1. Follow-up Number: 

2. Birth Date: 
   Month / Day / Year

3. Mother’s initials (first, middle, last):

4. Gestational age: Weeks ___ ___ Days ___

5. Birth Number:

6. Were Generic forms completed at a different center: Yes  No
   a. If Yes, give the previous center’s Generic network number for the child: ___ ___ ___ ___ ___
   b. If yes, give the previous Center’s number: ___ ___
   c. If No, GDB Network number from current site: ___ ___ ___ ___ ___
This form should be completed for all infants eligible for the Follow-up Study at the time of discharge to home or to chronic care.

A. DEMOGRAPHIC DATA

1. Date of discharge: __/__/ ______
   Month Day Year

User will be prompted to verify values calculated by DMS.

2. Date of birth: __/__/ ______
   Month Day Year

3. Age
   a. Chronological age: ____ ____ Weeks
   b. Corrected age: ____ ____ Weeks

4. Will the child be under state supervision? Y N

5. Primary caretaker: ____ ____ ____
   (Parent/Legal Guardian, person who is primarily responsible for parenting the child)
   (See Relationship Codes—if biological mother, code is 001)

6. Other caretaker: ____ ____ ____
   (See Relationship Codes. If no other caretaker, leave data field blank)

7. Primary caretaker’s marital status:
   1=Married  2=Single  3=Divorced  4=Widowed

B. HOUSEHOLD COMPOSITION

1. Baby’s planned living arrangements: ____ ____
   (See Living Arrangement Codes)

IF BABY’S PLANNED LIVING ARRANGEMENTS ARE CODES 16, 17, 18 OR 19,
SKIP TO C.4 OF THIS FORM.

2. Number of people living in baby’s household: ____ ____

C. EDUCATION AND OCCUPATION

1. Apart from the Primary Caretaker, do others contribute money to the child’s household? Y N

2. Highest grade completed or attended:
   a. Primary caretaker
   b. Other caretaker

<table>
<thead>
<tr>
<th>Grade</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=7th grade</td>
<td>1</td>
</tr>
<tr>
<td>2=8th to 9th grade</td>
<td>2</td>
</tr>
<tr>
<td>3=10th to 12th grade</td>
<td>3</td>
</tr>
<tr>
<td>4=High School degree</td>
<td>4</td>
</tr>
<tr>
<td>5=Part college</td>
<td>5</td>
</tr>
<tr>
<td>6=College degree</td>
<td>6</td>
</tr>
<tr>
<td>7=Graduate degree</td>
<td>7</td>
</tr>
<tr>
<td>8=Unknown</td>
<td>8</td>
</tr>
</tbody>
</table>

3. Currently working
   a. Primary caretaker? Y N
   b. Other caretaker? Y N NA

4. Baby’s medical insurance:
   1=Public  2=Private (Employment/purchased) 3=Both Public and Private 4=Uninsured 5=Unknown

D. FORM COMPLETION

1. Where was interview conducted: ____ ____ ____
   1=Clinic  2=Home  3=Telephone  9=Other  4=Hospital

2. Date of SES interview: __/__/ ______
   Month Day Year

3. Initials of person administering SES at Discharge: ____ ____ ____
<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Date of Birth</th>
<th>Date of Visit</th>
<th>Network Number</th>
<th>Mother's Initials</th>
<th>Birth No.</th>
<th>Follow-up Number</th>
<th>Comments</th>
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<tbody>
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</tbody>
</table>
This form should be completed for all children examined at the Follow-up visit.

A. DEMOGRAPHIC DATA
1. Date of visit: __/__/______
   Month Day Year

   User will be prompted to verify values calculated by DMS.
2. Date of birth: __/__/______
   Month Day Year
3. Age
   a. Chronological age: ________ Months
   b. Corrected age: ________ Months

4. Is the child under state supervision? Y N
5. Primary caregiver:
   (Parent/Legal Guardian, person who is primarily responsible for parenting the child)
   (See Relationship Codes—if biological mother, code is 001)
6. Other caregiver:
   (See Relationship Codes. If no other caregiver, leave data field blank)
7. Primary Caretaker’s marital status:
   1=Married 3=Divorced
   2=Single 4=Widowed

B. HOUSEHOLD COMPOSITION
1. Child’s current living arrangements:
   (See Living Arrangement Codes)
2. Number of people living in child’s household:

IF CHILD’S CURRENT LIVING ARRANGEMENTS ARE CODES 16, 17, 18 OR 19, SKIP TO C.4 OF THIS FORM.

C. EDUCATION AND OCCUPATION
1. Apart from the Primary Caretaker, do others contribute money to the child’s household? Y N
2. Highest grade completed or attended:
   a. Primary Caretaker
   b. Other Caretaker
   1=< 7th grade 5=Partial college
   2=7th to 9th grade 6=College degree
   3=10th to 12th grade 7=Graduate degree
   4=High School degree 8=Unknown
3. Currently working
   a. Primary Caretaker? Y N
   b. Other Caretaker? Y N NA
4. Child’s medical insurance:
   1=Public 4=Uninsured
   2=Private (Employment/purchased) 5=Unknown
   3=Both Public and Private

D. HOUSEHOLD INFORMATION
1. Primary Language spoken to the child over the last year:
   1=English 2=Spanish 3=Other
   a. If Other, specify________________________
2. Was a second language spoken to the child over the last year? Y N
   a. If YES, secondary language
   1=English 2=Spanish 3=Other
   i. If Other, specify________________________
3. Number of places the child has lived since discharge

Page 1 of 3
E. SPECIAL CHILD SERVICES
1. Is the child receiving or has (s)he received any of the following services:
   1=No  2=Received but discontinued  3=Receiving  4=Recommended but not receiving
   1) Received?
   a. Visiting nurse
   b. Home nurse
   c. OT/PT
   d. Speech Therapy
   e. Early Intervention program (infant stimulation)
   f. Social worker for the child
   g. Specialty medical/surgical clinical visit
      1. Pulmonary
      2. Ophthalmologic
      3. Gastrointestinal
      4. Audiologic
      5. Neurologic
      6. ENT
      7. Cardiology
      8. Urology
      9. Neurosurgery
     10. General surgery
    11. Other,
       11a. Specify ____________________________
   h. Neurodevelopmental/Behavioral clinical visit
      i. NICU Follow Up Clinic
   2. Does the child have a regular doctor or clinic where you take him/her for routine health care? Y N

F. DAY CARE/CHILD CARE in the past month (Check all that apply)
1. Does this child reside in a chronic care facility? Y N
   (If YES, skip to section G. If NO continued to question 2.
   2. Is your child taken care of by someone other than the primary caregiver
      (If YES, answer all that apply.)
      a. Traditional center-based day/child care Y N
         i. If YES, average hours per week __ __ Hrs. per week
      b. Medical (specialized) child care by medical professionals Y N
         i. If YES, average hours per week __ __ Hrs. per week
         ii. If YES, record where __________________
      c. Traditional Home-based day/child care Y N
         i. If YES, average hours per week __ __ Hrs. per week
         ii. If YES, record whose home __________________
      d. Babysitter/Au Pair Y N
         i. If YES, average hours per week __ __ Hrs. per week
         ii. If YES, relation to child __________________
   1=Primary Caregiver’s home  2=Relative’s home  3=Other Home  4=Facility
G. FORM COMPLETION

1. Primary responder
   (Use codes listed on the right side of this page or Appendix B of manual.)
   ___ ___ ___

2. Where was interview conducted:
   ___
   1=Clinic  3=Telephone  9=Other
   2=Home   4=Hospital

3. Date of SES interview:
   ___ ___ ___
   Month Day Year

4. Initials of person administering SES at Follow-up:
   ___ ___ ___

Relationship Codes (used for Question G.1)

001 - Mother of Child
002 - Father of Child
011 - Husband, Significant Other (SO)(if different from 002)
012 - Wife, Girlfriend (if different from 001)
021 - Maternal grandmother
022 - Paternal (SO) grandmother
031 - Maternal grandfather
032 - Paternal (SO) grandfather
041 - Maternal aunt
042 - Paternal (SO) aunt
051 - Maternal uncle
052 - Paternal (SO) uncle
061 - Brother
062 - Step Brother
071 - Sister
072 - Step Sister
081 - Maternal female cousin
082 - Paternal (SO) female cousin
091 - Maternal male cousin
092 - Paternal (SO) male cousin
101 - Other maternal relative
102 - Other paternal (SO) relative
201 - Foster mother
202 - Foster father
301 - Adoptive mother
302 - Adoptive father
401 - Other non-relative
402 - Social worker/case worker
501 - Staff in congregate care
502 - Still hospitalized
504 - Unknown
This form should be completed for all children who are examined at the Follow-up visit.

