

**Public Use Dataset
Annotated eCRF**

**Life After Pediatric Sepsis
LAPSE
CPCCRN Protocol Number 053**

Collaborative Pediatric Critical Care Research Network

PUD Annotated eCRF Version 1
Version Date: August 22nd, 2019

Annotations key:

Table name: Registration

Table name in <Database name> on <Server Name>
Ungrouped

HN01 Registration Information 1.0

CRF Header Info

Click the flag icon next to an input to enter/view discrepancy notes. Please note that you can only save the notes if CRF data entry has already started.

Exit

Informa... (0/16) CCC (0/12) -- Select to Jump --

Title: Patient Information

Date of registration:

RegistrDate,DATE * DD-MMM-YYYY

Post IVH secondary to prematurity

Is the etiology of this patient's hydrocephalus post IVH secondary to prematurity?

(select one) ☐ BaselineIVH,INT * If "No" skip to Patient History

YN
1=Yes
0=No

Has the patient had any previous ventricular access devices / reservoirs / Ommaya reservoirs?

(select one) ☐ PrevResv,INT If "Yes", provide the date(s) of previous reservoirs

YN
1=Yes
0=No

Date(s) of previous reservoirs DD-MMM-YYYY
<input type="text"/> ResDate,DATE * <input type="button" value="X"/>
<input type="button" value="Add"/>

Column name, data type

Response label
Response value =
Response text

Table name: Registration_PrevRes

Table name in <Database name> on <Server name>
Repeating Question Group

Ethnicity: Ethnicity,INT

Ethnic

☐ Hispanic or Latino =1

☐ Not Hispanic or Latino =2

☐ Unknown or Not Reported =92

Radio Buttons
Column name, data type
response label
Response text=Response value

Race: (Select all that apply) Race,INT

Race

☐ American Indian or Alaska Native =1

☐ Asian =2

☐ Black or African American =3

☐ Native Hawaiian or Other Pacific Islander =4

☐ White =5

☐ Unknown or not reported =92

Checkboxes
Column name, data type
response label
Response text=Response value

Data Types:

ST – character string (3999 characters)
INT – integer
REAL – real number
DATE – Date DD-MMM-YYYY
PDATE – Partial Date
FILE – URL to a file (10 MB)

Notes:

PUDID is a randomly generated ID integer that uniquely identifies a patient across datasets. It does not contain information about original site or medical record number. PUDID, Occurrence, and ItemGroupRepeatKey are unique identifiers in all datasets. Occurrence and ItemGroupRepeatKey are system-generated integer data where Occurrence>0 indicates repeated forms and ItemGroupRepeatKey>0 repeated rows within forms.

The original screening dates of subject study enrollment have been replaced with values of 0 (ScreenDay) for all subjects. Integer values representing the number of days since screening replace all other data elements where dates were collected. Dates occurring before the day of screening have negative integer values.

The public use datasets include data as collected and seldom may include implausible lab values and other questionable data.

Sensitive and/or identifying information entered in free text fields have been removed.

Data elements that were collected as 'check all that apply' were systematically converted to 0,1 indicator variables, e.g. The variable OrganismType is included as OrganismType1, OrganismType2, OrganismType3, and OrganismType4. Corresponding labels and formats are included as tables at the bottom of each CRF.

Table Name: Eligibility_v2

Title: Inclusion Criteria	
Screening Date:	ScreenDay,INT
Inclusion Criteria	
1. Is the subject = 44 weeks gestational age and < 18 years of age?	
Inclusion1,INT * YNr Yes =1 No =0	
2. Is the subject suspected to have sepsis / infection (currently receiving antimicrobials or written orders for identification of a microbial pathogen e.g., blood cultures, PCR, or Gram Stain of a fluid)?	
Inclusion2,INT * YNr Yes =1 No =0	
Specify the type of organism for this infection (select all that apply)	OrganismType Bacterial Fungal Protozoal Viral
Please note: Inclusion criterion #2 refers to the infection information available at the time of eligibility. If later it is determined that the subject has a documented infection do not change the original information obtained at eligibility. Document the infection information on the Microbiology Results form.	
Is the bacterial infection: (select one)	BacterialType,INT DocSus 1=Documented 2=Suspected
Is the fungal infection: (select one)	FungalType,INT DocSus 1=Documented 2=Suspected
Is the protozoal infection: (select one)	ProtoType,INT DocSus 1=Documented 2=Suspected
Is the viral infection: (select one)	ViralType,INT DocSus 1=Documented 2=Suspected
3. Does the subject meet at least 2 of the 4 systemic inflammatory response syndrome (SIRS) criteria? Note: At least one must involve the subject's white blood cell count or body temperature to meet study eligibility.	
Inclusion3,INT * YNr Yes =1 No =0	
Indicate SIRS criteria met at time of eligibility (select all that apply)	SIRSAtEligible Hypothermia (< 36 degrees C) OR Fever (> 38.5 degrees C) Leukocytosis (> 12,000 mm3) OR Neutropenia (< 4,000 mm3) OR > 10% immature neutrophils Heart rate > 90th percentile for age in absence of stimulation Respiratory rate > 90th percentile for age OR Hyperventilation to PaCO2 < 32 torr OR Requirement for mechanical ventilation unrelated to drug administration
4. Does the subject have community acquired infection or sepsis (diagnosis within 48 hours of hospital admission)?	
Inclusion4,INT * YNr Yes =1	

No =0

5. Does the subject have cardiovascular organ dysfunction (requiring vasoactive inotropic infusion)?

Inclusion5,INT *
YNr

Yes =1

No =0

6. Does the subject have pulmonary organ dysfunction (requiring invasive or non-invasive pressure support or mechanical ventilation)?

Inclusion6,INT *
YNr

Yes =1

No =0

If the subject does not meet inclusion criteria, do not save this information to the database.

Variable Name	Label / Description	Values / Format
OrganismType1	Bacterial	1 = Yes, 0 = No
OrganismType2	Fungal	1 = Yes, 0 = No
OrganismType3	Protozoal	1 = Yes, 0 = No
OrganismType4	Viral	1 = Yes, 0 = No
SIRSAteEligible1	Hypothermia (< 36 degrees C) OR Fever (> 38.5 degrees C)	1 = Yes, 0 = No
SIRSAteEligible2	Leukocytosis (> 12k mm3) OR Neutropenia (< 4k mm3) OR > 10 percent immature neutrophils	1 = Yes, 0 = No
SIRSAteEligible3	Heart rate > 90th percentile for age in absence of stimulation	1 = Yes, 0 = No
SIRSAteEligible4	Respiratory rate > 90th percentile for age OR Hyperventilation to PaCO2 < 32 torr OR Requirement for mechanical ventilation unrelated to drug administration	1 = Yes, 0 = No

LAPSE Eligibility v2.0

Inclusi...(0/17)

Exclusi...(0/14)

-- Select to Jump --

Title: Exclusion Criteria

Exclusion Criteria

1. Is the subject's primary reason for PICU admission a thermal or electrical burn?

Exclusion1,INT *

YNr

Yes =1

No =0

2. Does the subject have a lack of commitment to aggressive intensive care as indicated by do not resuscitate orders and/or other limitations of care?

Exclusion2,INT *

YNr

Yes =1

No =0

3. Are the parents or guardians of the subject unable to speak English or Spanish?

Exclusion3,INT *

YNr

Yes =1

No =0

4. Is the subject a ward of the state?

Exclusion4,INT *

YNr

Yes =1

No =0

5. Is the subject unable to participate in long term follow-up?

Exclusion5,INT *

YNr

Yes =1

No =0

6. Has the subject been previously enrolled in this study?

Exclusion6,INT *

YNr

Yes =1

No =0

7. Was the subject unable to be enrolled in this study within 48 hours of PICU admission?

Exclusion7v2,INT *

YNr

Yes =1

No =0

Is subject eligible?

Eligible subjects have all inclusion criteria marked as Yes, and all exclusion criteria marked as No.

Eligible,INT *

YNr

Yes =1

No =0

Consent Information

Was the parent / guardian approached for consent to participate in this study for their child?

(select one) ApproachConsent,INT

YN

1=Yes

0=No

Provide the reason parent / guardian was not approached for consent for their child:

(select one) NotApproachConsent,INT

NoAprch
1=Attending physician prefers subject not be offered the opportunity to participate in the study
2=Site investigator and/or research coordinator resources inadequate to recruit additional subject
3=Parent(s) / Guardian(s) unavailable to consent
90=Other

Other (specify): NotApproachConsentOther,ST

Did the parent / guardian consent to participate in this study for their child?

(select one) ConsentGiven,INT

YN
1=Yes
0=No

If "No", save this page and do not continue. You have completed data entry for this subject.

Consent Day / Time

Day: ConsentDay,INT

Time: ConsentTime,ST (HHMM)

Table Name: Dates

LAPSE Hospitalization Summary Form v1.0

Dates (0/14)	
Title: Hospitalization Dates	
Hospital Admission Date and Time	
Date:	HOSPADMINITDAY,INT Time: HospAdmitTime,ST (HHMM)
PICU Admission Date and Time	
Date:	PICUADMINITDAY INT Time: PICUAdmitTime,ST (HHMM)
PICU Discharge Information	
Date:	PICUDISDAY, INT Time: PICUDisTime,ST (HHMM)
Vital Status at PICU Discharge: (select one) VitStat 1=Alive 0=Dead	PICUVitalStatus,INT
Hospital Discharge Information	
Date:	HOSPDISDAY,INT Time: HospDisTime,ST (HHMM)
Vital Status at Hospital Discharge: (select one) VitStat 1=Alive 0=Dead	HospVitalStatus,INT
Death Information	
Date:	DEATHDAY,INT Time: DeathTime,ST (HHMM)
Was an autopsy obtained?	
(select one) YN 1=Yes 0=No	AutopsyObtain,INT
Upload Full Autopsy Report:	Value not provided

Table Name: Demog

LAPSE Demographics v1.0

Demog (0/4)

Title: Demographics

Date of birth:

BIRTHDAY, INT

(DD-MMM-YYYY)

Sex: Sex, INT
MFr
Male = 1
Female = 2

Ethnicity: Ethnicity, INT
Ethnic

Race: Race
(select all that apply)

Hispanic or Latino = 1
Not Hispanic or Latino = 2
Unknown or Not Reported = 92

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Unknown or Not Reported

Variable Name	Label / Description	Values / Format
Race1	American Indian or Alaska Native	1 = Yes, 0 = No
Race2	Asian	1 = Yes, 0 = No
Race3	Black or African American	1 = Yes, 0 = No
Race4	Native Hawaiian or Other Pacific Islander	1 = Yes, 0 = No
Race5	White	1 = Yes, 0 = No
Race92	Unknown or Not Reported	1 = Yes, 0 = No

Table Name: BaseClinical

LAPSE Baseline Clinical Data v1.0

BaseCli...(0/18)			
Title: Baseline Clinical Data			
Instructions: The baseline clinical data should reflect the subject's status during the month prior to the severe sepsis hospitalization. The height and weight are those of Day 0 (Day of PICU admission), or soonest thereafter.			
Date:	BASELINEDAY,INT		
Height at PICU admission:	Height,REAL (cm)	Weight at PICU admission:	Weight,REAL (kg)
Was the subject immunocompromised during the month prior to the severe sepsis hospitalization?			
(select one) YN 1=Yes 0=No	Immunocompromised,INT Note: If yes is marked, a reason must be indicated below.		
If immunocompromised, provide reason:			
Congenital immunodeficiency?	(select one) YN 1=Yes 0=No	CongenitalImmunodef,INT	
Bone marrow or stem cell transplantation?	(select one) YN 1=Yes 0=No	MarrowTransplant,INT	
Graft versus host disease?	(select one) YNNA 1=Yes 0=No 96=Not applicable	GraftHostDisease,INT	
Solid organ transplantation?	(select one) YN 1=Yes 0=No	OrganTransplant,INT	
Severe malnutrition?	(select one) YN 1=Yes 0=No	Malnutrition,INT	
Malignancy?	(select one) YN 1=Yes 0=No	Malignancy,INT	
Chemotherapy or radiotherapy within last 3 months?	(select one) YN 1=Yes 0=No	Chemotherapy,INT	
Rheumatologic disease?	(select one) YN 1=Yes 0=No	RheumaDisease,INT	
Neutropenia (ANC < 1000 cells/ μ L)?	(select one) YN 1=Yes	Neutropenia,INT	

0=No	
Sickle cell disease? (select one)	SickleCell,INT
YN	
1=Yes	
0=No	
Systemic steroid use (chronic or acute)? (select one)	SteroidUse,INT
YN	
1=Yes	
0=No	
Other (select one)	OtherImmuno,INT
immunosuppression?	
YN	
1=Yes	
0=No	
	Other immunosuppression (specify):
	OtherImmunoSpecify,ST

LAPSE Functional Assessments v1.0

PCPC/PO...(0/3)

FSS (0/6)

-- Select to Jump --

Title: PCPC/POPC

Date: PCPCDAY,INT

Pediatric Cerebral Performance Category (PCPC)

PCPC: PCPCScore,INT
PCPC

1 - Normal =1

2 - Mild disability =2

3 - Moderate disability =3

4 - Severe disability =4

5 - Coma/vegetative state =5

6 - Brain death =6

Pediatric Overall Performance Category (POPC)

POPC: POPCScore,INT
POPC

1 - Good =1

2 - Mild disability =2

3 - Moderate disability =3

4 - Severe disability =4

5 - Coma/vegetative state =5

6 - Brain death =6

LAPSE Baseline Functional Assessments v1.0

PCPC/PO...(0/3)

FSS (0/6)

-- Select to Jump --

Title: FSS

Functional Status Scale (FSS)

Mental Status

FSSMental,INT

Classification: FSS

Normal =1

Mild dysfunction =2

Moderate dysfunction =3

Severe dysfunction =4

Very severe dysfunction =5

Sensory Classification:

FSSSensory,INT

FSS

Normal =1

Mild dysfunction =2

Moderate dysfunction =3

Severe dysfunction =4

Very severe dysfunction =5

Communication

FSSCommun,INT

Classification: FSS

Normal =1

Mild dysfunction =2

Moderate dysfunction =3

Severe dysfunction =4

Very severe dysfunction =5

Motor Function

FSSMotor,INT

Classification: FSS

Normal =1

Mild dysfunction =2

Moderate dysfunction =3

Severe dysfunction =4

Very severe dysfunction =5

Feeding Classification:

FSSFeeding,INT

FSS

Normal =1

Mild dysfunction =2

Moderate dysfunction =3

Severe dysfunction =4

Very severe dysfunction =5

Respiratory

FSSResp,INT

Classification: FSS

Normal =1

Mild dysfunction =2

Moderate dysfunction =3

Severe dysfunction =4

Very severe dysfunction =5

Table Name: PRISM

LAPSE PRISM III v1.0

PRISM III (0/38)

Title: Pediatric Risk of Mortality Index, Version III

Instructions: Record the worst physiologic values obtained during the following 6 hour timeframe: 2 hours prior to PICU admission through 4 hours post PICU admission. If the timeframe spans 2 calendar days, enter the first date.

