

FASD 4-Digit Diagnostic Code – Short Form (2004)

*Astley SJ, Diagnostic Guide for FASD: The 4-Digit Code, 3rd edition, 2004 Download free pdf of Guide at www.fasdpn.org/pdfs/guide2004.pdf for full instructions.

Patient Name		Birth date	
Gender		Clinic Date	
Race		Age (yrs)	
Clinic Name		Medical #	

NAME OF DIAGNOSIS	FASD 4-DIGIT DIAGNOSTIC CODE													
	<table border="1" style="margin: auto;"> <tr> <td style="width: 15%;"></td> </tr> </table>							<table border="1" style="margin: auto;"> <tr> <td style="width: 15%;"></td> </tr> </table>						
	Significant	Severe	Definite	4		4	High risk							
	Moderate	Moderate	Probable	3		3	Some risk							
	Mild	Mild	Possible	2		2	Unknown							
	None	None	Unlikely	1		1	No risk							
	Growth Deficiency	FAS Facial Features	CNS Damage		Growth Face CNS	Alcohol	Prenatal Alcohol							

DATA BELOW WAS USED TO DERIVE / SUPPORT 4-DIGIT CODE

GROWTH				
Date	Height		Weight	
	measure	percentile	measure	percentile

GROWTH TABLES (Circle ABC Scores to Derive Rank)			
Percentile Range	ABC-Scores for:		
	Height	Weight	
≤ 3rd	C	C	
> 3rd and ≤ 10th	B	B	
> 10th	A	A	

4-Digit Diagnostic Rank	Growth Deficiency Category	Height-Weight ABC-Score Combinations
4	Severe	CC
3	Moderate	CB, BC, CA, AC
2	Mild	BA, BB, AB
1	None	AA

FACE		Circle Guide(s) Used	
Date			
Right PFL: mm / Z-score			
Left PFL: mm / Z-score			
mean PFL: mm / Z-score			
Philtrum Rank			
Lip Rank			
Lip Circularity			

FACE TABLES (Circle ABC-Scores to Derive Rank)				
5-Point Rank for Philtrum or Lip	Z-scores for Palpebral Fissure Length (PFL)	ABC-Scores for:		
		Palpebral Fissure	Philtrum	Upper Lip
4 or 5	≤ -2 SD	C	C	C
3	> -2 SD and ≤ -1 SD	B	B	B
1 or 2	> -1 SD	A	A	A

4-Digit Diagnostic Rank	Level of Expression of FAS Facial Features	Palpebral Fissure – Philtrum – Lip ABC-Score Combinations
4	Severe	CCC
3	Moderate	CCB, CBC, BCC
2	Mild	CCA, CAC, CBB, CBA, CAB, CAA BCB, BCA, BBC, BAC ACC, ACB, ACA, ABC, AAC
1	None	BBB, BBA, BAB, BAA ABB, ABA, AAB, AAA

CNS					
Rank 4	<input type="checkbox"/> microcephaly	<input type="checkbox"/> abnormal structural brain image	<input type="checkbox"/> seizure disorder	<input type="checkbox"/> No evidence	
<i>Check 1 or more</i>	Other (specify):				
Rank 2 or 3	Domain / Test / Subtest Name			Score (units)	Date
<i>Evidence of Dysfunction</i>	1				
	2				
	3				

PRENATAL ALCOHOL			
Confirmed?	Trimester(s):	Ave. drinking days/week:	Ave. drinks / per occasion:
Other (Specify):			

Other Prenatal and Postnatal Exposures / Events			
Risk Rank: (None = 1, Unknown = 2, Some = 3, High = 4)	Prenatal Rank:	Postnatal Rank:	