



Neurocognitive Enrollment Criteria Form

Patient ID ____ - ____ - ____

Date of determination (mm/dd/yy): ____/____/____

Follow-up time-point: 6 Month 12 Month

SECTION I: INCLUSION CRITERIA

		<u>No</u>	<u>Yes</u>
1.	Patient is enrolled in the PALF cohort study?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Patient was between 2 years, 0 months, 0 days and 16 years, 0 months, 0 days old at PALF enrollment AND between 3 years, 0 months, 0 days and 16 years, 11 months, 29 days at the 12 month timepoint?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Patient is fluent in English?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Patient's parent/guardian is fluent in English?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: EXCLUSION CRITERIA

		<u>No</u>	<u>Yes</u>
1.	Patient is awaiting liver transplantation?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Patient has a cancer diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Patient has been hospitalized within the past 4 weeks prior to testing?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Patient has uncontrolled seizures?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Patient has no speech (no intelligible words) or is unable to follow simple commands?	<input type="checkbox"/>	<input type="checkbox"/>
	5.1 If yes, when did this begin? 1 <input type="checkbox"/> Before the ALF episode 2 <input type="checkbox"/> After the ALF episode		
6.	Patient has weakness or abnormality of muscle tone or coordination, such as cerebral palsy, sufficiently severe that it impairs their ability to perform physical tasks required for testing?	<input type="checkbox"/>	<input type="checkbox"/>
	6.1 If yes, indicate severity: 1 <input type="checkbox"/> Mild 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe		
	6.2 If yes, when did this begin? 1 <input type="checkbox"/> Before the ALF episode 2 <input type="checkbox"/> After the ALF episode		

If the responses to all inclusion criteria are YES and all exclusion criteria are NO, the patient is eligible to participate in the Neurocognitive Comprehensive Battery of the PALF study.

SECTION III: ENROLLMENT

		<u>No</u>	<u>Yes</u>
1.	Patient meets eligibility criteria for the PALF Neurocognitive Comprehensive Battery?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Patient enrolled in the PALF Neurocognitive Comprehensive Battery?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If Not Enrolled:</p> <p>2.1 Reason:</p> <p style="padding-left: 20px;">1 <input type="checkbox"/> Patient ineligible due to enrollment criteria 2 <input type="checkbox"/> Not Interested 3 <input type="checkbox"/> Time (takes too long)</p> <p style="padding-left: 20px;">4 <input type="checkbox"/> Other, specify _____</p>			
<p>If Enrolled:</p> <p>2.2 Review current medications and update medication log</p> <p>2.3 Was BRIEF-teacher form sent?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes, Date letter sent (mm/dd/yy): ____/____/____</p> <p style="padding-left: 20px;"><input type="checkbox"/> No, Reason why letter was not sent:</p> <p style="padding-left: 40px;">1 <input type="checkbox"/> Patient not in age range</p> <p style="padding-left: 40px;">2 <input type="checkbox"/> Patient cyber/home schooled</p> <p style="padding-left: 60px;">Was the patient cyber/home schooled prior to their episode of PALF? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">3 <input type="checkbox"/> Site error, specify _____</p> <p style="padding-left: 20px;">4 <input type="checkbox"/> Other, specify _____</p> <p>2.4 If 12 month timepoint, Date psychologist appointment scheduled: ____/____/____</p> <p style="padding-left: 20px;">If participant did not attend psychologist appointment, indicate the reason the visit will never be performed</p> <p style="padding-left: 40px;">1 <input type="checkbox"/> Patient scheduled but did not attend 9 <input type="checkbox"/> Other, specify _____</p>			

PALF Study Personnel Signature: _____

Date (mm/dd/yy): ____/____/____