

TLC Trial Form PSYCH1.03 Psychometric Assessment for Younger Children

Center ID: _____ - ____
Study ID: T _____ - ____
Visit Code: _____
Date _____ / _____ / _____

INSTRUCTIONS: This form is used to record the results of psychometric testing for children under 42 months of age. Psychometric tests covered by this form are the Bayley Scales of Infant Development -- II and the General Development Scale of the Child Development Inventory.

ADULT CAREGIVER PRESENT

1. **Gender** ()₀ Male ()₁ Female
2. **Relationship to subject** ()₁ Parent
()₂ Legal guardian
()₃ Grandparent
()₄ Aunt or uncle
()₅ Sibling
()₆ Other adult caregiver
Specify: _____

AGE OF CHILD

3. **Time of Assessment** _____ : _____ ()₀ AM ()₁ PM
4. **Date of Birth** _____ / _____ / _____ mm/dd/yy
5. **Child's Due Date** _____ / _____ / _____ mm/dd/yy ()₁ Not applicable
6. **Chronological Age** _____ Years _____ Months _____ Days
7. **Adjustment for Prematurity** _____ Months _____ Days ()₁ Not applicable
8. **Corrected Age** _____ Years _____ Months _____ Days ()₁ Not applicable

CURRENT MEDICATIONS

The following question should be asked directly of the adult caregiver accompanying the child to today's visit.

9. Has this child taken any medicine today? ()₀ No ()₁ Yes
- IF YES: What medicine(s) did she or he take?*
10. **Antihistamine and/or decongestant** ()₀ No ()₁ Yes
11. **Cough syrup** (*non-narcotic*) ()₀ No ()₁ Yes
12. **Antibiotic** ()₀ No ()₁ Yes
13. **Anticonvulsant** ()₀ No ()₁ Yes
14. **Medication for behavioral disorder** (*e.g., Ritalin*) ()₀ No ()₁ Yes, specify _____
15. **Other medication** ()₀ No ()₁ Yes, specify _____

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BAYLEY SCALES OF INFANT DEVELOPMENT -- II

MENTAL DEVELOPMENT

16. **Mental Development Raw Score** _____ *Items*
17. **Mental Development Index** _____ *Points*
(Unadjusted for Prematurity)
18. **Mental Development Index** _____ *Points* ()₁ Not applicable
(Adjusted for Prematurity)

PSYCHOMOTOR DEVELOPMENT

19. **Psychomotor Development Raw Score** _____ *Items*
20. **Psychomotor Development Index** _____ *Points*
(Unadjusted for Prematurity)
21. **Psychomotor Development Index** _____ *Points* ()₁ Not applicable
(Adjusted for Prematurity)

DEVELOPMENTAL AGE

22. **Cognitive Developmental Age** _____ *Months*
23. **Language Developmental Age** _____ *Months*
24. **Social Developmental Age** _____ *Months*
25. **Motor Developmental Age** _____ *Months*

BEHAVIOR RATING SCORES

- | | RAW | PERCENTILE |
|--|-------|-----------------------|
| 26. Orientation/Engagement Factor | _____ | _____ |
| 27. Emotional Regulation Factor | _____ | _____ |
| 28. Motor Quality Factor | _____ | _____ |
| 29. Additional Items | _____ | <i>Not Applicable</i> |
| 30. Total Scores | _____ | _____ |

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EVALUATION OF TEST VALIDITY

31. **Number of items refused on MDI** _____ ()₁ Not obtainable
32. **Number of items refused on PDI** _____ ()₁ Not obtainable
33. In the best judgment of the TLC psychometrician, how well did this MDI measure the subject's current level of sensorimotor/cognitive development?
- ()₀ Not completed
- ()₁ Poor
- ()₂ Fair
- ()₃ Good
- ()₄ Excellent
34. In the best judgment of the TLC psychometrician, how well did this PDI measure the subject's current level of fine and gross motor development?
- ()₀ Not completed
- ()₁ Poor
- ()₂ Fair
- ()₃ Good
- ()₄ Excellent
35. In the best judgment of the TLC psychometrician, how well did this BRS measure the subject's behavioral characteristics in the testing environment?
- ()₀ Not completed
- ()₁ Poor
- ()₂ Fair
- ()₃ Good
- ()₄ Excellent

IF THE RESPONSE TO ANY OF QUESTIONS 32, 33 OR 34 WAS FAIR, POOR, OR NOT COMPLETED, indicate the reason(s) below.

36. **Ill** ()₀ No ()₁ Yes, specify _____
37. **Hungry** ()₀ No ()₁ Yes
38. **Uncooperative** ()₀ No ()₁ Yes
39. **Inattentive** ()₀ No ()₁ Yes
40. **Temper tantrum** ()₀ No ()₁ Yes
41. **Sleepy** ()₀ No ()₁ Yes
42. **Could not complete items** ()₀ No ()₁ Yes
43. **Environmental disturbance** ()₀ No ()₁ Yes
(e.g., noise or power failure)
44. **Other reason for non-completion** ()₀ No ()₁ Yes, specify _____

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CHILD DEVELOPMENT INVENTORY

GENERAL DEVELOPMENT SCALE

45. **Social Scale Total** _____
46. **Self Help Scale Total** _____
47. **Gross Motor Scale Total** _____
48. **Fine Motor Scale Total** _____
49. **Expressive Language Scale Total** _____
50. **Language Comprehension Scale Total** _____
51. **Letters Scale Total** _____
52. **Numbers Scale Total** _____
53. **GENERAL DEVELOPMENT SCALE TOTAL** _____
54. Did the caregiver complete the CDI independently?
() No () Yes

55. **TLC Psychometrician** _____ - _____
Signature *TLC Code*

COMMENTS