A. MEDICAL HISTORY

1. Has the child been rehospitalized since discharge to home or chronic care facility? Y N

   **IF YES, COMPLETE THE NF04A FORM**

   a. If Yes, How many times has the child been rehospitalized? ___ ___

2. Has your child taken any of the following medications repeatedly in the last 3 months? Y N

   If YES, use following to code answers

   1=No  2=Yes, but stopped  3=Yes, still using

   a. Anti-reflux medications? ___

   b. Asthma/BPD medications? ___

   c. Anticonvulsants/Seizure medications? ___

   d. Thyroid medications? ___

   e. Muscle relaxants and/or antispasticity medications? ___

3. Has the child had one or more seizures since discharge? Y N

4. Has the child been diagnosed with (or suspected to have) Autism Spectrum Disorders? Y N

5. Is the child currently using any of the following:

   a. Apnea monitor Y N

   b. Oxygen Y N

   c. Ventilator/CPAP Y N

   d. Gastrostomy tube and/or tube feeding Y N

   e. Tracheostomy Y N

   f. Pulse Oximeter Y N

6. Oral Motor Skills (choose one)

   1=Independently feeds self most foods/liquids by mouth

   2=Dependent oral feeding: all p.o., but requires more than occasional assistance

   3=Limited oral feeding (requires some food via alternate route; specify below)

   4=No oral feeding

   If 3 or 4 for Q6 Oral Motor Skills answer Y or N to 6a and 6b:

   a. Tube (NG/ND, G-tube/button, other enteral) Y N

   b. TPN Y N

7. Feeding behaviors/behavioral difficulties (answer Yes or No to each)

   a. Resists/refuses some/all food by mouth (due to oral aversion) Y N

   b. Difficulty with swallowing food (at mouth or throat level due to dysphagia) Y N

   c. Documented aspiration (food down windpipe) Y N

8. High calorie oral supplements Y N

9. Oral diet texture (answer a-d below; more than one YES may be applicable)

   a. Thin liquids Y N

   b. Thickened liquids Y N

   c. Soft solids (baby food, pureed food) Y N

   d. Table food (requiring chewing) Y N

10. Does your child use any of the following equipment or has any been ordered? If YES,

    a. Adapted stroller/wheelchair? Y N

    b. Braces/orthotics? Y N

    c. Walker? Y N

    d. Stander? Y N

    e. Comer chairs or tumbler form? Y N
11. Has the child had any operations since discharge to home or chronic care facility?
   Y  N

   If YES, has the child had:
   a. Tymanostomy tubes placed?  Y  N
   b. Tracheostomy?  Y  N
   c. Eye surgery?

      c1. If Yes, indicate reason(s):  __  __
       1=Strabismus  2=Cataract  3=ROP  4=other (specify)

d. Hemia surgery?  Y  N

e. Gastrostomy tube placed?  Y  N

f. Fundoplication?  Y  N

g. Shunt for hydrocephalus?  Y  N

h. Reanastomosis of large or small intestine?  Y  N

i. Stricture repair/l ysis of adhesions?  Y  N

j. Bowel lengthening surgery?  Y  N

   j1. Specify type (i.e., STEP, Bianchi)

k. Other bowel surgery? (specify)  Y  N

l. Bronchoscopy?  Y  N

m. Other? (specify)  Y  N

B. FORM COMPLETION

1. Where was interview conducted:
   1=Clinic  3=Telephone  9=Other
   2=Home  4=Hospital

2. Date when Medical History obtained:  __/__/____

3. Initials of person administering Medical History Form:  ____ ____
If the child has been rehospitalized (readmissions to any hospital since discharge to home or chronic care that required at least one overnight stay) complete the following:

**A. HOSPITALIZATIONS**

1. Date of discharge to home or chronic care: __/__/____

2. Date of first birthday: __/__/____

3. Readmission

<table>
<thead>
<tr>
<th>Readmission</th>
<th>4. Time Period: (see codes below)</th>
<th>5. Primary Cause: (see codes below)</th>
<th>6. Length of hospital stay (see codes below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
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<td>02</td>
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<td>09</td>
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</table>

(Circle Yes, No, or Don’t Know) Y N DK

**TIME PERIOD CODES**

1 = Prior to or on 1st birthday 5 = Growth and Nutrition 9 = Reflux
2 = CNS 6 = Environmental 10 = Other:
3 = Surgery 7 = Other; specify:
4 = Infection

**PRIMARY CAUSE CODES**

8 = Apnea/Apparent life threatening event 11 = Trauma (Accidental)
12 = Trauma (Non accidental)
13 = Vomiting/diarrhea/dehydration 14 = Sleep study

**LENGTH OF STAY CODES**

1 = 1 week or less 2 = More than 1 week

**B. FORM COMPLETION**

1. Where was interview conducted:
   - 1 = Clinic
   - 3 = Telephone
   - 5 = Environmental
   - 2 = Home
   - 4 = Hospital

2. Date Readmission information obtained: __/__/____

3. Initials of person administering Readmission form: ___ ___ ___
A. PHYSICAL EXAMINATION

1. Weight: ___ . ___ kg
2. Recumbent length: ___ . ___ cm
3. Occipital-frontal circumference: ___ . ___ cm

B. NEUROLOGIC EXAMINATION (performed by certified examiner)

1. Eye
   a. Strabismus (any kind) ___ ___
   b. Nystagmus ___ ___
   c. Roving Eye Movements ___ ___
      1 = Yes  2 = No  3 = Suspect  4 = Untestable
   d. Tracks 180° (Record as 1, 2, or 4) ___ ___
      1 = Yes  2 = No  4 = Untestable
   e. Vision: ___ ___
      1 = Normal  4 = Blind some functional vision
      2 = Wears or was prescribed corrective lenses  5 = Blind no useful vision
      3 = Other abnormality

2. Hearing
   a. Was a Follow-up audiologic assessment completed since initial discharge to home? Y N
      1) If NO, is consult pending for assessment? Y N
         If YES, follow-up audiologic assessment completed, specify type of testing (2-4)
         If the type of hearing exam is unknown, skip to question 2.a.4 Unknown type of hearing test.
   b. Hearing impaired (based on observation +/- history)? ___
      1 = No apparent functional impairment +/- amplification
      2 = Impairment +/- amplification

4. Nature of motor involvement with child in any comfortable position:
   a. Observed abnormal movements? Y N
      If Yes, abnormal,
      1) Short –jerky Y N
      2) Slow, writhing? Y N
      3) Tremor Y N
      4) Ataxia Y N
   b. Passive muscle tone: (use codes below for questions B.4.b. 2-3)
      1 = Normal  4 = Suspect Decreased
      2 = Suspect Increased  5 = Definite Decreased
      3 = Definite Increased  6 = Varying tone
   c. Upper extremity passive muscle tone:
   d. Lower extremity passive muscle tone:
      a. Hips and knees
      b. Ankles

5. Is there scissoring of the legs on vertical suspension? Y N
Complete Question 6 for all children. Examiners check one level according to the child’s age. Keyers key corresponding DMS code.

