

## Subject Case Report Forms

Version 1.9 (CR: 20190416) - All Forms

Signature Prompt: I understand and certify that the information submitted within this application is true, complete, and accurate to the best of my knowledge. I acknowledge that my electronic signature is the equivalent of my handwritten signature.

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Subject Study ID**  
**Generated On: 05 Jun 2019 13:56:01**

---

Blind ID

---

①

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Subject Study ID**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① MASTER_ID	\$10				MASTER_ID

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Screening Summary**  
**Generated On: 05 Jun 2019 13:56:01**

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Is the participant deceased?

Yes ☐ ①

No ☐

Unknown ☐

If participant is known to be deceased prior to ANY medical records review, mark "Yes" then STOP; do not complete the remainder of this form

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Was the participant deemed ineligible based on medical records review?

Yes ☐ ②

No ☐

If "Yes", STOP. Do not complete the remainder of this form

---

Was a recruitment letter sent?

Yes ☐ ③

No ☐

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Was recruitment contact made to determine interest in study participation?

Yes ☐ ④

No, deceased or unable to contact participant; no further recruitment action ☐

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If YES, Date that the determination of interest in study participation was made: \_\_\_\_\_

⑤

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Will the participant proceed in the study?

Yes ☐ ⑥

No ☐

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If No, please select reason (choose all that apply):

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Not interested because of time commitment \_\_\_\_\_

⑧

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Not interested - unwilling to participate in research study \_\_\_\_\_

⑨

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Not interested - does not want ND testing	_____	10
Not interested because of travel required to recruiting center	_____	11
Not interested - does not want to enroll at a different recruiting center from CHD GENES	_____	12
Not interested - no reason given	_____	13
Not eligible as a result of screening	_____	14
Other (brief explanation required)	_____	15
Other, specify:	_____	16
If Yes: Scheduled Study Visit Date:	_____	17

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Screening Summary**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① SS_DECEASED	2		1 = Yes 0 = No 33 = Unknown		SS_DECEASED
② SS_INELIG	1		1 = Yes 0 = No		SS_INELIG
③ SS_LETTER	2		1 = Yes 0 = No		SS_LETTER
④ SS_NTRST	2		1 = Yes 0 = No, deceased or unable to contact participant; no further recruitment action		SS_NTRST
⑤ SS_NTRSTD T	mm dd yyyy				SS_NTRSTD T
⑥ SS_ATP	2		1 = Yes 0 = No		SS_ATP
⑧ SS_ATPTCM	1				SS_ATPTCM
⑨ SS_ATPUW P	1				SS_ATPUW P

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	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
10	SS_ATPNDT	1				SS_ATPNDT
11	SS_ATPTRV	1				SS_ATPTRV
12	SS_ATPCEN	1				SS_ATPCEN
13	SS_ATPNRS	1				SS_ATPNRS
14	SS_NOTELI	1				SS_NOTELI
	G					G
15	SS_ATPOTH	1				SS_ATPOTH
16	SS_ATPTXT	\$50				SS_ATPTXT
17	SS_ATPYDT	mm dd yyyy				SS_ATPYDT

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Informed Consent Process Note**  
**Generated On: 05 Jun 2019 13:56:01**

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Check all that apply to indicate you completed the activities.

To be completed by the staff member obtaining consent.

Complete one process note for each person consented

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Persons in attendance during the consent process:  
(check all that apply)

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Participant	_____	③
Mother	_____	④
Father	_____	⑤
Legal Guardian	_____	⑥

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Consent Process

- The participant/LAR was given the opportunity to read the consent document or have it read to them (A translator was provided if needed)
  - The consent document was explained in her/his primary language and all pages reviewed
  - The participant/LAR was able to ask questions, all were answered in full
  - The participant/LAR verbalized understanding of the research
  - The participant/LAR was given time to consider consenting
  - The participant/LAR signed/dated the consent document
  - The assent was signed/dated (per site requirements) as applicable
  - The consenting staffer signed/dated the consent and a signed copy was provided to the participant/LAR
- 
-



**Version 1.9 (CR: 20190416): All Forms**  
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Consent Method:

In-person consent ☒ 8  
Phone consent ☐

If Phone consent, in addition to the above process:

- The participant/parent/LAR was provided with complete copies of all information related to the consent process (i.e. consent, assent, parent permission as applicable) prior to the phone consent process
- The consent discussion took place directly with the participant/parent/LAR via phone, conference call, video conference, etc.)
- The participant/parent/LAR signed and dated, then returned a copy of the signed and dated document to the research team
- The site staff member authorized to consent signed and dated the consent
- The method/process used to obtain the consent/assent/parental permission is documented on the signature page of the consent form
- A copy of the signed/ dated consent form is returned to the participant/parent/LAR

I attest that the consenting process was conducted as described above.

Fixed Unit: I Attest 10

If you do not attest, please describe:

11

Name of person obtaining consent:

12

Type of Consent:

(check all that apply)

Consent

14

**Version 1.9 (CR: 20190416): All Forms**  
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Parental/Legal Guardian Permission \_\_\_\_\_ 15

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Assent \_\_\_\_\_ 16

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Date Informed Consent Signed \_\_\_\_\_

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Warning: Changing Consent Date (or adding if it was left blank) will impact the forms triggered for this subject.

Correcting Consent date will remove 'incorrectly' added forms AS LONG AS no data has been entered on the incorrectly added forms.  
If you have issues with the forms being displayed, please contact the ACC for assistance.

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Date Informed Consent signed by participant/parent/LAR: \_\_\_\_\_ 19

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For subjects of assent age, has an age appropriate assent been signed? Yes ☐ 20  
No ☐  
Not Applicable ☐

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If Yes, Date Assent signed: \_\_\_\_\_ 21

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Date Staff signed Consent: \_\_\_\_\_ 22

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	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
3	PARTICIPANT	1				PARTICIPANT
4	MOTHER	1				MOTHER
5	FATHER	1				FATHER
6	LEGALGUARD	1				LEGALGUARD
8	CONMETH	2		1 = In-person consent 2 = Phone consent		CONMETH
10	ATTEST	1				ATTEST
11	ATTESTNO	\$255				ATTESTNO
12	OBTCONSENT	\$50				OBTCONSENT
14	CONTYPEC	1				CONTYPEC
15	CONTYPEP	1				CONTYPEP
16	CONTYPEA	1				CONTYPEA

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Informed Consent Process Note**  
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	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16	CONSENT_DATE	mm dd yyyy				CONSENT_DATE
20	ASSENT	2		1 = Yes 0 = No -1 = Not Applicable		ASSENT
21	ASSENT_DT	mm dd yyyy				ASSENT_DT
22	STAFF_DT	mm dd yyyy				STAFF_DT

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Eligibility Criteria**  
**Generated On: 05 Jun 2019 13:56:01**

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Did subject meet all Inclusion Criteria:

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1. Subjects in whom WES or WGS has already been performed, either during the CHD GENES study or, for new centers (Utah or USCF/Gladstone), after trios in existing biobanks undergo analysis by WES or WGS during the PGC2 grant cycle

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Provided by ACC **2**

2. Presence of deleterious mutations (damaging de novo mutations or stringently defined deleterious missense mutations) identified on sequencing (Cases) OR absence of such known deleterious mutations (Controls)

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Provided by ACC **3**

3. Males or females, age  $\geq 8$  years

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Yes ☐ **4**  
No ☐

4. Diagnosis of CHD

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Yes ☐ **5**  
No ☐

5. Informed consent obtained

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Yes ☐ **6**  
No ☐

Did subject meet any Exclusion Criteria:

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1. History of cardiac transplant

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Yes ☐ **8**  
No ☐

2. A cardiac surgical procedure within 6 months of enrollment

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Yes ☐ **9**  
No ☐

**Version 1.9 (CR: 20190416): All Forms**

**Form: Eligibility Criteria**

**Generated On: 05 Jun 2019 13:56:01**

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3. Known genetic syndrome due to a pathogenic variant identified in a gene associated with abnormalities of the brain structure or function, structural heart disease, and potentially other associated features.

Yes ☐ 10  
No ☐

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4. Presence of CNV known to be clinically pathogenic. Variants will be classified as pathogenic using accepted types of variant evidence (e.g., population data, computational data, functional data, segregation data) as detailed in the American

Provided by ACC 11

College of Medical Genetics and Genomics "ACMG Standards and Guidelines for the interpretation of sequence variants" (Richards et al, GIM 2015).

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5. Overwhelming acquired brain injury, such as a major stroke or severe ischemic injury, that would overshadow the effect of a genetic mutation on outcome in the opinion of the center investigator

Yes ☐ 12  
No ☐

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6. Lack of ability to communicate in English or Spanish

Yes ☐ 13  
No ☐

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MRI Exclusion Criteria:

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If your Site is NOT participating in subject MRIs, please check this box, then skip to the end of this form and Save.

Fixed Unit: Non-MRI Site 15

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Did subject meet any MRI Exclusion Criteria:

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1. Contraindication to having brain MRI scan

Yes ☐ 17  
No ☐

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Eligibility Criteria**  
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2. Claustrophobia or inability to lie still while in the MRI scanner for the required time (sedation will not be allowed)

Yes ☒ 18  
No ☐

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3. Pregnancy

Yes ☒ 19  
No ☐

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**Form: Eligibility Criteria**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	EC_INC1	\$50		Provided by ACC		EC_INC1
③	EC_INC2	\$50		Provided by ACC		EC_INC2
④	EC_INC3	2		1 = Yes 0 = No		EC_INC3
⑤	EC_INC4	2		1 = Yes 0 = No		EC_INC4
⑥	EC_INC5	2		1 = Yes 0 = No		EC_INC5
⑧	EC_EXC1	2		1 = Yes 0 = No		EC_EXC1
⑨	EC_EXC2	2		1 = Yes 0 = No		EC_EXC2
⑩	EC_EXC3	2		1 = Yes 0 = No		EC_EXC3
⑪	EC_EXC4	\$50		Provided by ACC		EC_EXC4
⑫	EC_EXC5	2		1 = Yes 0 = No		EC_EXC5



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	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13	EC_EXC6	2		1 = Yes 0 = No		EC_EXC6
15	EC_MRIN	1				EC_MRIN
17	EC_MEXC1	2		1 = Yes 0 = No		EC_MEXC1
18	EC_MEXC2	2		1 = Yes 0 = No		EC_MEXC2
19	EC_MEXC3	2		1 = Yes 0 = No		EC_MEXC3

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
**Generated On: 05 Jun 2019 13:56:01**

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Demographics

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Date of Birth: \_\_\_\_\_ ②

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Warning: Changing Date of Birth will impact the forms triggered for this subject.

Correcting Date of Birth will remove 'incorrectly' added forms AS LONG AS no data has been entered on the incorrectly added forms.  
If you have issues with the forms being displayed, please contact the ACC for assistance.

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Subject's age at time of Consent (calculated) \_\_\_\_\_ ④

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GUID: \_\_\_\_\_ ⑤

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Subject's Zip Code: \_\_\_\_\_ ⑥

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Subject Characteristics

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SECTION A: EDUCATION

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A1. Subject currently attending school? Yes ☐ ⑨  
No ☐  
Refused ☐  
Don't Know ☐

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IF YES:

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a. Is subject homeschooled? Yes ☐ ⑪  
No ☐  
Refused ☐

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**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
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Don't Know ☐

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b. Portion of the day subject spends in a mainstream classroom:

All day ☒ **12**  
Most of the day, but not all day (75% to 99%) ☐  
About half of the day (25% to 75%) ☐  
Only a small part of the day (1% to 25%) ☐  
No portion of the day (0%) ☐  
N/A - Homeschooled ☐  
Refused ☐  
Don't Know ☐

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A2. Highest grade of school subject has completed: \_\_\_\_\_

**13**

a. IF OTHER, please specify: \_\_\_\_\_

**14**

Skip if A2. is None, Refused, or Don't know  
A3. Subject repeat any grades:

Yes ☒ **15**  
No ☐  
Refused ☐  
Don't Know ☐

---

a. IF YES, repeated grade: \_\_\_\_\_

**16**

A4. Currently have OR ever had an Individualized Education Plan (IEP)?

Yes ☒ **17**  
No ☐  
Refused ☐  
Don't Know ☐

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**Version 1.9 (CR: 20190416): All Forms**  
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IF YES, which category or categories apply?  
(check all that apply)

---

- |                                   |       |    |
|-----------------------------------|-------|----|
| a. Hearing impairment             | _____ | 19 |
| b. Speech and language impairment | _____ | 20 |
| c. Visual impairment              | _____ | 21 |
| d. Orthopedic impairment          | _____ | 22 |
| e. Learning disability            | _____ | 23 |
| f. Intellectual Disability        | _____ | 24 |
| g. Autism                         | _____ | 25 |
| h. Emotional disturbance          | _____ | 26 |
| i. Psychiatric disability         | _____ | 27 |
| j. Multiple disabilities          | _____ | 28 |
| k. Traumatic brain injury         | _____ | 29 |
| l. Other health impairment        | _____ | 30 |
- 

**SECTION B: MOTHER'S EDUCATION**

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B1. Highest level of education the mother completed:

- NONE ☒ 32
- Kindergarten-6th Grade ☐
- 7th-9th Grade ☐
- 10th or 11th Grade ☐
- High School Graduate  
(Private Preparatory,  
Parochial, Trade or Public;  
GED) ☐
- Partial College, 2-Year  
College Diploma, or Trade  
School ☐
- 3- or 4-Year  
College/University  
Graduate ☐
- Post Graduate Degree ☐
- Other ☐
- Refused ☐
- Don't Know ☐

a. IF OTHER, please specify: \_\_\_\_\_

33

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SECTION C: FATHER'S EDUCATION

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C1. Highest level of education the father completed:

- NONE ☒ 35
- Kindergarten-6th Grade ☐
- 7th-9th Grade ☐
- 10th or 11th Grade ☐
- High School Graduate  
(Private Preparatory,  
Parochial, Trade or Public;  
GED) ☐
- Partial College, 2-Year  
College Diploma, or Trade  
School ☐

3- or 4-Year ☐  
College/University  
Graduate  
Post Graduate Degree ☐  
Other ☐  
Refused ☐  
Don't Know ☐

a. IF OTHER, please specify: \_\_\_\_\_

36

SECTION D: HOUSEHOLD INCOME

D1. Total Annual Household Income

< \$24,999 ☐  
\$25,000 - \$49,999 ☐  
\$50,000 - \$74,999 ☐  
\$75,000 - \$99,999 ☐  
\$100,000 - \$149,999 ☐  
> \$150,000 ☐  
Refused ☐  
Don't Know ☐

38

SECTION E: SUBJECT HEIGHT AND WEIGHT

E1. Date performed: \_\_\_\_\_

40

E2. Height: (XXX)

Fixed Unit: cm

41

E3. Weight: (XXX.X)

Fixed Unit: kg

42

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
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	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	BRTHDT	mm dd yyyy				BRTHDT
4	DS_AGE	2				DS_AGE
5	GUID_ID	\$12				GUID_ID
6	DS_ZIP	5				DS_ZIP
9	SCHOOL	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		SCHOOL
11	DS_HSCHO OL	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		DS_HSCHO OL
12	PORTION	2		1 = All day 2 = Most of the day, but not all day (75% to 99%)		PORTION

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = About half of the day (25% to 75%) 4 = Only a small part of the day (1% to 25%) 5 = No portion of the day (0%) 6 = N/A - Homeschooled -7 = Refused -8 = Don't Know		
13 GRADE_LEV2 EL			cCOMPLETE DGRADEUS A		GRADE_LEV EL
14 GR_OTHER	\$255				GR_OTHER
15 GR_REPEAT 2			1 = Yes 0 = No -7 = Refused -8 = Don't Know		GR_REPEAT



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16 GR_REPEAT \$10 _SP					GR_REPEAT _SP
17 IEP	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		IEP
19 IEP_HEAR_I1 MP					IEP_HEAR_I MP
20 IEP_SP_LA 1 NG					IEP_SP_LA NG
21 IEP_VISUAL 1					IEP_VISUAL
22 IEP_ORTHO 1					IEP_ORTHO
23 IEP_LEARN 1 DIS					IEP_LEARN DIS
24 IEP_MENTA 1 L					IEP_MENTA L
25 IEP_AUTIS 1 M					IEP_AUTIS M

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
26 IEP_EMOTION	1				IEP_EMOTION
27 IEP_PSYCH	1				IEP_PSYCH
28 IEP_MULTIPLE	1				IEP_MULTIPLE
29 IEP_INJURY	1				IEP_INJURY
30 IEP_OTHER	1				IEP_OTHER
32 MOM_ED_LEV	2		0 = NONE 1 = Kindergarten-6th Grade 2 = 7th-9th Grade 3 = 10th or 11th Grade 4 = High School Graduate (Private Preparatory, Parochial, Trade or Public; GED)		MOM_ED_LEV

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = Partial College, 2-Year College Diploma, or Trade School 6 = 3- or 4-Year College/University Graduate 7 = Post Graduate Degree 99 = Other -7 = Refused -8 = Don't Know		
33 MOM_ED_S P	\$255				MOM_ED_S P
35 DAD_ED_LE2 V			0 = NONE 1 = Kindergarten-6th Grade 2 = 7th-9th Grade 3 = 10th or 11th Grade		DAD_ED_LE V

**Version 1.9 (CR: 20190416): All Forms**  
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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = High School Graduate (Private Preparatory, Parochial, Trade or Public; GED) 5 = Partial College, 2-Year College Diploma, or Trade School 6 = 3- or 4-Year College/University Graduate 7 = Post Graduate Degree 99 = Other -7 = Refused -8 = Don't Know		
36 DAD_ED_S P	\$255				DAD_ED_S P
38 DS_INCOM ETOT	2		1 = < \$24,999		DS_INCOM ETOT

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Demographics and Subject Characteristics**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = \$25,000 - \$49,999 3 = \$50,000 - \$74,999 4 = \$75,000 - \$99,999 5 = \$100,000 - \$149,999 6 = > \$150,000 -7 = Refused -8 = Don't Know		
40 HEIGHT_D	mm dd yyyy				HEIGHT_D
41 HEIGHT_CM3					HEIGHT_CM
42 WEIGHT_K GS	4.1 GS				WEIGHT_K GS

SECTION A: CARDIAC SURGERIES

---

A1. Has the subject had cardiac surgeries?