Date of PRISM III:

PRISMDAY,INT

Cardiovascular / Neurologic Vital Signs

Lowest Systolic Blood Pressure (SBP):

PRISMLowSBP,INT (mmHg)

Highest Heart Rate:

PRISMHighHeartRate,INT (beats/min)

Lowest Temperature:

PRISMLowTemp,REAL (°C)

Highest Temperature:

PRISMHighTemp,REAL (°C)

How many pupils were > 3 mm and fixed?

PR0=01=12=2

PRISMPupilReflex,INT

PRISMPupilReflexND

Pupillary reflexes unable to be assessed due to edema or eye patch =Not done

Glasgow Coma Scale

Record the worst (lowest) GCS score obtained during the following 6 hour timeframe: 2 hours prior to PICU admission through 4 hours post PICU admission. Note: The responses for the 3 variables must be obtained from the same assessment. For infants under 2 years of age, use the descriptions provided in parentheses ().

Eye Response: (select one)

GCSEye1=1 - No eye opening2=2 - Eye opening in response to pain stimulus3=3 - Eye opening to speech (shout)4=4 - Eyes open spontaneously

PRISMGCSEye,INT

Verbal Response: (select one)

GCSVerb1=1 - No verbal response2=2 - Incomprehensible sounds (moans to pain)3=3 - Inappropriate words (cries to pain)4=4 - Confused (irritable,cries)5=5 - Oriented (coos, babbles)

PRISMGCSVerbal,INT

Motor Response: (select one)

GCSMot1=1 - No response to pain2=2 - Extension to pain (decerebrate)3=3 - Flexion to pain (decorticate)4=4 - Withdrawal to pain5=5 - Localized pain6=6 - Obeys commands (spontaneous)

PRISMGCSMotor,INT

At the time of this GCS assessment, was the subject intubated?

YN1=Yes0=No

PRISMIntubate,INT

PRISMGCSND

GCS not done =Not done

Acid-Base / Blood Gases

Lowest pH:

PRISMLowpH,REAL (##.##)

Highest pH:

PRISMHighpH,REAL (##.##)

PRISMpHND

Not done =Not done

Lowest PaO2:

PRISMLowPaO2,REAL (mmHg)

PRISMLowPaO2ND,INTND

Not done =Not done

Highest PCO2:

PRISMHighPCO2,REAL (mmHg)

PRISMHighPCO2ND,INTND

Not done =Not done

Chemistry Tests

Lowest Total CO2:

PRISMLowTotalCO2,REAL (mmol/L)

Highest Total CO2:

PRISMHighTotalCO2,REAL (mmol/L)

PRISMTotalCO2ND

Not done =Not done

Highest Serum Glucose:

PRISMHighGlucose,REAL (mg/dL)

PRISMGlucoseND

Not done =Not done

Highest Serum Potassium:

PRISMHighPotassium,REAL (mmol/L)

PRISMPotassiumND

Not done =Not done

Highest Creatinine:

PRISMHighCreatinine,REAL (mg/dL)

PRISMCreatinineND

Not done =Not done

Highest BUN:

PRISMHighBUN,REAL (mmol/L)

PRISMBUNND

Not done =Not done

Hematology Tests

Lowest WBC:

PRISMLowWBC,REAL (10^3/μL)

PRISMWBCND

Not done =Not done

Lowest Platelets:	PRISMLowPlatelet,REAL (10^3/ μ L)	PRISMPlateletND Not done =Not done
Highest PT:	PRISMHighPT,REAL (seconds)	PRISMPPTND Not done =Not done
Highest PTT:	PRISMHighPTT,REAL (seconds)	PRISMPPTND Not done =Not done

Table Name: CNS

LAPSE CNS Parameter Data v1.0

CNS (0/11)

Title: CNS Parameter Data	
Instructions: Indicate each of the following that occurred at any time on this study day. Findings need NOT occur at the same time.	
Study day definitions	
Study day 0 (zero): PICU admission until 2359	
All other study days: 0000 to 2359	
Discharged prior to day 28: 0000 to PICU discharge	
Date:	CNSDAY, INT
Indicate which of the following occurred on this study day:	
Anisocoria or absence of pupillary response: (select one) YN 1=Yes 0=No	Anisocoria,INT
Pathologic breathing pattern: (select one) YN 1=Yes 0=No	PathologicBreath,INT
Stereotypic posturing or flaccid posture: (select one) YN 1=Yes 0=No	FlaccidPosture,INT
Seizure activity and / or abnormal EEG: (select one) YN 1=Yes 0=No	SeizureActivity,INT
New anoxic-ischemic injury on CT/MRI imaging: (select one) YN 1=Yes 0=No	IschemicInjury,INT
Treatment for increased intracranial pressure: (select one) YN 1=Yes 0=No	IncreaseICP,INT

Neurologic injury (select one)
suspected by care
provider:
YN
1=Yes
0=No

SuspectedInjury,INT

Autonomic storming: (select one)
YN
1=Yes
0=No

AutonomicStorming,INT

Cardiopulmonary (select one)
arrest or chest
compressions:
YN
1=Yes
0=No

CPR,INT

LAPSE Fluid Parameters v1.0

Fluid (0/8)

Title: Fluid Parameters

Instructions: Obtain the **24 hour TOTAL volume** for each fluid parameter below. For study days that are less than 24 hours (Day 0, Day of discharge), still record the 24 hour total from 0000-2359.

Study day definitions

Study day 0 (zero): PICU admission until 2359

All other study days: 0000 to 2359

Discharged prior to day 28: 0000 to PICU discharge

Date:

FLUIDDAY INT

I's & O's

Total Fluid Intake:

TotalIntake,REAL (mL)

Total Fluid Output:

TotalOutput,REAL (mL)

Total Urinary Output:

UrinaryOutput,REAL (mL)

Transfusions

If a particular transfusion did not occur, record 0 (zero) for the total volume.

Total PRBC Tranfusion:

PRBCTransfusion,REAL (mL)

Total platelet transfusion:

PlateletTransfusion,REAL (mL)

Total FFP transfusion:

PlasmaTransfusion,REAL (mL)

LAPSE Laboratory Values v1.0

SingleV... (0/20)

ARValu... (0/26)

Select to Jump --

Title: Daily Labs: ALL VALUES AVAILABLE

Instructions: Record all values for each lab indicated below for this study day.

Study day definitions
Study day 0 (zero): PICU admission until 2359
All other study days: 0000 to 2359
Discharged prior to day 28: 0000 to PICU discharge

Table name: Labs_Common

Time (HH:MM)	Platelet Count (10 ³ -3/ μ L)	Fibrinogen (mg/dL)	Fibrin Degradation Products Titer (μ g/mL)	D-dimer	D-dimer Unit (select one) DdimerUnit,INT Dimer 1=ng/mL D-DU 2=ng/mL FEU 3=micrograms/mL FEU 4=mg/L FEU	PT (seconds)	Arterial Lactate Concentration	Arterial Lactate Concentration Unit (select one) ArtLac 1=mg/dL 2=mmol/L	
CommonLabsTime,ST	PlateletCount,REAL	Fibrinogen,REAL	FibrinDegrad,REAL	Ddimer,REAL		PT,REAL	ArtLactate,REAL		X
Add									
Time (HH:MM)	Amylase (IU/L)	Lipase (IU/L)	C-Reactive Protein (CRP) (mg/dL)	Ferritin (ng/mL)	Free Hemoglobin (mg/dL)				
RareLabsTime,ST	Amylase,REAL	Lipase,REAL	CRP,REAL	Ferritin,REAL	FreeHgb,REAL	X			
Add									
Time (HH:MM)	sCD25 (pg/mL)	Upload Results							
SCDTime,ST	SCDTwentyFive,REAL	Value not provided	X						
Add									
Time (HH:MM)	Bone Marrow Results (select one) BoneMarrow,INT PosNeg 1=Positive 0=Negative	Upload Results							
BoneMarrowTime,ST		Value not provided	X						
Add									
Time (HH:MM)	Perforin Mutation Genotyping (select one) Genotyping,INT Present 1=Present 0=Not present	Upload Results							
GenotypingTime,ST		Value not provided	X						
Add									
Time (HH:MM)	Upload Results								
NKActivityTime,ST	Value not provided	X							
Add									

Table Name: LABS

LAPSE Laboratory Values v1.0

SingleV...(0/20)

AllValu...(0/26)

-- Select to Jump --

Title: Daily Labs: SINGLE VALUE ONLY

Instructions: Record the lowest / highest value for each lab indicated below for this study day.

Study day definitions

Study day 0 (zero): PICU admission until 2359

All other study days: 0000 to 2359

Discharged prior to day 28: 0000 to PICU discharge

Date:

LABDAY

INT

LOWEST VALUES

Absolute lymphocyte count (ALC):

LowLymphocyte,REAL (10^3/ μ L)

LymphocyteND

Not done =Not done

Absolute neutrophil count (ANC):

LowNeutrophil,REAL (10^3/ μ L)

NeutrophilND

Not done =Not done

Hemoglobin:

LowHemoglobin,REAL (g/dL)

HemoglobinND

Not done =Not done

HIGHEST VALUES

INR:

HighINR,REAL

INRND

Not done =Not done

BUN:

HighBUN,REAL (mg/dL)

BUNND

Not done =Not done

Total bilirubin:

HighBilirubin,REAL (mg/dL)

BilirubinND

Not done =Not done

ALT:

HighALT,REAL (IU/L)

ALTND

Not done =Not done

LDH:	HighLDH,REAL (IU/L)	LDHND Not done =Not done
Triglycerides:	HighTriglycerides,REAL (mg/dL)	TriglyceridesND Not done =Not done

Table Name: PELOD

LAPSE PELOD 2 v1.0

PELOD (0/21)			
Title: Pediatric Logistic Organ Dysfunction Score II			
Instructions: Record the worst physiologic values obtained on this study day. Refer to the MOO for detailed instructions on completing this assessment.			
Study day definitions Study day 0 (zero): PICU admission until 2359 All other study days: 0000 to 2359 Discharged prior to day 28: 0000 to PICU discharge			
Date: PELODDAY,INT			
Glasgow Coma Scale Record the <i>worst</i> (lowest) GCS score collected on this study day. Note: The responses for the 3 variables must be obtained from the same assessment. For infants under 2 years of age, use the descriptions provided in parentheses ().			
Eye Response: (select one) GCSEye 1=1 - No eye opening 2=2 - Eye opening in response to pain stimulus 3=3 - Eye opening to speech (shout) 4=4 - Eyes open spontaneously		Verbal Response: (select one) GCSVerb 1=1 - No verbal response 2=2 - Incomprehensible sounds (moans to pain) 3=3 - Inappropriate words (cries to pain) 4=4 - Confused (irritable,cries) 5=5 - Oriented (coos, babbles)	
PELODGCSEye,INT		PELODGCsverbal,INT	
Motor Response: (select one) GCSMot 1=1 - No response to pain 2=2 - Extension to pain (decerebrate) 3=3 - Flexion to pain (decorticate) 4=4 - Withdrawal to pain 5=5 - Localized pain 6=6 - Obeys commands (spontaneous)		PELODGCsmotor,INT	
At the time of this GCS assessment, was the subject intubated? (select one) YN 1=Yes 0=No		PELODGCsND,INT GCS not done =Not done	
Cardiovascular / Neurologic Vital Signs			
Lowest Mean Arterial Pressure (MAP):		PELODMAP,REAL (mmHg)	
How many pupils were > 3 mm and fixed? (select one) PR 0=0 1=1 2=2		PELODPupilReflex,INT PELODPupilReflexND Pupillary reflexes unable to be assessed due to edema or eye patch =Not done	
Renal			
Highest Renal Creatinine:		PELODHighCreatinine,REAL (mg/dL) PELODHighCreatinineND Not done =Not done	
Respiratory			
PaO2:		PELODPaO2,REAL (mmHg) PELODPaO2ND Not done =Not done	

FI02:	PELODFIO2,REAL (#,##) Must be a decimal	PELODFIO2ND
		Not done =Not done
Highest PaCO2:	PELODHighPaCO2,REAL (mmHg)	PELODHighPaCO2ND
		Not done =Not done
Has the subject required <i>invasive</i> mechanical ventilation at any time on this study day?		
(select one)	PELODMechVent,INT	
YN		
1=Yes		
0=No		
Hematologic		
Lowest WBC:	PELODLowWBC,REAL (10^3/μL)	PELODLowWBCND
		Not done =Not done

LAPSE PICU Interventions / Clinical Findings v1.0

PICUInt...(0/20)

Title: PICU Interventions / Clinical Findings

Instructions: Indicate the PICU interventions and clinical findings that occurred at any time on this study day. Findings need NOT occur at the same time.