**18 Months - 21 Months 29 Days**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Normal</strong> (Walks 10 steps independently and fluently)</td>
<td>=1</td>
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<tr>
<td><strong>Possible Level I</strong> (Walks 10 steps independently but not</td>
<td>=2</td>
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<tr>
<td>fluently; child exhibits toe walking or asymmetric walking)</td>
<td></td>
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<tr>
<td><strong>Level I</strong> (Moves in/out of sitting and floor-sit with both</td>
<td>=3</td>
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<tr>
<td>hands free to manipulate objects. Infants creep or crawl</td>
<td></td>
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<tr>
<td>on hands and knees, pull to stand and take steps holding</td>
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<tr>
<td>on furniture. Infants walk between 18 mo and 2 years</td>
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<tr>
<td>without holding on.)</td>
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<tr>
<td><strong>Level II</strong> (Maintains floor sitting but may need to use</td>
<td>=4</td>
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<tr>
<td>hands for support to maintain balance. Creeps on stomach</td>
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<tr>
<td>or crawls on hands and knees. May pull to stand and take</td>
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<tr>
<td>steps holding on furniture)</td>
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<tr>
<td><strong>Level III</strong> (Maintains floor sitting when the low back is</td>
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<td>supported. Rolls and creeps forward on stomach)</td>
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<tr>
<td><strong>Level IV</strong> (Has head control but trunk support is required</td>
<td>=6</td>
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<td>for floor sitting. Can roll to supine and may roll to</td>
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<td>prone)</td>
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<tr>
<td><strong>Level V</strong> (Unable to maintain anti-gravity head and trunk</td>
<td>=7</td>
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<td>postures in prone or sitting; little or no voluntary</td>
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<td>movement)</td>
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**22-26 Months**

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<th>6. Gross Motor Function Level (22-26 Months)</th>
<th>DMS Code</th>
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<td><strong>Level “0”</strong> (Walks independently, normal</td>
<td>=1</td>
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<td>and fluent gait)</td>
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</tr>
<tr>
<td><strong>Level I</strong> (Infants move in and out of</td>
<td>=3</td>
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<tr>
<td>sitting and floor sit with both hands</td>
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<tr>
<td>free to manipulate objects. Infants</td>
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<tr>
<td>crawl on hands and knees, pull to stand</td>
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<tr>
<td>and take steps holding on to furniture.</td>
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<tr>
<td>Infants walk 10 steps independently, with</td>
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<tr>
<td>hands free, but with some gait abnormalities –</td>
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<tr>
<td>includes toe walking, asymmetric walking,</td>
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<td>wide based gait with coordination or</td>
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<tr>
<td>ataxic gait.)</td>
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</tr>
<tr>
<td><strong>Level II</strong> (Infants maintain floor sitting</td>
<td>=4</td>
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<tr>
<td>but may need to use their hands for</td>
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<tr>
<td>support to maintain balance. Infants</td>
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<tr>
<td>creep on their stomach or crawl on</td>
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<tr>
<td>hands and knees with reciprocal leg</td>
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<tr>
<td>movement. Infants may pull to stand and</td>
<td></td>
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<tr>
<td>take steps holding on to furniture.)</td>
<td></td>
</tr>
<tr>
<td><strong>Level III</strong> (Infants maintain floor sitting</td>
<td>=5</td>
</tr>
<tr>
<td>when the low back is supported. Infants</td>
<td></td>
</tr>
<tr>
<td>roll and creep forward on their stomachs,</td>
<td></td>
</tr>
<tr>
<td>or may crawl with or without reciprocal leg</td>
<td></td>
</tr>
<tr>
<td>movements.)</td>
<td></td>
</tr>
<tr>
<td><strong>Level IV</strong> (Infants have head control but</td>
<td>=6</td>
</tr>
<tr>
<td>trunk support is required for floor</td>
<td></td>
</tr>
<tr>
<td>sitting. Infants can roll to supine and</td>
<td></td>
</tr>
<tr>
<td>may roll to prone.)</td>
<td></td>
</tr>
<tr>
<td><strong>Level V</strong> (Physical impairments limit</td>
<td>=7</td>
</tr>
<tr>
<td>voluntary control of movement. Infants</td>
<td></td>
</tr>
<tr>
<td>are unable to maintain antigravity head</td>
<td></td>
</tr>
<tr>
<td>and trunk postures in prone and sitting.</td>
<td></td>
</tr>
<tr>
<td>Infants require adult assistance to roll.)</td>
<td></td>
</tr>
</tbody>
</table>

↓ If > 24 Months also answer 6a

**6a. Gross Motor Function Level (>24 Months). For children examined after 24 months, questions 6 and 6a should be completed.**

<table>
<thead>
<tr>
<th>6a. Gross Motor Function Level (&gt;24 Months)</th>
<th>DMS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level “0”</strong> (Walks independently, normal</td>
<td>=1</td>
</tr>
<tr>
<td>and fluent gait)</td>
<td></td>
</tr>
<tr>
<td><strong>Level I</strong> (Children floor sit with both</td>
<td>=3</td>
</tr>
<tr>
<td>hands free to manipulate objects.</td>
<td></td>
</tr>
<tr>
<td>Movements in and out of floor sitting</td>
<td></td>
</tr>
<tr>
<td>and standing are performed without adult</td>
<td></td>
</tr>
<tr>
<td>assistance. Children walk as the preferred</td>
<td></td>
</tr>
<tr>
<td>method of mobility without the need for</td>
<td></td>
</tr>
<tr>
<td>any assistive mobility device.)</td>
<td></td>
</tr>
<tr>
<td><strong>Level II</strong> (Children floor sit but may</td>
<td>=4</td>
</tr>
<tr>
<td>have difficulty with balance when both</td>
<td></td>
</tr>
<tr>
<td>hands are free to manipulate objects.</td>
<td></td>
</tr>
<tr>
<td>Movements in and out of sitting are</td>
<td></td>
</tr>
<tr>
<td>performed without adult assistance.</td>
<td></td>
</tr>
<tr>
<td>Children pull to stand on a stable</td>
<td></td>
</tr>
<tr>
<td>surface. Children crawl on hands and</td>
<td></td>
</tr>
<tr>
<td>knees with a reciprocal pattern, cruise</td>
<td></td>
</tr>
<tr>
<td>holding onto furniture and walk using an</td>
<td></td>
</tr>
<tr>
<td>assistive mobility device as preferred</td>
<td></td>
</tr>
<tr>
<td>methods of mobility.)</td>
<td></td>
</tr>
<tr>
<td><strong>Level III</strong> (Children maintain floor sitting</td>
<td>=5</td>
</tr>
<tr>
<td>often by “W-sitting” (sitting between</td>
<td></td>
</tr>
<tr>
<td>flexed and internally rotated hips and</td>
<td></td>
</tr>
<tr>
<td>knees) and may require adult assistance</td>
<td></td>
</tr>
<tr>
<td>to assume sitting. Children creep on</td>
<td></td>
</tr>
<tr>
<td>their stomach or crawl on hands and</td>
<td></td>
</tr>
<tr>
<td>knees (often without reciprocal leg</td>
<td></td>
</tr>
<tr>
<td>movements) as their primary methods of</td>
<td></td>
</tr>
<tr>
<td>self-mobility. Children may pull to stand</td>
<td></td>
</tr>
<tr>
<td>on a stable surface and cruise short</td>
<td></td>
</tr>
<tr>
<td>distances. Children may walk short</td>
<td></td>
</tr>
<tr>
<td>distances indoors using a hand-held</td>
<td></td>
</tr>
<tr>
<td>mobility device (walker) and adult</td>
<td></td>
</tr>
<tr>
<td>assistance for steering and turning.)</td>
<td></td>
</tr>
<tr>
<td><strong>Level IV</strong> (Children floor sit when placed,</td>
<td>=6</td>
</tr>
<tr>
<td>but are unable to maintain alignment and</td>
<td></td>
</tr>
<tr>
<td>balance without use of their hands for</td>
<td></td>
</tr>
<tr>
<td>support. Children frequently require</td>
<td></td>
</tr>
<tr>
<td>adaptive equipment for sitting and</td>
<td></td>
</tr>
<tr>
<td>standing. Self-mobility for short</td>
<td></td>
</tr>
<tr>
<td>distances (within a room) is achieved</td>
<td></td>
</tr>
<tr>
<td>through rolling, creeping on stomach, or</td>
<td></td>
</tr>
<tr>
<td>crawling on hands and knees without</td>
<td></td>
</tr>
<tr>
<td>reciprocal leg movement.</td>
<td></td>
</tr>
<tr>
<td><strong>Level V</strong> (Physical impairments restrict</td>
<td>=7</td>
</tr>
<tr>
<td>voluntary control of movement and the</td>
<td></td>
</tr>
<tr>
<td>ability to maintain antigravity head and</td>
<td></td>
</tr>
<tr>
<td>trunk postures. All areas of motor</td>
<td></td>
</tr>
<tr>
<td>function are limited. Functional</td>
<td></td>
</tr>
<tr>
<td>limitations in sitting and standing are</td>
<td></td>
</tr>
<tr>
<td>not fully compensated for through the</td>
<td></td>
</tr>
<tr>
<td>use of adaptive equipment and assistive</td>
<td></td>
</tr>
<tr>
<td>technology. At Level V, children have</td>
<td></td>
</tr>
<tr>
<td>no means of independent movement and are</td>
<td></td>
</tr>
<tr>
<td>transported. Some children achieve self-mobility</td>
<td></td>
</tr>
<tr>
<td>using a powered wheelchair with extensive</td>
<td></td>
</tr>
<tr>
<td>adaptations.)</td>
<td></td>
</tr>
</tbody>
</table>
7. Hand preference