Yes ☐ ②  
No ☐  
Unknown ☐

---

a. IF YES, total number of cardiac surgeries: \_\_\_\_\_

③

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The number indicated for cardiac surgeries should correspond to the number of Cardiac Surgery forms that are completed within the Cardiac Surgeries folder.

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A2. Has the subject had cardiac catheterizations?

Yes ☐ ⑤  
No ☐  
Unknown ☐

---

a. IF YES, total number of cardiac catheterizations: \_\_\_\_\_

⑥

---

SECTION B: NON-CARDIAC SURGERIES

---

B1. Did the subject undergo any non-cardiac surgeries?

Yes ☐ ⑧  
No ☐  
Unknown ☐

---

a. IF YES, total number of non-cardiac surgeries: \_\_\_\_\_

⑨

---

SECTION C: EVENTS NOT RELATED TO CARDIAC SURGICAL ADMISSION

---

C1. Arrhythmia requiring treatment?

Yes ☐ ⑪  
No ☐

---

Unknown ☐

a. IF YES, check all that apply:

i. Cardioversion ☐ 13

ii. Ablation ☐ 14

iii. Medicine ☐ 15

iv. Pacemaker/defibrillator ☐ 16

v. Other ☐ 17

IF OTHER, please specify: ☐ 18

C2. In-hospital Cardiac Arrest? Yes ☐ 19  
No ☐  
Unknown ☐

a. IF YES, Date of most recent event: ☐ 20

C3. Out of hospital Cardiac Arrest? Yes ☐ 21  
No ☐  
Unknown ☐

a. IF YES, Date of most recent event: ☐ 22

C4. Ever on Extracorporeal Membrane Oxygenation (ECMO) in Intensive Care Unit?

Yes ☐ 23  
No ☐  
Unknown ☐

---

C5. Ever required Ventricular Assist Device?

Yes ☐ 24  
No ☐  
Unknown ☐

---

C6. Current pacemaker?

Yes ☐ 25  
No ☐  
Unknown ☐

---

C7. Current defibrillator?

Yes ☐ 26  
No ☐  
Unknown ☐

---

#### SECTION D: SPECIAL SERVICES

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D1. Has the subject ever received any of the following services?

---

a. Early Intervention:

Yes ☐ 29  
No ☐  
Refused ☐  
Don't Know ☐

---

b. Feeding:

Yes ☐ 30  
No ☐  
Refused ☐  
Don't Know ☐

---



c. Occupational Therapy / Physical Therapy:

Yes ☐ 31  
No ☐  
Refused ☐  
Don't Know ☐

---

d. Speech:

Yes ☐ 32  
No ☐  
Refused ☐  
Don't Know ☐

---

D2. Has the subject been diagnosed with any of the following disorders?

---

a. Behavioral:

Yes ☐ 34  
No ☐  
Refused ☐  
Don't Know ☐

---

i. If YES, Please specify:

35

---

b. Developmental Delay:

Yes ☐ 36  
No ☐  
Refused ☐  
Don't Know ☐

---

c. Learning Disability:

Yes ☐ 37  
No ☐  
Refused ☐  
Don't Know ☐

---

d. Intellectual Disability:

Yes ☒ 38  
No ☐  
Refused ☐  
Don't Know ☐

---

e. Seizure Disorder (not febrile):

Yes ☒ 39  
No ☐  
Refused ☐  
Don't Know ☐

---

f. Speech Problem:

Yes ☒ 40  
No ☐  
Refused ☐  
Don't Know ☐

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g. Attention Deficit Disorder (ADD) / Attention=Deficit  
Hyperactivity Disorder (ADHD):

Yes ☒ 41  
No ☐  
Refused ☐  
Don't Know ☐

---

h. Anxiety:

Yes ☒ 42  
No ☐  
Refused ☐  
Don't Know ☐

---

i. Autism Spectrum:

Yes ☒ 43  
No ☐  
Refused ☐  
Don't Know ☐

---

---

j. Depression:

Yes ☐ 44  
No ☐  
Refused ☐  
Don't Know ☐

---

k. Obsessive Compulsive Disorder:

Yes ☐ 45  
No ☐  
Refused ☐  
Don't Know ☐

---

l. Other Psychological Disorder:

Yes ☐ 46  
No ☐  
Refused ☐  
Don't Know ☐

---

i. If YES, Please specify: \_\_\_\_\_

47

---

D3. Did the subject ever take any medications for the treatment of ...

---

a. Attention / Concentration

Yes ☐ 49  
No ☐

---

b. Improve mood

Yes ☐ 50  
No ☐

---

c. Anxiety

Yes ☐ 51  
No ☐

---

d. Behavior

Yes ☐ 52

No ☐

D4. Were any neurological abnormalities noted in the medical record?

Yes ☒ 55  
No ☐

If YES, check all that apply:

a. Absent Corpus Callosum \_\_\_\_\_ 55

b. Chiari Malformation \_\_\_\_\_ 56

c. Dandy-Walker \_\_\_\_\_ 57

d. Holoprosencephaly \_\_\_\_\_ 58

e. Hydrocephalus \_\_\_\_\_ 59

f. Neural Tube Defect \_\_\_\_\_ 60

g. Other \_\_\_\_\_ 61

i. IF OTHER, please specify: \_\_\_\_\_ 62

D5. Were any genetic syndromes noted in the medical record?

Yes ☒ 63  
No ☐

If YES, check all that apply:

a. Alagille \_\_\_\_\_ 65

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
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b. Cardiofacial Cutaneous	_____	66
c. Cat Eye	_____	67
d. CHARGE	_____	68
e. Cri-du-chat	_____	69
f. DGS/ VCFS/ CTAF (DGS=DiGeorge Syndrome)	_____	70
g. Ehlers Danlos	_____	71
h. Ellis-Van Creveld	_____	72
i. Goldenhar	_____	73
j. Holt Oram	_____	74
k. Jacobsen	_____	75
l. Kabuki	_____	76
m. Marfan	_____	77
n. Microdeletion Syndrome	_____	78
Specify:	_____	79
o. Microduplication	_____	80

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
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Specify:	_____	81
p. Noonan	_____	82
q. Translocation	_____	83
Specify:	_____	84
r. Trisomy 13	_____	85
s. Trisomy 18	_____	86
t. Trisomy 21 (Down)	_____	87
u. Turner	_____	88
v. VATER	_____	89
w. VACTERL	_____	90
x. Williams	_____	91
y. Multiple congenital anomalies, NOS	_____	92
z. Other	_____	93
i. <u>IF OTHER</u> , please specify:	_____	94

Clinical Exam by a Geneticist

_____
_____

D6. Clinical Exam by a geneticist since CHD Genes enrollment?

Yes ☒ 96  
No ☐  
Refused ☐  
Don't Know ☐

---

Clinical Genetic Test

---

D7. Was there a Clinical Genetic test since CHD Genes enrollment?

Yes ☒ 98  
No ☐  
Refused ☐  
Don't Know ☐

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② MH_CSYN	2		1 = Yes 0 = No 33 = Unknown		MH_CSYN
③ MH_CSTOT	2				MH_CSTOT
⑤ CARDIAC_C ATH	2		1 = Yes 0 = No 33 = Unknown		CARDIAC_C ATH
⑥ MH_CCTOT	2				MH_CCTOT
⑧ MH_NCSYN	2		1 = Yes 0 = No 33 = Unknown		MH_NCSYN
⑨ MH_NCSTO T	2				MH_NCSTO T
⑪ ARRHYTH_ TX	2		1 = Yes 0 = No 33 = Unknown		ARRHYTH_ TX
⑬ ARR_TX_CV	1				ARR_TX_CV
⑭ ARR_TX_CA	1				ARR_TX_CA



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15 MH_MEDYN	1				MH_MEDYN
16 MH_PACE	1				MH_PACE
17 MH_OTH	1				MH_OTH
18 MH_OTH_T XT	\$255				MH_OTH_T XT
19 MH_CAYN	2		1 = Yes 0 = No 33 = Unknown		MH_CAYN
20 MH_CARDT	mm- dd- yyyy				MH_CARDT
21 CARD_ARR EST	2		1 = Yes 0 = No 33 = Unknown		CARD_ARR EST
22 CARD_ARR _D	mm- dd- yyyy				CARD_ARR _D
23 ECMO_ICU	2		1 = Yes 0 = No 33 = Unknown		ECMO_ICU

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
24 VAD_PLACE	2		1 = Yes 0 = No 33 = Unknown		VAD_PLACE
25 PACEMAKE R	2		1 = Yes 0 = No 33 = Unknown		PACEMAKE R
26 MH_DEFYN	2		1 = Yes 0 = No 33 = Unknown		MH_DEFYN
29 SVC_EI	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		SVC_EI
30 SVC_FEED	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		SVC_FEED
31 SVC_OTPT	2		1 = Yes 0 = No -7 = Refused		SVC_OTPT

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			-8 = Don't Know		
32 SVC_SPEEC H	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		SVC_SPEEC H
34 BEHAV	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		BEHAV
35 BEHAV_SP	\$255				BEHAV_SP
36 DEV_DELAY2			1 = Yes 0 = No -7 = Refused -8 = Don't Know		DEV_DELAY
37 LEARN_DIS	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		LEARN_DIS

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
38 MENTAL_RE2			1 = Yes 0 = No -7 = Refused -8 = Don't Know		MENTAL_RE
39 SEIZURE	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		SEIZURE
40 SPEECH	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		SPEECH
41 ADD_ADHD	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		ADD_ADHD
42 ANXIETY	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		ANXIETY

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
43 AUTISM	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		AUTISM
44 DEPRESS	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		DEPRESS
45 OCD	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		OCD
46 PSYCH_DIS	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		PSYCH_DIS
47 PSYCH_DIS \$255 _SP					PSYCH_DIS _SP
48 MH_ACYN	2		1 = Yes 0 = No		MH_ACYN

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
50	MH_IMYN	2		1 = Yes 0 = No		MH_IMYN
51	MH_ANXYN	2		1 = Yes 0 = No		MH_ANXYN
52	MH_BEHYN	2		1 = Yes 0 = No		MH_BEHYN
53	NEURO_AB NORM	2		1 = Yes 0 = No		NEURO_AB NORM
55	NEURO_AB SCOR	1				NEURO_AB SCOR
56	NEURO_CHI ARI	1				NEURO_CHI ARI
57	NEURO_DA NDY	1				NEURO_DA NDY
58	NEURO_HO LO	1				NEURO_HO LO
59	NEURO_HY DRO	1				NEURO_HY DRO
60	NEURO_NT D	1				NEURO_NT D

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
61	NEURO_OT H	1				NEURO_OT H
62	NEURO_OT H_SP	\$255				NEURO_OT H_SP
63	GEN_SYND ROME	2		1 = Yes 0 = No		GEN_SYND ROME
65	GEN_ALAGI LLE	1				GEN_ALAGI LLE
66	GEN_CARD _CUT	1				GEN_CARD _CUT
67	GEN_CAT_E YE	1				GEN_CAT_E YE
68	GEN_CHAR GE	1				GEN_CHAR GE
69	GEN_CRIDU	1				GEN_CRIDU
70	GEN_DGS	1				GEN_DGS
71	GEN_EHLER S	1				GEN_EHLER S
72	GEN_EVC	1				GEN_EVC

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
73 GEN_GOLD EN	1				GEN_GOLD EN
74 GEN_HOLT _O	1				GEN_HOLT _O
75 GEN_JACOB	1				GEN_JACOB
76 GEN_KABU KI	1				GEN_KABU KI
77 GEN_MARF AN	1				GEN_MARF AN
78 GEN_M_DE L	1				GEN_M_DE L
79 GEN_M_DE L_SP	\$50				GEN_M_DE L_SP
80 GEN_M_DU P	1				GEN_M_DU P
81 GEN_M_DU P_SP	\$50				GEN_M_DU P_SP
82 GEN_NOON AN	1				GEN_NOON AN



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
83	GEN_TRAN	1				GEN_TRAN
	S					S
84	GEN_TRAN	\$50				GEN_TRAN
	S_SP					S_SP
85	GEN_TRI_1	1				GEN_TRI_1
	3					3
86	GEN_TRI_1	1				GEN_TRI_1
	8					8
87	GEN_TRI_2	1				GEN_TRI_2
	1					1
88	GEN_TURN	1				GEN_TURN
	ER					ER
89	GEN_VATE	1				GEN_VATE
	R					R
90	GEN_VACTE1					GEN_VACTE
	RL					RL
91	GEN_WILLI	1				GEN_WILLI
	AMS					AMS
92	GEN_ANOM	1				GEN_ANOM
	_NOS					_NOS

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medical History**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
93 GEN_OTH	1				GEN_OTH
94 GEN_OTH_ SP	\$255				GEN_OTH_ SP
96 GEN_EXAM	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		GEN_EXAM
98 GEN_TEST	2		1 = Yes 0 = No -7 = Refused -8 = Don't Know		GEN_TEST

---

Cardiac Surgery

---

Date of Admission for Cardiac Surgery: \_\_\_\_\_ ②

---

Date of Discharge for Cardiac Surgery: \_\_\_\_\_ ③

---

Was the surgery open or closed? Open ☐ ④  
Closed ☐  
Unknown ☐

---

If Open, Date of open surgery: \_\_\_\_\_ ⑤

---

Did the subject ever have any surgical complications? Yes ☐ ⑥  
No ☐  
Unknown ☐

---

IF YES, please complete:

---

Code for Surgical Complication: M-0001 Cardiac arrest ☐ ⑧  
M-0002 Choreoathetosis ☐  
M-0003 Coma ☐  
M-0004 ECMO ☐  
M-0005 Hepatic failure ☐  
(AST, ALT > 400)  
M-0006 Mediastinitis ☐  
requiring  
surgery/debridement  
M-0007 Unplanned dialysis ☐  
for renal failure  
M-0008 Respiratory arrest ☐  
M-0009 Seizures ☐  
M-0010 Stroke ☐

---

- M-0011 Unplanned cardiac reoperation without bypass ☐
  - M-0012 Unplanned cardiac reoperation with bypass ☐
  - M-0013 Unplanned noncardiac operation ☐
  - M-0014 Unplanned cardiac catheterization without intervention ☐
  - M-0015 Unplanned cardiac catheterization with intervention ☐
- 

To add additional entries click Save then click "Add a new Log line" at the bottom of the table.

