or hypersomnia nearly every day		
Psychomotor agitation or retardation		
Fatigue or loss of energy		
Feelings of worthlessness or excessive inappropriate guilt		
Diminished ability to concentrate		
Suicidal ideation or attempts		
Self-injurious behavior		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
DYSTHYMIA		
Depressed or irritable mood most of the day		
Poor appetite or overeating		
Insomnia or hypersomnia		
Low energy or fatigue		
Low self-esteem		
Poor concentration or difficulty making decisions		
Feelings of hopelessness		
Never without symptoms for > 2 months over a 1-year period		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
THOUGHT DISORDER		
Loose thinking (e.g., tangential ideas, circumstantial speech)		
Bizarre ideas / beliefs		

Delusions		
Odd fascinations		
Hallucinations (auditory, visual, tactile)		
Disorientation		
Confusion		
Staring into space / "spacey"		
Incoherent speech (mumbles, jargon)		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
AFFECTIVE DISTURBANCE		
Rapid mood swings for no apparent reason		
Explosive temper with minimal provocation		
Excessive clinging, attachment, or dependence on adults		
Unusual fears		
Strange phobias		
Panic attacks		
Excessively constricted or bland affect		
Withdrawal		
Situationally inappropriate emotions or behavior		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
SOCIAL CONDUCT PROBLEMS		
Little or no interest in peers		
Significantly indiscreet remarks		
Initiated or terminated interactions inappropriately		
Qualitatively abnormal social behavior		
Excessive reaction to changes in routine		
Abnormalities of speech		

Excessive tendency to mimic or follow the lead of others		
Indiscriminate sociability/affection		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		
OTHER PROBLEMS		
Stereotyped mannerisms		
Odd postures		
Excessive reaction to noise		
Excessive reaction to light		
Excessive reaction to touch		
Compulsive rituals		
Motor tics or involuntary sudden rhythmic movements		
Vocal tics		
Failure to eat		
Ate non-food items		
Toileting accidents		
At what age did problems begin?		
At what age did they end?		
Was medication prescribed?		
Did it help?		
Other interventions?		

Forensic FASD Behavior Screen

(Developed by Natalie Novick Brown, PhD, FASDExperts)

Subject:

Informant:

Date:

Item (1 point per each item that described individual prior to age 18)		Score
1	Immature / acts younger than his/her age	
2	Disorganized / has trouble completing tasks	
3	Superficial friendships but few close friends	
4	Social problems with peers / socially inept	
5	Seems unaware of consequences of actions	
6	Little guilt after misbehaving	
7	Very active / fidgety / restless	
8	Boundary difficulties (e.g., touches things and people inappropriately)	
9	Difficulty following directions	
10	Inattentive / difficulty concentrating	
11	Poor social manners (e.g., interrupts, wants to be center of attention)	
12	Fails to consider rights & feelings of others / lacks empathy or remorse	
13	Difficulty with transitions / problems adjusting to changes in routine	
14	Inflexible / stubborn	
15	Follower / suggestible & easily led by others / naïve	
16	Disrupted education (grade retention, drop out)	
17	Childhood speech & language problems / indistinct or unusual speech	
18	Often over-reacts	
19	Impulsive / acts without thinking	
20	Oppositional, disobedient, defiant	
21	Steals	
22	Tends to brag, posture, exaggerate, or tell "tall tales"	
23	ADD or ADHD diagnosis	
24	Mental health diagnosis other than ADD/ADHD	
25	Lack of persistence (gives up easily)	
26	History of inpatient treatment or psychiatric hospitalization	
27	Low average IQ or lower	
28	Aggressive behavior with peers	
29	Disruptive behavior in school	
30	Developmental delay in early childhood	
31	Inappropriate sexual behavior	
32	Takes risks / fearless	
33	Difficulty with teamwork	
34	Self-injurious behavior or attempted suicide	
35	Sensation-seeking	
36	Abuses alcohol and/or drugs	
37	Overly sensitive to sounds, light, or touch	
38	Emotional lability / mood swings / emotional outbursts	
39	Chatty (superficial or irrelevant content)	
40	Poor academic performance / learning problems / Special Ed	
41	Overly friendly	
42	Poor judgment	
43	Difficulty learning from experience (repeats same mistakes)	
44	Rule-breaking behavior at school	
45	Poor coordination / accident-prone / klutzy	
46	Can't take a hint	
47	Law-breaking behavior	
	TOTAL SCORE	

