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 ID

blind_id	Blinded ID

A2. Acrostic Identifier   ___ ___ ___ ___ ___

Removed to protect privacy

A3. Study visit   Study Visit 6 (age 14 mo)................(.. 6)

VISIT	A3. Visit

A4. Date of form completion   ___ ___ / ___ ___ / ___ ___ ___ ___
                                   M   M   D   D   Y   Y   Y   Y

Replaced by age at form completion

comp_age	A4. <created var>Age at form completion, days

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)**

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   ___ ___/___ ___/___ ___ ___ ___
                                                 M   M   D   D   Y   Y   Y   Y
Replaced with age at assessment

assess_age	C2. <created var>Age at assessment, days

C3.   Patient date of birth   ___ ___/___ ___/___ ___ ___ ___
                                                 M   M   D   D   Y   Y   Y   Y
Removed to protect privacy

C4.   Gestational age at birth   a. ___ ___ weeks

GESTAGE	C4a. Gestational age at birth, weeks

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

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

Behavior Ratings

			1. Raw Score	2. Percentile
C8.	a.	Orientation / Engagement	___ ___	___ ___
	b.	Emotional Regulation	___ ___	___ ___
	c.	Motor Quality	___ ___	___ ___
	d.	Additional Items	___ ___	
	e.	Total Score	___ ___ ___	___ ___

ORNTRAW	C8a1. Orientation / Engagement: Raw Score
ORNTPERC	C8a2. Orientation / Engagement: Percentile
EMOTRAW	C8b1. Emotional Regulation: Raw Score
EMOTPERC	C8b2. Emotional Regulation: Percentile
MOTRAW	C8c1. Motor Quality: Raw Score
MOTPERC	C8c2. Motor Quality: Percentile
ADDRAW	C8d1. Additional Items: Raw Score
TOTRAW	C8e1. Total Score: Raw Score
TOTPERC	C8e2. Total Score: Percentile

Section D: ASSESSMENT INFORMATION

D1. Dominant language spoken in home   ENGLISH.. 1

SPANISH.. 2

DOMLANG	D1. Dominant language spoken in home

D2. Language used during assessment   ENGLISH.. 1
[If bilingual, administer Bayley in dominant language (D1)]   SPANISH.. 2

LANGUSED	D2. Language used during assessment

D3. Was the child cooperative during the assessment?   FULLY COOPERATIVE 1

MODERATELY COOPERATIVE....................2

UNCOOPERATIVE 3

CHLDCOOP	D3. Was the child cooperative during the assessment

D4. Level of confidence in assessment?   VERY CONFIDENT 1

SOMEWHAT CONFIDENT 2

NOT AT ALL CONFIDENT 3

CONFID	D4. Level of confidence in assessment

D5. Were any recommendations made?   YES 1   NO .... 2 **(D6)**

RECOMM	D5. Were any recommendations made

    a. Describe 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

Section E: Bayley Review Information

E1.   Review Status   Reviewed………..1   Not Reviewed……2

STATUS	[Added version C] E1. Review status

E2.   Name of person reviewing this form and   _____   ___ ___ ___
        Bayley booklets   PRINT FULL NAME   INITIALS

Removed to protect privacy

E3.   Date of review completion   ___ ___ / ___ ___ / ___ ___ ___ ___
                                                            M   M   D   D   Y   Y   Y   Y

Replaced by age at completion of review

revcomp_age	E3. <created var>Age at completion of review, days

E4.   Reviewer updated form and/or booklets?   YES......................1   NO 2

UPDATE_YN	[Added version C] E4. reviewer updated form and/or booklets

    a.   Date site notified of changes   ___ ___ / ___ ___ / ___ ___ ___ ___
                                                              M   M   D   D   Y   Y   Y   Y

Replaced by age when site notified of changes

notified_age	E4a. <created var>Age when site notified of changes, days