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Cardiac Surgery**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	CS_ADMSS DT	dd- MMM- YYYY				CS_ADMSS DT
③	CS_DISCDT	dd- MMM- YYYY				CS_DISCDT
④	CS_SURGO C	2		1 = Open 2 = Closed -8 = Unknown		CS_SURGO C
⑤	CS_SURGD T	dd- MMM- YYYY				CS_SURGD T
⑥	CS_SURGCP2			1 = Yes 0 = No 33 = Unknown		CS_SURGCP
⑧	CS_SURGCP2 C			1 = M-0001 Cardiac arrest 2 = M-0002 Choreoathet osis 3 = M-0003 Coma 4 = M-0004 ECMO 5 = M-0005 Hepatic failure (AST, ALT > 400)		CS_SURGCP C

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Cardiac Surgery**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = M-0006 Mediastinitis requiring surgery/deb ridement 7 = M-0007 Unplanned dialysis for renal failure 8 = M-0008 Respiratory arrest 9 = M-0009 Seizures 10 = M-0010 Stroke 11 = M-0011 Unplanned cardiac reoperation without bypass 12 = M-0012 Unplanned cardiac reoperation with bypass 13 = M-0013 Unplanned noncardiac operation		

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Cardiac Surgery**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			14 = M-0014 Unplanned cardiac catheterizati on without intervention		
			15 = M-0015 Unplanned cardiac catheterizati on with intervention		

---

VISUAL SPATIAL SKILL

---

Beery VMI-6 ( $\geq 8$  yrs)

Done ☐ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment:

\_\_\_\_\_ ④

---

Administration language:

English ☐ ⑤  
Spanish ☐

---

Initials of psychometric tester:

\_\_\_\_\_ ⑥

---

Standard Score

---

Beery VMI

\_\_\_\_\_ ⑧

---



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Beery VMI-6**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	BV_BVMI6	2		1 = Done -2 = Not Done		BV_BVMI6
③	BV_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		BV_ND
④	BV_ASSMN TDT	mm dd yyyy				BV_ASSMN TDT
⑤	BV_ALANG	2		1 = English 2 = Spanish		BV_ALANG
⑥	BV_INITPS Y	\$3				BV_INITPS Y
⑧	BV_BVMI	3				BV_BVMI

Version 1.9 (CR: 20190416): All Forms

Form: Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V) (Age < 16yrs)

Generated On: 05 Jun 2019 13:56:01

---

INTELLIGENCE

---

Wechsler Intelligence Scale for Children - Fifth Edition  
(WISC-V) (Age <16)

Done ☐ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_ ④

---

Administration language: English ☐ ⑤  
Spanish ☐

---

Initials of psychometric tester: \_\_\_\_\_ ⑥

---

Scaled Score

---

Block Design \_\_\_\_\_ ⑧

---

Similarities \_\_\_\_\_ ⑨

---

Matrix Reasoning \_\_\_\_\_ ⑩

---

Digit Span \_\_\_\_\_ ⑪

---

**Version 1.9 (CR: 20190416): All Forms**

**Form: Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V) (Age < 16yrs)**

**Generated On: 05 Jun 2019 13:56:01**

Coding	<div></div>	12
Vocabulary	<div></div>	13
Figure Weights	<div></div>	14
Symbol Search	<div></div>	15
Standard Score		
Verbal Comprehension Index	<div></div>	17
Fluid Reasoning Index	<div></div>	18
Processing Speed Index	<div></div>	19
Full-Scale IQ	<div></div>	20

**Version 1.9 (CR: 20190416): All Forms****Form: Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V) (Age < 16yrs)****Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	WI_WAISD	2		1 = Done -2 = Not Done		WI_WAISD ND
③	WI_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		WI_ND
④	WI_ASSMN TDT	mm dd yyyy				WI_ASSMN TDT
⑤	WI_ALANG	2		1 = English 2 = Spanish		WI_ALANG
⑥	WI_INITPS Y	\$3				WI_INITPS Y
⑧	WI_BD	2				WI_BD
⑨	WI_SIM	2				WI_SIM
⑩	WI_MR	2				WI_MR
⑪	WI_DS	2				WI_DS

**Version 1.9 (CR: 20190416): All Forms**

**Form: Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V) (Age < 16yrs)**

**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
12	WI_CD	2				WI_CD
13	WI_VC	2				WI_VC
14	WI_FW	2				WI_FW
15	WI_SS	2				WI_SS
17	WI_VI	3				WI_VI
18	WI_FI	3				WI_FI
19	WI_PSI	3				WI_PSI
20	WI_FSIQ	3				WI_FSIQ

Version 1.9 (CR: 20190416): All Forms

Form: Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV) (Age ≥ 16yrs)

Generated On: 05 Jun 2019 13:56:01

---

INTELLIGENCE

---

Wechsler Adult Intelligence Scale - Fourth Edition  
(WAIS-IV) (Age ≥ 16)

Done ☒ ②  
Not Done ☐

If "NOT DONE", select reason:

Not Applicable ☒ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_ ④

---

Administration language: English ☒ ⑤  
Spanish ☐

---

Initials of psychometric tester: \_\_\_\_\_ ⑥

---

Scaled Score

---

Block Design \_\_\_\_\_ ⑧

---

Similarities \_\_\_\_\_ ⑨

---

Digit Span \_\_\_\_\_ ⑩

---

Matrix Reasoning \_\_\_\_\_ ⑪

---

**Version 1.9 (CR: 20190416): All Forms**

**Form: Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV) (Age ≥ 16yrs)**

**Generated On: 05 Jun 2019 13:56:01**

Vocabulary	_____	12
Arithmetic	_____	13
Symbol Search	_____	14
Visual Puzzles	_____	15
Information	_____	16
Coding	_____	17
Standard Score		
Verbal Comprehension Index	_____	19
Perceptual Reasoning Index	_____	20
Working Memory Index	_____	21
Processing Speed Index	_____	22
Full-Scale IQ	_____	23

**Version 1.9 (CR: 20190416): All Forms****Form: Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV) (Age ≥ 16yrs)****Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	WA_WAISD	2		1 = Done -2 = Not Done		WA_WAISD ND
3	WA_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		WA_ND
4	WA_ASSMN	mm dd TDT	yyyy			WA_ASSMN TDT
5	WA_ALANG	2		1 = English 2 = Spanish		WA_ALANG
6	WA_INITPS	\$3 Y				WA_INITPS Y
8	WA_BD	2				WA_BD
9	WA_SIM	2				WA_SIM
10	WA_DS	2				WA_DS
11	WA_MR	2				WA_MR



**Version 1.9 (CR: 20190416): All Forms****Form: Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV) (Age ≥ 16yrs)****Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
12	WA_VC	2				WA_VC
13	WA_AR	2				WA_AR
14	WA_SS	2				WA_SS
15	WA_VP	2				WA_VP
16	WA_IN	2				WA_IN
17	WA_CD	2				WA_CD
18	WA_VI	3				WA_VI
20	WA_PI	3				WA_PI
21	WA_WI	3				WA_WI
22	WA_PSI	3				WA_PSI
23	WA_FSIQ	3				WA_FSIQ

---

MEMORY

---

WRAML-2 Story Memory ( $\geq 8$  yrs)

Done ☐ ②  
Not Done ☐

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

Date of assessment: \_\_\_\_\_

④

Administration language:

English ☐ ⑤  
Spanish ☐

Initials of psychometric tester: \_\_\_\_\_

⑥

Please check the appropriate box(es) if the subject refused to complete ALL items for a particular subtest

(If the subject did not refuse any subtests, skip this section and complete the Recall Tasks table below)

IMMEDIATE Recall - Story Memory  
Check box if subject refused:

Fixed Unit: Refused ☐ ⑧

IMMEDIATE Recall - Picture Memory  
Check box if subject refused:

Fixed Unit: Refused ☐ ⑨

**Version 1.9 (CR: 20190416): All Forms**  
**Form: WRAML-2 Story Memory**  
**Generated On: 05 Jun 2019 13:56:01**

---

DELAYED Recall - Story Memory  
Check box if subject refused:

Fixed Unit: Refused

10

---

DELAYED Recall - Picture Memory  
Check box if subject refused:

Fixed Unit: Refused

11

---

Recall Tasks

IMMEDIATE Recall: Story Memory ☐

12

IMMEDIATE Recall: Picture Memory ☐

DELAYED Recall: Story Memory Recall ☐

DELAYED Recall: Story Recognition ☐

DELAYED Recall: Picture Memory Recognition ☐

---

RAW Score

13

---

SCALED Score

14

**Version 1.9 (CR: 20190416): All Forms**  
**Form: WRAML-2 Story Memory**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	W2_WRAML2 DND			1 = Done -2 = Not Done		W2_WRAML DND
③	W2_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		W2_ND
④	W2_ASSMN TDT	mm dd yyyy				W2_ASSMN TDT
⑤	W2_ALANG	2		1 = English 2 = Spanish		W2_ALANG
⑥	W2_INITPS Y	\$3				W2_INITPS Y
⑧	W2_IRSMS	1				W2_IRSMS
⑨	W2_IRPMS	1				W2_IRPMS
⑩	W2_DRSMS	1				W2_DRSMS
⑪	W2_DRPMS	1				W2_DRPMS

**Version 1.9 (CR: 20190416): All Forms**  
**Form: WRAML-2 Story Memory**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
12 W2_RTASK 2			1 = IMMEDIATE Recall: Story Memory 4 = IMMEDIATE Recall: Picture Memory 7 = DELAYED Recall: Story Memory 8 = DELAYED Recall: Story Recognition 10 = DELAYED Recall: Picture Memory Recognition	1: IMMEDIATE Recall: Story Memory 2: IMMEDIATE Recall: Picture Memory 3: DELAYED Recall: Story Memory 4: DELAYED Recall: Story Recognition 5: DELAYED Recall: Picture Memory Recognition	W2_RTASK
13 W2_RTRAW 2					W2_RTRAW
14 W2_RTSCCL 2					W2_RTSCCL

---

MATH / READING / WRITING

---

WRAT4 ( $\geq 8$  yrs)

Done ☒ ②  
Not Done ☐

If "NOT DONE", select reason:

Not Applicable ☒ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

Date of assessment:

\_\_\_\_\_ ④

Administration language:

English ☒ ⑤  
Spanish ☐

Initials of psychometric tester:

\_\_\_\_\_ ⑥

WRAT4

Word Reading ☒ ⑦  
Sentence Comprehension ☐  
Spelling ☐  
Math Computation ☐  
Reading Composite ☐

RAW Score

\_\_\_\_\_ ⑧

STANDARD Score

\_\_\_\_\_ ⑨

**Version 1.9 (CR: 20190416): All Forms****Form: WRAT4****Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② W4_W RAT4 2 DND			1 = Done -2 = Not Done		W4_W RAT4 DND
③ W4_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		W4_ND
④ W4_ASSMN TDT	mm dd yyyy				W4_ASSMN TDT
⑤ W4_ALANG	2		1 = English 2 = Spanish		W4_ALANG
⑥ W4_INITPS Y	\$3				W4_INITPS Y
⑦ W4_W RAT4 2			1 = Word Reading 2 = Sentence Comprehension 3 = Spelling 4 = Math Computation	1: Word Reading 2: Sentence Comprehension 3: Spelling 4: Math Computation	W4_W RAT4

**Version 1.9 (CR: 20190416): All Forms**  
**Form: WRAT4**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = Reading Composite	5: Reading Composite	
⑧ W4_W4RA W	3				W4_W4RA W
⑨ W4_W4STS	3				W4_W4STS



---

EXECUTIVE FUNCTION

---

D-KEFS ( $\geq 8$  yrs)

Done ☒ ②  
Not Done ☐

If "NOT DONE", select reason:

Not Applicable ☒ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

Date of assessment: \_\_\_\_\_

④

Administration language:

English ☒ ⑤  
Spanish ☐

Initials of psychometric tester: \_\_\_\_\_

⑥

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Verbal Fluency Subtest and Trail Making Subtest

Please check the appropriate box(es) if the subject refused to complete ALL items for a particular subtest

(If the subject did not refuse any subtests, skip this section and complete the Subtest table below)

Verbal Fluency Subtest

Fixed Unit: Refused ⑧

Check box if subject refused:

Trail Making Subtest

Fixed Unit: Refused



Check box if subject refused:

Subtest

- Verbal Fluency - Letter Fluency: Total Correct ☐ **10**
- Verbal Fluency - Category Fluency: Total ☐
- Verbal Fluency - Category Switching: Total Correct Responses ☐
- Verbal Fluency - Category Switching: Total Switching Accuracy ☐
- Trail Making - Visual Scanning ☐
- Trail Making - Number Sequencing ☐
- Trail Making - Letter Sequencing ☐
- Trail Making - Number - Letter Switching ☐
- Trail Making - Motor Speed ☐

RAW Score



SCALED Score



Tower Subtest

Check box if subject refused:

Fixed Unit: Refused



Total Achievement Score - RAW Score



**Version 1.9 (CR: 20190416): All Forms**  
**Form: D-KEFS**  
**Generated On: 05 Jun 2019 13:56:01**

Total Achievement Score - SCALED Score	_____	16
Total Rule Violations - RAW Score	_____	17
Total Rule Violations - Cumulative Percentile/Rank	_____	18
Move Accuracy Ratio - RAW Score	_____	19
Move Accuracy Ratio - SCALED Score	_____	20

**Version 1.9 (CR: 20190416): All Forms****Form: D-KEFS****Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	DK_DKEFS	2		1 = Done -2 = Not Done		DK_DKEFS DND
③	DK_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		DK_ND
④	DK_ASSMN TDT	mm dd yyyy				DK_ASSMN TDT
⑤	DK_ALANG	2		1 = English 2 = Spanish		DK_ALANG
⑥	DK_INITPS Y	\$3				DK_INITPS Y
⑧	DK_VERBAL	1				DK_VERBAL
⑨	DK_TRAIL	1				DK_TRAIL


**Version 1.9 (CR: 20190416): All Forms****Form: D-KEFS****Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
10 DK_SUBSET2			1 = Verbal Fluency - Letter Fluency: Total Correct 2 = Verbal Fluency - Category Fluency: Total 4 = Verbal Fluency - Category Switching: Total Correct Responses 5 = Verbal Fluency - Category Switching: Total Switching Accuracy 6 = Trail Making - Visual Scanning 7 = Trail Making - Number Sequencing 8 = Trail Making - Letter Sequencing	1: Verbal Fluency - Letter Fluency: Total Correct 2: Verbal Fluency - Category Fluency: Total 3: Verbal Fluency - Category Switching: Total Correct Responses 4: Verbal Fluency - Category Switching: Total Switching Accuracy 5: Trail Making - Visual Scanning 6: Trail Making - Number Sequencing 7: Trail Making - Letter Sequencing	DK_SUBSET

**Version 1.9 (CR: 20190416): All Forms****Form: D-KEFS****Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			9 = Trail Making - Number - Letter Switching 10 = Trail Making - Motor Speed	8: Trail Making - Number - Letter Switching 9: Trail Making - Motor Speed	
11 DK_RAW	3				DK_RAW
12 DK_SCALED2					DK_SCALED
14 DK_REFUSE1					DK_REFUSE
15 DK_TASRA W	2				DK_TASRA W
16 DK_TASSCA2 LED					DK_TASSCA LED
17 DK_TRVRA W	2				DK_TRVRA W
18 DK_TRVCU M	3				DK_TRVCU M
19 DK_MARRA W	2.1				DK_MARRA W

**Version 1.9 (CR: 20190416): All Forms**  
**Form: D-KEFS**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
 DK_MARSC 2 ALED					DK_MARSC ALED

**Version 1.9 (CR: 20190416): All Forms**  
**Form: WIAT-III Oral Language Composite**  
**Generated On: 05 Jun 2019 13:56:01**

---

LANGUAGE

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WIAT-III Oral Language Composite ( $\geq 8$  yrs)

Done ☐ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_

④

---

Administration language:

English ☐ ⑤  
Spanish ☐

---

Initials of psychometric tester: \_\_\_\_\_

⑥

---

Listening Comprehension

---

Check box if subject refused

Fixed Unit: Refused ⑧

Listening Comprehension - Standard Score \_\_\_\_\_

⑨

---

Oral Expression

---

Check box if subject refused

Fixed Unit: Refused ⑪



**Version 1.9 (CR: 20190416): All Forms**  
**Form: WIAT-III Oral Language Composite**  
**Generated On: 05 Jun 2019 13:56:01**

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Oral Expression - Standard Score

