TLC Trial Form PSYCH3.01
NEPSY Session Data for TLC Children

INSTRUCTIONS: *This form is used to record the session data when testing TLC children with the NEPSY. In addition, a copy of the regular NEPSY record forms should be submitted with this form with the child s name blackened out and the Study ID written clearly in the upper right hand corner on every page.*

ADULT CAREGIVER PRESENT

1. **Gender** ( )$_0$ Male ( )$_1$ Female

2. **Relationship to subject**
( )$_1$ Parent
( )$_2$ Legal guardian
( )$_3$ Grandparent
( )$_4$ Aunt or uncle
( )$_5$ Sibling
( )$_6$ Other adult caregiver

Specify:_____

3. Did the caregiver sit in the room during the exam?

( )$_0$ No ( )$_1$ Yes

CHILD'S INFORMATION

4. **Time of Assessment** ____ ____ **:** ____ ____ ( )$_0$ AM ( )$_1$ PM

5. **Date of Birth** ____ ____ / ____ ____ / ____ ____ *mm/dd/yy*

6. **Chronological Age** ___ ___ *Years* ___ ___ *Months* ___ ___ *Days*

7. **Handedness** ( )$_0$ Left ( )$_1$ Right ( )$_2$ Not Established

CURRENT MEDICATIONS

The following question should be asked directly of the adult caregiver accompanying the child to today's visit.

8. Has this child taken any medicine today? ( )$_0$ No ( )$_1$ Yes

IF YES: What medicine(s) did she or he take?

9. **Antihistamine and/or decongestant** ( )$_0$ No ( )$_1$ Yes

10. **Cough syrup** *(non-narcotic)* ( )$_0$ No ( )$_1$ Yes

11. **Antibiotic** ( )$_0$ No ( )$_1$ Yes

12. **Anticonvulsant** ( )$_0$ No ( )$_1$ Yes

13. **Medication for behavioral disorder** *(e.g., Ritalin)* ( )$_0$ No ( )$_1$ Yes, specify _____

14. **Other medication** ( )$_0$ No ( )$_1$ Yes, specify _____

EVALUATION OF TEST VALIDITY

15.   In the best judgment of the TLC psychometrician, how well did this examination assess this child's current level of neuropsychological functioning?

( )$_0$ Not completed

( )$_1$ Poor

( )$_2$ Fair

( )$_3$ Good

( )$_4$ Excellent

IF THE RESPONSE TO QUESTION 15 WAS   FAIR ,   POOR , OR   NOT COMPLETED , indicate the reason(s) below.

16.   **Ill**   ( )$_0$ No   ( )$_1$ Yes, specify _____

17.   **Hungry**   ( )$_0$ No   ( )$_1$ Yes

18.   **Uncooperative**   ( )$_0$ No   ( )$_1$ Yes

19.   **Inattentive**   ( )$_0$ No   ( )$_1$ Yes

20.   **Temper tantrum**   ( )$_0$ No   ( )$_1$ Yes

21.   **Sleepy**   ( )$_0$ No   ( )$_1$ Yes

22.   **Could not complete items**   ( )$_0$ No   ( )$_1$ Yes

23.   **Environmental disturbance**   ( )$_0$ No   ( )$_1$ Yes
        (e.g., noise or power failure)

24.   **Other reason for non-completion**   ( )$_0$ No   ( )$_1$ Yes, specify _____

25.   **TLC Psychometrician**   _____   _____ - _____ _____ _____ _____

                                                            Signature   *TLC Code*

COMMENTS