Study day definitions

Study day 0 (zero): PICU admission until 2359

All other study days: 0000 to 2359

Discharged prior to day 28: 0000 to PICU discharge

Date:

PICUINTERVENDAY,INT

(select one)

On this study day, did any of the following occur at any time?

Infectious nidus
removed: (select one)

InfectiousNidus,INT

YNNAU
1=Yes
0=No
96=Not applicable
92=Unknown

Inflammation source
effectively removed: (select one)

InflammSource,INT

YNNAU
1=Yes
0=No
96=Not applicable
92=Unknown

Mechanical ventilation
(invasive or non-
invasive): (select one)

MechVent,INT

YN
1=Yes
0=No

High frequency
ventilation (oscillator
or jet): (select one)

HFV,INT

YN
1=Yes
0=No

Extracorporeal
support (ECMO or
VAD): (select one)

ECMO,INT

YN
1=Yes
0=No

Renal replacement
therapy (select one)

RRT,INT

(hemofiltration or dialysis):	YN 1=Yes 0=No	
Cardiopulmonary arrest or chest compressions:	(select one) YN 1=Yes 0=No	CPR,INT
Treatment for increased intracranial pressure:	(select one) YN 1=Yes 0=No	ICP,INT
Immune suppressant tapered by 50%:	(select one) YN 1=Yes 0=No	ImmuneSuppress,INT
Plasma exchange therapy:	(select one) YN 1=Yes 0=No	PlasmaExchange,INT
Indwelling arterial catheter:	(select one) YN 1=Yes 0=No	ArterialCatheter,INT
Indwelling urinary catheter:	(select one) YN 1=Yes 0=No	UrinaryCatheter,INT
Indwelling central venous catheter:	(select one) YN 1=Yes 0=No	VenousCatheter,INT
Endotracheal tube in place:	(select one) YN 1=Yes 0=No	ETT,INT
Tracheostomy in place:	(select one) YN 1=Yes 0=No	Tracheostomy,INT
Splenomegaly:	(select one) YN 1=Yes 0=No	Splenomegaly,INT
Neuromuscular blocker:	(select one) YN 1=Yes 0=No	NMB,INT
Parenteral nutrition:	(select one) YN 1=Yes 0=No	TPN,INT

LAPSE Respiratory Parameter Data v2

◀

8AM (0/17)

8PM (0/15)

▶

-- Select to Jump --

Title: Respiratory Parameter Data at 8 AM

Instructions: Record the simultaneously occurring respiratory parameter values obtained **closest to 8AM** on this study day.

Study day definitions
Study day 0 (zero): PICU admission until 2359
All other study days: 0000 to 2359
Discharged prior to day 28: 0000 to PICU discharge

Date:

RESPIRATORYDAY,INT

Was the subject receiving invasive or non-invasive mechanical ventilation at the time the parameters below were collected?

(select one)

MechanicalVentAM,INT

YN

1=Yes

0=No

Invasive ventilator mode:

(select one)

InvMode

1=Pressure control

2=PRVC

3=APRV

4=HFJV

5=HFOV

6=Volume control

7=Pressure support and CPAP

90=Other

VentInvasiveModeAM,INT

Other vent mode:

VentInvasiveModeOtherAM,ST

Non-invasive ventilator mode (mask):

(select one)

NonMode

1=CPAP

2=BiPAP

90=Other

VentNonInvModeAM,INT

Other vent mode:

VentNonInvModeOtherAM,ST

Pulse Oximetry (SpO2):

RespSpO2AM,INT (%)

FiO2:

FiO2AM,REAL (##.##) (must be a decimal)

PaO2:

PaO2AM,REAL (mmHg)

PaCO2:	PaCO2AM,REAL (mmHg)
ETCO2:	ETCO2AM,REAL (mmHg)
PEEP:	PEEPAM,REAL (cmH20)
PIP:	PIPAM,REAL (cmH20)
MAP:	MAPAM,REAL (cmH20)
Exhaled tidal volume:	VTExhaledAM,REAL (mL)
Was the subject receiving nitric oxide at the time the above parameters were collected?	<div>(select one) YN 1=Yes 0=No</div> <div>NOAM,INT</div>

LAPSE Respiratory Parameter Data v2

◀ 8AM (0/17) 8PM (0/15) ▶ -- Select to Jump --

Title: Respiratory Parameter Data at 8 PM

Instructions: Record the simultaneously occurring respiratory parameter values obtained **closest to 8PM** on this study day.

Study day definitions

Study day 0 (zero): PICU admission until 2359

All other study days: 0000 to 2359

Discharged prior to day 28: 0000 to PICU discharge

Was the subject receiving invasive or non-invasive mechanical ventilation at the time the parameters below were collected?

(select one) **MechanicalVentPM,INT**
YN
1=Yes
0=No

Invasive ventilator mode: (select one) **VentInvasiveModePM,INT** Other vent mode: **VentInvasiveModeOtherPM,ST**
InvMode
1=Pressure control
2=PRVC
3=APRV
4=HFJV
5=HFOV
6=Volume control
7=Pressure support and CPAP
90=Other

Non-invasive ventilator mode (mask): (select one) **VentNonInvModePM,INT** Other vent mode: **VentNonInvModeOtherPM,ST**
NonMode
1=CPAP
2=BiPAP
90=Other

Pulse Oximetry (SpO2): **RespSpO2PM,INT (%)**

FiO2: **FiO2PM,REAL (#.##) (must be a decimal)**

PaO2: **PaO2PM,REAL (mmHg)**

PaCO2: **PaCO2PM,REAL (mmHg)**

ETCO2: **ETCO2PM,REAL (mmHg)**

PEEP: **PEEPPM,REAL (cmH2O)**

PIP: **PIPPM,REAL (cmH2O)**

Mean Airway Pressure (MAP): **MAPPM,REAL (cmH2O)**

Exhaled tidal volume: **VTEhaledPM,REAL (mL)**

Was the subject receiving nitric oxide at the time the above parameters were collected? (select one) **NOPM,INT**
YN
1=Yes
0=No

LAPSE Vasoactive Inotropic Score v1.0

◀

8AM (0/12)

8PM (0/10)

▶

-- Select to Jump --

Title: Vasoactive Inotropic Score at 8 AM

Instructions: Record all IV continuously infused vasoactive medications being administered to the subject at exactly 8 AM. If a medication listed below is not being administered, record 0 for the amount given.

Study day definitions
Study day 0 (zero): PICU admission until 2359
All other study days: 0000 to 2359
Discharged prior to day 28: 0000 to PICU discharge

Date:

VISDAY,INT

(select one)

Is the subject receiving vasoactive drips at exactly 8 AM?

(select one) VasoDripsAM,INT
YN
1=Yes
0=No

Dopamine:

VISDopamineAM,REAL (µg/kg/min)

Dobutamine:

VISDobutamineAM,REAL (µg/kg/min)

Nitroprusside:

VISNitroprussideAM,REAL (µg/kg/min)

Milrinone:

VISMilrinoneAM,REAL (µg/kg/min)

Epinephrine:

VISEpinephrineAM,REAL (µg/kg/min)

Norepinephrine:

VISNorepinephrineAM,REAL (µg/kg/min)

Phenylephrine:

VISPhenylephrineAM,REAL (µg/kg/min)

Vasopressin:

VISVasopressinAM,REAL

Unit: (select one) VISVasopressinUnitAM,INT
VasoUnit
1=munits/kg/hr
2=units/kg/hr
3=units/hr
4=munits/kg/min
5=units/kg/min

Table Name: VIS

LAPSE Vasoactive Inotropic Score v1.0

8AM (0/12)

8PM (0/10)

-- Select to Jump --

Title: Vasoactive Inotropic Score at 8 PM

Instructions: Record all IV continuously infused vasoactive medications being administered to the subject at exactly 8 PM. If a medication listed below is not being administered, record 0 for the amount given.

Study day definitions

Study day 0 (zero): PICU admission until 2359

All other study days: 0000 to 2359

Discharged prior to day 28: 0000 to PICU discharge

Is the subject receiving vasoactive drips at exactly 8 PM?

(select one)

VasoDripsPM,INT

YN

1=Yes

0=No

Dopamine:	VISDopaminePM,REAL (µg/kg/min)		
Dobutamine:	VISDobutaminePM,REAL (µg/kg/min)		
Nitroprusside:	VISNitroprussidePM,REAL (µg/kg/min)		
Milrinone:	VISMilrinonePM,REAL (µg/kg/min)		
Epinephrine:	VISEpinephrinePM,REAL (µg/kg/min)		
Norepinephrine:	VISNorepinephrinePM,REAL (µg/kg/min)		
Phenylephrine:	VISPhenylephrinePM,REAL (µg/kg/min)		
Vasopressin:	VISVasopressinPM,REAL	Unit: (select one)	VISVasopressinUnitPM,INT

VasoUnit

1=munits/kg/hr

2=units/kg/hr

3=units/hr

4=munits/kg/min

5=units/kg/min

Table Name: VM

LAPSE Vital Measurements v2

◀

8AM (0/8)

8PM (0/6)

▶

-- Select to Jump --

Title: Vital Sign Data at 8 AM

Instructions: Record the simultaneously occurring vital measurements obtained **closest to 8AM** on this study day.

Study day definitions
Study day 0 (zero): PICU admission until 2359
All other study days: 0000 to 2359
Discharged prior to day 28: 0000 to PICU discharge

Date:

VitalsDay,INT

(select one)

Systolic BP:

SBPAM,INT (mmHg)

Diastolic BP:

DBPAM,INT (mmHg)

Mean Arterial BP:

MeanBPAM,INT (mmHg)

Central Venous Pressure:

CVPAM,INT (mmHg)

Central Venous Oxygen Saturation (ScvO2):

ScvO2AM,INT (%)

ScvO2AMND

Not available =Not done

LAPSE Vital Measurements v2

◀

8AM (0/8)

8PM (0/6)

▶

-- Select to Jump --

Title: Vital Sign Data Data at 8 PM			
Instructions: Record the simultaneously occurring vital measurements obtained closest to 8PM on this study day.			
Study day definitions			
Study day 0 (zero): PICU admission until 2359			
All other study days: 0000 to 2359			
Discharged prior to day 28: 0000 to PICU discharge			
Systolic BP:	SBPPM,INT (mmHg)	Diastolic BP:	DBPPM,INT (mmHg)
Mean Arterial BP:	MeanBPPM,INT (mmHg)		
Central Venous Pressure:	CVPPM,INT (mmHg)		
Central Venous Oxygen Saturation (ScvO2):	ScvO2PM,INT (%)	ScvO2PMND	Not available =Not done

Table Name: Biomarker

LAPSE Biomarker Sample Collection v1

Biomark...(0/8)

Title: Biomarker Collection

Was a LAPSE biomarker sample collected within 24 hours of PICU admission?

(select one)

Biomarker24Hour,INT *

YN

1=Yes

0=No

Date Collected:

BIOMARKER24DAY,INT

Time Collected:

Biomarker24Time,ST (HHMM)

Was a LAPSE biomarker sample collected within 48 to 72 hours of PICU admission?