12

---


Oral Language Index - Standard Score

13

**Version 1.9 (CR: 20190416): All Forms**  
**Form: WIAT-III Oral Language Composite**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	W3_W3DN D	2		1 = Done -2 = Not Done		W3_W3DN D
③	W3_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		W3_ND
④	W3_ASSMN TDT	mm dd yyyy				W3_ASSMN TDT
⑤	W3_ALANG	2		1 = English 2 = Spanish		W3_ALANG
⑥	W3_INITPS Y	\$3				W3_INITPS Y
⑧	W3_LCREF	1				W3_LCREF
⑨	W3_LCLIST	3				W3_LCLIST
⑪	W3_ORREF	1				W3_ORREF
⑫	W3_OREXP	3				W3_OREXP

**Version 1.9 (CR: 20190416): All Forms**  
**Form: WIAT-III Oral Language Composite**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
 W3_ORLI	3				W3_ORLI

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Reading the Mind in the Eyes Task**  
**Generated On: 05 Jun 2019 13:56:01**

---

SOCIAL COGNITION

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Reading the Mind in the Eyes Task ( $\geq 8$  yrs)

Done ☐ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_

④

---

Administration language:

English ☐ ⑤  
Spanish ☐

---

Initials of psychometric tester: \_\_\_\_\_

⑥

---

Version administered:

Child Version ( $< 18$  yrs) ☐ ⑦  
Adult Version ( $\geq 18$  yrs) ☐

---

Total Correct \_\_\_\_\_

⑧

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**Version 1.9 (CR: 20190416): All Forms**  
**Form: Reading the Mind in the Eyes Task**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	RM_RMETD	2		1 = Done -2 = Not Done		RM_RMETD ND
3	RM_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		RM_ND
4	RM_ASSMN	mm dd TDT	yyyy			RM_ASSMN TDT
5	RM_ALANG	2		1 = English 2 = Spanish		RM_ALANG
6	RM_INITPS	\$3 Y				RM_INITPS Y
7	RM_VERSION	2 N		1 = Child Version (<18 yrs) 2 = Adult Version (≥ 18 yrs)		RM_VERSION N
8	RM_TOTC	2				RM_TOTC

TESTS FOR AUTISM

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ADOS-2 ( $\geq 8$  yrs)

Module 1 Completed ☐ ②  
Module 2 Completed ☐  
Module 3 Completed ☐  
Module 4 Completed ☐

---

Date of assessment:

\_\_\_\_\_ ③

---

Administration language:

English ☐ ④  
Spanish ☐

---

Initials of examiner:

\_\_\_\_\_ ⑤

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**Version 1.9 (CR: 20190416): All Forms****Form: ADOS-2****Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	AD_GT8	2		1 = Module 1 Completed 2 = Module 2 Completed 3 = Module 3 Completed 4 = Module 4 Completed		AD_GT8
③	AD_ASMNT DT	mm dd yyyy				AD_ASMNT DT
④	AD_ALANG	2		1 = English 2 = Spanish		AD_ALANG
⑤	AD_INITX	\$3				AD_INITX

---

ADOS-2: Module 1

---

Social Affect (SA) \_\_\_\_\_ ②

---

Restricted and Repetitive Behavior (RRB) \_\_\_\_\_ ③

---

Overall Total ADOS-2 Score \_\_\_\_\_ ④

---

ADOS-2 Classification

Autism ☐ ⑤

Autism Spectrum ☐

Non Spectrum ☐

---

ADOS-2 Comparison Score \_\_\_\_\_ ⑥

---

What is your level of certainty for the diagnosis selected? 1 - Not at all certain ☐ ⑦

2 ☐

Select the Clinical Certainty Score for the diagnosis from the scale: 3 - Somewhat certain ☐

4 ☐

5 - Very certain ☐

---

What specific factors had an impact on the level of certainty for diagnosis selected?  
(check all that apply)

---

Level of cognitive impairment or deficits makes  
determination of ASD features difficult \_\_\_\_\_ ⑨

---

Discrepancy between clinician assessment and formal  
assessment measures \_\_\_\_\_ ⑩

---



Discrepancy between parent report and direct observation	_____	11
Limited testing and/or observation	_____	12
Comorbid conditions or concurrent illness	_____	13
Seizure activity during administration	_____	14
Recent medication changes	_____	15
Sedation for medical procedures prior to developmental testing	_____	16
Other	_____	17
<u>IF OTHER</u> , please specify:	_____	18
A. Language and Communication		
Item A-1	_____	20
Item A-2	_____	21
Item A-3	_____	22
Item A-4	_____	23
Item A-5	_____	24

Item A-6		25
Item A-7		26
Item A-8		27
B. Reciprocal Social Interaction		
Item B-1		29
Item B-2		30
Item B-3		31
Item B-4		32
Item B-5		33
Item B-6		34
Item B-7		35
Item B-8		36
Item B-9		37
Item B-10		38
Item B-11		39

Item B-12		40
Item B-13a		41
Item B-13b		42
Item B-14		43
Item B-15		44
Item B-16		45
C. Play		
Item C-1		47
Item C-2		48
D. Stereotyped Behaviors and Restricted Interests		
Item D-1		50
Item D-2		51
Item D-3		52
Item D-4		53
E. Other Abnormal Behaviors		

Item E-1		55
Item E-2		56
Item E-3		57

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 1**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	A1_SOCAFF	2				A1_SOCAFF
3	A1_RRB	2				A1_RRB
4	A1_OTOT	2				A1_OTOT
5	A1_CLASS	2		1 = Autism 2 = Autism Spectrum 3 = Non Spectrum		A1_CLASS
6	A1_COMPS CR	2				A1_COMPS CR
7	A1_LVL CER T	1		1 = 1 - Not at all certain 2 = 2 3 = 3 - Somewhat certain 4 = 4 5 = 5 - Very certain		A1_LVL CER T
9	A1_LVL CIM PAIR	1				A1_LVL CIM PAIR
10	A1_DISCCL IN	1				A1_DISCCL IN

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 1**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11	A1_DISCPA R	1				A1_DISCPA R
12	A1_LIMITTE ST	1				A1_LIMITTE ST
13	A1_COMOR BID	1				A1_COMOR BID
14	A1_SEIZUR E	1				A1_SEIZUR E
15	A1_MEDDX	1				A1_MEDDX
16	A1_SEDATI ON	1				A1_SEDATI ON
17	A1_OTHER	1				A1_OTHER
18	A1_OTHERT XT	\$255				A1_OTHERT XT
20	A1_ItmA1	1				A1_ITMA1
21	A1_ItmA2	1				A1_ITMA2
22	A1_ItmA3	1				A1_ITMA3

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 1**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
23	A1_ItmA4	1				A1_ITMA4
24	A1_ItmA5	1				A1_ITMA5
25	A1_ItmA6	1				A1_ITMA6
26	A1_ItmA7	1				A1_ITMA7
27	A1_ItmA8	1				A1_ITMA8
28	A1_ItmB1	1				A1_ITMB1
30	A1_ItmB2	1				A1_ITMB2
31	A1_ItmB3	1				A1_ITMB3
32	A1_ItmB4	1				A1_ITMB4
33	A1_ItmB5	1				A1_ITMB5
34	A1_ItmB6	1				A1_ITMB6
35	A1_ItmB7	1				A1_ITMB7
36	A1_ItmB8	1				A1_ITMB8

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 1**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
37	A1_ItmB9	1				A1_ITMB9
38	A1_ItmB10	1				A1_ITMB10
39	A1_ItmB11	1				A1_ITMB11
40	A1_ItmB12	1				A1_ITMB12
41	A1_ItmB13 a	1				A1_ITMB13 A
42	A1_ItmB13 b	1				A1_ITMB13 B
43	A1_ItmB14	1				A1_ITMB14
44	A1_ItmB15	1				A1_ITMB15
45	A1_ItmB16	1				A1_ITMB16
47	A1_ItmC1	1				A1_ITMC1
48	A1_ItmC2	1				A1_ITMC2
50	A1_ItmD1	1				A1_ITMD1
51	A1_ItmD2	1				A1_ITMD2



**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 1**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
52	A1_ItmD3	1				A1_ITMD3
53	A1_ItmD4	1				A1_ITMD4
54	A1_ItmE1	1				A1_ITME1
56	A1_ItmE2	1				A1_ITME2
57	A1_ItmE3	1				A1_ITME3

---

ADOS-2: Module 2

---

Social Affect (SA) \_\_\_\_\_ ②

---

Restricted and Repetitive Behavior (RRB) \_\_\_\_\_ ③

---

Overall Total ADOS-2 Score \_\_\_\_\_ ④

---

ADOS-2 Classification

Autism ☐ ⑤

Autism Spectrum ☐

Non Spectrum ☐

---

ADOS-2 Comparison Score \_\_\_\_\_ ⑥

---

What is your level of certainty for the diagnosis selected? 1 - Not at all certain ☐ ⑦

Select the Clinical Certainty Score for the diagnosis from the scale: 2 ☐

3 - Somewhat certain ☐

4 ☐

5 - Very certain ☐

---

What specific factors had an impact on the level of certainty for diagnosis selected?  
(check all that apply)

---

Level of cognitive impairment or deficits makes  
determination of ASD features difficult \_\_\_\_\_ ⑨

---

Discrepancy between clinician assessment and formal  
assessment measures \_\_\_\_\_ ⑩

---

Discrepancy between parent report and direct observation	_____	11
Limited testing and/or observation	_____	12
Comorbid conditions or concurrent illness	_____	13
Seizure activity during administration	_____	14
Recent medication changes	_____	15
Sedation for medical procedures prior to developmental testing	_____	16
Other	_____	17
<u>IF OTHER</u> , please specify:	_____	18
A. Language and Communication		
Item A-1	_____	20
Item A-2	_____	21
Item A-3	_____	22
Item A-4	_____	23
Item A-5	_____	24

Item A-6		25
Item A-7		26
B. Reciprocal Social Interaction		
Item B-1		28
Item B-2		29
Item B-3		30
Item B-4		31
Item B-5		32
Item B-6		33
Item B-7		34
Item B-8		35
Item B-9a		36
Item B-9b		37
Item B-10		38
Item B-11		39

Item B-12		40
C. Play		
Item C-1		42
Item C-2		43
D. Stereotyped Behaviors and Restricted Interests		
Item D-1		45
Item D-2		46
Item D-3		47
Item D-4		48
E. Other Abnormal Behaviors		
Item E-1		50
Item E-2		51
Item E-3		52

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 2**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	A2_SOCAFF	2				A2_SOCAFF
3	A2_RRB	1				A2_RRB
4	A2_OTOT	2				A2_OTOT
5	A2_CLASS	2		1 = Autism 2 = Autism Spectrum 3 = Non Spectrum		A2_CLASS
6	A2_COMPS CR	2				A2_COMPS CR
7	A2_LVL CER T	1		1 = 1 - Not at all certain 2 = 2 3 = 3 - Somewhat certain 4 = 4 5 = 5 - Very certain		A2_LVL CER T
9	A2_LVL CIM PAIR	1				A2_LVL CIM PAIR
10	A2_DISCCL IN	1				A2_DISCCL IN

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 2**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11	A2_DISCPA R	1				A2_DISCPA R
12	A2_LIMITTE ST	1				A2_LIMITTE ST
13	A2_COMOR BID	1				A2_COMOR BID
14	A2_SEIZUR E	1				A2_SEIZUR E
15	A2_MEDDX	1				A2_MEDDX
16	A2_SEDATI ON	1				A2_SEDATI ON
17	A2_OTHER	1				A2_OTHER
18	A2_OTHERT XT	\$255				A2_OTHERT XT
20	A2_ItmA1	1				A2_ITMA1
21	A2_ItmA2	1				A2_ITMA2
22	A2_ItmA3	1				A2_ITMA3

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 2**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
23	A2_ItmA4	1				A2_ITMA4
24	A2_ItmA5	1				A2_ITMA5
25	A2_ItmA6	1				A2_ITMA6
26	A2_ItmA7	1				A2_ITMA7
28	A2_ItmB1	1				A2_ITMB1
29	A2_ItmB2	1				A2_ITMB2
30	A2_ItmB3	1				A2_ITMB3
31	A2_ItmB4	1				A2_ITMB4
32	A2_ItmB5	1				A2_ITMB5
33	A2_ItmB6	1				A2_ITMB6
34	A2_ItmB7	1				A2_ITMB7
35	A2_ItmB8	1				A2_ITMB8
36	A2_ItmB9a	1				A2_ITMB9A



**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 2**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
37	A2_ItmB9b	1				A2_ITMB9B
38	A2_ItmB10	1				A2_ITMB10
39	A2_ItmB11	1				A2_ITMB11
40	A2_ItmB12	1				A2_ITMB12
42	A2_ItmC1	1				A2_ITMC1
43	A2_ItmC2	1				A2_ITMC2
45	A2_ItmD1	1				A2_ITMD1
46	A2_ItmD2	1				A2_ITMD2
47	A2_ItmD3	1				A2_ITMD3
48	A2_ItmD4	1				A2_ITMD4
50	A2_ItmE1	1				A2_ITME1
51	A2_ItmE2	1				A2_ITME2
52	A2_ItmE3	1				A2_ITME3

---

ADOS-2: Module 3

---

Social Affect (SA) \_\_\_\_\_ ②

---

Restricted and Repetitive Behavior (RRB) \_\_\_\_\_ ③

---

Overall Total ADOS-2 Score \_\_\_\_\_ ④

---

ADOS-2 Classification

Autism ☐ ⑤

Autism Spectrum ☐

Non Spectrum ☐

---

ADOS-2 Comparison Score \_\_\_\_\_ ⑥

---

What is your level of certainty for the diagnosis selected? 1 - Not at all certain ☐ ⑦

2 ☐

Select the Clinical Certainty Score for the diagnosis from the scale: 3 - Somewhat certain ☐

4 ☐

5 - Very certain ☐

---

What specific factors had an impact on the level of certainty for diagnosis selected?  
(check all that apply)

---

Level of cognitive impairment or deficits makes  
determination of ASD features difficult \_\_\_\_\_ ⑨

---

Discrepancy between clinician assessment and formal  
assessment measures \_\_\_\_\_ ⑩

---

Discrepancy between parent report and direct observation	_____	11
Limited testing and/or observation	_____	12
Comorbid conditions or concurrent illness	_____	13
Seizure activity during administration	_____	14
Recent medication changes	_____	15
Sedation for medical procedures prior to developmental testing	_____	16
Other	_____	17
<u>IF OTHER</u> , please specify:	_____	18
A. Language and Communication		
Item A-1	_____	20
Item A-2	_____	21
Item A-3	_____	22
Item A-4	_____	23
Item A-5	_____	24

Item A-6		25
Item A-7		26
Item A-8		27
Item A-9		28
B. Reciprocal Social Interaction		
Item B-1		30
Item B-2		31
Item B-3		32
Item B-4		33
Item B-5		34
Item B-6		35
Item B-7		36
Item B-8		37
Item B-9		38
Item B-10		39

---

Item B-11

40

---

C. Imagination

---

Item C-1

42

---

D. Stereotyped Behaviors and Restricted Interests

---

Item D-1

44

---

Item D-2

45

---

Item D-3

46

---

Item D-4

47

---

Item D-5

48

---

E. Other Abnormal Behaviors

---

Item E-1

50

---

Item E-2

51

---

Item E-3

52

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 3**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	A3_SOCAFF	2				A3_SOCAFF
3	A3_RRB	1				A3_RRB
4	A3_OTOT	2				A3_OTOT
5	A3_CLASS	2		1 = Autism 2 = Autism Spectrum 3 = Non Spectrum		A3_CLASS
6	A3_COMPS CR	2				A3_COMPS CR
7	A3_LVL CER T	1		1 = 1 - Not at all certain 2 = 2 3 = 3 - Somewhat certain 4 = 4 5 = 5 - Very certain		A3_LVL CER T
9	A3_LVL CIM PAIR	1				A3_LVL CIM PAIR
10	A3_DISCCL IN	1				A3_DISCCL IN

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 3**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11	A3_DISCPA R	1				A3_DISCPA R
12	A3_LIMITTE ST	1				A3_LIMITTE ST
13	A3_COMOR BID	1				A3_COMOR BID
14	A3_SEIZUR E	1				A3_SEIZUR E
15	A3_MEDDX	1				A3_MEDDX
16	A3_SEDATI ON	1				A3_SEDATI ON
17	A3_OTHER	1				A3_OTHER
18	A3_OTHERT XT	\$255				A3_OTHERT XT
20	A3_ItmA1	1				A3_ITMA1
21	A3_ItmA2	1				A3_ITMA2
22	A3_ItmA3	1				A3_ITMA3

