



**Neurocognitive Longitudinal – Comprehensive Battery**

**Summary Measures Form**

Patient ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Timepoint:  6 month  12 month

Test Date (mm/dd/yy): \_\_ / \_\_ / \_\_

Date of CRF Completion (mm/dd/yy): \_\_ / \_\_ / \_\_

Study Staff Initials \_\_\_\_

For each of the following neurocognitive assessments indicate whether they were completed and if not completed the reason the assessment was not completed:

Assessment	Completed	If no, reason
Behavior Rating Inventory of Executive Functioning (BRIEF) - Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Completed alternative, age-appropriate form 2 <input type="checkbox"/> Examiner error 3 <input type="checkbox"/> Not returned 20 <input type="checkbox"/> Other, specify _____
Behavior Rating Inventory of Executive Function (BRIEF) – Parent Preschool	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Completed alternative, age-appropriate form 2 <input type="checkbox"/> Examiner error 3 <input type="checkbox"/> Not returned 20 <input type="checkbox"/> Other, specify _____
Behavior Rating Inventory of Executive Function (BRIEF) – Self Report (Ages 11-16)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 3 <input type="checkbox"/> Not returned 4 <input type="checkbox"/> Patient not in age range 5 <input type="checkbox"/> Child uncooperative/unengaged 6 <input type="checkbox"/> Child unable to complete (comprehension) 20 <input type="checkbox"/> Other, specify _____
Wechsler Intelligence Scales for Children – Fourth Edition (WISC-IV)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Completed alternative, age-appropriate form 2 <input type="checkbox"/> Examiner error 5 <input type="checkbox"/> Child uncooperative/unengaged 6 <input type="checkbox"/> Child unable to complete (comprehension) 20 <input type="checkbox"/> Other, specify _____
Wechsler Preschool and Primary Scales of Intelligence, 4 <sup>th</sup> Ed (WPPSI-IV)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Completed alternative, age-appropriate form 2 <input type="checkbox"/> Examiner error 5 <input type="checkbox"/> Child uncooperative/unengaged 6 <input type="checkbox"/> Child unable to complete (comprehension) 20 <input type="checkbox"/> Other, specify _____



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Assessment	Completed	If no, reason
Beery-Buktenica Developmental Test of Visual-Motor Integration (VMI-6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 5 <input type="checkbox"/> Child uncooperative/unengaged 6 <input type="checkbox"/> Child unable to complete (comprehension) 20 <input type="checkbox"/> Other, specify _____
Conners' Continuous Performance Test - K-CPT (Age 4-5); CPT-II (Age 6 +)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 4 <input type="checkbox"/> Patient not in age range 5 <input type="checkbox"/> Child uncooperative/unengaged 6 <input type="checkbox"/> Child unable to complete (comprehension) 20 <input type="checkbox"/> Other, specify _____
Adaptive Behavior Assessment System – 2 <sup>nd</sup> Edition (ABAS-II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 3 <input type="checkbox"/> Not returned 20 <input type="checkbox"/> Other, specify _____
Children's Depression Inventory, 2 <sup>nd</sup> edition (CDI-2) - Self Report (Ages 8-16)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 3 <input type="checkbox"/> Not returned 4 <input type="checkbox"/> Patient not in age range 5 <input type="checkbox"/> Child uncooperative/unengaged 6 <input type="checkbox"/> Child unable to complete (comprehension) 20 <input type="checkbox"/> Other, specify _____
Children's Depression Inventory, 2 <sup>nd</sup> edition (CDI-2) - Parent (Ages 8-16)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 3 <input type="checkbox"/> Not returned 4 <input type="checkbox"/> Patient not in age range 20 <input type="checkbox"/> Other, specify _____
Abbreviated UCLA PTSD Reaction Index (PTSD-RI) – Self-Report (Ages 8-16)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 4 <input type="checkbox"/> Patient not in age range 5 <input type="checkbox"/> Child uncooperative/unengaged 6 <input type="checkbox"/> Child unable to complete (comprehension) 12 <input type="checkbox"/> Refused 20 <input type="checkbox"/> Other, specify _____
UCLA PTSD Reaction Index, Parent Screening Version – Parent (Ages 8-16)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> Examiner error 3 <input type="checkbox"/> Not returned 4 <input type="checkbox"/> Patient not in age range 12 <input type="checkbox"/> Refused 20 <input type="checkbox"/> Other, specify _____



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**BRIEF-Parent**

Person completing form: 1  Mother 2  Father 6  Other, specify \_\_\_\_\_

<u>Indices</u>	<u>T-Score (range 10-150)</u>	Mean=50 SD=10 *Higher score is worse*
Behavioral Regulation Index (BRI)	_____	
Metacognition Index (MI)	_____	
Global Executive Composite (GEC)	_____	