1 = None  
2 = Exaggerated Right  
3 = Exaggerated Left  
4 = Untestable

C. REFLEXES / MOTOR SKILLS / DIAGNOSES

1. Protective reactions (anterior, lateral and parachute)

1 = Symmetric  
2 = Asymmetric  
3 = Not present

2. Limb movements

1 = Symmetric  
2 = More on right  
3 = More on left

a. Upper limbs

b. Lower limbs

For questions C.3 – 5 use the following codes

1 = Normal (1 to 3+)  
2 = Absent (0)  
3 = Hyperactive (4+)

3. Deep tendon reflexes – upper extremities

4. Deep tendon reflexes – knees

5. Deep tendon reflexes – ankles

6. Ankle clonus

1 = None (≤ 4 beats)  
2 = Present (> 4 beats)  
3 = Sustained

7. Plantar reflexes

1 = Flexor plantar response  
2 = Extensor plantar response  
3 = Spontaneous extension + fanning  
4 = Inconsistent results  
5 = Absent

8. Functional gross motor skills

a. Axis-head and neck:

1 = Normal head control  
2 = Abnormal, but can hold head up for extended period (≥ 5 min.)  
3 = Poor head control but can hold head up for short period  
4 = No obvious head control

b. Axis-trunk:

1 = No apparent problem  
2 = Can sit unsupported but less secure and stable than normal child of same age  
3 = Cannot be left in sitting position unless self-supported  
4 = Severe impairment: Difficult to place or maintain in sitting position

c. Lower limb function-gait:

1 = No significant problem with gait; walks fluently  
2 = Gait functional but not fluent, no device required  
3 = Gait functional, non-fluent and requires device or hand held  
4 = No independent walking even with device or hand held

d. Upper limb function:

1 = No apparent problem with bimanual tasks  
2 = Some difficulty using both hands together  
3 = No functional bimanual task

1) Right  
2) Left

e. Hand function:

1 = Fine pincer grasp  
2 = Finger-Thumb grasp  
3 = More than one finger-thumb (rake) grasp  
4 = Tries but unable to grasp  
5 = Does not attempt to grasp  
6 = Refusal  
7 = Cannot assess
9. Diagnoses: Neurologic/Motor disorder
   a. Is the neurological exam Normal? Y N
      If YES, skip to question C10 (Does the child have CP?) and code NO.
      If NO, go to C.9.b.
   b. Is the neurologic exam SUSPECT (suspect or definite increased or decreased tone or reflexes with no functional impairment)? Y N
      If YES, skip to question C10 (Does the child have CP?) and code NO. If NO, go to either C.9.c or C.9d
   c. If Neuro ABNORMAL (OTHER THAN CEREBRAL PALSY). Choose only one then skip to C10 and code NO. Finding is associated with mild, moderate or severe functional impairment.
      1 = Hypotonia
      3 = Other
      If Other, describe: _______________________________________________
   d. If Neuro ABNORMAL (CEREBRAL PALSY). Choose only one and go to question C10 (Does the child have CP?) and code YES:
      1 = Spastic diplegia
      2 = Spastic hemiplegia – right
      3 = Spastic hemiplegia – left
      4 = Spastic quadriplegia
      6 = Athetosis/dystonia with varying tone
      7 = Hypotonic with + ataxia
      9 = Mixed cerebral palsy
      If mixed CP, identify 2 categories from answer codes 1-7 above that reflect findings in order of prominence: _______ , _______

10. Does this child have cerebral palsy? Y N
    If YES, classification of cerebral palsy:
    1 = Mild (GMFCS Level 1)
    2 = Moderate (GMFCS Level 2-3)
    3 = Severe (GMFCS Level 4-5)

11. Congenital and/or acquired abnormalities? Y N
    11a. If YES, enter codes from Manual-App D or describe, if no codes apply: _______ , _______ , _______
    1) Describe: ____________________________________________
    11b. If YES, does the abnormality affect neurodevelopmental assessment? Y N

D. FORM COMPLETION
1. Where was exam completed: _______
   1 = Clinic       2 = Home       3 = Other Clinic       4 = Hospital 
   9 = Other (specify): _____________________________

2. Quality of the exam? _______
   1 = Good       2 = Fair       3 = Poor
   If Fair (2) or Poor (3), factors affecting the exam? _______
   Codes for reasons quality of exam is Fair (2) or Poor (3):
   1 = Illness
   2 = Language other than English and interpreter not available
   3 = Behavioral problems
   4 = Severely developmentally delayed plus may have sensory impairment (Bayley score of 49)
   5 = Sensory impairment - appears mild or moderately delayed for age
   6 = Sensory impairment - but appears to be within normal limits for age
   9 = Other: (Specify) _____________________________

3. Date exam completed: _______/_____/_____

4. Initials of person administering Infant examination: _______
Use this worksheet to determine the answer for NF05 question B6, *Gross Motor Function Level for children age 18 Months – 21 Months 29 Days.*