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 3**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
23	A3_ItmA4	1				A3_ITMA4
24	A3_ItmA5	1				A3_ITMA5
25	A3_ItmA6	1				A3_ITMA6
26	A3_ItmA7	1				A3_ITMA7
27	A3_ItmA8	1				A3_ITMA8
28	A3_ItmA9	1				A3_ITMA9
30	A3_ItmB1	1				A3_ITMB1
31	A3_ItmB2	1				A3_ITMB2
32	A3_ItmB3	1				A3_ITMB3
33	A3_ItmB4	1				A3_ITMB4
34	A3_ItmB5	1				A3_ITMB5
35	A3_ItmB6	1				A3_ITMB6
36	A3_ItmB7	1				A3_ITMB7



**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 3**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
37	A3_ItmB8	1				A3_ITMB8
38	A3_ItmB9	1				A3_ITMB9
39	A3_ItmB10	1				A3_ITMB10
40	A3_ItmB11	1				A3_ITMB11
42	A3_ItmC1	1				A3_ITMC1
44	A3_ItmD1	1				A3_ITMD1
45	A3_ItmD2	1				A3_ITMD2
46	A3_ItmD3	1				A3_ITMD3
47	A3_ItmD4	1				A3_ITMD4
48	A3_ItmD5	1				A3_ITMD5
50	A3_ItmE1	1				A3_ITME1
51	A3_ItmE2	1				A3_ITME2
52	A3_ItmE3	1				A3_ITME3

---

ADOS-2: Module 4

---

Communication Total \_\_\_\_\_ ②

---

Social Interaction Total \_\_\_\_\_ ③

---

Communication + Social Interaction Total \_\_\_\_\_ ④

---

Imagination/Creativity \_\_\_\_\_ ⑤

---

Stereotyped Behaviors and Restricted Interests Total \_\_\_\_\_ ⑥

---

ADOS-2 Classification

Autism ☒ ⑦

Autism Spectrum ☐

Non Spectrum ☐

---

What is your level of certainty for the diagnosis selected? 1 - Not at all certain ☒ ⑧

Select the Clinical Certainty Score for the diagnosis from the scale: 2 ☐

3 - Somewhat certain ☐

4 ☐

5 - Very certain ☐

---

What specific factors had an impact on the level of certainty for diagnosis selected?  
(check all that apply)

---

Level of cognitive impairment or deficits makes determination of ASD features difficult \_\_\_\_\_ ⑩

---

Discrepancy between clinician assessment and formal assessment measures \_\_\_\_\_ ⑪

---

Discrepancy between parent report and direct observation	_____	12
Limited testing and/or observation	_____	13
Comorbid conditions or concurrent illness	_____	14
Seizure activity during administration	_____	15
Recent medication changes	_____	16
Sedation for medical procedures prior to developmental testing	_____	17
Other	_____	18
<u>IF OTHER</u> , please specify:	_____	19
A. Language and Communication		
Item A-1	_____	21
Item A-2	_____	22
Item A-3	_____	23
Item A-4	_____	24
Item A-5	_____	25

Item A-6		26
Item A-7		27
Item A-8		28
Item A-9		29
Item A-10		30
B. Reciprocal Social Interaction		
Item B-1		32
Item B-2		33
Item B-3		34
Item B-4		35
Item B-5		36
Item B-6		37
Item B-7		38
Item B-8		39
Item B-9		40

Item B-10		41
Item B-11		42
Item B-12		43
Item B-13		44
C. Imagination		
Item C-1		46
D. Stereotyped Behaviors and Restricted Interests		
Item D-1		48
Item D-2		49
Item D-3		50
Item D-4		51
Item D-5		52
E. Other Abnormal Behaviors		
Item E-1		54
Item E-2		55

---

Item E-3

---

56

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 4**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	A4_COMTO T	1				A4_COMTO T
3	A4_SOCTO T	2				A4_SOCTO T
4	A4_CSTOT	2				A4_CSTOT
5	A4_IMAG	1				A4_IMAG
6	A4_SBRITO T	1				A4_SBRITO T
7	A4_CLASS	2		1 = Autism 2 = Autism Spectrum 3 = Non Spectrum		A4_CLASS
8	A4_LVLCER T	1		1 = 1 - Not at all certain 2 = 2 3 = 3 - Somewhat certain 4 = 4 5 = 5 - Very certain		A4_LVLCER T
10	A4_LVLCIM PAIR	1				A4_LVLCIM PAIR

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 4**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11	A4_DISCCL IN	1				A4_DISCCL IN
12	A4_DISCPA R	1				A4_DISCPA R
13	A4_LIMITTE ST	1				A4_LIMITTE ST
14	A4_COMOR BID	1				A4_COMOR BID
15	A4_SEIZUR E	1				A4_SEIZUR E
16	A4_MEDDX	1				A4_MEDDX
17	A4_SEDATI ON	1				A4_SEDATI ON
18	A4_OTHER	1				A4_OTHER
19	A4_OTHERT XT	\$255				A4_OTHERT XT
21	A4_ItmA1	1				A4_ITMA1
22	A4_ItmA2	1				A4_ITMA2



**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 4**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
23	A4_ItmA3	1				A4_ITMA3
24	A4_ItmA4	1				A4_ITMA4
25	A4_ItmA5	1				A4_ITMA5
26	A4_ItmA6	1				A4_ITMA6
27	A4_ItmA7	1				A4_ITMA7
28	A4_ItmA8	1				A4_ITMA8
29	A4_ItmA9	1				A4_ITMA9
30	A4_ItmA10	1				A4_ITMA10
32	A4_ItmB1	1				A4_ITMB1
33	A4_ItmB2	1				A4_ITMB2
34	A4_ItmB3	1				A4_ITMB3
35	A4_ItmB4	1				A4_ITMB4
36	A4_ItmB5	1				A4_ITMB5

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 4**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
37	A4_ItmB6	1				A4_ITMB6
38	A4_ItmB7	1				A4_ITMB7
39	A4_ItmB8	1				A4_ITMB8
40	A4_ItmB9	1				A4_ITMB9
41	A4_ItmB10	1				A4_ITMB10
42	A4_ItmB11	1				A4_ITMB11
43	A4_ItmB12	1				A4_ITMB12
44	A4_ItmB13	1				A4_ITMB13
46	A4_ItmC1	1				A4_ITMC1
48	A4_ItmD1	1				A4_ITMD1
49	A4_ItmD2	1				A4_ITMD2
50	A4_ItmD3	1				A4_ITMD3
51	A4_ItmD4	1				A4_ITMD4

**Version 1.9 (CR: 20190416): All Forms**  
**Form: ADOS-2 - Module 4**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
52	A4_ItmD5	1				A4_ITMD5
54	A4_ItmE1	1				A4_ITME1
55	A4_ItmE2	1				A4_ITME2
56	A4_ItmE3	1				A4_ITME3

---

BRAIN MRI

---

Was a Brain MRI done?

Done ☐ ②  
Not Done ☐

---

If "Not Done", please provide clarification as to why: \_\_\_\_\_

---

Was a pregnancy test done?

Yes ☐ ④  
No ☐  
Not Applicable ☐

---

If Yes, result:

Negative ☐ ⑤  
Positive ☐

---

Date of MRI: \_\_\_\_\_

---

**Version 1.9 (CR: 20190416): All Forms****Form: Brain MRI****Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	BM_MRI	2		1 = Done -2 = Not Done		BM_MRI
③	BM_ND	\$255				BM_ND
④	BM_PTESTY 2 N			1 = Yes 0 = No -1 = Not Applicable		BM_PTESTY N
⑤	BM_PTESTY 2			0 = Negative 1 = Positive		BM_PTESTY
⑥	BM_MRIDT	mm dd YYYY				BM_MRIDT

SECTION A: ANXIETY

---

Beck Anxiety Inventory (BAI) (  $\geq 18$  yrs)

Done ☒ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☒ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment:

\_\_\_\_\_ ④

---

Administration language:

English ☒ ⑤  
Spanish ☐

---

Beck Anxiety Inventory Total Raw Score

\_\_\_\_\_ ⑥

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Beck Anxiety Inventory (BAI)**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② BA_BAIDND2			1 = Done -2 = Not Done		BA_BAIDND
③ BA_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		BA_ND
④ BA_ASSMN TDT	mm dd yyyy				BA_ASSMN TDT
⑤ BA_LANG	2		1 = English 2 = Spanish		BA_LANG
⑥ BA_AITOT	2				BA_AITOT

SECTION B: DEPRESSION

---

Beck Depression Inventory (BDI-2) (  $\geq 18$  yrs)

Done ☒ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☒ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_

④

---

Administration language:

English ☒ ⑤  
Spanish ☐

---

BDI-2 Total Raw Score \_\_\_\_\_

⑥

---



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Beck Depression Inventory (BDI-2)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	BD_BDI2DN2 D			1 = Done -2 = Not Done		BD_BDI2DN D
③	BD_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		BD_ND
④	BD_ASSMN TDT	mm dd yyyy				BD_ASSMN TDT
⑤	BD_LANG	2		1 = English 2 = Spanish		BD_LANG
⑥	BD_BDI2TO T					BD_BDI2TO T

---

SECTION C: ADHD

---

Conners' Adult ADHD Rating Scales (CAARS) ( $\geq 18$  yrs)

Done ☐ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_

④

---

Administration language:

English ☐ ⑤  
Spanish ☐

---

Inattention/Memory Problems \_\_\_\_\_

⑥

---

Hyperactivity/Restlessness \_\_\_\_\_

⑦

---

Impulsivity/Emotional Lability \_\_\_\_\_

⑧

---

Problems with Self-Concept \_\_\_\_\_

⑨

---

DSM-IV Inattentive Symptoms \_\_\_\_\_

⑩

---

DSM-IV Hyperactive/Impulsive Symptoms \_\_\_\_\_

⑪

---

DSM-IV ADHD Symptoms Total \_\_\_\_\_

⑫

---

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners' Adult ADHD Rating Scales (CAARS)**  
**Generated On: 05 Jun 2019 13:56:01**

---

ADHD Index

---



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners' Adult ADHD Rating Scales (CAARS)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	CA_CAARS	2		1 = Done -2 = Not Done		CA_CAARS DND
③	CA_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		CA_ND
④	CA_ASSMN TDT	mm dd yyyy				CA_ASSMN TDT
⑤	CA_LANG	2		1 = English 2 = Spanish		CA_LANG
⑥	CA_IMEMP	2				CA_IMEMP
⑦	CA_HYPER	2				CA_HYPER
⑧	CA_IEMOTL	2				CA_IEMOTL
⑨	CA_PSC	2				CA_PSC
⑩	CA_DSM4IS	2				CA_DSM4IS

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners' Adult ADHD Rating Scales (CAARS)**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11 CA_DSM4H S	2				CA_DSM4H S
12 CA_DSM4A T	2				CA_DSM4A T
13 CA_ADHDI	2				CA_ADHDI

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

---

PedsQL (<18 yrs):

---

Generic Core - Child Report ( $\leq 12$  yrs)

Done ☒ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☒ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_

④

---

Administration language:

English ☒ ⑤  
Spanish ☐

---

ABOUT MY HEALTH AND ACTIVITIES (problems with...)

---

1. It is hard for me to walk more than one block \_\_\_\_\_

⑦

---

2. It is hard for me to run \_\_\_\_\_

⑧

---

3. It is hard for me to do sports activity or exercise \_\_\_\_\_

⑨

---

4. It is hard for me to lift something heavy \_\_\_\_\_

⑩

---

5. It is hard for me to take a bath or shower by myself \_\_\_\_\_

⑪

---

6. It is hard for me to do chores around the house \_\_\_\_\_

⑫

---

---

7. I hurt or ache \_\_\_\_\_ **13**

---

8. I have low energy \_\_\_\_\_ **14**

---

ABOUT MY FEELINGS (problems with...)

---

1. I feel afraid or scared \_\_\_\_\_ **16**

---

2. I feel sad or blue \_\_\_\_\_ **17**

---

3. I feel angry \_\_\_\_\_ **18**

---

4. I have trouble sleeping \_\_\_\_\_ **19**

---

5. I worry about what will happen to me \_\_\_\_\_ **20**

---

HOW I GET ALONG WITH OTHERS (problems with...)

---

1. I have trouble getting along with other children \_\_\_\_\_ **22**

---

2. Other children do not want to be my friend \_\_\_\_\_ **23**

---

3. Other children tease me \_\_\_\_\_ **24**

---

4. I cannot do things that other children my age can do \_\_\_\_\_ **25**

---

5. It is hard to keep up when I play with other children \_\_\_\_\_ **26**

---

ABOUT SCHOOL (problems with...)

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

---

1. It is hard to pay attention in class	<hr/>	28
2. I forget things	<hr/>	29
3. I have trouble keeping up with my schoolwork	<hr/>	30
4. I miss school because of not feeling well	<hr/>	31
5. I miss school to go to the doctor or hospital	<hr/>	32

---



**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	PW_PEDSD	2		1 = Done -2 = Not Done		PW_PEDSD ND
③	PW_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		PW_ND
④	PW_ASSMN	mm dd TDT yyyy				PW_ASSMN TDT
⑤	PW_LANG	2		1 = English 2 = Spanish		PW_LANG
⑦	PW_ACTW	1				PW_ACTW
⑧	PW_ACTR	1				PW_ACTR
⑨	PW_ACTE	1				PW_ACTE
⑩	PW_ACTH	1				PW_ACTH
⑪	PW_ACTB	1				PW_ACTB

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
12	PW_ACTC	1				PW_ACTC
13	PW_ACTA	1				PW_ACTA
14	PW_ACTL	1				PW_ACTL
16	PW_FELAS	1				PW_FELAS
17	PW_FELSB	1				PW_FELSB
18	PW_FELAN	1				PW_FELAN
19	PW_FELSL	1				PW_FELSL
20	PW_FELWR	1				PW_FELWR
22	PW_OTHOC	1				PW_OTHOC
23	PW_OTHMF	1				PW_OTHMF
24	PW_OTHTM	1				PW_OTHTM
25	PW_OTHAG	1				PW_OTHAG
26	PW_OTHPL	1				PW_OTHPL

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
28 PW_SCHAT 1					PW_SCHAT
29 PW_SCHFG 1					PW_SCHFG
30 PW_SCHSW 1					PW_SCHSW
31 PW_SCHFL 1					PW_SCHFL
32 PW_SCHHS 1					PW_SCHHS

---

PedsQL (<18 yrs):

---

Cardiac Module - Child Report ( $\leq 12$  yrs)

Done ☐ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_

④

---

Administration language:

English ☐ ⑤  
Spanish ☐

---

HEART PROBLEMS AND TREATMENT (problems with...)

---

1. I get out of breath when I do sports activity or  
exercise \_\_\_\_\_

⑦

---

2. My chest hurts or feels tight when I do sports activity  
or exercise \_\_\_\_\_

⑧

---

3. I catch colds easily \_\_\_\_\_

⑨

---

4. I feel my heart beating fast \_\_\_\_\_

⑩

---

5. My lips turn blue when I run \_\_\_\_\_

⑪

---

---

6. I wake up at night with trouble breathing	_____	12
--	-------	----

---

7. I have to rest more than my friends	_____	13
--	-------	----

---

TREATMENT II (problems with...)

---

Check if <u>not</u> taking heart medicine	_____	15
---	-------	----

---

1. I refuse to take my heart medicine	_____	16
---------------------------------------	-------	----

---

2. It is hard for me to take my heart medicine	_____	17
--	-------	----

---

3. I forget to take my heart medicine	_____	18
---------------------------------------	-------	----

---

4. My heart medicine makes me feel sick	_____	19
---	-------	----

---

5. I worry about how my medicines affect my body	_____	20
--	-------	----

---

PERCEIVED PHYSICAL APPEARANCE (problems with...)

---

1. I feel I am not good looking	_____	22
---------------------------------	-------	----

---

2. I don't like other people to see my scars	_____	23
--	-------	----

---

3. I am embarrassed when others see my body	_____	24
---	-------	----

---

TREATMENT ANXIETY (problems with...)