<u>Scales</u>	<u>T-Score (range 10-150)</u>	Mean=50 SD=10 *Higher score is worse*
Inhibit	_____	
Shift	_____	
Emotional Control	_____	
Initiate	_____	
Working Memory	_____	
Plan/Organize	_____	
Organization of Materials	_____	
Monitor	_____	

Validity Scales

Negativity

1  Acceptable  
2  Elevated  
3  Highly Elevated

Inconsistency

1  Acceptable  
2  Questionable  
3  Inconsistent



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**BRIEF-Parent Preschool**

Person completing form:      1  Mother      2  Father      6  Other, specify \_\_\_\_\_

<u>Indices</u>	<u>T-Score (range 10-150)</u>	Mean=50 SD=10 *Higher score is worse*
Inhibitory Self-Control Index (ISCI)	_____	
Flexibility Index (FI)	_____	
Emergent Metacognition Index (EMI)	_____	
Global Executive Composite (GEC)	_____	

<u>Scales</u>	<u>T-Score (range 10-150)</u>	Mean=50 SD=10 *Higher score is worse*
Inhibit	_____	
Shift	_____	
Emotional Control	_____	
Working Memory	_____	
Plan/Organize	_____	

Validity Scales

Negativity

1  Acceptable

2  Elevated (98-99%)

3  Elevated (100%)

Inconsistency

1  Acceptable (0-94%)

2  Acceptable (97-98%)

3  Inconsistent (99-100%)



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Timepoint:  6 month  12 month

**BRIEF-Self-Report (Ages 11-16)**

Form read to child: 0  No 1  <50% 2  ≥50%

<u>Indices</u>	<u>T-Score (range 10-150)</u>	Mean=50 SD=10 *Higher score is worse*
Behavioral Regulation Index (BRI)	_____	
Metacognition Index (MI)	_____	
Global Executive Composite (GEC)	_____	

<u>Scales</u>	<u>T-Score (range 10-150)</u>	Mean=50 SD=10 *Higher score is worse*
Inhibit	_____	
Shift	_____	
Emotional Control	_____	
Monitor	_____	
Working Memory	_____	
Plan/Organize	_____	
Organization of Materials	_____	
Task Completion	_____	

<u>Sub-scales</u>	<u>T-Score (range 10-150)</u>	Mean=50 SD=10 *Higher score is worse*
Behavioral Shift	_____	
Cognitive Shift	_____	

Validity Scales

Negativity

1  Acceptable

2  Elevated

Inconsistency

1  Acceptable

3  Inconsistent



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Timepoint:  6 month  12 month

**WISC-IV**

Composites

Standard Score (range 40-160) Mean=100 SD=15

Verbal Comprehension Index (VC) \_\_\_\_\_  
 Perceptual Reasoning Index (PR) \_\_\_\_\_  
 Working Memory Index (WM) \_\_\_\_\_  
 Processing Speed Index (PS) \_\_\_\_\_  
 Full Scale IQ (FSIQ) \_\_\_\_\_  
 General Ability Index (GAI) \_\_\_\_\_  
 Cognitive Proficiency \_\_\_\_\_

N/A

Subtests

Scaled Score (range 1-19) Mean=10 SD=3

Similarities \_\_\_\_\_  
 Vocabulary \_\_\_\_\_  
 Comprehension \_\_\_\_\_  
 Block Design \_\_\_\_\_  
 Picture Concepts \_\_\_\_\_  
 Matrix Reasoning \_\_\_\_\_  
 Digit Span \_\_\_\_\_  
 Letter-Number Sequencing \_\_\_\_\_  
 Coding \_\_\_\_\_  
 Symbol Search \_\_\_\_\_



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Timepoint:  6 month  12 month

**WPPSI-IV**

Composites

Standard Score (range 40-160) Mean=100 SD=15

Verbal Comprehension

\_\_\_\_\_

Visual Spatial

\_\_\_\_\_

Fluid Reasoning

\_\_\_\_\_

N/A, Patient < 4

Working Memory

\_\_\_\_\_

Processing Speed

\_\_\_\_\_

N/A, Patient < 4

Full Scale

\_\_\_\_\_

Vocabulary Acquisition

\_\_\_\_\_

Nonverbal

\_\_\_\_\_

General Ability Index

\_\_\_\_\_

Cognitive Proficiency

\_\_\_\_\_

N/A, Patient < 4

Subtests

Scaled Score (range 1-19)