<table>
<thead>
<tr>
<th>Walks 10 steps independently?</th>
<th>If Yes, →</th>
<th>Normal gait?</th>
<th>If Yes, → Normal</th>
<th>If No, → Possible Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sits, hands free for play?</th>
<th>If Yes, →</th>
<th>Creeps or crawls on hands &amp; knees, pulls to stand; cruises and walks with hands held?</th>
<th>If Yes, → Level 1</th>
<th>If No, → Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uses hands for sitting support; creeps on stomach or crawls, may cruise/pull to stand?</th>
<th>If Yes, →</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sits with external support for lower trunk; rolls, creeps on stomach?</th>
<th>If Yes, →</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Good head control in supported sitting; can roll to supine, may roll to prone?</th>
<th>If Yes, →</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unable to maintain anti-gravity head and trunk postures in prone or sitting; little or no voluntary movement.</th>
<th>If Yes, →</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Use this worksheet to determine the answer for NF05 question B6, *Gross Motor Function Level for children age 22-26 Months.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Level 0</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walks independently (i.e. &gt;=10 steps), with normal and fluent gait?</td>
<td>Normal (Level 0)</td>
<td>If Yes, → Level 1</td>
<td>If Yes, → Level 2</td>
<td>If Yes, → Level 3</td>
<td>If Yes, → Level 4</td>
<td>If Yes, → Level 5</td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moves in and out of sitting and floor sit with both hands free to manipulate objects?</td>
<td>Crawls on hands &amp; knees, pulls to stand, takes steps holding onto furniture. Walks independently with hands free (even if has some gait abnormalities)?</td>
<td>If Yes, → Level 1</td>
<td>If No, → Level 2</td>
<td>If No, → Level 3</td>
<td>If No, → Level 4</td>
<td>If No, → Level 5</td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains floor sitting* but needs to use one or both hands for support to maintain balance?</td>
<td>Creeps on stomach or crawls on hands and knees with reciprocal leg movement. Pulls to stand and takes steps holding onto furniture.</td>
<td>If Yes, → Level 2</td>
<td>If No, → Level 3</td>
<td>If No, → Level 4</td>
<td>If No, → Level 5</td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains floor sitting* when the low back is supported?</td>
<td>Rolls and creeps forward on stomach, or crawls with or without reciprocal leg movements.</td>
<td>If Yes, → Level 3</td>
<td>If No, → Level 4</td>
<td>If No, → Level 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has head control but trunk support is required for floor sitting?</td>
<td>Can roll to supine (and may roll to prone).</td>
<td>If Yes, → Level 4</td>
<td>If No, → Level 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If No, ↓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical impairments limit voluntary control of movement. Unable to maintain antigravity head and trunk postures in prone and sitting. Infants require adult assistance to roll.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Floor sitting: legs must be outstretched (rather than hanging over table/chair edge or in w-position)
Use this worksheet to determine the answer for NF05 question C9 Diagnoses: Neurologic/Motor disorder.

- Is the neuro exam normal?
  - No: Code 9b. Neuro exam Suspect=Yes, Code C10. CP=No

- Is there functional impairment?
  - Yes: Code 9c. Neuro abnormal – Other than CP as Hypotonia or Other (describe), Code C10. CP=No
  - No: Code C10. CP=No

- Does the child have CP?
  - Yes: Select type of CP in 9d. Neuro Abnormal-CP, Code C10. CP=Yes
  - No: Code C10. CP=No
This form should be completed by examiners for each exam included on the annual certification DVD for the Follow-up Study neurological exam.

### A. PHYSICAL EXAMINATION

1. **Weight:** __ __ __ __ kg
2. **Recumbent length:** __ __ __ __ cm
3. **Occipital-frontal circumference:** __ __ __ __ cm

### B. NEUROLOGIC EXAMINATION (performed by certified examiner)

#### 1. Eye

- **Strabismus (any kind):**
- **Nystagmus:**
- **Roving Eye Movements:**

<table>
<thead>
<tr>
<th></th>
<th>1 = Yes</th>
<th>2 = No</th>
<th>3 = Suspect</th>
<th>4 = Untestable</th>
</tr>
</thead>
</table>

- **Tracks 180° (Record as 1, 2, or 4):**

<table>
<thead>
<tr>
<th></th>
<th>1 = Yes</th>
<th>2 = No</th>
<th>4 = Untestable</th>
</tr>
</thead>
</table>

- **Vision:**

<table>
<thead>
<tr>
<th></th>
<th>1 = Normal</th>
<th>2 = Wears or was prescribed corrective lenses</th>
<th>3 = Other abnormality</th>
<th>4 = Blind some functional vision</th>
<th>5 = Blind no useful vision</th>
</tr>
</thead>
</table>

#### 2. Hearing

- **Was a Follow-up audiologic assessment completed since initial discharge to home?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

1) **If NO, is consult pending for assessment?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

If YES, follow-up audiologic assessment completed, specify type of testing (2-4)

- **Visual Reinforcement Audiometry (VRA)?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

a. **Right** b. **Left** c. **Sound field only**

<table>
<thead>
<tr>
<th>Results:</th>
<th>1 = Pass</th>
<th>2 = Fail</th>
<th>3 = Equivocal</th>
<th>4 = Unknown</th>
</tr>
</thead>
</table>

- **Auditory Brainstem Response (ABR)?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

a. **Right** b. **Left**

<table>
<thead>
<tr>
<th>1 = Pass</th>
<th>2 = Fail</th>
<th>3 = Equivocal</th>
<th>4 = Unknown</th>
</tr>
</thead>
</table>

4) **Unknown type of hearing test?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

- **a. Right** b. **Left**

<table>
<thead>
<tr>
<th>1 = Pass</th>
<th>2 = Fail</th>
<th>3 = Equivocal</th>
<th>4 = Unknown</th>
</tr>
</thead>
</table>

- **b. Hearing impaired (based on observation +/- history)?**

<table>
<thead>
<tr>
<th></th>
<th>1 = No apparent functional impairment +/- amplification</th>
<th>2 = Impairment +/- amplification</th>
</tr>
</thead>
</table>

1) **Hearing aid requirement (use codes below):**

2) **Cochlear implant requirement (use codes below):**

- **b. Hearing impaired (based on observation +/- history)?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

#### 4. Nature of motor involvement with child in any comfortable position:

- **Observed abnormal movements?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

1) **Short –jerky**

2) **Slow, writhing?**

3) **Tremor**

4) **Ataxia**

- **Passive muscle tone: (use codes below for questions B.4.b. 2-3)**

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
</table>

1) **Normal** 4) **Suspect Decreased**

2) **Suspect Increased** 5) **Definite Decreased**

3) **Definite Increased** 6) **Varying tone**

2) **Upper extremity passive muscle tone:**

3) **Lower extremity passive muscle tone:**

- a. Hips and knees

- b. Ankles

5) **Is there scissoring of the legs on vertical suspension?**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

- 1 = No apparent functional impairment +/- amplification

- 2 = Impairment +/- amplification

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>(Walks 10 steps independently and fluently)</td>
</tr>
<tr>
<td>Possible Level I</td>
<td>(Walks 10 steps independently but not fluently; child exhibits toe walking or asymmetric walking)</td>
</tr>
<tr>
<td>Level I</td>
<td>(Moves in/out of sitting and floor-sit with both hands free to manipulate objects. Infants creep or crawl on hands and knees, pull to stand and take steps holding onto furniture. Infants walk between 18 mo and 2 years without holding on.)</td>
</tr>
<tr>
<td>Level II</td>
<td>(Maintains floor sitting but may need to use hands for support to maintain balance. Creeps on stomach or crawls on hands and knees. May pull to stand and take steps holding onto furniture)</td>
</tr>
<tr>
<td>Level III</td>
<td>(Maintains floor sitting when the low back is supported. Rolls and creeps forward on stomach)</td>
</tr>
<tr>
<td>Level IV</td>
<td>(Has head control but trunk support is required for floor sitting. Can roll to supine and may roll to prone)</td>
</tr>
<tr>
<td>Level V</td>
<td>(Unable to maintain anti-gravity head and trunk postures in prone or sitting; little or no voluntary movement)</td>
</tr>
</tbody>
</table>

**22-26 Months**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level “0”</td>
<td>(Walks independently, normal and fluent gait)</td>
</tr>
<tr>
<td>Level I</td>
<td>(Infants move in and out of sitting and floor sit with both hands free to manipulate objects. Infants crawl on hands and knees, pull to stand and take steps holding on to furniture. Infants walk 10 steps independently, with hands free, but with some gait abnormalities – includes toe walking, asymmetric walking, wide based gait with coordination or ataxic gait.)</td>
</tr>
<tr>
<td>Level II</td>
<td>(Infants maintain floor sitting but may need to use their hands for support to maintain balance. Infants creep on their stomach or crawl on hands and knees with reciprocal leg movement. Infants may pull to stand and take steps holding on to furniture.)</td>
</tr>
<tr>
<td>Level III</td>
<td>(Infants maintain floor sitting when the low back is supported. Infants roll and creep forward on their stomachs, or may crawl with or without reciprocal leg movements.)</td>
</tr>
<tr>
<td>Level IV</td>
<td>(Infants have head control but trunk support is required for floor sitting. Infants can roll to supine and may roll to prone.)</td>
</tr>
<tr>
<td>Level V</td>
<td>(Physical impairments limit voluntary control of movement. Infants are unable to maintain antigravity head and trunk postures in prone and sitting. Infants require adult assistance to roll.)</td>
</tr>
</tbody>
</table>