---

1. I get scared when I am waiting to see the doctor	_____	26
---	-------	----

---

---

2. I get scared when I have to go to the doctor \_\_\_\_\_ **27**

---

3. I get scared when I have to go to the hospital \_\_\_\_\_ **28**

---

4. I get scared when I have to have medical treatments \_\_\_\_\_ **29**

---

COGNITIVE PROBLEMS (problems with...)

---

1. It is hard for me to figure out what to do when something bothers me \_\_\_\_\_ **31**

---

2. I have trouble solving math problems \_\_\_\_\_ **32**

---

3. I have trouble writing school papers or reports \_\_\_\_\_ **33**

---

4. It is hard for me to pay attention to things \_\_\_\_\_ **34**

---

5. It is hard for me to remember what I read \_\_\_\_\_ **35**

---

COMMUNICATION (problems with...)

---

1. It is hard for me to tell the doctors and nurses how I feel \_\_\_\_\_ **37**

---

2. It is hard for me to ask the doctors and nurses questions \_\_\_\_\_ **38**

---














3. It is hard for me to explain my heart problem to other people \_\_\_\_\_ **39**

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	PZ_PEDSDN2 D			1 = Done -2 = Not Done		PZ_PEDSDN D
3	PZ_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		PZ_ND
4	PZ_ASSMN TDT	mm dd yyyy				PZ_ASSMN TDT
5	PZ_LANG	2		1 = English 2 = Spanish		PZ_LANG
7	PZ_HRTBR	1				PZ_HRTBR
8	PZ_HRTCH	1				PZ_HRTCH
9	PZ_HRTCD	1				PZ_HRTCD
10	PZ_HRTBT	1				PZ_HRTBT
11	PZ_HRTLTP	1				PZ_HRTLTP

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
 PZ_HRTWK	1				PZ_HRTWK
 PZ_HRTRT	1				PZ_HRTRT
 PZ_HMED	1				PZ_HMED
 PZ_HMEDR	1				PZ_HMEDR
 PZ_HMEDH	1				PZ_HMEDH
 PZ_HMEDF	1				PZ_HMEDF
 PZ_HMEDS	1				PZ_HMEDS
 PZ_HMEDA	1				PZ_HMEDA
 PZ_APPLOO K	1				PZ_APPLOO K
 PZ_APPSCA R	1				PZ_APPSCA R
 PZ_APPEMB	1				PZ_APPEMB
 PZ_ANXWD	1				PZ_ANXWD
 PZ_ANXGD	1				PZ_ANXGD



**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Child Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
28	PZ_ANXGH	1				PZ_ANXGH
29	PZ_ANXTX	1				PZ_ANXTX
31	PZ_COGBM	1				PZ_COGBM
32	PZ_COGMP	1				PZ_COGMP
33	PZ_COGRPT	1				PZ_COGRPT
34	PZ_COGATT	1				PZ_COGATT
35	PZ_COGRE AD	1				PZ_COGRE AD
37	PZ_COMNF	1				PZ_COMNF
38	PZ_COMNQ	1				PZ_COMNQ
39	PZ_COMOP	1				PZ_COMOP

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

PedsQL (<18 yrs):

Generic Core - Teen Report (13 - ≤17 yrs)

Done ☒ ②  
Not Done ☐

If "NOT DONE", select reason:

Not Applicable ☒ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

Date of assessment:

\_\_\_\_\_ ④

Administration language:

English ☒ ⑤  
Spanish ☐

ABOUT MY HEALTH AND ACTIVITIES (problems with...)

1. It is hard for me to walk more than one block \_\_\_\_\_ ⑦

2. It is hard for me to run \_\_\_\_\_ ⑧

3. It is hard for me to do sports activity or exercise \_\_\_\_\_ ⑨

4. It is hard for me to lift something heavy \_\_\_\_\_ ⑩

5. It is hard for me to take a bath or shower by myself \_\_\_\_\_ ⑪

6. It is hard for me to do chores around the house \_\_\_\_\_ ⑫

---

7. I hurt or ache \_\_\_\_\_ **13**

---

8. I have low energy \_\_\_\_\_ **14**

---

ABOUT MY FEELINGS (problems with...)

---

1. I feel afraid or scared \_\_\_\_\_ **16**

---

2. I feel sad or blue \_\_\_\_\_ **17**

---

3. I feel angry \_\_\_\_\_ **18**

---

4. I have trouble sleeping \_\_\_\_\_ **19**

---

5. I worry about what will happen to me \_\_\_\_\_ **20**

---

HOW I GET ALONG WITH OTHERS (problems with...)

---

1. I have trouble getting along with other teens \_\_\_\_\_ **22**

---

2. Other teens do not want to be my friend \_\_\_\_\_ **23**

---

3. Other teens tease me \_\_\_\_\_ **24**

---

4. I cannot do things that other teens my age can do \_\_\_\_\_ **25**

---

5. It is hard to keep up with other peers \_\_\_\_\_ **26**

---

ABOUT SCHOOL (problems with...)

---

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

---

1. It is hard to pay attention in class	_____	28
<hr/>		
2. I forget things	_____	29
<hr/>		
3. I have trouble keeping up with my schoolwork	_____	30
<hr/>		
4. I miss school because of not feeling well	_____	31
<hr/>		
5. I miss school to go to the doctor or hospital	_____	32
<hr/>		

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	PU_PEDSD	2		1 = Done -2 = Not Done		PU_PEDSD ND
3	PU_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		PU_ND
4	PU_ASSMN TDT	mm dd yyyy				PU_ASSMN TDT
5	PU_LANG	2		1 = English 2 = Spanish		PU_LANG
7	PU_ACTW	1				PU_ACTW
8	PU_ACTR	1				PU_ACTR
9	PU_ACTE	1				PU_ACTE
10	PU_ACTH	1				PU_ACTH
11	PU_ACTB	1				PU_ACTB

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
12	PU_ACTC	1				PU_ACTC
13	PU_ACTA	1				PU_ACTA
14	PU_ACTL	1				PU_ACTL
16	PU_FELAS	1				PU_FELAS
17	PU_FELSB	1				PU_FELSB
18	PU_FELAN	1				PU_FELAN
19	PU_FELSL	1				PU_FELSL
20	PU_FELWR	1				PU_FELWR
22	PU_OTHOT	1				PU_OTHOT
23	PU_OTHMF	1				PU_OTHMF
24	PU_OTHTM	1				PU_OTHTM
25	PU_OTHAG	1				PU_OTHAG
26	PU_OTHKU	1				PU_OTHKU

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
28	PU_SCHAT	1				PU_SCHAT
29	PU_SCHFG	1				PU_SCHFG
30	PU_SCHSW	1				PU_SCHSW
31	PU_SCHFL	1				PU_SCHFL
32	PU_SCHHS	1				PU_SCHHS

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

---

PedsQL (<18 yrs):

---

Cardiac Module - Teen Report (13 - ≤17 yrs)

Done ☐ ②  
Not Done ☐

---

If "NOT DONE", select reason:

Not Applicable ☐ ③  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

---

Date of assessment: \_\_\_\_\_

④

---

Administration language:

English ☐ ⑤  
Spanish ☐

---

HEART PROBLEMS AND TREATMENT (problems with...)

---

1. I get out of breath when I do sports activity or  
exercise \_\_\_\_\_

⑦

---

2. My chest hurts or feels tight when I do sports activity  
or exercise \_\_\_\_\_

⑧

---

3. I catch colds easily \_\_\_\_\_

⑨

---

4. I feel my heart beating fast \_\_\_\_\_

⑩

---

5. My lips turn blue when I run \_\_\_\_\_

⑪

---



---

6. I wake up at night with trouble breathing	_____	12
--	-------	----

---

7. I have to rest more than my friends	_____	13
--	-------	----

---

TREATMENT II (problems with...)

---

Check if <u>not</u> taking heart medicine	_____	15
---	-------	----

---

1. I refuse to take my heart medicine	_____	16
---------------------------------------	-------	----

---

2. It is hard for me to take my heart medicine	_____	17
--	-------	----

---

3. I forget to take my heart medicine	_____	18
---------------------------------------	-------	----

---

4. My heart medicine makes me feel sick	_____	19
---	-------	----

---

5. I worry about side effects from my medicine	_____	20
--	-------	----

---

PERCEIVED PHYSICAL APPEARANCE (problems with...)

---

1. I feel I am not good looking	_____	22
---------------------------------	-------	----

---

2. I don't like other people to see my scars	_____	23
--	-------	----

---

3. I am embarrassed when others see my body	_____	24
---	-------	----

---

TREATMENT ANXIETY (problems with...)

---

1. I get scared when I am waiting to see the doctor	_____	26
---	-------	----

---

---

2. I get scared when I have to go to the doctor \_\_\_\_\_ **27**

---

3. I get scared when I have to go to the hospital \_\_\_\_\_ **28**

---

4. I get scared when I have to have medical treatments \_\_\_\_\_ **29**

---

COGNITIVE PROBLEMS (problems with...)

---

1. It is hard for me to figure out what to do when something bothers me \_\_\_\_\_ **31**

---

2. I have trouble solving math problems \_\_\_\_\_ **32**

---

3. I have trouble writing school papers or reports \_\_\_\_\_ **33**

---

4. It is hard for me to pay attention to things \_\_\_\_\_ **34**

---

5. It is hard for me to remember what I read \_\_\_\_\_ **35**

---

COMMUNICATION (problems with...)

---

1. It is hard for me to tell the doctors and nurses how I feel \_\_\_\_\_ **37**

---

2. It is hard for me to ask the doctors and nurses questions \_\_\_\_\_ **38**

---














3. It is hard for me to explain my heart problem to other people \_\_\_\_\_ **39**

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	PX_PEDSDN2 D			1 = Done -2 = Not Done		PX_PEDSDN D
3	PX_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		PX_ND
4	PX_ASSMN TDT	mm dd yyyy				PX_ASSMN TDT
5	PX_LANG	2		1 = English 2 = Spanish		PX_LANG
7	PX_HRTBR	1				PX_HRTBR
8	PX_HRTCH	1				PX_HRTCH
9	PX_HRTCD	1				PX_HRTCD
10	PX_HRTBT	1				PX_HRTBT
11	PX_HRTLTP	1				PX_HRTLTP

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
 PX_HRTWK	1				PX_HRTWK
 PX_HRTRT	1				PX_HRTRT
 PX_HMED	1				PX_HMED
 PX_HMEDR	1				PX_HMEDR
 PX_HMEDH	1				PX_HMEDH
 PX_HMEDF	1				PX_HMEDF
 PX_HMEDS	1				PX_HMEDS
 PX_HMEDA	1				PX_HMEDA
 PX_APPLOOK	1				PX_APPLOOK
 PX_APPSCAR	1				PX_APPSCAR
 PX_APPEMB	1				PX_APPEMB
 PX_ANXWD	1				PX_ANXWD
 PX_ANXGD	1				PX_ANXGD

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Teen Self-Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
28	PX_ANXGH	1				PX_ANXGH
29	PX_ANXTX	1				PX_ANXTX
31	PX_COGBM	1				PX_COGBM
32	PX_COGMP	1				PX_COGMP
33	PX_COGRPT	1				PX_COGRPT
34	PX_COGATT	1				PX_COGATT
35	PX_COGRE AD	1				PX_COGRE AD
37	PX_COMNF	1				PX_COMNF
38	PX_COMNQ	1				PX_COMNQ
39	PX_COMOP	1				PX_COMOP

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Quality of Life Scale (QOLS)**  
**Generated On: 05 Jun 2019 13:56:01**

Quality of Life Scale (QOLS) (  $\geq 18$  yrs)

Done ☐ ①  
Not Done ☐

If "NOT DONE", select reason:

Not Applicable ☐ ②  
Too Low Functioning ☐  
Unable to complete ☐  
Refused ☐  
Other ☐

Date of assessment: \_\_\_\_\_

③

Administration language:

English ☐ ④  
Spanish ☐

1. Material comforts home, food, conveniences, financial security \_\_\_\_\_

⑤

2. Health - being physically fit and vigorous \_\_\_\_\_

⑥

3. Relationships with parents, siblings, and other relatives - communicating, visiting, helping \_\_\_\_\_

⑦

4. Having and rearing children \_\_\_\_\_

⑧

5. Close relationships with spouse or significant other \_\_\_\_\_

⑨

6. Close friends \_\_\_\_\_

⑩

7. Helping and encouraging others, volunteering, giving advice \_\_\_\_\_

⑪

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Quality of Life Scale (QOLS)**  
**Generated On: 05 Jun 2019 13:56:01**

---

8. Participating in organizations and public affairs	_____	12
<hr/>		
9. Learning - attending school, improving understanding, getting additional knowledge	_____	13
<hr/>		
10. Understanding yourself - knowing your assets and limitations - knowing what life is about	_____	14
<hr/>		
11. Work - job or in home	_____	15
<hr/>		
12. Expressing yourself creatively	_____	16
<hr/>		
13. Socializing - meeting other people, doing things, parties, etc.	_____	17
<hr/>		
14. Reading, listening to music, or observing entertainment	_____	18
<hr/>		
15. Participating in active recreation	_____	19
<hr/>		
16. Independence, doing for yourself	_____	20
<hr/>		

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Quality of Life Scale (QOLS)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	QL_QOLSD	2		1 = Done -2 = Not Done		QL_QOLSD ND
②	QL_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		QL_ND
③	QL_ASSMN TDT	mm dd yyyy				QL_ASSMN TDT
④	QL_LANG	2		1 = English 2 = Spanish		QL_LANG
⑤	QL_MCOMF	1				QL_MCOMF
⑥	QL_HEALTH	1				QL_HEALTH
⑦	QL_RELATP	1				QL_RELATP
⑧	QL_CHILD	1				QL_CHILD
⑨	QL_RELATS	1				QL_RELATS



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Quality of Life Scale (QOLS)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
10	QL_FRND	1				QL_FRND
11	QL_VOLUN	1				QL_VOLUN
12	QL_PUBLIC	1				QL_PUBLIC
13	QL_LEARN	1				QL_LEARN
14	QL_USELF	1				QL_USELF
15	QL_WORK	1				QL_WORK
16	QL_EXPRS	1				QL_EXPRS
17	QL_SOCIAL	1				QL_SOCIAL
18	QL_ENTRN	1				QL_ENTRN
19	QL_RECRE	1				QL_RECRE
20	QL_INDEP	1				QL_INDEP

---

SECTION A: ASD-RELATED QUESTIONNAIRE

---

Social Responsiveness Scale-2 (SRS) ( $\geq 8$  yrs)

Done ☐ ②  
Not Done ☐

---

Date of assessment: \_\_\_\_\_

③

---

Administration language: \_\_\_\_\_

English ☐ ④  
Spanish ☐

---

T-Score

---

\*Enter programmatically determined scores as reported. If manually scored, a score of " $\leq 30$ " should be entered as 0; a score of " $\geq 90$ " should be entered as 99

---

SRS-2 Total Score \_\_\_\_\_

⑦

---

Awr \_\_\_\_\_

⑧

---

Cog \_\_\_\_\_

⑨

---

Com \_\_\_\_\_

⑩

---

Mot \_\_\_\_\_

⑪

---

RRB \_\_\_\_\_

⑫

---

DSM-5 SCI \_\_\_\_\_

⑬

---

DSM-5 RRB

---

14

ADOS-2

---

Was the ADOS-2 completed for this subject?