(select one)

Biomarker48Hour,INT

YN

1=Yes

0=No

Date Collected:

BIOMARKER48DAY,INT

Time Collected:

Biomarker48Time,ST (HHMM)

Shipping Information

Date Shipped:

SHIPPEDDAY INT

Tracking Number:

Value not provided

LAPSE Withdrawal from Study Participation v1

WoC (0/4)

Title: Withdrawal from Study Participation

Date permission withdrawn:	SUBJECTWITHDRAWNDAY,INT *	Time permission withdrawn:	SubjectWithdrawnTime,ST * (HHMM)
Reason for subject withdrawal: (select all that apply)	ReasonWithdrawn * Decision made to limit aggressive intensive care Subject became a ward of the state No longer able to participate in long term follow-up Other (specify)	Specify:	OtherReasonWithdrawn,ST

Variable Name	Label / Description	Values / Format
ReasonWithdrawn1	Decision made to limit aggressive intensive care	1 = Yes, 0 = No
ReasonWithdrawn2	Subject became a ward of the state	1 = Yes, 0 = No
ReasonWithdrawn3	No longer able to participate in long term follow-up	1 = Yes, 0 = No
ReasonWithdrawn90	Other (specify)	1 = Yes, 0 = No

Table Name: Devices

Variable Name	Label / Description	Values / Format
Timepoint	Time point	1 = Baseline 2 = Day 7 3 = Day 28 4 = 3 months 5 = 6 months 6 = 12 months
Device	Device/Device category	CHAR
DeviceSourceType	Source of device reporting	1 = Caregiver 2 = RC (select) 3 = RC (select other) 4 = RC (Chronic)

Table Name: Medications

Variable Name	Label / Description	Values / Format
Medication	Medication	CHAR
SourceType	Source of medication record	1 = Caregiver (DatStat) 2 = RC (DatStat) 3 = Antimicrobial log (OC) 4 = Immune log (OC) 5 = Steroids log (OC)"
MEDSTARTDAY	Medication start date	INT
MEDSTOPDAY	Medication stop date	INT
MedContinue	Non-Steroid medication continuing on Day 28 or PICU discharge	1 = Yes, 0 = No
STEROIDDAY	Steroid date	INT
SteroidTotalDose	Total steroid dose	NUM
SteroidUnit	Steroid dose unit	1 = mcg 2 = mg 3 = g 5 = mcg/kg/min 6 = mg/kg/min 7 = meq/kg/min 8 = ml 9 = ml/hr 10 = puffs 11 = units 12 = units/hr 14 = meq 90 = Other (specify) 93 = Unable to Determine 94 = Not documented
CodedMedication	Medication (RxNorm)	CHAR
NoRXCodedMedName	RxNorm medication code name not found	1 = Yes, 0 = No
MedType	Medication type (RxNorm)	CHAR
Code	Medication code (RxNorm)	CHAR
MedTimepoint	Study time point medication administered	1 = Baseline 2 = Day 7 3 = Day 28 4 = 3 months 5 = 6 months 6 = 12 months
Status	Coding status	CHAR
REDCapStatus	Coding status (PI coding)	CHAR
REDCapStatusCode	Coding status code (PI coding)	NUM
REDCapCodedMedName	Coded medication name (PI coding)	CHAR
REDCapMedCode	Medication code (PI coding)	NUM

Table Name: MicroAbstractions

Variable Name	Label / Description	Values / Format
ItemGroupRepeatKey	Item group repeat key	NUM
AlternateItemGroupRepeatKey	OC review site item group repeat key	NUM
MICRODAY	OC microbiology date	INT
MICROBIOLOGYDAY	Microbiology abstraction date	INT
MicroDateType	Microbiology abstraction date type	1 = Collection Date 2 = Culture/Test Start Date 3 = Result Date 92 = Unknown
PMN	Polymorphonuclear leukocytes (PMN)	1 = Few 2 = Moderate 3 = Many 97 = Present - unknown amount"
SampleSite	Sample site	1 = Abscess 2 = Blood 3 = Bronchial brush 4 = Bronchoalveolar lavage 5 = Nasopharyngeal 6 = Pleural fluid 7 = Peritoneal fluid 8 = Skin 9 = Spinal fluid 10 = Sputum 11 = Stool / Rectal 12 = Surgical site 13 = Urine 14 = Vascular catheter 15 = Wound (non-surgical) 90 = Other
TestType	Test type	1 = Culture 2 = PCR 90 = Other
TestResult	Test result	0 = Negative 1 = Positive 2 = Contaminant
UploadCollect	Upload collection	1 = Log upload 2 = Eligibility upload

Table Name: MicroOrganisms

Variable Name	Label / Description	Values / Format
Organism	Organism name	CHAR
GramPositive	Gram positive	1 = Yes, 0 = No
GramNegative	Gram negative	1 = Yes, 0 = No
GramVariable	Gram variable	1 = Yes, 0 = No
Viral	Viral	1 = Yes, 0 = No
Fungal	Fungal	1 = Yes, 0 = No
Parasitic	Parasitic	1 = Yes, 0 = No
OtherPositive	Other positive	1 = Yes, 0 = No
BacterialPositive	Bacterial positive	1 = Yes, 0 = No
ViralPositive	PCR positive	1 = Yes, 0 = No
UnknownOrganism	Unclassified organism	1 = Yes, 0 = No
UploadCollect	Upload collection	1 = Log upload
InfectionType	Type of infection	2 = Eligibility upload 0 = Multiple infection types 1 = Gram positive 2 = Gram negative 3 = Gram variable 4 = Viral 5 = Fungal 6 = Parasitic 7 = Other positive

Table Name: EnrolledSubjects


Variable Name	Label / Description	Values / Format
PMCA	Medical complexity algorithm category (3 years prior LAPSE admission)	1 = No chronic comorbid conditions 2 = Chronic comorbid conditions (non-complex) 3 = Chronic comorbid conditions (complex) .P = Missing PHIS .K = Missing Diagnoses
TimePointDeath	Vital status at study time points	1 = Death Day 7 2 = Death Day 28 3 = Death Month 3 4 = Death Month 6 5 = Death Month 12 6 = Alive

Table Name: DatStatSurveys


LAPSE OpenClinica Subject ID:

Collection: LOGIN
Contains: LAPSE_STUDY_NO

Question: LAPSE_STUDY_NO
Required


 LAPSE OpenClinica Subject ID **Value not provided**

Question: PICU_ADMIT_DATE_ENTERED
Required

 (RC) Please enter the PICU Admit date and time (must be within 48 hours of **Date the survey is being taken**) **Value not provided**
MM/DD/YYYY HH:MM AM/PM

Auto Page Break

Question: PICU_DATE_OVERRIDE
Show if: (HOURS_SINCE_ADMIT >= 500) **Hours_since_admit = calculated difference between entered PICU admit date and date the survey is taken**

 If you have a date override code enter it here: Remember, this is only to be used by special arrangement with the support team in cases where a paper survey that was administered during the correct window is being entered much later. **Value not provided**

PICU Admit Date/time [PICU_Admitt_Date_Entered] displayed **Value not provided**

Hours since PICU admit: [Hours_Since_Admitt] displayed **Value not provided**

Collection: DATE_WARN_GROUP
Contains: **Show if:** (HOURS_SINCE_ADMIT > 48) or (AGEINMONTHS < 0)

WARNING

It has been more than 48 hours since the PICU admit date/time.

If the entered date is in error, please use the PREVIOUS button to go back and enter the correct PICU admit date/time.

Page Break

Collection: DATE_STOP_GROUP
Contains: **Show if:** (DATE_STOP = 1) **Value not provided**

WARNING

It has been 500 or more hours (20 days) since the PICU admit date/time.

We assume this date is in error. Registration cannot continue without a valid date.

Jump-To: JMP1-BACK
Description:
Jump-To-Item: PICU_ADMIT_DATE_ENTERED

If Hours_Since_Admitt >= 500 and no valid override code is entered, the survey will not progress past this point.

Value not provided

Page Break

Table Name: DatStatSurveys

Child age in years (calculated according to birthdate entered): **Age is calculated based on the birthdate**
Value not provided imported from the RMS subject information
They will be given the version of the survey. If this is not correct, please change the birthdate below.
[Datstat_Dateofbirth]

Question: BIRTHDATE_ENTERED



Please confirm patient date of birth

Default = [Datstat_Dateofbirth]. **Value not provided**

Page Break

Subject age in months: [AgeInMonths] = calculated based on birthdate and PICU date
Value not provided

Age group for PedsQL questions: [NomAge] = calculated PEDSsql question set based on age in months.
Value not provided

NEXT to confirm and continue

Collection: CHILD-ASSENT-FORM

Contains: CHILD_ASSENT_FORM

Show if: (NOMAGE = C) or (NOMAGE = TN)

AgeInMonths < 11 NomAge = I0 "Infant 1-12 months"

AgeInMonths >= 11 & AgeInMonths < 23 NomAge = I1 "Infant 13-24 months"

AgeInMonths >= 23 & AgeInMonths < 59 NomAge = T "Toddler 2-4 years"

AgeInMonths >= 59 & AgeInMonths < 95 NomAge = YC "Young Child 5-7 years"

AgeInMonths >= 95 & AgeInMonths < 155 NomAge = C "Child 8-12 years - eligible for self-report"

AgeInMonths >= 155 & AgeInMonths < 216 NomAge = TN "Teen 13-18 years - eligible for self-report"

Question: CHILD_ASSENT_FORM

Scale Summary

Code	Label	Show-If
1	Yes	
2	No	



Does the child have an assent form filled out and on file?

☐ Yes

Value not provided

☐ No

Collection: RC_HOSPITAL

Contains: C_DEVICES, RC_MEDS, RC_COMMENTS

Show if: (IN_HOSPITAL = 1)

[In_Hospital] = Set to "1" for the Baseline survey,
calculated based on status for later timepoints

RC: We're going to start by asking you a few questions about the child's medicine and medical devices.

Question: C_DEVICES



Chronic Devices

RC: using the medical record, please list any medical devices the child is using. (check all that apply)

☐ 1. Central venous catheter: Broviac, Hickman, Port-a-cath, PICC

☐ 2. Communication aid

☐ 3. Cystostomy, Foley catheter or intermittent catheterization

☐ 4. Dialysis: hemodialysis, peritoneal dialysis

☐ 5. Feeding tube, Gastrostomy/jejunostomy/OG/NG

☐ 6. Hearing Aid

☐ 7. Hemodialysis or peritoneal dialysis

☐ 8. Mechanical ventilation/CPAP/BIPAP

☐ 9. Oxygen

☐ 10. Pacemaker, automatic internal defibrillator

☐ 11. Prostheses or braces

☐ 12. Total parenteral nutrition

☐ 13. Tracheostomy

☐ 14. Ventricular shunt

☐ 15. Wheelchair

☐ 16. Other

☐ 17. Other

☐ 18. None

These data are found in the variable 'Devices' Table
Name: Devices where 'DeviceSourceType' = RC (Chronic)

Page Break

Table Name: DatStatSurveys

Question: PARENT_WILLING_STUDY

Required

Show if: (NOMAGE ≠ YA)

PARENT_WILLING_STUDY

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



Are you willing to answer questions about your child right now?

- ☐ Yes
☐ No

If [Parent_Willing_Study] = 0, survey skips to the end

Page Break

Collection: DEV_DELAY_GROUP

Contains: DEVELOPMENTAL_DELAY

Question: DEVELOPMENTAL_DELAY

Required

Show if: (PARENT_TOGGLE = 1) or (SELFREPORT_TOGGLE = 1)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



Now we are going to select the appropriate survey for your child.

There are two possible surveys: The first survey is appropriate for the majority of children in this study, even for children with mild -- moderate motor and mental disabilities. The second survey is intended to evaluate children with **severe physical or mental developmental delay or disability**. As the person who knows your child best, if you believe your child has a **severe physical or mental delay or disability** please select 'yes' to be directed to the second survey.

- ☐ Yes
☐ No

Value not provided

Page Break

Collection: FOLLOWUP_STUDY_QUESTIONS

Contains: FUTURE_STUDIES_D00

Thank you for agreeing to participate in the LAPSE research study. We especially value your commitment to the long-term follow-up aspects of this research. It is likely that other research related to LAPSE and the families enrolled into LAPSE will be designed.

Question: FUTURE_STUDIES_D00

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	



May we contact you in the future for other potential studies related to LAPSE?

- ☐ Yes
☐ No

Value not provided

If you are interested, please visit our Facebook page to read about updates and outcomes related to our study: LAPSE, Life After Pediatric Sepsis Evaluation

Page Break

Collection: PARENT_QUESTIONS

Contains: PARENT_REPORT_FS2R, PARENT_REPORT_NOT_FS2R, PARENT_REPORT_MISC

Show if: (PARENT_WILLING_STUDY = 1:[Yes])

Now we're going to ask you some questions about your child's quality of life. We'd like to know how your child has been doing during the **past month, BEFORE** he or she became sick and came to the hospital.

Page Break

Table Name: DatStatSurveys

Collection: PARENT_REPORT_FS2R
Contains: FS2R_TABLE
Show if: (FS2R_TOGGLE = 1) and (IN_COMA ≠ 1)

Child Functional Status (FS - IIR)

Question Block: FS2R_TABLE
Contains: EATWELL, SLEEPWELL, CONTENT, MOODY, COMMUNICATE, SICK, OCCUPY, LIVELY, CROSS, SLEEPNIGHT, RESPOND, DIFFICULT, INTEREST, CRYING

Scale Summary

Code	Label	Show-If
0	Never or rarely	
1	Some of the time	
2	Almost always	



Here are some statements that parents have made to describe their children. Thinking about your child during the last **ONE Month**:

	Never or rarely	Some of the time	Almost always
Did he/she eat well? EATWELL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she sleep well? SLEEPWELL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she seem contented and cheerful? CHEERFUL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she act moody? MOODY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she communicate what he/she wanted? COMMUNICATE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she seem to feel sick and tired? SICK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she occupy him/herself? OCCUPY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she seem lively and energetic? LIVELY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she seem unusually irritable and cross? CROSS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she sleep through the night? SLEEPNIGHT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she respond to your attention? RESPOND	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she seem unusually difficult? DIFFICULT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she seem interested in what was going on around him/her? INTEREST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did he/she react to little things by crying? CRYING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: PARENT_REPORT_NOT_FS2R

Contains: PARENT_REPORT_INFANT_1_12_MO, PARENT_REPORT_INFANT_13_24_MO, PARENT_REPORT_TODLER_2_4_YR, PARENT_REPORT_YCHILD_5_7_YR, PARENT_REPORT_CHILD_8_12_YR, PARENT_REPORT_TEEN_13_18_YR

Show if: (FS2R_TOGGLE = 0) and (IN_COMA ≠ 1)

DIRECTIONS

On the following page is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past ONE month** by selecting:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.