**6a. Gross Motor Function Level (>24 Months).** *For children examined after 24 months, questions 6 and 6a should be completed.*

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level “0”</td>
<td>(Walks independently, normal and fluent gait)</td>
</tr>
<tr>
<td>Level I</td>
<td>(Children floor sit with both hands free to manipulate objects. Movements in and out of floor sitting and standing are performed without adult assistance. Children walk as the preferred method of mobility without the need for any assistive mobility device.)</td>
</tr>
<tr>
<td>Level II</td>
<td>(Children floor sit but may have difficulty with balance when both hands are free to manipulate objects. Movements in and out of sitting are performed without adult assistance. Children pull to stand on a stable surface. Children crawl on hands and knees with a reciprocal pattern, cruise holding onto furniture and walk using an assistive mobility device as preferred methods of mobility.)</td>
</tr>
<tr>
<td>Level III</td>
<td>(Children maintain floor sitting often by “W-sitting” (sitting between flexed and internally rotated hips and knees) and may require adult assistance to assume sitting. Children creep on their stomach or crawl on hands and knees (often without reciprocal leg movements) as their primary methods of self-mobility. Children may pull to stand on a stable surface and cruise short distances. Children may walk short distances indoors using a hand-held mobility device (walker) and adult assistance for steering and turning.)</td>
</tr>
<tr>
<td>Level IV</td>
<td>(Children floor sit when placed, but are unable to maintain alignment and balance without use of their hands for support. Children frequently require adaptive equipment for sitting and standing. Self-mobility for short distances (within a room) is achieved through rolling, creepng on stomach, or crawling on hands and knees without reciprocal leg movement.)</td>
</tr>
<tr>
<td>Level V</td>
<td>(Physical impairments restrict voluntary control of movement and the ability to maintain antigravity head and trunk postures. All areas of motor function are limited. Functional limitations in sitting and standing are not fully compensated for through the use of adaptive equipment and assistive technology. At Level V, children have no means of independent movement and are transported. Some children achieve self-mobility using a powered wheelchair with extensive adaptations.)</td>
</tr>
</tbody>
</table>
7. Hand preference

| 1 = None | 2 = Exaggerated Right | 3 = Exaggerated Left | 4 = Untestable |

C. REFLEXES / MOTOR SKILLS / DIAGNOSES

1. Protective reactions (anterior, lateral and parachute)

| 1 = Symmetric | 2 = Asymmetric | 3 = Not present |

2. Limb movements

a. Upper limbs

b. Lower limbs

For questions C.3 – 5 use the following codes

| 1 = Normal (1 to 3+) | 2 = Absent (0) | 3 = Hyperactive (4+) |

| Right | Left |

3. Deep tendon reflexes – upper extremities

4. Deep tendon reflexes – knees

5. Deep tendon reflexes – ankles

6. Ankle clonus

| 1 = None (≤ 4 beats) | 2 = Present (> 4 beats) | 3 = Sustained |

| Right | Left |

7. Plantar reflexes

| 1 = Flexor plantar response | 2 = Extensor plantar response | 3 = Spontaneous extension ± fanning | 4 = Inconsistent results | 5 = Absent |

8. Functional gross motor skills

a. Axis-head and neck:

| 1 = Normal head control | 2 = Abnormal, but can hold head up for extended period (≥ 5 min.) | 3 = Poor head control but can hold head up for short period | 4 = No obvious head control |

b. Axis-trunk:

| 1 = No apparent problem | 2 = Can sit unsupported but less secure and stable than normal child of same age | 3 = Cannot be left in sitting position unless self-supported | 4 = Severe impairment: Difficult to place or maintain in sitting position | 5 = Does not attempt to grasp | 6 = Refusal | 7 = Cannot assess |
9. Diagnoses: Neurologic/Motor disorder
   a. Is the neurological exam Normal? Y N
      If YES, skip to question C10 (Does the child have CP?) and code NO.
   b. Is the neurologic exam SUSPECT (suspect or definite increased or decreased tone or reflexes with no functional impairment)? Y N
      If YES, skip to question C10 (Does the child have CP?) and code NO. If NO, go to either C.9.c or C.9.d
   c. If Neuro ABNORMAL (OTHER THAN CEREBRAL PALSY). Choose only one then skip to C10 and code NO. Finding is associated with mild, moderate or severe functional impairment.
      1 = Hypotonia
      3 = Other
      If Other, describe: _______________________________________________
   d. If Neuro ABNORMAL (CEREBRAL PALSY). Choose only one and go to question C10 (Does the child have CP?) and code YES:
      1 = Spastic diplegia
      2 = Spastic hemiplegia – right
      3 = Spastic hemiplegia – left
      4 = Spastic quadriplegia
      6 = Athetosis/dystonia with varying tone
      7 = Hypotonic with + ataxia
      9 = Mixed cerebral palsy
      If mixed CP, identify 2 categories from answer codes 1-7 above that reflect findings in order of prominence: ___ , ___

10. Does this child have cerebral palsy? Y N
    If YES, classification of cerebral palsy:
        1 = Mild (GMFCS Level 1)
        2 = Moderate (GMFCS Level 2-3)
        3 = Severe (GMFCS Level 4-5)

11. Congenital and/or acquired abnormalities? Y N
    11a. If YES, enter codes from Manual-App D or describe, if no codes apply:
         ___ ___ ___ , ___ ___ ___ , ___ ___ ___
         1) Describe:_____________________________________
    11b. If YES, does the abnormality affect neurodevelopmental assessment? Y N

D. FORM COMPLETION
   1. Where was exam completed: 1 = Clinic 2 = Home 3 = Other Clinic 4 = Hospital 9 = Other (specify): _____________________________
   2. Quality of the exam? 1 = Good 2 = Fair 3 = Poor
      If Fair (2) or Poor (3), factors affecting the exam?
      Codes for reasons quality of exam is Fair (2) or Poor (3):
      1 = Illness
      2 = Language other than English and interpreter not available
      3 = Behavioral problems
      4 = Severely developmentally delayed plus may have sensory impairment (Bayley score of 49)
      5 = Sensory impairment - appears mild or moderately delayed for age
      6 = Sensory impairment - but appears to be within normal limits for age
      9 = Other: (Specify) _______________________________________
   3. Date exam scored: ___ / ___ / ___ ___     Month Day Year
   4. Initials of person scoring exam: _______
This form should be completed for all children who have taken the Bayley III exam at the follow-up visit. Record the scores for adjusted age.

A. Bayley III Information

1. Was the child successfully tested for the following?
   a. Cognitive Subtest: Y N
      1. If NO, reason not successfully tested (see codes below): 
         a. if coded as 9, "Other", specify reason: 

   b. Language (Receptive Communication) Subtest: Y N
      1. If NO, reason not successfully tested (see codes below): 
         a. if coded as 9, "Other", specify reason: 

   c. Language (Expressive Communication) Subtest: Y N
      1. If NO, reason not successfully tested (see codes below): 
         a. if coded as 9, "Other", specify reason: 

   d. Motor (Fine) Subtest: Y N
      1. If NO, reason not successfully tested (see codes below): 
         a. if coded as 9, "Other", specify reason: 

   e. Motor (Gross) Subtest: Y N
      1. If NO, reason not successfully tested (see codes below): 
         a. if coded as 9, "Other", specify reason: 

B. Form Completion

1. Where was the Bayley III exam completed?
   
   1 = Clinic  3 = Other Clinic  9 = Other
   2 = Home  4 = Hospital

2. Date the Bayley III exam was completed? ____ / ____ / ____

3. Initials of person administering Bayley III exam
   ____ ____ ____
This form should be completed for all children at the Follow-up visit.

