Pediatric Heart Network: Single Ventricle Reconstruction Tri	Pedia	atric Heart	Network:	Sinale	Ventricle	Reconstru	ction	Tria
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Form R114: Bayley Scoring Summary

PHN-04

INSTRUCTIONS: This form should be completed by the developmental specialist who conducted the assessment of the study patient, except for section E that will be completed by the Data Coordinating Center (DCC).

Section A: KEY IDE	NTIFYING INFORMATION
A1. Study Identification Number	· · · · · ·
Replaced by blinded subject IDblind_idBlinded ID	
A2. Acrostic IdentifierRemoved to protect privacyA3. Study visit	 Study Visit 4 (age 14 mo)
VISIT A3. Study visit	
A4. Date of form completion	$-\underline{M} - \underline{M} - \underline{M} - \underline{D} - \underline{D} - \underline{M} - \underline{Y} - \underline{Y} - \underline{Y} - \underline{Y} - \underline{Y} - \underline{Y}$
Replaced by age (days) at R114 completion	
R114_age <created var="">Age at date form com</created>	oleted, days. (A4. COMP_D-DOB)
A5. Name of person completing form	PRINT FULL NAME INITIALS
Removed to protect privacy	
Section B: GEN	ERAL INFORMATION
B1. Was assessment completed?	YES
AGE SG DT. Was assessment completed	
a. If NO, why?	SIGNIFICANT DELAY1 (D5)
	BEHAVIOR
	SENSORY IMPAIRMENT
	LANGUAGE BARRIER4 (D5)
ASSESSNO B1a. Was assessment completed	t: If no why
B2. Does the child attend day care?	YES 1 NO

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DAYCARE B2. Does the child att	end day care
a. Number of hours per wee	k LESS THAN 20 HOURS 1
	21-39 HOURS2
	40+ HOURS3
HOURWK B2a. Number of hours	s per week
B3. Child care by parent/family me	ember YES 1 NO 2 (B4)
CAREFAM B3. Child care by pare	ent/family member
a. Specify parent/family mer	nber
FAM_S B3a. Child care by pa	rent/family member: specify
B4. Other child care (excluding da and parent/family member)	y care YES 1 NO
OTHCARE B4. Other child care	
a. Specify other caregiver	
OTHCARE_S B4a. Other child care:	specify

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Form R114: Bayley Scoring Summary

Section C: BAYLEY FINDINGS

C1. Patient g	ender	MALE	1	FEMALE	2
GENDER	C1. Patient gender				
C2. Date of A	Assessment	////////////_	/		
Replaced by ag	e (days) at assessment				
ASSESS_age	<pre><created var="">Age at the date of</created></pre>	f assessment,	days (C2. ASSE	SS_D-DOB)	
C3. Patient d	ate of birth	////////////_	/ 		
Removed to pro	otect privacy				
C4. Gestation	nal age at birth	a	_weeks		
GESTAGE	C4a. Gestational age at birth]			
C5. Correcte	d age used for scoring		_ months + ct only if gestation		
CAGEMON	C5a. Corrected age used for sc	oring: months			
CAGEDY	C5b. Corrected age used for sc	oring: days			
C6. a. Ment	tal assessment completed?	YES		NO	2
MENTAL	C6a. Mental assessment compl	eted			
1. If	NO, why?	SIGNIFIC	ANT DELAY		1
		BEHAVIO	R		2
			/ IMPAIRMENT		
		LANGUAG	E BARRIER		4
MENTNO	C6a1. If NO, why				
b. Ment	tal Scale raw score				
MENTRAW	C6b. Mental Scale raw score				
c. MDI	Score				
MDISCORE	C6c. MDI Score				
d. Follo	w mental Q sheets exactly?	YES	1 (C7)	NO	2
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MENTQSHT	C6d. Follow mental Q sheets ex	actly
1. De	eviation?	
MENTDEV	C6d1. Deviation	
C7. a. Moto	r assessment completed?	YES1 (b) NO2
MOTOR	C7a. Motor assessment complet	ed
1. lf	NO, why?	SIGNIFICANT DELAY1
		BEHAVIOR2
		SENSORY IMPAIRMENT
		LANGUAGE BARRIER4
MOTORNO	C7a1. If NO, why	
b. Moto	r Scale raw score	
MOTORRAW	C7b. Motor Scale raw score	
c. PDI S	Score	-
PDISCORE	C7c. PDI Score	
d. Follo	w motor Q sheets exactly?	YES
MOTQSHT	C7d. Follow motor Q sheets exa	ctly
1. De	eviation?	
MOTDEV	C7d1. Deviation	