If you do not understand a question, please ask for help.

Page Break

Collection: PARENT_REPORT_INFANT_1_12_MO

Contains: P_I0_PHYSICAL_FUNCTION, P_I0_PHYSICAL_SYMPTOMS, P_I0_EMOTIONAL, P_I0_SOCIAL, P_I0_COGNITIVE

Show if: (NOMAGE = I0)

Question Block: P_I0_PHYSICAL_FUNCTION

Contains: P_I0_PF4, P_I0_PF5, P_I0_PF6, P_I0_PF7, P_I0_PF8, P_I0_PF84

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Physical Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_i0_PF4	Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PF5	Difficulty participating in active play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PF6	Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PF7	Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PF8	Being lethargic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PF84	Resting a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_I0_PHYSICAL_SYMPTOMS

Contains: P_I0_PS9, P_I0_PS10, P_I0_PS11, P_I0_PS12, P_I0_PS13, P_I0_PS14, P_I0_PS15, P_I0_PS16, P_I0_PS17, P_I0_PS18

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Physical Symptoms	Never	Almost Never	Sometimes	Often	Almost Always
P_i0_PS9	Having gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS10	Spitting up after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS11	Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS12	Being sick to his/her stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS13	Difficulty swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS14	Being constipated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS15	Having a rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS16	Having diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS17	Wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_PS18	Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_I0_EMOTIONAL

Contains: P_I0_E34, P_I0_E35, P_I0_E36, P_I0_E37, P_I0_E38, P_I0_E85, P_I0_E39, P_I0_E40, P_I0_E41, P_I0_E42, P_I0_E43, P_I0_E44

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Emotional Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_i0_E34	Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E35	Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E36	Crying or fussing when left alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E37	Difficulty soothing himself/herself when upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E38	Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E85	Crying or fussing while being cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E39	Feeling sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E40	Difficulty being soothed when picked up or held	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E41	Difficulty sleeping mostly through the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E42	Crying a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E43	Feeling cranky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_E44	Difficulty taking naps during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_I0_SOCIAL

Contains: P_I0_S53, P_I0_S54, P_I0_S55, P_I0_S56

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Social Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_i0_S53	Not smiling at others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_S54	Not laughing when tickled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_S55	Not making eye contact with a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_S56	Not laughing when cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_I0_COGNITIVE

Contains: P_I0_C66, P_I0_C67, P_I0_C68, P_I0_C69

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

		Never	Almost Never	Sometimes	Often	Almost Always
P_i0_C66	Not imitating caregivers' actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_C67	Not imitating caregivers' facial expressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_C68	Not imitating caregivers' sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_C69	Not able to fix his/her attention on objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: PARENT_REPORT_INFANT_13_24_MO

Contains: P_I1_PHYSICAL_FUNCTION, P_I1_PHYSICAL_SYMPTOMS, P_I1_EMOTIONAL, P_I1_SOCIAL, P_I1_COGNITIVE

Show if: (NOMAGE = I1)

Question Block: P_I1_PHYSICAL_FUNCTION

Contains: P_I1_PF4, P_I1_PF5, P_I1_PF6, P_I1_PF7, P_I1_PF11, P_I1_PF12, P_I1_PF13, P_I1_PF14, P_I1_PF15

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Physical Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_i1_PF4	Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF5	Difficulty participating in active play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF6	Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF7	Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF11	Being lethargic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF12	Resting a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF13	Feeling too tired to play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF14	Difficulty walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PF15	Difficulty running a short distance without falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_I1_PHYSICAL_SYMPTOMS

Contains: P_I1_PS18, P_I1_PS19, P_I1_PS20, P_I1_PS21, P_I1_PS22, P_I1_PS25, P_I1_PS26, P_I1_PS27, P_I1_PS28, P_I1_PS29

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Physical Symptoms	Never	Almost Never	Sometimes	Often	Almost Always
P_i1_PS18	Having gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS19	Spitting up after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS20	Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS21	Being sick to his/her stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS22	Difficulty swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS25	Being constipated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS26	Having a rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS27	Having diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS28	Wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_PS29	Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_I1_EMOTIONAL

Contains: P_I1_E49, P_I1_E50, P_I1_E51, P_I1_E52, P_I1_E53, P_I1_E119, P_I1_E54, P_I1_E55, P_I1_E56, P_I1_E57, P_I1_E58, P_I1_E120

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Emotional Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_i1_E49	Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E50	Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E51	Crying or fussing when left alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E52	Difficulty soothing himself/herself when upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E53	Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E119	Crying or fussing while being cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E54	Feeling sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E55	Difficulty being soothed when picked up or held	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E56	Difficulty sleeping mostly through the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E57	Crying a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E58	Feeling cranky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_E120	Difficulty taking naps during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_I1_SOCIAL

Contains: P_I1_S68, P_I1_S71, P_I1_S72, P_I1_S73, P_I1_S70

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Social Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_i1_S68	Not smiling at others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_S71	Not laughing when tickled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_S72	Not making eye contact with a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_S73	Not laughing when cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_S70	Being uncomfortable around other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_I1_COGNITIVE

Contains: P_I1_C88, P_I1_C89, P_I1_C121, P_I1_C90, P_I1_C122, P_I1_C96, P_I1_C95, P_I1_C97, P_I1_C98

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

		Never	Almost Never	Sometimes	Often	Almost Always
P_i0_C88	Not imitating caregivers' actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_C89	Not imitating caregivers' facial expressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_C121	Not imitating caregivers' sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i0_C90	Not able to fix his/her attention on objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_C122	Not imitating caregivers' speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_C96	Difficulty pointing to his/her body parts when asked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_C95	Difficulty naming familiar objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_C97	Difficulty repeating words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_i1_C98	Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: PARENT_REPORT_TODLER_2_4_YR

Contains: P_T_PHYSICAL, P_T_EMOTIONAL, P_T_SOCIAL, SCHOOL_DAY_YN, P_T_SCHOOL_DAY, P_T_COGNITIVE

Show if: (NOMAGE = T)

Question Block: P_T_PHYSICAL

Contains: P_T_P3, P_T_P4, P_T_P5, P_T_P6, P_T_P7, P_T_P8, P_T_P9, P_T_P10

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Physical Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_T_P3	Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_P4	Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_P5	Participating in active play or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_P6	Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_P7	Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_P8	Helping to pick up his or her toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_P9	Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_P10	Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_T_EMOTIONAL

Contains: P_T_E12, P_T_E13, P_T_E14, P_T_E15, P_T_E16

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*


	Emotional Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_T_E12	Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_E13	Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_E14	Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_E15	Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_E16	Worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_T_SOCIAL
Contains: P_T_S18, P_T_S19, P_T_S20, P_T_S21, P_T_S22

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	


 In the past **ONE month**, how much of a **problem** has your child had with ...

	Social Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_T_S18	Playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_S19	Other kids not wanting to play with him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_S20	Getting teased by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_S21	Not able to do things that other children his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_S22	Keeping up when playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question: SCHOOL_DAY_YN
Required

Scale Summary		
Code	Label	Show-If
0	Yes	
1	No	


 Does your child attend school or daycare? SchoolDay

☐ Yes
☐ No

Page Break

Question Block: P_T_SCHOOL_DAY
Contains: P_T_SD24, P_T_SD25, P_T_SD26
 Show if: (SCHOOL_DAY_YN = 0:{Yes})

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has your child had with ...

	School Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_T_SD24	Doing the same school/daycare activities as peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_SD25	Missing school/daycare because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_SD26	Missing school/daycare to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_T_COGNITIVE

Contains: P_T_CF1, P_T_CF2, P_T_CF3, P_T_CF4, P_T_CF5, P_T_CF6

Show if: (HIDE_YN ≠ 1)

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has this been for your child...*

		Never	Almost Never	Sometimes	Often	Almost Always
P_T_CF1	Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_CF2	Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_CF3	Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_CF4	Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_CF5	Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_T_CF6	Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: PARENT_REPORT_YCHILD_5_7_YR
Contains: P_YC_PHYSICAL, P_YC_EMOTIONAL, P_YC_SOCIAL, P_YC_SCHOOL, P_YC_COGNITIVE
Show if: (NOMAGE = YC)

Question Block: P_YC_PHYSICAL
Contains: P_YC_P3, P_YC_P4, P_YC_P5, P_YC_P6, P_YC_P7, P_YC_P8, P_YC_P9, P_YC_P10

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Physical Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_YC_P3	Walking more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_P4	Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_P5	Participating in sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_P6	Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_P7	Taking a bath or shower by him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_P8	Doing chores, like picking up his or her toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_P9	Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_P10	Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_YC_EMOTIONAL

Contains: P_YC_E12, P_YC_E13, P_YC_E14, P_YC_E15, P_YC_E16

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

P_YC_E12

P_YC_E13

P_YC_E14

P_YC_E15

P_YC_E16

Emotional Functioning	Never	Almost Never	Sometimes	Often	Almost Always
Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying about what will happen to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_YC_SOCIAL

Contains: P_YC_S18, P_YC_S19, P_YC_S20, P_YC_S21, P_YC_S22

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

P_YC_S18

P_YC_S19

P_YC_S20

P_YC_S21

P_YC_S22

Social Functioning	Never	Almost Never	Sometimes	Often	Almost Always
Getting along with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kids not wanting to be his or her friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting teased by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not able to do things that other children his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping up when playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Table Name: DatStatSurveys

Question Block: P_YC_SCHOOL
Contains: P_YC_SC27, P_YC_SC28, P_YC_SC29, P_YC_SC30, P_YC_SC31

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has your child had with ...


	School Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_YC_SC27	Paying attention in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_SC28	Forgetting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_SC29	Keeping up with school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_SC30	Missing school because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_SC31	Missing school to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_YC_COGNITIVE
Contains: P_YC_CF1, P_YC_CF2, P_YC_CF3, P_YC_CF4, P_YC_CF5, P_YC_CF6
 Show if: (HIDE_YN ≠ 1)

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has this been for your child...

		Never	Almost Never	Sometimes	Often	Almost Always
P_YC_CF1	Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_CF2	Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_CF3	Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_CF4	Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_CF5	Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_YC_CF6	Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Table Name: DatStatSurveys

Collection: PARENT_REPORT_CHILD_8_12_YR
Contains: P_C_PHYSICAL, P_C_EMOTIONAL, P_C_SOCIAL, P_C_SCHOOL, P_C_COGNITIVE
Show if: (NOMAGE = C)

Question Block: P_C_PHYSICAL
Contains: P_C_P3, P_C_P4, P_C_P5, P_C_P6, P_C_P7, P_C_P8, P_C_P9, P_C_P10

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has your child had with ...

	Physical Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_C_P3	Walking more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_P4	Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_P5	Participating in sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_P6	Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_P7	Taking a bath or shower by him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_P8	Doing chores around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_P9	Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_P10	Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Table Name: DatStatSurveys

Question Block: P_C_EMOTIONAL
Contains: P_C_E12, P_C_E13, P_C_E14, P_C_E15, P_C_E16

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has your child had with ...


	Emotional Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_C_E12	Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_E13	Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_E14	Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_E15	Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_E16	Worrying about what will happen to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_C_SOCIAL
Contains: P_C_S18, P_C_S19, P_C_S20, P_C_S21, P_C_S22

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has your child had with ...

	Social Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_C_S18	Getting along with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_S19	Other kids not wanting to be his or her friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_S20	Getting teased by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_S21	Not able to do things that other children his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_C_S22	Keeping up when playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_C_SCHOOL

Contains: P_C_SC27, P_C_SC28, P_C_SC29, P_C_SC30, P_C_SC31

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



In the past **ONE month**, how much of a **problem** has your child had with ...

P_C_SC27

P_C_SC28

P_C_SC29

P_C_SC30

P_C_SC31

School Functioning	Never	Almost Never	Sometimes	Often	Almost Always
Paying attention in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping up with school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missing school because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missing school to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_C_COGNITIVE

Contains: P_C_CF1, P_C_CF2, P_C_CF3, P_C_CF4, P_C_CF5, P_C_CF6

Show If: (HIDE_YN # 1)

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



In the past **ONE month**, how much of a **problem** has this been for your child...

P_C_CF1

P_C_CF2

P_C_CF3

P_C_CF4

P_C_CF5

P_C_CF6


	Never	Almost Never	Sometimes	Often	Almost Always
Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: PARENT_REPORT_TEEN_13_18_YR
Contains: P_TN_PHYSICAL, P_TN_EMOTIONAL, P_TN_SOCIAL, P_TN_SCHOOL, P_TN_COGNITIVE
Show if: (NOMAGE = TN)

Question Block: P_TN_PHYSICAL
Contains: P_TN_P3, P_TN_P4, P_TN_P5, P_TN_P6, P_TN_P7, P_TN_P8, P_TN_P9, P_TN_P10


Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has your child had with ...