A. STATUS INFORMATION

1. Date of birth: ______/____/____ ______ ______ ______
   Month    Day    Year

2. Final Status of Child:
   1=Child seen, Follow-up visit completed
   3=Died after GDB status
   4=Lost to follow-up
   5=Follow-up visit completed at another NICU Network center
   6=Child seen, but incomplete visit

B. FORM COMPLETION

1. Date form completed: ______/____/____ ______ ______ ______
   Month    Day    Year

2. Center number where child was seen: ______ ______ ______

3. Initials of person completing this form: ______ ______ ______

IF FOLLOW-UP VISIT IS COMPLETED AS MUCH AS POSSIBLE, FILL OUT FORM NF11.

a. If final status is, died after GDB status (3):
   1. Date of death ______/____/____ ______ ______ ______
      Month    Day    Year

b. If final status is lost to follow-up (4):
   1. Give reason lost to follow-up:
      1=Adopted  2=Out of area  3=Lost  4=Refused informed consent for FU
      5=Non compliant  6=Foster care
This form should be keyed and sent to RTI via weekly data transmission if any of the items listed below are missing on the NF05 or NF09A.

Specify reasons for incomplete items on the NF05 and NF09A.

A. NF05 Items:

1. B6-Current Gross Motor Function
   Indicate reason:

2. A1-Weight
   Indicate reason:

3. A2-Recumbent Length
   Indicate reason:

4. B1a-Strabismus Right and/or Left
   Indicate reason:

5. B1b-Nystagmus Right and/or Left
   Indicate reason:

6. B1c-Roving Eye Right and/or Left
   Indicate reason:

7. B1d-Tracks Right and/or Left
   Indicate reason:

8. B1e-Vision Right and/or Left
   Indicate reason:

   Indicate reason:

10. B3a-Swallowing
    Indicate reason:

11. B4a-Abnormal Movements at Rest
    Indicate reason:

12. C6a-Motor Skill: Axis Head and Neck
    Indicate reason:

13. C6b-Motor Skill: Axis-Trunk
    Indicate reason:

14. C6c-Motor Skill: Lower Limb function
    Indicate reason:

15. C6d-Motor Skill: Upper Limb Function
    Indicate reason:

16. C6e-Hand Function Right and/or Left
    Indicate reason:

17. C6g-Normal Neurologic/Motor
    Indicate reason:

18. C10-Does Child Have Cerebral Palsy
    Indicate reason:

19. C11-Congenital/Acquired Abnormalities
    Indicate reason:

B. NF09A (Bayley III) Items:

1. A1a1-Unsuccessfully Tested for Cognitive or not tested because of reason 1, 2, 3 or 4?
   Indicate reason:

2. A1b1-Unsuccessfully Tested for Receptive Communication or not tested because of reason 1, 2, 3 or 4?
   Indicate reason:

3. A1c1-Unsuccessfully Tested for Expressive Communication or not tested because of reason 1, 2, 3 or 4?
   Indicate reason:

4. A1d1-Unsuccessfully Tested for Fine Motor or not tested because of reason 1, 2, 3, 5, 6, or 9.
   Indicate reason:

5. A1e1-Unsuccessfully Tested for Gross Motor or not tested because of reason 1, 2, 3, 5, 6, or 9.
   Indicate reason:

D. NDI Assessment

1. In your best clinical judgment would you classify the child as:

   Clinical Judgment | Source
   ------------------ | ----
   a. Moderate to severe CP with GMFCS level >=2 | ___
   b. Bayley III Motor score <70 | ___
   c. Bayley III Cognitive score <70 | ___
   d. Bilateral blindness (<20-200) | ___
   e. Hearing impaired ± amplification | ___

Clinical Judgment CODES 1=Yes, 2=No, 3= Suspect, 4=Can’t be determined

Source CODES 1=Chart Review, 2=Physician Report, 3=Caretaker interview

F. Form Completion

1. Date form completed: __/__/____ (month/day/year)

2. Initials of person completing this form: ______
This form should be completed for all children when the Follow-up visit has been completed.

A. IDENTIFICATION INFORMATION
   1. Visit date(s)
      a. Date of first visit: / / Month Day Year
      b. Date of final visit: / / Month Day Year

B. ASSESSMENT INFORMATION
   1. Identification Information (NF00)? Y N
   2. SES at Discharge (NF01)? Y N
   3. SES at Follow-up (NF03)? Y N
   4. Medical History Form (NF04)? Y N
      a. Readmission Form (NF04A) Y N
   5. Child Examination Form (NF05)? Y N
   7. Status Form (NF10)? Y N
   8. Lost to Follow-up Questionnaire (NF12)? Y N
   9. BITSEA Questionnaire (NF13)? Y N
   10. Bayley III Scales Summary Score Sheet (NF09A)? Y N
   11. Child Behavior Checklist (CBCL)? Y N

C. FORM COMPLETION
   1. Date form completed: / / Month Day Year
   3. Initials of person completing this form: __ __ __
A. SOURCE OF INFORMATION AND VITAL STATUS

1. Name: (First)

2. Is information available for this child from indirect sources (e.g., chart review)? *(IF YES, go to Question 3.)*
   - Y N
     - IF NO,
       a. Date of last contact: Month Day Year
       b. Date form completed: Month Day Year

3. Is child alive? Y N
   - IF YES, corrected age when last known to be alive: ____ (months)
   - IF NO, date of death: Month Day Year

IF CHILD IS DECEASED STOP HERE (FILL IN INITIALS TO COMPLETE FORM, PAGE 3, D2).

4. Caretaker Interview: Y N
   - IF YES,
     a. Date of interview: Month Day Year
     b. Corrected age of child at the time of interview: ____ (months)

5. Were any questions completed from chart review? Y N
   - IF YES,
     a. Date of chart review: Month Day Year
     b. Corrected age of child at the time of data collection: ____ (months)

B. CARETAKER QUESTIONNAIRE

This questionnaire should be administered only to a person with a significant caretaking role.

1. How would you describe *(child’s name)*’s health? ___
   - 1=Poor  2=Fair  3=Good  4=Very Good  5=Excellent

2. Is *(name)* walking alone (without holding on)? Y N
   - a. if YES, at what age did *(name)* start walking independently? ____ (months)
   - b. if NO, is *(name)* sitting alone without support? Y N
   - c. If NO, does *(name)* have head control? Y N

3. Can *(name)* see? Y N

4. Has *(name)* had an eye exam since initial discharge? Y N

5. Does *(name)* need or wear glasses? Y N

6. Does *(name)* hear? Y N

7. Has *(name)* had a hearing exam since initial discharge? Y N

8. Does *(name)* need or wear a hearing aid(s)? Y N
   - 8a) Does *(name)* need or wear a cochlear implant(s)? Y N

9. What is the estimated number of words in *(name)*’s vocabulary? ___

10. Can *(name)* combine 2 words? Y N

11. Can *(name)* combine 3 words? Y N
12. Has a doctor ever said that (name) has:
   a. Hydrocephalus treated with a shunt?  
       Y  N
   b. Cerebral Palsy?
       Y  N
   c. Developmental delay?
       Y  N
   d. Language delay?
       Y  N
   e. Poor weight gain?
       Y  N
   f. Seizures since discharge?
       Y  N
   g. Blindness (legally blind)?
       Y  N
   h. Other behavior problems
       1. If Yes, Describe ________________________________
   i. Other major medical problems
       1. If Yes, Describe ________________________________
   j. Other neurodevelopmental problem?
       1. If Yes, Describe ________________________________
   k. Deafness?
       Y  N
   l. Gross Motor Function Level from caretaker interview
      (See Pg 4 for GMFCS descriptions according to child's age)
       1 = Normal (Level '0')  4 = Level II  7 = Level V
       2 = Possible Level I  5 = Level III
       3 = Level I  6 = Level IV
       1. If >24 months, also answer B.12.1.1
      (See Pg 4 for >24 months GMFCS descriptions)
      1 = Normal (Level '0')  4 = Level II  7 = Level V
      2 = Possible Level I  5 = Level III
      3 = Level I  6 = Level IV

