Neurobehavioural Screening Tool

Neurobehavioural Screening Tool (NST): Guidelines and Scoring

The NST form is designed to be administered with caregivers of children and youth suspected of having a Fetal Alcohol Spectrum Disorder based on behavioral observations. The caregiver should know the child well enough to be able to answer all questions contained in NST. The form should be administered to the respondent by a qualified health or social services professional, such as a social worker, law enforcement personnel, psychologist, or child and youth worker in the context of a clinical interview. The form should not be scored by the caregiver. The user should explain that its aim is to gain a picture of the child's behaviour within the last 6 months.

acted too	 Has your child been seen or accused of or thought to have acted too young for his or her age? Place a check in all columns if 'YES' was endorsed 		NO
disobedie	child been seen or accused of or is thought to be ent at home? heck in columns 'A' and 'C' if 'YES' was endorsed	YES	NO
3. Has your cheat?	child been seen or accused of or is thought to lie or	YES	NO
guilt afte	child been seen or accused of or is thought to lack r misbehaving? heck in columns 'A' and 'C' for each 'YES'	YES	NO
	child been seen or accused of or thought to have concentrating, and can't pay attention for long?	YES	NO
	child been seen or accused of or is thought to act ly and without thinking?	YES	NO
difficulty	child been seen or accused of or is thought to have sitting still is restless or hyperactive? heck in column 'A' for each 'YES' endorsed	YES	NO
2	child been seen or accused of or is thought to display uelty, bullying or meanness to others?	YES	NO
	child been seen or accused of or is thought to steal m home?	YES	NO
	child been seen or accused of or is thought to steal tside of the home?	YES	NO
Place a cl	neck in column 'B' for each 'YES' endorsed		

Α	В	С	D

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Scoring Steps: The NST must be scored according to the following steps



Statistical Properties

Positive Screen (a): Separates FASD from typically developing children with a 14% false positive rate and 18% false negative rate (sensitivity 86% & specificity 82%) and from children with ADHD with a 19% false positive rate and 28% false negative rate (sensitivity 81% & specificity 72%).

Positive Screen (b): Separates FASD, without ADHD symptoms, from typically developing children with a 30% false positive rate and a 20% false negative rate (sensitivity 70% & specificity 80%).

Note: If box 'D' is not checked this screener cannot separate FASD from ODD/CD.

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