

PlaNeT-2 Form 12 A— Questionnaire

Final version 2.0
11th June 2014

Trial Number

Neonatal Initials

If multiple births; birth order of

TRPG /BADGER/NNAP 2–YEAR CORRECTED AGE OUTCOME FORM

Reason if child not assessed: Deceased post discharge / lost to follow up

Date of death if applicable ___/___/___

Date of assessment ___/___/___

	No	Yes	Don't know
1. Neuromotor:			
a. Does this child have any difficulty walking?			
b. Is this child's gait non-fluent or abnormal reducing mobility?			
c. Is this child unable to walk without assistance?			
d. Is this child unstable or needs to be supported when sitting?			
e. Is this child unable to sit?			
f. Does this child have any difficulty with the use of one hand?			
g. Does this child have difficulty with the use of both hands?			
h. Is this child unable to use hands (i.e. to feed)?			
2. Malformations:			
a. Does this child have a malformation identified at birth/ within the first 2yrs?			
b. Does this malformation impair daily activities despite assistance?			
3. Respiratory & CVS system:			
a. Does this child have limited exercise tolerance with or without treatment?			
b. Does child require supplemental oxygen or other respiratory support			
4. Gastro-intestinal Tract:			
a. Is this child on a special diet? If yes, what diet: _____			
b. Does this child have a stoma?			
c. Does this child require TPN, NG or PEG feeding?			
5. Renal:			
a. Does this child have renal impairment, no treatment?			
b. Is this child on dietary or drug treatment for renal impairment?			
c. Is this child having renal dialysis or awaiting renal transplant?			
6. Neurology:			
a. Has this child had a fit or seizure in the past 12 months?			
b. Is this child on any anticonvulsants?			
c. Has this child had more than 1 seizures a month despite treatment?			
d. Has this child ever had ventriculo-peritoneal shunt inserted?			

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7. Growth (Give date of measurements if different from date of assessment)	No	Yes	Don't Know
Weight _____ kg Date _____ Length _____ cm Date _____ Head circumference _____ cm Date _____			
8. Development:			
a. Is development normal? (if 'Yes', go straight to section 9)			
b. Is the child's development between 0-3 months behind corrected age?			
c. Is the child's development between 3-6 months behind corrected age?			
d. Is the child's development between 6-9 months behind corrected age?			
e. Is the child's development more than 12 months behind corrected age?			
f. If child had detailed neurodevelopmental assessment, provide name of the test:			
9. Neurosensory:			
a. Does this child have a hearing impairment?			
b. Does this child have hearing impairment corrected by aids?			
c. Does this child have hearing impairment not correctable with aids?			
d. Does this child have any visual problems (including squint)?			
e. Does this child have visual defect that is not fully correctable?			
f. Is this child blind or sees light only?			
10. Communication:			
a. Does this child have any difficulty with communication?			
b. Does this child have difficulty with speech (<10 words/signs)?			
c. Does the child have <5 meaningful words, vocalisations or signs?			
d. Does this child have difficulty with understanding outside of familiar context?			
e. Is this child unable to understand words or signs?			
Special Questions:			
a. Is the disability mild / moderate / severe? (please refer to appendix for definitions). Please write classification in box below			

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1) Does this child have Cerebral Palsy? If yes, please classify:			
Spastic bilateral: 2 limb involvement		Hemiplegia: Right sided	
Spastic bilateral: 3 limb involvement		Dyskinetic/ dystonic/ choreo-athetoid	
Spastic bilateral: 4 limb involvement		Not classifiable	
Hemiplegia: left sided			

2) Please give diagnosis: _____

Bayley III (if performed) – please enter RAW scores			
Cognitive		Gross motor	
Receptive language		Social emotional	
Expressive language		Adaptive behaviour	
Fine Motor		<i>(enter sum of scaled scores)</i>	
Notes			

Griffiths (if performed) – please enter RAW scores			
A Locomotor		D Eye and hand coordination	
B Personal and social		E Performance	
C Hearing and Language		F Practical reasoning	
Notes			

Schedule of Growing Skills (if performed) – please enter RAW scores			
Locomotor		Hearing and Language	
Manipulative		Speech and Language	
Interactive Social		Visual	
Self-care social			
Notes			