13. Initials of interviewer: __________

With permission of interviewee, complete the following forms:
   • Medical History  Form NF04
   • Rehospitalization - NF04A, if necessary
   • SES - Form NF03

C. CHART REVIEW INFORMATION OR REPORT FROM PHYSICIAN
   Chart review information — Complete if items were not obtained by interview:
   1=Yes  2=No  3=Unknown

1. Has the child had an eye exam since initial discharge: __________
2. Has the child had a hearing exam since initial discharge: __________
3. Does the child need or wear a hearing aid(s): __________
4. Did the child have any of the following based on chart review:
   a. Hydrocephalus treated with a shunt?
   b. Cerebral Palsy?
   c. Developmental delay?
   d. Language delay?
   e. Poor weight gain?
   f. Seizures since discharge?
   g. Blindness (legally blind)?
   h. Other behavior problems
      1. If Yes, Describe ________________________________
   i. Other major medical problems
      1. If Yes, Describe ________________________________
   j. Other neurodevelopmental problem?
      1. If Yes, Describe ________________________________
   k. Deafness?
   l. Gross Motor Function Level from chart review/report from physician
      (See Pg 4 for GMFCS descriptions according to child's age)
      1 = Normal (Level '0')  4 = Level II  7 = Level V
      2 = Possible Level I  5 = Level III
      3 = Level I  6 = Level IV
      1. If >24 months, also answer C.4.I.1
      (See Pg 4 for >24 months GMFCS descriptions)
      1 = Normal (Level '0')  4 = Level II  7 = Level V
      2 = Possible Level I  5 = Level III
      3 = Level I  6 = Level IV
D. NDI ASSESSMENT

Clinical Judgment CODES: 1=Yes, 2=No, 3=Suspect, 4=Can't be determined

Source CODES: 1=Chart Review, 2=Physician Report, 3=Caregiver Interview

1. In your best clinical judgment would you classify the child as:
   
a. Moderate to severe CP with GMFCS level >=2  
   
b. Bayley III Motor score <70  
   
c. Bayley III Cognitive score <70  
   
d. Bilateral blindness (<20-200)  
   
e. Hearing impaired ± amplification  

   Clinical Judgment   Source

2. Initials of person completing this form: __ __ __
GMFCS level descriptions according to the child's age for questions B.12.1 and C.4.1.

**Gross Motor Function Level (18 Months - 21 Months 29 Days)**

**Normal** (Walks 10 steps independently and fluently)

**Possible Level I** (Walks 10 steps independently but not fluently; child exhibits toe walking or asymmetric walking)

**Level I** (Moves in/out of sitting and floor-sit with both hands free to manipulate objects. Infants creep on hands and knees, pull to stand and take steps holding onto furniture. Infants walk between 18 mo and 2 years without holding on.)

**Level II** (Maintains floor sitting but may need to use hands for support to maintain balance. Creeps on stomach or crawls on hands and knees. May pull to stand and take steps holding onto furniture)

**Level III** (Maintains floor sitting when the low back is supported. Rolls and creep forward on stomach)

**Level IV** (Has head control but trunk support is required for floor sitting. Can roll to supine and may roll to prone)

**Level V** (Unable to maintain anti-gravity head and trunk postures in prone or sitting; little or no voluntary movement)

**Gross Motor Function Level (22-26 Months)**

**Level “0”** (Walks independently, normal and fluent gait)

**Level I** (Infants move in and out of sitting and floor-sit with both hands free to manipulate objects. Infants crawl on hands and knees, pull to stand and take steps holding on to furniture. Infants walk 10 steps independently, with hands free, but with some gait abnormalities – includes toe walking, asymmetric walking, wide based gait with coordination or atactic gait.)

**Level II** (Infants maintain floor sitting but may need to use their hands for support to maintain balance. Infants creep on their stomach or crawl on hands and knees with reciprocal leg movement. Infants may pull to stand and take steps holding on to furniture.)

**Level III** (Infants maintain floor sitting when the low back is supported. Infants roll and creep forward on their stomachs, or may crawl with or without reciprocal leg movements.)

**Level IV** (Infants have head control but trunk support is required for floor sitting. Infants can roll to supine and may roll to prone.)

**Level V** (Physical impairments limit voluntary control of movement. Infants are unable to maintain antigravity head and trunk postures in prone and sitting. Infants require adult assistance to roll)

↓ If > 24 Months also answer

**Gross Motor Function Level (>24 Months). For children > 24 months, questions B.12.1.1 and/or C.4.1.1 should also be completed.**

**Level “0”** (Walks independently, normal and fluent gait)

**Level I** (Children floor sit with both hands free to manipulate objects. Movements in and out of floor sitting and standing are performed without adult assistance. Children walk as the preferred method of mobility without the need for any assistive mobility device.)

**Level II** (Children floor sit but may have difficulty with balance when both hands are free to manipulate objects. Movements in and out of sitting are performed without adult assistance. Children pull to stand on a stable surface. Children crawl on hands and knees with a reciprocal pattern, cruise holding on to furniture and walk using an assistive mobility device as preferred methods of mobility.)

**Level III** (Children maintain floor sitting often by "W-sitting" (sitting between flexed and internally rotated hips and knees) and may require adult assistance to assume sitting. Children creep on their stomach or crawl on hands and knees (often without reciprocal leg movements) as their primary methods of self-mobility. Children may pull to stand on a stable surface and cruise short distances. Children may walk short distances indoors using a hand-held mobility device (walker) and adult assistance for steering and turning.)

**Level IV** (Children floor sit when placed, but are unable to maintain alignment and balance without use of their hands for support. Children frequently require adaptive equipment for sitting and standing. Self-mobility for short distances (within a room) is achieved through rolling, creeping on stomach, or crawling on hands and knees without reciprocal leg movement.

**Level V** (Physical impairments restrict voluntary control of movement and the ability to maintain antigravity head and trunk postures. All areas of motor function are limited. Functional limitations in sitting and standing are not fully compensated for through the use of adaptive equipment and assistive technology. At Level V, children have no means of independent movement and are transported. Some children achieve self-mobility using a powered wheelchair with extensive adaptations.)
This form should be completed for all children at the 22-26 month Follow-up visit who are less than or equal to 26 completed weeks GA (up to and including 26 6/7 weeks).

A. Identification

<table>
<thead>
<tr>
<th>1. Date CBCL administered:</th>
<th>__ __ / __ __ / __ __ __ __</th>
<th>4. How was CBCL administered?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month Day Year</td>
<td>1=Self-administered during visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2=Self-administered prior to/after visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3=Administered by clinic staff during visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4=Administered by clinic staff by phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Relationship of respondent to child:</th>
<th>__ __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See Relationship Codes—if biological mother, code is 001)</td>
<td>__ __ __</td>
</tr>
</tbody>
</table>

| 3. Child's sex: | M F |

<table>
<thead>
<tr>
<th>5. Language CBCL was administered?</th>
<th>______</th>
</tr>
</thead>
<tbody>
<tr>
<td>1= English</td>
<td>2=Spanish</td>
</tr>
<tr>
<td>3=Other, specify</td>
<td></td>
</tr>
</tbody>
</table>

| 6. Initials of person completing Summary Score Sheet: | __ __ __ |

B. Syndrome Scale Scores

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. Total Score</td>
<td>__ __ __ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __</td>
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<tr>
<td>2. T Score</td>
<td>__ __ __ __ __ __ __ __</td>
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<tr>
<td>3. Percentile</td>
<td>__ __ __ __ __ __ __ __</td>
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C. Internalizing, Externalizing, and Total Problems

<table>
<thead>
<tr>
<th></th>
<th>a. Internalizing Problems</th>
<th>b. Externalizing Problems</th>
<th>c. Total Problems</th>
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<tbody>
<tr>
<td>1. Total Score</td>
<td>__ __ __ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __</td>
</tr>
<tr>
<td>2. T Score</td>
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D. DSM-Oriented Scales

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For percentile scores >97, record 98. For percentile scores <=50, record 49.