	Physical Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_TN_P3	Walking more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_P4	Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_P5	Participating in sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_P6	Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_P7	Taking a bath or shower by him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_P8	Doing chores around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_P9	Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_P10	Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: P_TN_EMOTIONAL
Contains: P_TN_E12, P_TN_E13, P_TN_E14, P_TN_E15, P_TN_E16

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	

 In the past **ONE month**, how much of a **problem** has your child had with ...

	Emotional Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_TN_E12	Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_E13	Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_E14	Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_E15	Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_E16	Worrying about what will happen to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Question Block: P_TN_SOCIAL

Contains: P_TN_S18, P_TN_S19, P_TN_S20, P_TN_S21, P_TN_S22

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	Social Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_TN_S18	Getting along with other teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_S19	Other teens not wanting to be his or her friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_S20	Getting teased by other teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_S21	Not able to do things that other teens his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_S22	Keeping up with other teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: P_TN_SCHOOL

Contains: P_TN_SC27, P_TN_SC28, P_TN_SC29, P_TN_SC30, P_TN_SC31

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has your child had with ...*

	School Functioning	Never	Almost Never	Sometimes	Often	Almost Always
P_TN_SC27	Paying attention in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_SC28	Forgetting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_SC29	Keeping up with school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_SC30	Missing school because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_SC31	Missing school to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: P_TN_COGNITIVE

Contains: P_TN_CF1, P_TN_CF2, P_TN_CF3, P_TN_CF4, P_TN_CF5, P_TN_CF6

Show if: (HIDE_YN ≠ 1)

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



*In the past **ONE month**, how much of a **problem** has this been for your child...*

P_TN_CF1

P_TN_CF2

P_TN_CF3

P_TN_CF4

P_TN_CF5

P_TN_CF6

		Never	Almost Never	Sometimes	Often	Almost Always
P_TN_CF1	Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_CF2	Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_CF3	Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_CF4	Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_CF5	Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P_TN_CF6	Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Collection: PARENT_REPORT_MISC

Contains: PERSONALITY_INVENTORY, BRIEF_SYMPTOM_INVENTORY, FAMILY_ASSESSMENT_DEVICE, MEDICAL_DEVICES_N_MEDICATIONS, DISPOSITION_RESOURCES, CONTACTINFO, COMMENTS


Page Break

Table Name: DatStatSurveys

Question Block: BSI_TABLE

Contains: FAINT, NO_INTEREST, NERVOUS, CHEST_PAINS, LONELY, TENSE, NAUSEA, BLUE, SCARED

Scale Summary		
Code	Label	Show-If
1	Not At All	
2	A Little Bit	
3	Moderately	
4	Quite A Bit	
5	Extremely	



Remember, these questions are about **YOU**. Below is a list of problems people sometimes have. Please read each one carefully and select the answer that best describes how much that problem has distressed or bothered **YOU** DURING THE **PAST 7 DAYS**, INCLUDING TODAY.


HOW MUCH WERE YOU DISTRESSED BY:

FAINT
NO_INTEREST
NERVOUS
CHEST_PAINS
LONELY
TENSE
NAUSES
BLUE
SCARED

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Faintness or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness or shakiness inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pains in heart or chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tense or keyed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea or upset stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly scared for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: BSI_TABLE2
Contains: BREATH_TRBL, WORTHLES, PANIC, NUMB, HOPELES, RESTLES, WEAK, FEARFUL

Scale Summary		
Code	Label	Show-If
1	Not At All	
2	A Little Bit	
3	Moderately	
4	Quite A Bit	
5	Extremely	

 Below are some more problems people sometimes have. Please read each one carefully and select the response that best describes how much that problem has distressed or bothered **YOU DURING THE PAST 7 DAYS, INCLUDING TODAY.**

HOW MUCH WERE YOU DISTRESSED BY:

BREATH_TRBL
WORTHLES
PANIC
NUMB
HOPELES
RESTLES
WEAK
FEARFUL

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Trouble getting your breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spells of terror or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or tingling in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling so restless you couldn't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling weak in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: FAMILY_ASSESSMENT_DEVICE
Contains: FA_GROUP

Question Block: FA_GROUP

Contains: FA_MISUNDER, FA_SUPPORT, FA_SADNES, FA_ACCEPT, FA_AVOID, FA_EXPRES, FA_BADFEEL, FA_WEACCPT, FA_DECISN_PROB, FA_PROB_SOLVE, FA_GETALNG_NO, FA_CONFIDE

Scale Summary

Code	Label	Show-If
1	Strongly Agree	
2	Agree	
3	Disagree	
4	Strongly Disagree	



Below, you can see a number of statements about families. Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Each statement has four (4) possible responses:

Strongly agree: Choose this answer if you feel that the statement describes your family very accurately.

Agree: Choose this answer if you feel that the statement describes your family for the most part.

Disagree: Choose this answer if you feel that the statement does not describe your family for the most part.

Strongly disagree: Choose this answer if you feel that the statement does not describe your family at all.

Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have a hard time deciding what to answer, go with your first reaction. Please answer every statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Planning family activities is difficult because we misunderstand each other. FA_MISUNDER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In times of crisis we can turn to each other for support. FA_SUPPORT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We cannot talk to each other about the sadness we feel. FA_SADNES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals are accepted for what they are. FA_ACCEPT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We avoid discussing our fears and concerns. FA_AVOID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can express feelings to each other. FA_EXPRES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of bad feelings in the family. FA_BADFEEL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel accepted for what we are. FA_WEACCPT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making decisions is a problem for our family. FA_DECISN_PROB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are able to make decisions about how to solve problems. FA_PROB_SOLVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't get along well together. FA_GETALNG_NO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We confide in each other. FA_CONFIDE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: CONTACTINFO

Contains: ONLINE_OR_PHONE, DATSTAT_HOMEPHONE, DATSTAT_MOBILEPHONE, CALL_TIME, DATSTAT_EMAIL

Thank you for agreeing to be part of our study!

We will be following up with you when your child is out of the hospital and would like to know the best way to contact you to do future surveys.

Question: ONLINE_OR_PHONE

Required

Scale Summary		
Code	Label	Show-If
1	Online (web-based survey)	
2	Telephone Interview	
3	Text Message (web-based survey)	



Would you like to do future surveys online using a computer or mobile device, or by telephone interview?

☐ Online (web-based survey)

☐ Telephone Interview

☐ Text Message (web-based survey)

ONLINE_OR_PHONE

Page Break

Question: DATSTAT_HOMEPHONE



Please enter the phone number we should call to contact you in the future, area code first

(XXX-XXX-XXXX). Value not provided

Question: DATSTAT_MOBILEPHONE

Required

Show if: (ONLINE_OR_PHONE = 3:[Text Message (web-based survey)])



if your survey preference is "text message" please enter the mobile phone number that should receive the text messages.

Value not provided

Question: CALL_TIME

Minimum checks: 1

Maximum checks: 3

Show if: (ONLINE_OR_PHONE = 2:[Telephone Interview])



What is the best time to call you?

☐ morning (9am-12 noon)

☐ afternoon (12 noon to 5pm)

☐ evening (after 5pm but before 9pm)

Value not provided

Question: DATSTAT_EMAIL

Required

Show if: (ONLINE_OR_PHONE = 1:[Online (web-based survey)])



Please enter the email address we should use to contact you in the future.

Value not provided


Page Break

Table Name: DatStatSurveys

Collection: INTERVAL_MEDICAL_ACTIVITY
Contains: ER_VISIT, HOSP, T_CALLS, PLANNED_VISIT, UNPLANNED_VISIT_YN, UNPLANNED_VISIT
Show if: (IN_HOSPITAL ≠ 1) and (HIDE_YN ≠ 1)


Medical Activity Since Last Survey

Question: ER_VISIT

 In the past 3 months, how many times did your child go to the emergency room? (Your best estimate is fine.) [EmergRoomVisits](#)


Enter number (0-15)

Question: HOSP

 In the past 3 months, how many times did your child spend one night or more in the hospital? (Your best estimate is fine.) [HospVisits](#)

Enter number (0-15)

Question: T_CALLS

 In the past 3 months, how many times did you call the office of a doctor or medical professional regarding your child? (Your best estimate is fine.)

Enter number (0-100) [Value not provided](#)

Table Name: DatStatSurveys

Question: PLANNED_VISIT

Scale Summary		
Code	Label	Show-If
0	None	
1	1 to 3 visits	
2	4 to 6 visits, or	
3	More than 6 visits?	



Think about all the doctor's offices and clinics your child visited for health care in the last 3 months. In total, about how many *planned follow-up visits* has (he/she) had? (Your best estimate is fine.)

DEFINITION: A **planned visit** is one where your child is usually not sick. These are visits the doctor asks your child to come to. It's a regular check-up or follow-up visit for your child to see how he/she is doing.

Was it: **PLANNED_VISIT**

- ☐ None
- ☐ 1 to 3 visits
- ☐ 4 to 6 visits, or
- ☐ More than 6 visits?

Question: UNPLANNED_VISIT_YN

Scale Summary		
Code	Label	Show-If
0	No	
1	Yes	



During the last 3 months, has your child had any unplanned visits to a doctor's office or clinic ?


DEFINITION: Unplanned visits are visits that occur because your child gets sick and you decide you want the doctor to see him/her so you call for an appointment or go to a walk-in clinic where you don't need an appointment.

- ☐ No **UNPLANNED_VISIT_YN**
- ☐ Yes

Table Name: DatStatSurveys

Question: UNPLANNED_VISIT
Show if: (UNPLANNED_VISIT_YN = 1:[Yes])

Scale Summary		
Code	Label	Show-If
0	None	
1	1 to 3 visits	
2	4 to 6 visits, or	
3	More than 6 visits	
4	Not sure	

 How many *unplanned visits* were there during the last 3 months? (Your best estimate is fine.) Was it:

- ☐ None
- ☐ 1 to 3 visits
- ☐ 4 to 6 visits, or
- ☐ More than 6 visits
- ☐ Not sure

UNPLANNED_VISIT

Page Break

Table Name: DatStatSurveys

Question: PARENT_WILLING_STUDY

Required

Show if: (CHILDAGE_CONSENT_INTEGER < 18) and ((DEVELOPMENTAL_DELAY_IMPORT = 1) or (CHILD18_CONSENT_FORM = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	



Are you willing to answer questions about your child right now?

- ☐ Yes **PARENT_WILLING_STUDY**
- ☐ No

Question: YOUNG_ADULT_WILLING_STUDY

Required

Show if: (SELF_18_ELIGIBLE = 1) and (CHILDAGE_CONSENT_INTEGER >= 18)

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	



Is the patient willing to participate in the study?

- ☐ Yes **Value not provided**
- ☐ No

Page Break

Note: these questions apply to you and how you're feeling.

Question: CHILDCOMP

Required

Show if: (SELF_18_WILLING = 1) or (SELF_UNDER18_PARENT_WILLING = 1)

Scale Summary

Code	Label	Show-If
0	No	
1	Yes	



Do you think your child will be able to answer questions in the child self-report sections?

- ☐ No **CHILDCOMP**
- ☐ Yes

Auto Page Break

Question: TOO_ILL

Required

Show if: (CHILDCOMP = 1:[Yes]) and ((SELF_18_WILLING = 1) or (SELF_UNDER18_PARENT_WILLING = 1))

Scale Summary

Code	Label	Show-If
0	No	
1	Yes	



Is your child too ill to do the survey?

- ☐ No **TOO_ILL**
- ☐ Yes

Question: CHILD_ASSENT

Required

Show if: (CHILDCOMP = 1:[Yes]) and (TOO_ILL = 0:[No]) and (SELF_UNDER18_PARENT_WILLING = 1) and (CHILDAGE_CONSENT_INTEGER < 18)

Scale Summary

Code	Label	Show-If
0	No	
1	Yes	



Is your child willing to answer questions about him/herself?

