

Life History Screen¹

	Client's Response	Was Client's Response a Red Flag?
Childhood History	<p>1. Childhood History</p> <p>a. Were you raised by someone other than your biologic/birth parents? (ASI) <input type="checkbox"/> Yes <input type="checkbox"/> No [Note: Red Flag Response is yes]</p> <p>b. How many living situations did you have while you were growing up (up to the age of 18)? [Prompt: living with your parents, relatives, foster homes, juvenile justice setting, etc.] _____ <i>living situations</i> [Note: Red Flag Response to question 1b: More than 2]</p>	<input type="checkbox"/> Yes on 1b <input type="checkbox"/> No
Maternal Alcohol Use	<p>2. Maternal Alcohol Use</p> <p>a. To your knowledge, did your mother ever drink alcohol that caused problems for her or others around her? [Prompt: "Can you tell me about this?"] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown [Note: Red Flag Response is yes or unknown]</p> <p>b. Did she drink alcohol when you were young? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown [Note: Red Flag Response is yes or unknown]</p> <p>c. Did your mother drink alcohol while she was pregnant with you? [Prompt: If the client doesn't know, ask "Has anyone ever said anything to you about your mother's drinking during her pregnancy with you? Is there anyone who knew your mother when she was pregnant with you who might know? Is your birth mother alive? If so, are you in touch with her?"] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown [Note: Red Flag Response is yes or unknown]</p>	<p>At least 2 Red Flags?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<p>3. Education</p> <p>a. What's the highest grade in school you completed? _____ <i>grade</i> [Note: Red Flag Response is 10th grade or lower]</p> <p>If you didn't finish school, why did you leave? <i>Reason:</i> _____ _____ _____</p> <p>b. Were you ever in "special ed" or did you get any kind of special help in school? <input type="checkbox"/> Yes <input type="checkbox"/> No [Note: Red Flag Response is yes]</p>	<p>One or More Red Flag?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Grant, T., Novick Brown, N., Graham, J., Whitney, N., & Dubovsky, D. (2013). Screening in treatment programs for Fetal Alcohol Spectrum Disorders that could affect therapeutic progress. *The International Journal Of Alcohol And Drug Research*, 2(3), 37-49. doi:10.7895/ijadr.v2i3.116 (<http://dx.doi.org/10.7895/ijadr.v2i3.116>).

Note: "Red Flag Response" indicates risk of possible cognitive impairment.

Criminal History	<p>4. Criminal History</p> <p>a. Were you ever in trouble with the law? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Note: Red Flag Response is yes]</i></p> <p>b. Were you ever arrested? (ASI) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Note: Red Flag Response is yes]</i></p>	One or More Red Flag? <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Use	<p>5. Substance Use</p> <p>a. In what grade (or at what age) did you start using alcohol or drugs? (ASI) _____ age/grade <i>[Note: Red Flag Response is before age 12]</i></p>	One or More Red Flag? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment and Income	<p>6. Employment and Income</p> <p>a. What's the longest time you've worked at the same job? _____ <i>[Note: Red Flag Response is less than 1 year]</i></p> <p>b. Have you ever received income from a government assistance program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Note: Red Flag Response is yes]</i></p>	One or More Red Flag? <input type="checkbox"/> Yes <input type="checkbox"/> No
Living Situation	<p>7. Living Situation</p> <p>a. As an adult have you ever lived on your own (paying your own rent, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Note: Red Flag Response is no]</i> <i>[If 7a = yes, then go to 7b, if 7a = no go to 8a]</i></p> <p>b. How long have you lived on your own at any one time? _____ months/years <i>[Note: Red Flag Response is less than 1 year]</i></p>	One or More Red Flag? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<p>8. Mental Health</p> <p>a. Other than a problem with substance use, what kinds of mental health difficulties or disorders have you been told you have? List all: _____ _____</p> <p><i>[Note: Red Flag Response is more than 1 disorder]</i></p> <p>b. Have you ever tried to commit suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Note: Red Flag Response is yes]</i></p>	At least 2 Red Flags? <input type="checkbox"/> Yes <input type="checkbox"/> No
Day-to-Day Behaviors	<p>9. Day-to-Day Behaviors</p> <p>a. When you were a child in grade school, did you often have difficulties with any of the following?</p> <p>1. Concentrating and paying attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Note: Red Flag Response is yes]</i></p>	5 or More Red Flags? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Understanding what adults were telling you?

Yes No [Note: Red Flag Response is yes]

3. Remembering things?

Yes No [Note: Red Flag Response is yes]

b. As a child or as an adult have you often have difficulties with any of the following?

1. following rules and instructions

Yes No [Note: Red Flag Response is yes]

2. getting along with others by not arguing or fighting

Yes No [Note: Red Flag Response is yes]

3. being on time

Yes No [Note: Red Flag Response is yes]

4. keeping enough money to last you throughout the month

Yes No [Note: Red Flag Response is yes]

5. doing things that later you wish you hadn't done

Yes No [Note: Red Flag Response is yes]

6. getting really upset at little things or what people have told you are little things

Yes No [Note: Red Flag Response is yes]

7. forgetting or missing appointments

Yes No [Note: Red Flag Response is yes]

8. being surprised when you are in trouble

Yes No [Note: Red Flag Response is yes]

Screening Results

Who to Refer for Diagnosis

Client should be referred to diagnostic clinic if his/her LHS scores correspond to one of these conditions:

1. Client has Red flag “YES” in all three key life history domains: Check boxes below.

Key Life History Domain	Red Flag?
Childhood History	Is 1b. response “more than 2”? <input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal Alcohol Use	Are 2 or more responses “yes” or “unknown”? <input type="checkbox"/> Yes <input type="checkbox"/> No
Day-to-Day Behaviors	Are 5 or more responses “yes”? <input type="checkbox"/> Yes <input type="checkbox"/> No

OR

2. Client has Red flag “YES” in two of the above Key life history domains AND has Red Flag “YES” in two or more of the Other life history domains below. Check boxes below.

Other Life History Domain	Red Flag?
Education	Is at least 1 response “yes”? <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History	Is at least 1 response “yes”? <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Use	Is at least 1 response “yes”? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment and Income	Is at least 1 response “yes”? <input type="checkbox"/> Yes <input type="checkbox"/> No
Living Situation	Is at least 1 response “yes”? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health****	Are at least 2 responses “yes”? <input type="checkbox"/> Yes <input type="checkbox"/> No

Screening Results: Client Eligible for Referral

- Red flags in all 3 Key life history domains;
OR
 Red flags in 2 Key life history domains AND Red Flags in 2 or more Other life history domains