

**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 IDENTIFYING INFORMATION**

A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Replaced by blinded subject ID**

|          |            |
|----------|------------|
| blind_id | Blinded ID |
|----------|------------|

A2. Acrostic Identifier \_\_\_\_\_

**Removed to protect privacy**

A3. Study visit Study Visit 4 (age 14 mo).....(4)

|       |                 |
|-------|-----------------|
| VISIT | A3. Study visit |
|-------|-----------------|

A4. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
M M / D D / Y Y Y Y

**Replaced by age (days) at R114 completion**

|          |   |
|----------|---|
| R114_age | <created var>Age at date form completed, days. (A4. COMP_D-DOB) |
|----------|---|

A5. Name of person completing form \_\_\_\_\_  
PRINT FULL NAME INITIALS

**Removed to protect privacy**

**Section B: GENERAL INFORMATION**

B1. Was assessment completed? YES ..... 1 (B2) NO ..... 2

|        |                              |
|--------|------------------------------|
| ASSESS | B1. Was assessment completed |
|--------|------------------------------|

- a. If NO, why? SIGNIFICANT DELAY..... 1 (D5)
- BEHAVIOR ..... 2 (D5)
- SENSORY IMPAIRMENT ..... 3 (D5)
- LANGUAGE BARRIER ..... 4 (D5)

|          |  |
|----------|--|
| ASSESSNO | B1a. Was assessment completed: If no why |
|----------|--|

B2. Does the child attend day care? YES..... 1 NO ..... 2 (B3)

Form R114: Bayley Scoring Summary

|         |                                    |
|---------|------------------------------------|
| DAYCARE | B2. Does the child attend day care |
|---------|------------------------------------|

- a. Number of hours per week
- |                          |   |
|--------------------------|---|
| LESS THAN 20 HOURS ..... | 1 |
| 21-39 HOURS .....        | 2 |
| 40+ HOURS .....          | 3 |

|        |                               |
|--------|-------------------------------|
| HOURWK | B2a. Number of hours per week |
|--------|-------------------------------|

B3. Child care by parent/family member YES..... 1 NO ..... 2 **(B4)**

|         |  |
|---------|--|
| CAREFAM | B3. Child care by parent/family member |
|---------|--|

a. Specify parent/family member \_\_\_\_\_

|       |  |
|-------|--|
| FAM_S | B3a. Child care by parent/family member: specify |
|-------|--|

B4. Other child care (excluding day care and parent/family member) YES..... 1 NO ..... 2 **(C1)**

|         |                      |
|---------|----------------------|
| OTHCARE | B4. Other child care |
|---------|----------------------|

a. Specify other caregiver \_\_\_\_\_

|           |                                |
|-----------|--------------------------------|
| OTHCARE_S | B4a. Other child care: specify |
|-----------|--------------------------------|

**Section C: BAYLEY FINDINGS**

C1. Patient gender MALE ..... 1 FEMALE ..... 2

|        |                    |
|--------|--------------------|
| GENDER | C1. Patient gender |
|--------|--------------------|

C2. Date of Assessment     /     /     /     /     /     /     /    

**Replaced by age (days) at assessment**

|            |   |
|------------|---|
| ASSESS_age | <created var>Age at the date of assessment, days (C2. ASSESS_D-DOB) |
|------------|---|

C3. Patient date of birth     /     /     /     /     /     /     /    

**Removed to protect privacy**

C4. Gestational age at birth a.         weeks

|         |                               |
|---------|-------------------------------|
| GESTAGE | C4a. Gestational age at birth |
|---------|-------------------------------|

C5. Corrected age used for scoring a.         months + b.         days  
(Correct only if gestational age < 40 weeks)

|         |   |
|---------|---|
| CAGEMON | C5a. Corrected age used for scoring: months |
| CAGEDY  | C5b. Corrected age used for scoring: days   |

C6. a. Mental assessment completed? YES ..... 1 **(C6b)** NO ..... 2

|        |                                  |
|--------|----------------------------------|
| MENTAL | C6a. Mental assessment completed |
|--------|----------------------------------|

1. If NO, why? SIGNIFICANT DELAY ..... 1  
BEHAVIOR ..... 2  
SENSORY IMPAIRMENT ..... 3  
LANGUAGE BARRIER ..... 4

|        |                  |
|--------|------------------|
| MENTNO | C6a1. If NO, why |
|--------|------------------|

b. Mental Scale raw score            

|         |                             |
|---------|-----------------------------|
| MENTRAW | C6b. Mental Scale raw score |
|---------|-----------------------------|

c. MDI Score            

|          |                |
|----------|----------------|
| MDISCORE | C6c. MDI Score |
|----------|----------------|

d. Follow mental Q sheets exactly? YES ..... 1 **(C7)** NO ..... 2

Form R114: Bayley Scoring Summary

|          |                                     |
|----------|-------------------------------------|
| MENTQSHT | C6d. Follow mental Q sheets exactly |
|----------|-------------------------------------|

1. Deviation? \_\_\_\_\_  
 \_\_\_\_\_

|         |                 |
|---------|-----------------|
| MENTDEV | C6d1. Deviation |
|---------|-----------------|

C7. a. Motor assessment completed? YES .....1 **(b)** NO .....2

|       |                                 |
|-------|---------------------------------|
| MOTOR | C7a. Motor assessment completed |
|-------|---------------------------------|

1. If NO, why? SIGNIFICANT DELAY ..... 1  
 BEHAVIOR .....2  
 SENSORY IMPAIRMENT .....3  
 LANGUAGE BARRIER .....4

|         |                  |
|---------|------------------|
| MOTORNO | C7a1. If NO, why |
|---------|------------------|

b. Motor Scale raw score \_\_\_\_\_

|          |                            |
|----------|----------------------------|
| MOTORRAW | C7b. Motor Scale raw score |
|----------|----------------------------|

c. PDI Score \_\_\_\_\_

|          |                |
|----------|----------------|
| PDISCORE | C7c. PDI Score |
|----------|----------------|

d. Follow motor Q sheets exactly? YES ..... 1 **(C8)** NO .....2

|         |                                    |
|---------|------------------------------------|
| MOTQSHT | C7d. Follow motor Q sheets exactly |
|---------|------------------------------------|

1. Deviation? \_\_\_\_\_  
 \_\_\_\_\_

|        |                 |
|--------|-----------------|
| MOTDEV | C7d1. Deviation |
|--------|-----------------|