- ☐ No **CHILD_ASSENT**
- ☐ Yes

Table Name: DatStatSurveys

Collection: SELF_REPORT_CHILD_8_12_YR
Contains: S_C_PHYSICAL, S_C_EMOTIONAL, S_C_SOCIAL, S_C_COGNITIVE
Show if: (NOMAGE = C)

Question Block: S_C_PHYSICAL

Contains: S_C_P3, S_C_P4, S_C_P5, S_C_P6, S_C_P7, S_C_P8, S_C_P9, S_C_P10

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

	About My Health and Activities	Never	Almost Never	Sometimes	Often	Almost Always
S_C_P3	It is hard for me to walk more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_P4	It is hard for me to run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_P5	It is hard for me to do sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_P6	It is hard for me to lift something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_P7	It is hard for me to take a bath or shower by myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_P8	It is hard for me to do chores around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_P9	I hurt or ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_P10	I have low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Question Block: S_C_EMOTIONAL

Contains: S_C_E12, S_C_E13, S_C_E14, S_C_E15, S_C_E16

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

	About My Feelings	Never	Almost Never	Sometimes	Often	Almost Always
S_C_E12	I feel afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_E13	I feel sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_E14	I feel angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_E15	I have trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_E16	I worry about what will happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: S_C_SOCIAL

Contains: S_C_S18, S_C_S19, S_C_S20, S_C_S21, S_C_S22

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

	How I Get Along with Others	Never	Almost Never	Sometimes	Often	Almost Always
S_C_S18	I have trouble getting along with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_S19	Other kids do not want to be my friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_S20	Other kids tease me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_S21	I cannot do things that other kids my age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_S22	It is hard to keep up when I play with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

Question: S_C_SC27

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



It is hard to pay attention in class

- ☐ Never [S_C_SC27](#)
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

Question: S_C_SC28

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I forget things

- ☐ Never [S_C_SC28](#)
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

Question: S_C_SC29

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I have trouble keeping up with my schoolwork

- ☐ Never [S_C_SC29](#)
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

Question: S_C_SC30

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I miss school because of not feeling well

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

[S_C_SC30](#)

Question: S_C_SC31

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I miss school to go to the doctor or hospital

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

[S_C_SC31](#)

Table Name: DatStatSurveys

Question Block: S_C_COGNITIVE

Contains: S_C_CF1, S_C_CF2, S_C_CF3, S_C_CF4, S_C_CF5, S_C_CF6

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

Cognitive Fatigue		Never	Almost Never	Sometimes	Often	Almost Always
S_C_CF1	It is hard for me to keep my attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_CF2	It is hard for me to remember what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_CF3	It is hard for me to remember what I just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_CF4	It is hard for me to think quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_CF5	I have trouble remembering what I was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_C_CF6	I have trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Collection: SELF_REPORT_TEEN_13_18_YR
Contains: S_TN_PHYSICAL, S_TN_EMOTIONAL, S_TN_SOCIAL, S_TN_COGNITIVE
Show if: (NOMAGE = TN)

Question Block: S_TN_PHYSICAL
Contains: S_TN_P3, S_TN_P4, S_TN_P5, S_TN_P6, S_TN_P7, S_TN_P8, S_TN_P9, S_TN_P10

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

About My Health and Activities	Never	Almost Never	Sometimes	Often	Almost Always
It is hard for me to walk more than one block S_TN_P3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to run S_TN_P4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to do sports activity or exercise S_TN_P5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to lift something heavy S_TN_P6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to take a bath or shower by myself S_TN_P7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to do chores around the house S_TN_P8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hurt or ache S_TN_P9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have low energy S_TN_P10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Question Block: S_TN_EMOTIONAL

Contains: S_TN_E12, S_TN_E13, S_TN_E14, S_TN_E15, S_TN_E16

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

S_TN_E12

S_TN_E13

S_TN_E14

S_TN_E15

S_TN_E16

About My Feelings	Never	Almost Never	Sometimes	Often	Almost Always
I feel afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about what will happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question Block: S_TN_SOCIAL

Contains: S_TN_S18, S_TN_S19, S_TN_S20, S_TN_S21, S_TN_S22

Scale Summary

Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

S_TN_S18

S_TN_S19

S_TN_S20

S_TN_S21

S_TN_S22

How I Get Along with Others	Never	Almost Never	Sometimes	Often	Almost Always
I have trouble getting along with other teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other teens do not want to be my friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other teens tease me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot do things that other teens my age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to keep up with my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Table Name: DatStatSurveys

Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

Question: S_TN_SC27

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



It is hard to pay attention in class

- ☐ Never [S_TN_SC27](#)
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

Question: S_TN_SC28

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I forget things

- ☐ Never [S_TN_SC28](#)
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

Question: S_TN_SC29

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I have trouble keeping up with my schoolwork

- ☐ Never [S_TN_SC29](#)
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

Question: S_TN_SC30

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I miss school because of not feeling well

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

[S_TN_SC30](#)

Question: S_TN_SC31

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



I miss school to go to the doctor or hospital

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ Almost Always

[S_TN_SC31](#)

Table Name: DatStatSurveys

Question Block: S_TN_COGNITIVE

Contains: S_TN_CF1, S_TN_CF2, S_TN_CF3, S_TN_CF4, S_TN_CF5, S_TN_CF6

Scale Summary		
Code	Label	Show-If
0	Never	
1	Almost Never	
2	Sometimes	
3	Often	
4	Almost Always	



Thinking about how you are doing **TODAY**, how much of a **problem** has this been for you ...

		Never	Almost Never	Sometimes	Often	Almost Always
S_TN_CF1	It is hard for me to keep my attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_TN_CF2	It is hard for me to remember what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_TN_CF3	It is hard for me to remember what I just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_TN_CF4	It is hard for me to think quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_TN_CF5	I have trouble remembering what I was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S_TN_CF6	I have trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table Name: DatStatSurveys

Variable Name	Label / Description	Values / Formats
PUDID Timepoint	Subject ID Time point	TIMEPOIN. 1 = Baseline 2 = Day 7 3 = Day 28 4 = 3 months 5 = 6 months 6 = 12 months
PARTICIPANT_STATUS	Subject participant status	STATUS. 1 = Home 2 = Home/Coma 3 = Inpatient 4 = Withdraw 5 = Subject not living 6 = No contact 7 = No follow-up
DATSTAT_LANGUAGE	The survey language used by this participant.	
DATSTAT_NUMANSWERED	Number of questions answered by this participant.	
DATSTAT_NUMPRESENTED	Number of questions presented to the participant.	
DATSTAT_NUMUNANSWERED	Number of questions unanswered by this participant.	
DATSTAT_PCTCOMPLETE	Percent complete.	
DATSTAT_PCTUNANSWERED	Percentage of questions unanswered by this participant.	
ONLINE_OR_PHONE	Would you prefer to do future surveys online, or by telephone interview?	SURVTYPE. 1 = Online (web-based survey) 2 = Telephone Interview
TOO_ILL	Is your child too ill to do the survey?	1 = Yes, 0 = No
CHILDCOMP	Do you think your child will be able to answer questions in the child self-report sections?	1 = Yes, 0 = No
CHILD_ASSENT	Is your child willing to answer questions about him/herself?	1 = Yes, 0 = No
PARENT_WILLING_STUDY	Are you willing to answer questions about your child right now?	1 = Yes, 0 = No
FAINT	Faintness or dizziness	LIKERT5B. 1 = Not At All 2 = A Little Bit 3 = Moderately 4 = Quite A Bit 5 = Extremely
CHEST_PAINS	Pains in heart or chest	LIKERT5B
NAUSEA	Nausea or upset stomach	LIKERT5B
BREATH_TRBL	Trouble getting your breath	LIKERT5B
NUMB	Numbness or tingling in parts of your body	LIKERT5B
WEAK	Feeling weak in parts of your body	LIKERT5B
NO_INTEREST	Feeling no interest in things	LIKERT5B
LONELY	Feeling lonely	LIKERT5B
BLUE	Feeling blue	LIKERT5B
WORTHLES	Feelings of worthlessness	LIKERT5B
HOPELES	Feeling hopeless about the future	LIKERT5B
NERVOUS	Nervousness or shakiness inside	LIKERT5B
TENSE	Feeling tense or keyed up	LIKERT5B
RESTLES	Feeling so restless you couldn't sit still	LIKERT5B
SCARED	Suddenly scared for no reason	LIKERT5B
PANIC	Spells of terror or panic	LIKERT5B
FEARFUL	Feeling fearful	LIKERT5B
UNPLANNED_VISIT_YN	During the last 3 months, has your child had any unplanned visits to a doctor's office or clinic?	1 = Yes, 0 = No
UNPLANNED_VISIT	How many unplanned visits were there during the last 3 months?	VISITS. 0 = None 1 = 1 to 3 2 = 4 to 6 3 = More than 6 4 = Not sure

EmergRoomVisits	In the past 3 months, how many times did your child go to the emergency room?	
HospVisits	In the past 3 months, how many times did your child spend one night or more in the hospital?	
PLANNED_VISIT	How many planned follow-up visits did your child have in the last 3 months?	VISITS
SchoolDay	Does your child attend school or daycare?	1 = Yes, 0 = No
FA_WEACCPT	We feel accepted for what we are.	LIKERT4A.
		1 = Strongly Agree
		2 = Agree
		3 = Disagree
		4 = Strongly Disagree
FA_SUPPORT	In times of crisis we can turn to each other for support.	LIKERT5A.
		0 = Never
		1 = Almost Never
		2 = Sometimes
		3 = Often
		4 = Almost Always
FA_PROB_SOLVE	We are able to make decisions about how to solve problems.	LIKERT4A
FA_CONFIDE	We confide in each other.	LIKERT4A
FA_EXPRES	We can express feelings to each other.	LIKERT4A
FA_ACCEPT	Individuals are accepted for what they are.	LIKERT4A
FA_AVOID	We avoid discussing our fears and concerns.	LIKERT4A
FA_BADFEEL	There are lots of bad feelings in the family.	LIKERT4A
FA_DECISN_PROB	Making decisions is a problem for our family.	LIKERT4A
FA_GETALNG_NO	We don't get along well together.	LIKERT4A
FA_MISUNDER	Planning family activities is difficult because we misunderstand each other	LIKERT4A
FA_SADNES	We cannot talk to each other about the sadness we feel.	LIKERT4A
P_i0_Pf4	Low energy level	LIKERT5A
P_i0_Pf5	Difficulty participating in active play	LIKERT5A
P_i0_Pf6	Having hurts or aches	LIKERT5A
P_i0_Pf7	Feeling tired	LIKERT5A
P_i0_Pf8	Being lethargic	LIKERT5A
P_i0_Pf84	Resting a lot	LIKERT5A
P_i0_PS9	Having gas	LIKERT5A
P_i0_PS10	Spitting up after eating	LIKERT5A
P_i0_PS11	Difficulty breathing	LIKERT5A
P_i0_PS12	Being sick to his/her stomach	LIKERT5A
P_i0_PS13	Difficulty swallowing	LIKERT5A
P_i0_PS14	Being constipated	LIKERT5A
P_i0_PS15	Having a rash	LIKERT5A
P_i0_PS16	Having diarrhea	LIKERT5A
P_i0_PS17	Wheezing	LIKERT5A
P_i0_PS18	Vomiting	LIKERT5A
P_i0_E34	Feeling afraid or scared	LIKERT5A
P_i0_E35	Feeling angry	LIKERT5A
P_i0_E36	Crying or fussing when left alone	LIKERT5A
P_i0_E37	Difficulty soothing himself/herself when upset	LIKERT5A
P_i0_E38	Difficulty falling asleep	LIKERT5A
P_i0_E85	Crying or fussing while being cuddled	LIKERT5A
P_i0_E39	Feeling sad	LIKERT5A
P_i0_E40	Difficulty being soothed when picked up or held	LIKERT5A
P_i0_E41	Difficulty sleeping mostly through the night	LIKERT5A
P_i0_E42	Crying a lot	LIKERT5A
P_i0_E43	Feeling cranky	LIKERT5A
P_i0_E44	Difficulty taking naps during the day	LIKERT5A
P_i0_S53	Not smiling at others	LIKERT5A
P_i0_S54	Not laughing when tickled	LIKERT5A
P_i0_S55	Not making eye contact with a caregiver	LIKERT5A
P_i0_S56	Not laughing when cuddled	LIKERT5A
P_i0_C66	Not imitating caregivers' actions	LIKERT5A
P_i0_C67	Not imitating caregivers' facial expressions	LIKERT5A
P_i0_C68	Not imitating caregivers' sounds	LIKERT5A
P_i0_C69	Not able to fix his/her attention on objects	LIKERT5A
P_i1_Pf4	Low energy level	LIKERT5A
P_i1_Pf5	Difficulty participating in active play	LIKERT5A
P_i1_Pf6	Having hurts or aches	LIKERT5A