Yes ☐ 16

No ☐

Not Applicable ☐

---

If NOT DONE, select reason:

Not Applicable ☐ 17

Too Low Functioning ☐

Unable to complete ☐

Refused ☐

Other ☐

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Social Responsiveness Scale-2 (SRS)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	SR_SRSDN D	2		1 = Done -2 = Not Done		SR_SRSDN D
3	SR_ASSMN TDT	mm dd yyyy				SR_ASSMN TDT
4	SR_LANG	2		1 = English 2 = Spanish		SR_LANG
7	SR_SRS2TO T					SR_SRS2TO T
8	SR_AWR	2				SR_AWR
9	SR_COG	2				SR_COG
10	SR_COM	2				SR_COM
11	SR_MOT	2				SR_MOT
12	SR_RRB	2				SR_RRB
13	SR_SCI	2				SR_SCI
14	SR_5RRB	2				SR_5RRB

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Social Responsiveness Scale-2 (SRS)**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16 SR_ADOS2	2		1 = Yes 0 = No -1 = Not Applicable		SR_ADOS2
17 SR_ND	2		-1 = Not Applicable 1 = Too Low Functioning 2 = Unable to complete 3 = Refused 99 = Other		SR_ND

---

SECTION B: ADAPTIVE BEHAVIOR

---

Vineland-III Questionnaire ( $\geq 8$  yrs)

Done ☐ ②  
Not Done ☐

---

Date of assessment: \_\_\_\_\_

③

---

Administration language:

English ☐ ④  
Spanish ☐

---

ABC and Domain Score Profile - Standard Score

---

Adaptive Behavior Composite \_\_\_\_\_

⑥

---

Communication \_\_\_\_\_

⑦

---

Daily Living Skills \_\_\_\_\_

⑧

---

Socialization \_\_\_\_\_

⑨

---

Motor Skills \_\_\_\_\_

⑩

---

Subdomain v-Scale Score Profile

---

Communication v-Scale Score

---

Receptive \_\_\_\_\_

⑬

---

Expressive \_\_\_\_\_

⑭

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Vineland-3 Questionnaire**  
**Generated On: 05 Jun 2019 13:56:01**

Written	_____	15
Daily Living Skills v-Scale Score		
Personal	_____	17
Domestic	_____	18
Community	_____	19
Socialization v-Scale Score		
Interpersonal Relationships	_____	21
Play and Leisure	_____	22
Coping Skills	_____	23
Motor Skills v-Scale Score		
Gross Motor	_____	25
Fine Motor	_____	26

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Vineland-3 Questionnaire**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	VQ_VQDND	2		1 = Done -2 = Not Done		VQ_VQDND
3	VQ_ASSMN TDT	mm dd yyyy				VQ_ASSMN TDT
4	VQ_LANG	2		1 = English 2 = Spanish		VQ_LANG
6	VQ_ABC	3				VQ_ABC
7	VQ_COMM	3				VQ_COMM
8	VQ_DLS	3				VQ_DLS
9	VQ_SOC	3				VQ_SOC
10	VQ_MOTOR	3				VQ_MOTOR
13	VQ_RECEP	2				VQ_RECEP
14	VQ_EXPRES S	2				VQ_EXPRES S
15	VQ_WRITT EN	2				VQ_WRITT EN



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Vineland-3 Questionnaire**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
17	VQ_PERSO NAL	2				VQ_PERSO NAL
18	VQ_DOMES TIC	2				VQ_DOMES TIC
19	VQ_COMMU NITY	2				VQ_COMMU NITY
21	VQ_INTERR ELAT	2				VQ_INTERR ELAT
22	VQ_PLAY	2				VQ_PLAY
23	VQ_COPING2					VQ_COPING
25	VQ_GMOTO R	2				VQ_GMOTO R
26	VQ_FMOTO R	2				VQ_FMOTO R

---

SECTION C: DAY-TO-DAY EXECUTIVE FUNCTIONING

---

BRIEF-2 (<18 yrs)

Done ☐ ②  
Not Done ☐

Date of assessment: \_\_\_\_\_

③

Administration language: \_\_\_\_\_

English ☐ ④  
Spanish ☐

T-Score

\*Enter programmatically determined scores as reported. If manually scored, a score of " $\leq 30$ " should be entered as 0; a score of " $\geq 90$ " should be entered as 99

Inhibit \_\_\_\_\_

⑦

Self-Monitor \_\_\_\_\_

⑧

Shift \_\_\_\_\_

⑨

Emotional Control \_\_\_\_\_

⑩

Initiate \_\_\_\_\_

⑪

Working Memory \_\_\_\_\_

⑫

Plan/Organize \_\_\_\_\_

⑬

Task-Monitor		14
Organization of Materials		15
Behavioral Regulation Index (BRI)		16
Emotion Regulation Index (ERI)		17
Cognitive Regulation Index (CRI)		18
Global Executive Composite (GEC)		19
Negativity Scale	Acceptable <input type="checkbox"/> Elevated <input type="checkbox"/> Highly elevated <input type="checkbox"/>	20
Inconsistency Scale	Acceptable <input type="checkbox"/> Questionable <input type="checkbox"/> Inconsistent <input type="checkbox"/>	21
Infrequency Scale	Acceptable <input type="checkbox"/> Questionable <input type="checkbox"/>	22

**Version 1.9 (CR: 20190416): All Forms**  
**Form: BRIEF-2 (Parent)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	BP_BRIEF2 DND	2		1 = Done -2 = Not Done		BP_BRIEF2 DND
3	BP_ASSMN TDT	mm dd yyyy				BP_ASSMN TDT
4	BP_LANG	2		1 = English 2 = Spanish		BP_LANG
7	BP_INHIBIT	2				BP_INHIBIT
8	BP_SELFM	2				BP_SELFM
9	BP_SHIFT	2				BP_SHIFT
10	BP_EMOTC	2				BP_EMOTC
11	BP_INITIAT E	2				BP_INITIAT E
12	BP_WORKM EM	2				BP_WORKM EM
13	BP_PLAN	2				BP_PLAN
14	BP_TASKM	2				BP_TASKM

**Version 1.9 (CR: 20190416): All Forms**  
**Form: BRIEF-2 (Parent)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15	BP_ORGM	2				BP_ORGM
16	BP_BEHRI	2				BP_BEHRI
17	BP_EMORI	2				BP_EMORI
18	BP_COGRI	2				BP_COGRI
19	BP_GLOEC	2				BP_GLOEC
20	BP_NEGS	2		1 = Acceptable 2 = Elevated 3 = Highly elevated		BP_NEGS
21	BP_INCONS	2		1 = Acceptable 2 = Questionable 3 = Inconsistent		BP_INCONS
22	BP_INFRQS	2		1 = Acceptable 2 = Questionable		BP_INFRQS

SECTION D: SOCIAL EMOTIONAL FUNCTIONING

---

BASC-3 Parent Report (<22 yrs)

Done ☐ ②  
Not Done ☐

---

Date of assessment: \_\_\_\_\_

③

---

Administration language:

English ☐ ④  
Spanish ☐

---

When scoring the BASC3, please use General - Combined norms

---

Composites (T-Score)

---

Externalizing Problems \_\_\_\_\_

⑦

---

Internalizing Problems \_\_\_\_\_

⑧

---

Behavioral Symptoms Index \_\_\_\_\_

⑨

---

Adaptive Skills \_\_\_\_\_

⑩

---

Scales (T-Score)

---

Hyperactivity \_\_\_\_\_

⑫

---

Aggression \_\_\_\_\_

⑬

---

Conduct Problems \_\_\_\_\_

⑭

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: BASC-3 Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

Anxiety		15
Depression		16
Somatization		17
Attention Problems		18
Atypicality		19
Withdrawal		20
Adaptability		21
Social Skills		22
Leadership		23
Functional Communication		24
Activities of Daily Living		25

**Version 1.9 (CR: 20190416): All Forms**  
**Form: BASC-3 Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	B3_BASC3D2 ND			1 = Done -2 = Not Done		B3_BASC3D ND
3	B3_ASSMN TDT	mm dd yyyy				B3_ASSMN TDT
4	B3_LANG	2		1 = English 2 = Spanish		B3_LANG
7	B3_EPROB	3				B3_EPROB
8	B3_IPROB	3				B3_IPROB
9	B3_BEHSI	3				B3_BEHSI
10	B3_ADAPS	3				B3_ADAPS
12	B3_HYPERA	3				B3_HYPERA
13	B3_AGGRES	3				B3_AGGRES
14	B3_CONDP	3				B3_CONDP
15	B3_ANXIET Y	3				B3_ANXIET Y



**Version 1.9 (CR: 20190416): All Forms**  
**Form: BASC-3 Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16	B3_DEPRES S	3				B3_DEPRES S
17	B3_SOMAT	3				B3_SOMAT
18	B3_ATTPRO B	3				B3_ATTPRO B
19	B3_ATYP	3				B3_ATYP
20	B3_WITHD	3				B3_WITHD
21	B3_ADAPT	3				B3_ADAPT
22	B3_SOCS	3				B3_SOCS
23	B3_LEAD	3				B3_LEAD
24	B3_FUNCC	3				B3_FUNCC
25	B3_ACTDL	3				B3_ACTDL

SECTION E: ANXIETY

---

MASC-2 Parent Report (<18 yrs)

Done ☐ ②  
Not Done ☐

---

Date of assessment:

\_\_\_\_\_ ③

---

Administration language:

English ☐ ④  
Spanish ☐

---

MASC-2 Total Score: T-Score

\_\_\_\_\_ ⑤

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: MASC-2 Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	MP_MASC2 DND	2		1 = Done -2 = Not Done		MP_MASC2 DND
③	DS_ASSMN TDT	mm dd yyyy				DS_ASSMN TDT
④	DS_LANG	2		1 = English 2 = Spanish		DS_LANG
⑤	DS_MASC2 TOT	2				DS_MASC2 TOT

SECTION F: DEPRESSION

---

Children's Depression Index (CDI-2) (<18 yrs)

Done ☐ ②  
Not Done ☐

---

Date of assessment:

\_\_\_\_\_ ③

---

Administration language:

English ☐ ④  
Spanish ☐

---

Children's Depression Index: T-Score

\_\_\_\_\_ ⑤

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Children's Depression Index (CDI-2)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	CD_CDI2DN2 D			1 = Done -2 = Not Done		CD_CDI2DN D
③	CD_ASSMN TDT	mm dd yyyy				CD_ASSMN TDT
④	CD_LANG	2		1 = English 2 = Spanish		CD_LANG
⑤	CD_CHILDD2 I					CD_CHILDD I

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Parent Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

---

SECTION G: ADHD

---

Conners 3 - Parent Long Form (<18 yrs)

Done ☐ ②  
Not Done ☐

---

Date of assessment: \_\_\_\_\_

③

---

Administration language:

English ☐ ④  
Spanish ☐

---

T-Score

---

\*Enter programmatically determined scores as reported. If manually scored, a score of " $\leq 30$ " should be entered as 0; a score of " $\geq 90$ " should be entered as 99

---

Inattention (IN) \_\_\_\_\_

⑦

---

Hyperactivity / Impulsivity (HY) \_\_\_\_\_

⑧

---

Learning Problems (LP) \_\_\_\_\_

⑨

---

Executive Functioning (EF) \_\_\_\_\_

⑩

---

Defiance / Aggression (AG) \_\_\_\_\_

⑪

---

Peer Relations (PR) \_\_\_\_\_

⑫

---

Conners 3 Global Index Total (GI) \_\_\_\_\_

⑬

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Parent Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

DSM-5 ADHD Inattentive (AN)	<hr/>	14
DSM-5 ADHD Hyperactive-Impulsive (AH)	<hr/>	15
DSM-5 Conduct Disorder (CD)	<hr/>	16
DSM-5 Oppositional Defiant Disorder (OD)	<hr/>	17

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Parent Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	CP_PLONG DND	2		1 = Done -2 = Not Done		CP_PLONG DND
3	CP_ASSMN TDT	mm dd yyyy				CP_ASSMN TDT
4	CP_LANG	2		1 = English 2 = Spanish		CP_LANG
7	CP_INATT	2				CP_INATT
8	CP_HYPER	2				CP_HYPER
9	CP_LPROB	2				CP_LPROB
10	CP_EXECF	2				CP_EXECF
11	CP_AGGR	2				CP_AGGR
12	CP_PFREL	2				CP_PFREL
13	CP_GI	2				CP_GI
14	CP_ADHDI	2				CP_ADHDI
15	CP_ADHDH	2				CP_ADHDH



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Parent Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16 CP_CONDIS 2					CP_CONDIS
17 CP_OPPDD 2					CP_OPPDD

---

PedsQL (<18 yrs):

---

Generic Core Parent Report

Done ☒ ②  
Not Done ☐

---

Date of assessment:

\_\_\_\_\_ ③

---

Administration language:

English ☒ ④  
Spanish ☐

---

PHYSICAL FUNCTIONING (problems with...)

---

1. Walking more than one block

\_\_\_\_\_ ⑥

---

2. Running

\_\_\_\_\_ ⑦

---

3. Participating in sports activity or exercise

\_\_\_\_\_ ⑧

---

4. Lifting something heavy

\_\_\_\_\_ ⑨

---

5. Taking a bath or shower by him or herself

\_\_\_\_\_ ⑩

---

6. Doing chores around the house

\_\_\_\_\_ ⑪

---

7. Having hurts or aches

\_\_\_\_\_ ⑫

---

8. Low energy level

\_\_\_\_\_ ⑬

---

EMOTIONAL FUNCTIONING (problems with...)

---

---

---

1. Feeling afraid or scared	_____	15
-----------------------------	-------	----

---

2. Feeling sad or blue	_____	16
------------------------	-------	----

---

3. Feeling angry	_____	17
------------------	-------	----

---

4. Trouble sleeping	_____	18
---------------------	-------	----

---

5. Worrying about what will happen to him or her	_____	19
--	-------	----

---

SOCIAL FUNCTIONING (problems with...)

---

1. Getting along with other children/teens	_____	21
--	-------	----

---

2. Other kids/teens not wanting to be his or her friend	_____	22
---	-------	----

---

3. Getting teased by other children/teens	_____	23
---	-------	----

---

4. Not able to do things that other children/teens his or her age can do	_____	24
--	-------	----

---

5. Keeping up when playing with other children/teens	_____	25
--	-------	----

---

SCHOOL FUNCTIONING (problems with...)

---

1. Paying attention in class	_____	27
------------------------------	-------	----

---

2. Forgetting things	_____	28
----------------------	-------	----

---

---

3. Keeping up with schoolwork	<hr/>	29
4. Missing school because of not feeling well	<hr/>	30
5. Missing school to go to the doctor or hospital	<hr/>	31

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	PV_PEDSDN2 D			1 = Done -2 = Not Done		PV_PEDSDN D
3	PV_ASSMN TDT	mm dd yyyy				PV_ASSMN TDT
4	PV_LANG	2		1 = English 2 = Spanish		PV_LANG
6	PV_PHYWK	1				PV_PHYWK
7	PV_PHYRU	1				PV_PHYRU
8	PV_PHYEX	1				PV_PHYEX
9	PV_PHYLF	1				PV_PHYLF
10	PV_PHYBA	1				PV_PHYBA
11	PV_PHYCH	1				PV_PHYCH
12	PV_PHYHA	1				PV_PHYHA
13	PV_PHYLE	1				PV_PHYLE
14	PV_FAFRAI D	1				PV_FAFRAI D

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16	PV_FSAD	1				PV_FSAD
17	PV_FANGRY	1				PV_FANGRY
18	PV_TSLEEP	1				PV_TSLEEP
19	PV_WORRY	1				PV_WORRY
21	PV_SOCCT	1				PV_SOCCT
22	PV_SOCFR	1				PV_SOCFR
23	PV_SOCTS	1				PV_SOCTS
24	PV_SOCNA	1				PV_SOCNA
25	PV_SOCPL	1				PV_SOCPL
27	PV_SCHAT	1				PV_SCHAT
28	PV_SCHFG	1				PV_SCHFG
29	PV_SCHSW	1				PV_SCHSW
30	PV_SCHFW	1				PV_SCHFW

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Generic - Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
31 PV_SCHHS	1				PV_SCHHS

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

PedsQL (<18 yrs):

Cardiac Module Parent Report (<18 yrs)

Done ☒ ②  
Not Done ☐

Date of assessment: \_\_\_\_\_

③

Administration language:

English ☒ ④  
Spanish ☐

HEART PROBLEMS AND TREATMENT (problems with...)

1. Getting out of breath while doing sports activity or exercise \_\_\_\_\_

⑥

2. Chest pain or tightness while doing sports activity or exercise \_\_\_\_\_

⑦

3. Catching colds easily \_\_\_\_\_

⑧

4. Fast heartbeat \_\_\_\_\_

⑨

5. His/her lips turning blue when running \_\_\_\_\_

⑩

6. Waking up at night with trouble breathing \_\_\_\_\_

⑪

7. Having to rest more than his/her friends \_\_\_\_\_

⑫

TREATMENT II (problems with...)



---

Check if <u>not</u> taking heart medicine	_____	14
---	-------	----

---

1. Refusing to take heart medicine	_____	15
------------------------------------	-------	----

---

2. Difficulty taking heart medicine	_____	16
-------------------------------------	-------	----

---

3. Forgetting to take heart medicine	_____	17
--------------------------------------	-------	----

---

4. Heart medicine making him/her feel sick	_____	18
--	-------	----

---

5. Worry about side effects from his/her medicine	_____	19
---	-------	----

---

PERCEIVED PHYSICAL APPEARANCE (problems with...)