Form R114: Bayley Scoring Summary

PHN-04

Behavior Ratings

				1. Raw Score	2. Percentile
C8.	a.	Ori	ientation / Engagement		
	b.	Em	notional Regulation		
	c.	Мо	otor Quality		
	d.	Ad	ditional Items		
	e.	To	tal Score		
ORN	ITRA	N	C8a1. Orientation / Engagement: R	aw Score	
ORN	TPEF	RC	C8a2. Orientation / Engagement: P	ercentile	
EMO	TRA	W	C8b1. Emotional Regulation: Raw S	Score	
EMO	TPEF	RC	C8b2. Emotional Regulation: Perce	ntile	
MO	TRAV	V	C8c1. Motor Quality: Raw Score		
МОТ	PER	С	C8c2. Motor Quality: Percentile		
ADE	DRAW	V	C8d1. Additional Items: Raw Score		
TOT	TRAW	I	C8e1. Total Score: Raw Score		
тот	PER	С	C8e2. Total Score: Percentile		

Section D: ASSESSMENT INFORMATION

Dominant language spoken in home D1.

ENGLISH.....1 SPANISH......2

DC	DMLANG	D1. Dominant language spoken ir	n home	
D2.	0 0	e used during assessment Iminister Bayley in dominant language (D1)]		

LANGUSED	D2. Language used during asse	essment	
D3. Was the assessm	child cooperative during the	FULLY COC	PERATIVE1
assessin	ent?	MODERATE	LY COOPERATIVE
		UNCOOPEF	ATIVE

CHLDCOOP D3. Was the child cooperative during the assessment

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D4. Level of	confidence in assessment?	VERY C	ONFIDENT		1
		SOMEW	HAT CONFIDEN	IT	2
		NOT AT	ALL CONFIDEN	т	3
CONFID	D4. Level of confidence in asse	ssment			
D5. Were an	y recommendations made?	YES	1	NO	2 (D6)
RECOMM	D5. Were any recommendations	s made			
a. Des	cribe recommendations				

RECOMM_S D5a. Describe recommendations

D6. Comments (prenatal/birth difficulties, diagnosed mental, physical, or emotional disabilities) **(END)**

(Write "NONE" if no comments recorded)

COMMS114	D6. Comments
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	Section E: Bayley Review Information					
E1.	Review Status	Reviewed1	Not Reviewed2			
ST	ATUS E1. Review status					
E2.	Name of person reviewing this form and Bayley booklets	PRINT FULL NAME	INITIALS			
Remov	ed to protect privacy					
E3.	Date of review completion	<u> </u>				
Replac	ed by age (days) at review con					
REVC	OMP_age <pre>created var>Age at t</pre>	the date of review completion,	days. (E3. REVCOMP_D-DOB)			
E4.	Reviewer updated form and/or booklets?	YES 1	NO 2			

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	Γ								
UPDATE_YN E4. reviewer updated form and/or booklets									
	I								
a. D	ate site notified of		_/	/	/				
changes		M M	_	D	Υ	Υ	Y	Y	
Replaced by age (days) at the date site notified of changes									
NOTIFIED_age	<created var="">Age at the</created>	e date site	notified	of cha	anges,	days	. (E4a	. NOTI	FIED-DOB)