

A1. Site/Study ID #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      A2. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month      Day      Year

A3. Study Staff ID/Initials: \_\_\_\_

A4. Age: \_\_\_\_ mo

To DCC

**SECTION B: BAYLEY SCALES OF INFANT DEVELOPMENT – SECOND EDITION**

B1. Date of testing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month      Day      Year

B2. Initials of administrator of test: \_\_\_\_

Scale	Raw Score	MDI	PDI
B3. Mental Scale	____	____	
B4. Motor Scale	____		____