Phase III: EXPOSURE SCREENING (Index Pregnancy)

Pre-Pregnancy

In the 3 months prior to the pregnancy, did you have any medical problems:

Did you have HIV or STDs:

Did you have diabetes:

Did you have high blood pressure:

Did you take any prescribed medication:

Valium (Librium, Xanax)

Tranquilizers

Antiseizure medications (e.g., Dilantin)

Diabetes medications

Antibiotics (for viral infections)

Sleeping pills

Any other prescribed medications (list):

Describe your nutrition:

How much/often did you smoke cigarettes:

How much/often did you drink coffee or other caffeinated beverages:

Were you employed (get details):

Any stressful events/situations in your life at the time (e.g., domestic violence):

Were you exposed to lead, environmental toxins, or toxic fumes (paint, gasoline, etc.):

Did you have any X-rays:

Did you live near a nuclear plant:

Any falls, accidents, or injuries:

How often did you party:

What kind of alcohol did you drink:

What constituted "a drink":

If you used drugs, which ones / how much (include inhalants):

Any substance abuse treatment in the 3 months prior to the pregnancy:

Exposure Assessment: Pre-Pregnancy

(Screen developed by Larry Burd, PhD, and used with his permission)

On average, how many days per week did you drink during pregnancy: (a) ____

On an average drinking day during pregnancy, how many drinks did you have: (b) ____

How many days per month did you have 4 or more drinks during pregnancy: (c) ____

What is the most you had to drink on any one day during pregnancy: (d) ____

Pregnancy

How old were you when you became pregnant:

How old were you when you gave birth:

Were you married/living with boyfriend at time:

Planned pregnancy:

Describe what was going on in your life at the time:

Describe your relationship with your child's father:

How did you learn you were pregnant:

How far along were you:

Did you have any medical problems prior to the pregnancy:

Did you have HIV or STDs:

Any health/medical problems during the pregnancy:

Did you have diabetes:

Did you have any toxemia or eclampsia:

Did you have high blood pressure:

Did you take prenatal vitamins:

Did you take any prescribed medication:

Valium (Librium, Xanax)

Tranquilizers

Antiseizure medications (e.g., Dilantin)

Diabetes medications

Antibiotics (for viral infections)

Sleeping pills

Any other prescribed medications (list):

Describe your nutrition during the pregnancy:

How much/often did you smoke cigarettes:

How much/often did you drink coffee or other caffeinated beverages:

Any concerns about your weight gain during the pregnancy:

Did you receive regular prenatal care:

Were you employed (get details):

Any stressful events/situations during the pregnancy (e.g., domestic violence):

Were you exposed to lead, environmental toxins, or toxic fumes (paint, gasoline, etc.):

Did you have any X-rays:

Did you live near a nuclear plant:

Any falls, accidents, or injuries:

Any hospitalization during the pregnancy:

Exposure Assessment: Pregnancy

(Screen developed by Larry Burd, PhD, and used with his permission)

On average, how many days per week did you drink during pregnancy: (a) ____

On an average drinking day during pregnancy, how many drinks did you have: (b) ____

How many days per month did you have 4 or more drinks during pregnancy: (c) ____

What is the most you had to drink on any one day during pregnancy: (d) ____

Total Exposure Assessment

(Calculate cumulative exposure during pregnancy, including during pre-pregnancy period when birth mother was pregnant but was unaware of it)

Category	Definition	Formula	Amount
Pregnancy Drinking Days	Estimates # of drinking days during 40 weeks of pregnancy	$(a) \times 40 = e$	
Percent of Days Exposed	Estimates days exposed during 280 days of pregnancy	$(e) \div 280$	
Number of Binge Days	Estimates number of days involving 4 or more drinks per 9 months of pregnancy	$(c) \times 9$	
Number of Drinks	Estimates cumulative number of drinks during 40-week pregnancy	$(a) \times (b) \times 40 = (f)$	
Ounces of Absolute Alcohol	Estimates cumulative absolute alcohol exposure during pregnancy	$(f) \div 2$	