Mean=10 SD=3

Receptive Vocabulary

\_\_\_\_\_

Block Design

\_\_\_\_\_

Information

\_\_\_\_\_

Matrix Reasoning

\_\_\_\_\_

N/A, Patient < 4

Bug Search

\_\_\_\_\_

N/A, Patient < 4

Picture Memory

\_\_\_\_\_

Similarities

\_\_\_\_\_

N/A, Patient < 4

Picture Concepts

\_\_\_\_\_

N/A, Patient < 4

Cancellation

\_\_\_\_\_

N/A, Patient < 4

Zoo Locations

\_\_\_\_\_

Object Assembly

\_\_\_\_\_

Picture Naming

\_\_\_\_\_

**VMI-6**

Indices

Standard Score (range 40-160) Mean=100 SD=15

Visual-Motor Integration

\_\_\_\_\_

Visual Perception

\_\_\_\_\_

Motor Coordination

\_\_\_\_\_



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**K-CPT (Age 4-5)/ CPT-II (Age 6+)**

Version:  K-CPT  CPT-II

Indices T- Score (range10-150)

Mean=50 SD=10

Omission Errors \_\_\_\_\_

\*Higher Score is worse for all CPT-II variables\*

Commission Errors \_\_\_\_\_

Hit Reaction Time (RT) \_\_\_\_\_

RT Standard Error (RTSE) \_\_\_\_\_

\*High and low RT scores can be problematic\*

Variability \_\_\_\_\_

Detectability (d') \_\_\_\_\_

Percentage

Clinical Confidence Index \_\_\_\_\_

\*If >50% then profile is clinical, otherwise non-clinical

**ABAS-II**

Version:  Age 0-5  Age 5-21

Person completing form:  Mother  Father  Other, specify \_\_\_\_\_

Composites Standard Score (range 40-160) Mean=100 SD=15

Global Adaptive Composite (GAC) \_\_\_\_\_

Conceptual \_\_\_\_\_

Social \_\_\_\_\_

Practical \_\_\_\_\_

Skill Areas Scaled Score (range 1-19) Mean=10 SD=3

Communication (COM) \_\_\_\_\_

Community Use (CU) \_\_\_\_\_

Functional Academics (FA) \_\_\_\_\_

Home Living (HL) \_\_\_\_\_

Health and Safety (HS) \_\_\_\_\_

Leisure (LS) \_\_\_\_\_

Self-Care (SC) \_\_\_\_\_

Self-Direction (SD) \_\_\_\_\_

Social (SOC) \_\_\_\_\_

Motor (MO) \_\_\_\_\_

N/A, Patient >5





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**CDI-2-Self-Report (Ages 8-16)**

Form read to child:            0  No            1  <50%            2  ≥50%

Suicidal Ideation Red Flag:    1  Yes            0  No

    If yes, indicate answer :    1  SI (Item#8)=1

   2  SI (Item#8)=2

Scales

T-Score (range 10-150)

Mean=50 SD=10

Emotional Problems

— — — —

\*Higher score is worse\*

Functional Problems

— — — —

Total Score

— — — —

Sub-scales

T-Score (range 10-150)

Mean=50 SD=10

Negative Mood/Physical Symptoms

— — — —

\*Higher score is worse\*

Negative Self-Esteem

— — — —

Ineffectiveness

— — — —

Interpersonal Problems

— — — —

**CDI-2-Parent (Ages 8-16)**

Person completing form:        1  Mother        2  Father        6  Other, specify \_\_\_\_\_

Scales

T-Score (range 10-150)

Mean=50 SD=10

Emotional Problems

— — — —

\*Higher score is worse\*

Functional Problems

— — — —

Total Score

— — — —



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Timepoint:  6 month  12 month

**PTSD-RI-Self-Report (Ages 8-16)**

Form read to child:  No  <50%  ≥50%

	None	Little	Some	Much	Most
1. I get upset, afraid, or sad when something makes me think about what happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. I have upsetting thoughts or pictures of what happened come into my mind when I do not want them to.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. I feel grouchy, or I am easily angered.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. I try not to talk about, think about, or have feelings about what happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. I have trouble going to sleep or wake up often during the night.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. I have trouble concentrating or paying attention	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. I try to stay away from people, places, or things that make me remember what happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. I have bad dreams, including dreams about what happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. I feel alone inside and not close to other people.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**PTSD-RI-Parent Screening Version (Ages 8-16)**

Person completing form:  Mother  Father  Other, specify \_\_\_\_\_

	Hardly Ever	Sometimes	A lot
1. When something reminds my child of what happened he or she gets very upset, scared, or sad.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. My child feels grouchy, angry, or mad.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. My child is more aggressive (hitting, biting, kicking, or breaking things) since this happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. My child has trouble going to sleep or wakes up often during the night	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>