---

1. Feeling that he/she is not good looking	_____	21
--	-------	----

---

2. Not liking other people to see his/her scars	_____	22
---	-------	----

---

3. Being embarrassed about others seeing his/her body	_____	23
---	-------	----

---

TREATMENT ANXIETY (problems with...)

---

1. Getting anxious when waiting to see the doctor	_____	25
---	-------	----

---

2. Getting anxious about going to the doctor	_____	26
--	-------	----

---

3. Getting anxious about going to the hospital	_____	27
--	-------	----

---

---

4. Getting anxious when he/she has to have medical treatments \_\_\_\_\_

---

28

---

COGNITIVE PROBLEMS (problems with...)

---

1. Figuring out what to do when something bothers him/her \_\_\_\_\_

---

30

2. Trouble solving math problems \_\_\_\_\_

---

31

3. Trouble writing school papers or reports \_\_\_\_\_

---

32

4. Difficulty paying attention to things \_\_\_\_\_

---

33

5. Remembering what he/she reads \_\_\_\_\_

---

34

---

COMMUNICATION (problems with...)

---

1. Telling the doctors and nurses how he/she feels \_\_\_\_\_

---

36

2. Asking the doctors or nurses questions \_\_\_\_\_

---

37

3. Explaining his/her heart problem to other people \_\_\_\_\_

---

38

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	PY_PEDSDN2 D			1 = Done -2 = Not Done		PY_PEDSDN D
3	PY_ASSMNT DT	mm dd yyyy				PY_ASSMNT DT
4	PY_LANG	2		1 = English 2 = Spanish		PY_LANG
6	PY_HRTBR	1				PY_HRTBR
7	PY_HRTCH	1				PY_HRTCH
8	PY_HRTCD	1				PY_HRTCD
9	PY_HRTBT	1				PY_HRTBT
10	PY_HRTLTP	1				PY_HRTLTP
11	PY_HRTWK	1				PY_HRTWK
12	PY_HRTRT	1				PY_HRTRT
14	PY_HMED	1				PY_HMED
15	PY_HMEDR	1				PY_HMEDR

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16	PY_HMEDD	1				PY_HMEDD
17	PY_HMEDF	1				PY_HMEDF
18	PY_HMEDS	1				PY_HMEDS
19	PY_HMEDE	1				PY_HMEDE
21	PY_APPLOO K	1				PY_APPLOO K
22	PY_APPSCA R	1				PY_APPSCA R
23	PY_APPEMB	1				PY_APPEMB
25	PY_ANXWD	1				PY_ANXWD
26	PY_ANXGD	1				PY_ANXGD
27	PY_ANXGH	1				PY_ANXGH
28	PY_ANXTX	1				PY_ANXTX
30	PY_COGBT	1				PY_COGBT
31	PY_COGMP	1				PY_COGMP

**Version 1.9 (CR: 20190416): All Forms**  
**Form: PedsQL Cardiac - Parent Report**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
32 PY_COGRPT1					PY_COGRPT
33 PY_COGATT1					PY_COGATT
34 PY_COGREA1 D					PY_COGREA D
36 PY_COMNF 1					PY_COMNF
37 PY_COMNQ 1					PY_COMNQ
38 PY_COMOP 1					PY_COMOP

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Teacher Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

---

ADHD

---

Conners 3 - Teacher Long Form (<18 yrs)

Done ☒ ②  
Not Done ☐

---

Date of assessment: \_\_\_\_\_

③

---

Administration language:

English ☒ ④  
Spanish ☐

---

T-Score

---

\*Enter programmatically determined scores as reported. If manually scored, a score of " $\leq 30$ " should be entered as 0; a score of " $\geq 90$ " should be entered as 99

---

Inattention (IN) \_\_\_\_\_

⑦

---

Hyperactivity / Impulsivity (HY) \_\_\_\_\_

⑧

---

Learning Problems / Executive Functioning (LE) \_\_\_\_\_

⑨

---

Learning Problems (subscale of LE) (LP) \_\_\_\_\_

⑩

---

Executive Functioning (subscale) (EF) \_\_\_\_\_

⑪

---

Defiance / Aggression (AG) \_\_\_\_\_

⑫

---

Peer Relations (PR) \_\_\_\_\_

⑬

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Teacher Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

Conners 3 Global Index Total (GI)	_____	14
DSM-5 ADHD Inattentive (AN)	_____	15
DSM-5 ADHD Hyperactive-Impulsive (AH)	_____	16
DSM-5 Conduct Disorder (CD)	_____	17
DSM-5 Oppositional Defiant Disorder (OD)	_____	18

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Teacher Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	CT_PLONG DND	2		1 = Done -2 = Not Done		CT_PLONG DND
③	CT_ASSMN TDT	mm dd yyyy				CT_ASSMN TDT
④	CT_LANG	2		1 = English 2 = Spanish		CT_LANG
⑦	CT_INATT	2				CT_INATT
⑧	CT_HYPER	2				CT_HYPER
⑨	CT_LPROB	2				CT_LPROB
⑩	CT_SCLE	2				CT_SCLE
⑪	CT_SCEF	2				CT_SCEF
⑫	CT_AGGR	2				CT_AGGR
⑬	CT_PREL	2				CT_PREL
⑭	CT_GITOT	2				CT_GITOT
⑮	CT_AN	2				CT_AN



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Conners 3 - Teacher Long Form**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16	CT_AH	2				CT_AH
17	CT_CD	2				CT_CD
18	CT_OD	2				CT_OD

---

SECTION C: DAY-TO-DAY EXECUTIVE FUNCTIONING

---

BRIEF-2 (<18 yrs)

Done ☐ ②  
Not Done ☐

---

Date of assessment: \_\_\_\_\_

③

---

Administration language: \_\_\_\_\_

English ☐ ④  
Spanish ☐

---

T-Score

---

\*Enter programmatically determined scores as reported. If manually scored, a score of " $\leq 30$ " should be entered as 0; a score of " $\geq 90$ " should be entered as 99

---

Inhibit \_\_\_\_\_

⑦

---

Self-Monitor \_\_\_\_\_

⑧

---

Shift \_\_\_\_\_

⑨

---

Emotional Control \_\_\_\_\_

⑩

---

Initiate \_\_\_\_\_

⑪

---

Working Memory \_\_\_\_\_

⑫

---

Plan/Organize \_\_\_\_\_

⑬

Task-Monitor	<hr/>	<b>14</b>
Organization of Materials	<hr/>	<b>15</b>
Behavioral Regulation Index (BRI)	<hr/>	<b>16</b>
Emotion Regulation Index (ERI)	<hr/>	<b>17</b>
Cognitive Regulation Index (CRI)	<hr/>	<b>18</b>
Global Executive Composite (GEC)	<hr/>	<b>19</b>
Negativity Scale	Acceptable <input type="checkbox"/> Elevated <input type="checkbox"/> Highly elevated <input type="checkbox"/>	<b>20</b>
Inconsistency Scale	Acceptable <input type="checkbox"/> Questionable <input type="checkbox"/> Inconsistent <input type="checkbox"/>	<b>21</b>
Infrequency Scale	Acceptable <input type="checkbox"/> Questionable <input type="checkbox"/>	<b>22</b>

**Version 1.9 (CR: 20190416): All Forms**  
**Form: BRIEF-2 (Teacher)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
2	BT_BRIEF2	2		1 = Done -2 = Not Done		BT_BRIEF2 DND
3	BT_ASSMN	mm dd TDT yyyy				BT_ASSMN TDT
4	BT_LANG	2		1 = English 2 = Spanish		BT_LANG
7	BT_INHIBIT	2				BT_INHIBIT
8	BT_SELFM	2				BT_SELFM
9	BT_SHIFT	2				BT_SHIFT
10	BT_EMOTC	2				BT_EMOTC
11	BT_INITIAT	2				BT_INITIAT E
12	BT_WORKM	2				BT_WORKM EM
13	BT_PLAN	2				BT_PLAN
14	BT_TASKM	2				BT_TASKM

**Version 1.9 (CR: 20190416): All Forms**  
**Form: BRIEF-2 (Teacher)**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15	BT_ORGM	2				BT_ORGM
16	BT_BEHRI	2				BT_BEHRI
17	BT_EMORI	2				BT_EMORI
18	BT_COGRI	2				BT_COGRI
19	BT_GLOEC	2				BT_GLOEC
20	BT_NEGS	2		1 = Acceptable 2 = Elevated 3 = Highly elevated		BT_NEGS
21	BT_INCONS2			1 = Acceptable 2 = Questionable 3 = Inconsistent		BT_INCONS
22	BT_INFRQS	2		1 = Acceptable 2 = Questionable		BT_INFRQS

---

SUBJECT DISPOSITION / FINAL STATUS

---

What was the subject's final study status?

- Completed study ☐ ②  
Lost to follow-up ☐  
Withdrew from Study ☐  
Death (Complete the Death ☐  
Information form)  
Administrative decision ☐  
Other ☐
- 

If "Administrative decision" OR "Other", please specify: \_\_\_\_\_ ③

---

Date participation completed/terminated: \_\_\_\_\_ ④

---

COMMENTS

---

Additional Comments: \_\_\_\_\_ ⑥

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Subject Disposition**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② TERM_REAS2 ON2			1 = Completed study 2 = Lost to follow-up 3 = Withdrew from Study 4 = Death (Complete the Death Information form) 5 = Administrative decision 99 = Other		TERM_REAS ON2
③ ADMIN_OT H_SP	\$255				ADMIN_OT H_SP
④ SD_COMPD T	mm dd yyyy				SD_COMPD T
⑥ ADD_COMM	\$255				ADD_COMM

---

DEATH INFORMATION

---

Date of death: \_\_\_\_\_ ②

---

Cause of death: \_\_\_\_\_ ③

---

If Other, specify: \_\_\_\_\_ ④

---

Source of information:  
check all that apply

---

a. Medical Record \_\_\_\_\_ ⑥

---

b. Autopsy Report \_\_\_\_\_ ⑦

---

c. Death Certificate \_\_\_\_\_ ⑧

---

d. Relative \_\_\_\_\_ ⑨

---

e. National Death Index \_\_\_\_\_ ⑩

---

f. Other \_\_\_\_\_ ⑪

---

If OTHER, please specify: \_\_\_\_\_ ⑫

---

COMMENTS

---

Additional Comments: \_\_\_\_\_ ⑭

---



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Death Information**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	DEATH_D	mm- dd- yyyy				DEATH_D
③	CAUSE_CO DE	\$3		COD		CAUSE_CO DE
④	CAUSE_SP	\$50				CAUSE_SP
⑥	SRC_MR	1				SRC_MR
⑦	SRC_AR	1				SRC_AR
⑧	SRC_DCERT1					SRC_DCERT
⑨	SRC_RELAT IVE	1				SRC_RELAT IVE
⑩	SRC_NDI	1				SRC_NDI
⑪	SRC_OTH	1				SRC_OTH
⑫	SRC_OTH_ SP	\$50				SRC_OTH_ SP
⑭	ADD_COMM	\$255				ADD_COMM

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Re-Consent Age Eighteen**  
**Generated On: 05 Jun 2019 13:56:01**

---

CONSENT INFORMATION

---

Did subject provide consent via the adult =consent form?

Yes ☐ ②

No ☐

Not Capable - has ☐  
Parent/Guardian Consent  
N/A-not required by local ☐  
IRB

---

If NO:

---

Why did subject not provide consent via the adult consent form?

Unable to reach subject/no ☐ ④  
response

Refused consent ☐

Death ☐

---

Date it was determined that subject would not consent:

⑤

---

If YES:

---

Date consent signed at >=18:

⑦

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Re-Consent Age Eighteen**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② CONSENT_ 2 18			1 = Yes 0 = No 2 = Not Capable - has Parent/Guardian Consent 3 = N/A-not required by local IRB		CONSENT_ 18
④ NO_CONS_ 2 18_R			1 = Unable to reach subject/no response 2 = Refused consent 3 = Death		NO_CONS_ 18_R
⑤ NO_CONS_ 18_D	mm dd yyyy				NO_CONS_ 18_D
⑦ CONSENT_ 18_D	mm dd yyyy				CONSENT_ 18_D

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medications Prompt**  
**Generated On: 05 Jun 2019 13:56:01**

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Is the subject currently taking medications for Cardiac,  
ADHD/ADD, Anxiety/Depression/Psychiatric or other  
relevant medications?

---

Yes ☒ 1  
No ☐

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medications Prompt**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① ME_MEDYN 2			1 = Yes 0 = No		ME_MEDYN

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medications**  
**Generated On: 05 Jun 2019 13:56:01**

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Medication Name	<hr/>	①
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---

Indication	Cardiac <input type="checkbox"/>	②
	ADHD/ADD <input type="checkbox"/>	
	Anxiety/Depression/Psychiatric <input type="checkbox"/>	
	Other <input type="checkbox"/>	

---

If "Other" Indication, please specify:	<hr/>	③
--	-------	---

---

To add additional entries click Save then click "Add a new Log line" at the bottom of the table.

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Medications**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	MD_NAME	\$50				MD_NAME
②	MD_IND	2		1 = Cardiac 2 = ADHD/ADD 3 = Anxiety/De pression/Ps ychiatric 99 = Other		MD_IND
③	MD_INDOT H	\$50				MD_INDOT H

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Adverse Events Prompt**  
**Generated On: 05 Jun 2019 13:56:01**

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Were any adverse events reported during or within 24  
hours of any study related evaluation?

Yes ☒ 1  
No ☐

---



**Version 1.9 (CR: 20190416): All Forms**  
**Form: Adverse Events Prompt**  
**Generated On: 05 Jun 2019 13:56:01**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① AE_AEYN	2		1 = Yes 0 = No		AE_AEYN

---

Adverse Event

---

①

Severity

Mild (Grade 1) ☐ ②  
Moderate (Grade 2) ☐  
Severe (Grade 3) ☐  
Life Threatening (Grade 4) ☐

---

Relationship to study testing

Not Related ☐ ③  
Unlikely Related ☐  
Possibly Related ☐  
Probably Related ☐  
Definitely Related ☐

---

Action taken with study testing

No Change ☐ ④  
Interrupted ☐  
Withdrawn ☐  
Not Applicable ☐  
Unknown ☐

---

Expected?

Yes ☐ ⑤  
No ☐

---

Outcome

Fatal ☐ ⑥  
Not Recovered/Not Resolved ☐  
Recovered/Resolved ☐  
Recovered/Resolved With Sequelae ☐  
Recovering/Resolving ☐  
Unknown ☐

---

---

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Adverse Events**  
**Generated On: 05 Jun 2019 13:56:01**

---

Was the event Serious?

Yes ☐ 7  
No ☐

---

Did AE cause subject to be discontinued from the study?

Yes ☐ 8  
No ☐

---

Start Date

9

---

Ongoing at Study Completion/Discontinuation?

Yes ☐ 10  
No ☐

---

If NOT Ongoing, Stop Date

11

---

To add additional entries click Save then click "Add a new Log line" at the bottom of the table.

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**Version 1.9 (CR: 20190416): All Forms**  
**Form: Adverse Events**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	AE_TERM	\$50				AE_TERM
②	AE_SEV	2		1 = Mild (Grade 1) 2 = Moderate (Grade 2) 3 = Severe (Grade 3) 4 = Life Threatening (Grade 4)		AE_SEV
③	AE_RSTUDY2			1 = Not Related 2 = Unlikely Related 3 = Possibly Related 4 = Probably Related 5 = Definitely Related		AE_RSTUDY
④	AE_ACTION 2			1 = No Change 2 = Interrupted 3 = Withdrawn -1 = Not Applicable -8 = Unknown		AE_ACTION

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Adverse Events**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
5	AE_EXP	2		1 = Yes 0 = No		AE_EXP
6	AE_OUT	2		1 = Fatal 2 = Not Recovered/ Not Resolved 3 = Recovered/ Resolved 4 = Recovered/ Resolved With Sequelae 5 = Recovering/ Resolving -8 = Unknown		AE_OUT
7	AE_SAE	2		1 = Yes 0 = No		AE_SAE
8	AE_DISC	2		1 = Yes 0 = No		AE_DISC
9	AE_SDT	mm dd yyyy				AE_SDT
10	AE_ONG	2		1 = Yes 0 = No		AE_ONG

**Version 1.9 (CR: 20190416): All Forms**  
**Form: Adverse Events**  
**Generated On: 05 Jun 2019 13:56:01**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
	AE_EDT	mm dd yyyy				AE_EDT