P_i1_PF7	Feeling tired	LIKERT5A
P_i1_PF11	Being lethargic	LIKERT5A
P_i1_PF12	Resting a lot	LIKERT5A
P_i1_PF13	Feeling too tired to play	LIKERT5A
P_i1_PF14	Difficulty walking	LIKERT5A
P_i1_PF15	Difficulty running a short distance without falling	LIKERT5A
P_i1_E119	Crying or fussing while being cuddled	LIKERT5A
P_i1_E120	Difficulty taking naps during the day	LIKERT5A
P_i1_PS18	Having gas	LIKERT5A
P_i1_PS21	Being sick to his/her stomach	LIKERT5A
P_i1_PS22	Difficulty swallowing	LIKERT5A
P_i1_PS25	Being constipated	LIKERT5A
P_i1_PS26	Having a rash	LIKERT5A
P_i1_PS27	Having diarrhea	LIKERT5A
P_i1_PS28	Wheezing	LIKERT5A
P_i1_PS29	Vomiting	LIKERT5A
P_i1_E49	Feeling afraid or scared	LIKERT5A
P_i1_E50	Feeling angry	LIKERT5A
P_i1_E51	Crying or fussing when left alone	LIKERT5A
P_i1_E52	Difficulty soothing himself/herself when upset	LIKERT5A
P_i1_E53	Difficulty falling asleep	LIKERT5A
P_i1_E54	Feeling sad	LIKERT5A
P_i1_E55	Difficulty being soothed when picked up or held	LIKERT5A
P_i1_E56	Difficulty sleeping mostly through the night	LIKERT5A
P_i1_E57	Crying a lot	LIKERT5A
P_i1_E58	Feeling cranky	LIKERT5A
P_i1_PS19	Spitting up after eating	LIKERT5A
P_i1_PS20	Difficulty breathing	LIKERT5A
P_i1_S68	Not smiling at others	LIKERT5A
P_i1_S70	Being uncomfortable around other children	LIKERT5A
P_i1_S71	Not laughing when tickled	LIKERT5A
P_i1_S72	Not making eye contact with a caregiver	LIKERT5A
P_i1_S73	Not laughing when cuddled	LIKERT5A
P_i1_C88	Not imitating caregivers' actions	LIKERT5A
P_i1_C89	Not imitating caregivers' facial expressions	LIKERT5A
P_i1_C90	Not able to fix his/her attention on objects	LIKERT5A
P_i1_C95	Difficulty naming familiar objects	LIKERT5A
P_i1_C96	Difficulty pointing to his/her body parts when asked	LIKERT5A
P_i1_C97	Difficulty repeating words	LIKERT5A
P_i1_C98	Difficulty keeping his/her attention on things	LIKERT5A
P_i1_C121	Not imitating caregivers' sounds	LIKERT5A
P_i1_C122	Not imitating caregivers' speech	LIKERT5A
P_T_P3	Walking	LIKERT5A
P_T_P4	Running	LIKERT5A
P_T_P5	Participating in active play or exercise	LIKERT5A
P_T_P6	Lifting something heavy	LIKERT5A
P_T_P7	Bathing	LIKERT5A
P_T_P8	Helping to pick up his or her toys	LIKERT5A
P_T_P9	Having hurts or aches	LIKERT5A
P_T_P10	Low energy level	LIKERT5A
P_T_E12	Feeling afraid or scared	LIKERT5A
P_T_E13	Feeling sad or blue	LIKERT5A
P_T_E14	Feeling angry	LIKERT5A
P_T_E15	Trouble sleeping	LIKERT5A
P_T_E16	Worrying	LIKERT5A
P_T_S18	Playing with other children	LIKERT5A
P_T_S19	Other kids not wanting to play with him or her	LIKERT5A
P_T_S20	Getting teased by other children	LIKERT5A
P_T_S21	Not able to do things that other children his or her age can do	LIKERT5A
P_T_S22	Keeping up when playing with other children	LIKERT5A
P_T_SD24	Doing the same school/daycare activities as peers	LIKERT5A
P_T_SD25	Missing school/daycare because of not feeling well	LIKERT5A
P_T_SD26	Missing school/daycare to go to the doctor or hospital	LIKERT5A
P_T_CF1	Difficulty keeping his/her attention on things	LIKERT5A
P_T_CF2	Difficulty remembering what people tell him/her	LIKERT5A
P_T_CF3	Difficulty remembering what he/she just heard	LIKERT5A
P_T_CF4	Difficulty thinking quickly	LIKERT5A
P_T_CF5	Trouble remembering what he/she was just thinking	LIKERT5A

P_T_CF6	Trouble remembering more than one thing at a time	LIKERT5A
P_YC_P3	Walking more than one block	LIKERT5A
P_YC_P4	Running	LIKERT5A
P_YC_P5	Participating in sports activity or exercise	LIKERT5A
P_YC_P6	Lifting something heavy	LIKERT5A
P_YC_P7	Taking a bath or shower by him or herself	LIKERT5A
P_YC_P8	Doing chores, like picking up his or her toys	LIKERT5A
P_YC_P9	Having hurts or aches	LIKERT5A
P_YC_P10	Low energy level	LIKERT5A
P_YC_E12	Feeling afraid or scared	LIKERT5A
P_YC_E13	Feeling sad or blue	LIKERT5A
P_YC_E14	Feeling angry	LIKERT5A
P_YC_E15	Trouble sleeping	LIKERT5A
P_YC_E16	Worrying about what will happen to him or her	LIKERT5A
P_YC_S18	Getting along with other children	LIKERT5A
P_YC_S19	Other kids not wanting to be his or her friend	LIKERT5A
P_YC_S20	Getting teased by other children	LIKERT5A
P_YC_S21	Not able to do things that other children his or her age can do	LIKERT5A
P_YC_S22	Keeping up when playing with other children	LIKERT5A
P_YC_SC27	Paying attention in class	LIKERT5A
P_YC_SC28	Forgetting things	LIKERT5A
P_YC_SC29	Keeping up with school activities	LIKERT5A
P_YC_SC30	Missing school because of not feeling well	LIKERT5A
P_YC_SC31	Missing school to go to the doctor or hospital	LIKERT5A
P_YC_CF1	Difficulty keeping his/her attention on things	LIKERT5A
P_YC_CF2	Difficulty remembering what people tell him/her	LIKERT5A
P_YC_CF3	Difficulty remembering what he/she just heard	LIKERT5A
P_YC_CF4	Difficulty thinking quickly	LIKERT5A
P_YC_CF5	Trouble remembering what he/she was just thinking	LIKERT5A
P_YC_CF6	Trouble remembering more than one thing at a time	LIKERT5A
P_C_P3	Walking more than one block	LIKERT5A
P_C_P4	Running	LIKERT5A
P_C_P5	Participating in sports activity or exercise	LIKERT5A
P_C_P6	Lifting something heavy	LIKERT5A
P_C_P7	Taking a bath or shower by him or herself	LIKERT5A
P_C_P8	Doing chores around the house	LIKERT5A
P_C_P9	Having hurts or aches	LIKERT5A
P_C_P10	Low energy level	LIKERT5A
S_C_P3	It is hard for me to walk more than one block	LIKERT5A
S_C_P4	It is hard for me to run	LIKERT5A
S_C_P5	It is hard for me to do sports activity or exercise	LIKERT5A
S_C_P6	It is hard for me to lift something heavy	LIKERT5A
S_C_P7	It is hard for me to take a bath or shower by myself	LIKERT5A
S_C_P8	It is hard for me to do chores around the house	LIKERT5A
S_C_P9	I hurt or ache	LIKERT5A
S_C_P10	I have low energy	LIKERT5A
P_C_E12	Feeling afraid or scared	LIKERT5A
P_C_E13	Feeling sad or blue	LIKERT5A
P_C_E14	Feeling angry	LIKERT5A
P_C_E15	Trouble sleeping	LIKERT5A
P_C_E16	Worrying about what will happen to him or her	LIKERT5A
S_C_E12	I feel afraid or scared	LIKERT5A
S_C_E13	I feel sad or blue	LIKERT5A
S_C_E14	I feel angry	LIKERT5A
S_C_E15	I have trouble sleeping	LIKERT5A
S_C_E16	I worry about what will happen to me	LIKERT5A
P_C_S18	Getting along with other children	LIKERT5A
P_C_S19	Other kids not wanting to be his or her friend	LIKERT5A
P_C_S20	Getting teased by other children	LIKERT5A
P_C_S21	Not able to do things that other children his or her age can do	LIKERT5A
P_C_S22	Keeping up when playing with other children	LIKERT5A
S_C_S18	I have trouble getting along with other kids	LIKERT5A
S_C_S19	Other kids do not want to be my friend	LIKERT5A
S_C_S20	Other kids tease me	LIKERT5A
S_C_S21	I cannot do things that other kids my age can do	LIKERT5A
S_C_S22	It is hard to keep up when I play with other kids	LIKERT5A
P_C_SC27	Paying attention in class	LIKERT5A
P_C_SC28	Forgetting things	LIKERT5A

P_C_SC29	Keeping up with school activities	LIKERT5A
P_C_SC30	Missing school because of not feeling well	LIKERT5A
P_C_SC31	Missing school to go to the doctor or hospital	LIKERT5A
S_C_SC27	It is hard to pay attention in class	LIKERT5A
S_C_SC28	I forget things	LIKERT5A
S_C_SC29	I have trouble keeping up with my schoolwork	LIKERT5A
S_C_SC30	I miss school because of not feeling well	LIKERT5A
S_C_SC31	I miss school to go to the doctor or hospital	LIKERT5A
P_C_CF1	Difficulty keeping his/her attention on things	LIKERT5A
P_C_CF2	Difficulty remembering what people tell him/her	LIKERT5A
P_C_CF3	Difficulty remembering what he/she just heard	LIKERT5A
P_C_CF4	Difficulty thinking quickly	LIKERT5A
P_C_CF5	Trouble remembering what he/she was just thinking	LIKERT5A
P_C_CF6	Trouble remembering more than one thing at a time	LIKERT5A
S_C_CF1	It is hard for me to keep my attention on things	LIKERT5A
S_C_CF2	It is hard for me to remember what people tell me	LIKERT5A
S_C_CF3	It is hard for me to remember what I just heard	LIKERT5A
S_C_CF4	It is hard for me to think quickly	LIKERT5A
S_C_CF5	I have trouble remembering what I was just thinking	LIKERT5A
S_C_CF6	I have trouble remembering more than one thing at a time	LIKERT5A
P_TN_P3	Walking more than one block	LIKERT5A
P_TN_P4	Running	LIKERT5A
P_TN_P5	Participating in sports activity or exercise	LIKERT5A
P_TN_P6	Lifting something heavy	LIKERT5A
P_TN_P7	Taking a bath or shower by him or herself	LIKERT5A
P_TN_P8	Doing chores around the house	LIKERT5A
P_TN_P9	Having hurts or aches	LIKERT5A
P_TN_P10	Low energy level	LIKERT5A
S_TN_P3	It is hard for me to walk more than one block	LIKERT5A
S_TN_P4	It is hard for me to run	LIKERT5A
S_TN_P5	It is hard for me to do sports activity or exercise	LIKERT5A
S_TN_P6	It is hard for me to lift something heavy	LIKERT5A
S_TN_P7	It is hard for me to take a bath or shower by myself	LIKERT5A
S_TN_P8	It is hard for me to do chores around the house	LIKERT5A
S_TN_P9	I hurt or ache	LIKERT5A
S_TN_P10	I have low energy	LIKERT5A
P_TN_E12	Feeling afraid or scared	LIKERT5A
P_TN_E13	Feeling sad or blue	LIKERT5A
P_TN_E14	Feeling angry	LIKERT5A
P_TN_E15	Trouble sleeping	LIKERT5A
P_TN_E16	Worrying about what will happen to him or her	LIKERT5A
S_TN_E12	I feel afraid or scared	LIKERT5A
S_TN_E13	I feel sad or blue	LIKERT5A
S_TN_E14	I feel angry	LIKERT5A
S_TN_E15	I have trouble sleeping	LIKERT5A
S_TN_E16	I worry about what will happen to me	LIKERT5A
P_TN_S18	Getting along with other teens	LIKERT5A
P_TN_S19	Other teens not wanting to be his or her friend	LIKERT5A
P_TN_S20	Getting teased by other teens	LIKERT5A
P_TN_S21	Not able to do things that other teens his or her age can do	LIKERT5A
P_TN_S22	Keeping up with other teens	LIKERT5A
S_TN_S18	I have trouble getting along with other teens	LIKERT5A
S_TN_S19	Other teens do not want to be my friend	LIKERT5A
S_TN_S20	Other teens tease me	LIKERT5A
S_TN_S21	I cannot do things that other teens my age can do	LIKERT5A
S_TN_S22	It is hard to keep up with my peers	LIKERT5A
P_TN_SC27	Paying attention in class	LIKERT5A
P_TN_SC28	Forgetting things	LIKERT5A
P_TN_SC29	Keeping up with school activities	LIKERT5A
P_TN_SC30	Missing school because of not feeling well	LIKERT5A
P_TN_SC31	Missing school to go to the doctor or hospital	LIKERT5A
S_TN_SC27	It is hard to pay attention in class	LIKERT5A
S_TN_SC28	I forget things	LIKERT5A
S_TN_SC29	I have trouble keeping up with my schoolwork	LIKERT5A
S_TN_SC30	I miss school because of not feeling well	LIKERT5A
S_TN_SC31	I miss school to go to the doctor or hospital	LIKERT5A
P_TN_CF1	Difficulty keeping his/her attention on things	LIKERT5A
P_TN_CF2	Difficulty remembering what people tell him/her	LIKERT5A
P_TN_CF3	Difficulty remembering what he/she just heard	LIKERT5A
P_TN_CF4	Difficulty thinking quickly	LIKERT5A

P_TN_CF5	Trouble remembering what he/she was just thinking	LIKERT5A
P_TN_CF6	Trouble remembering more than one thing at a time	LIKERT5A
S_TN_CF1	It is hard for me to keep my attention on things	LIKERT5A
S_TN_CF2	It is hard for me to remember what people tell me	LIKERT5A
S_TN_CF3	It is hard for me to remember what I just heard	LIKERT5A
S_TN_CF4	It is hard for me to think quickly	LIKERT5A
S_TN_CF5	I have trouble remembering what I was just thinking	LIKERT5A
S_TN_CF6	I have trouble remembering more than one thing at a time	LIKERT5A
COMMUNICATE	Did he/she communicate what he/she wanted?	LIKERT3A.
		0 = Never or rarely
		1 = Some of the time
		2 = Almost always
CONTENT	Did he/she seem contented and cheerful?	LIKERT3A
CROSS	Did he/she seem unusually irritable and cross?	LIKERT3A
CRYING	Did he/she react to little things by crying?	LIKERT3A
DIFFICULT	Did he/she seem unusually difficult?	LIKERT3A
EATWELL	Did he/she eat well?	LIKERT3A
INTEREST	Did he/she seem interested in what was going on around him/her?	LIKERT3A
LIVELY	Did he/she seem lively and energetic?	LIKERT3A
MOODY	Did he/she act moody?	LIKERT3A
OCCUPY	Did he/she occupy him/herself?	LIKERT3A
RESPOND	Did he/she respond to your attention?	LIKERT3A
SICK	Did he/she seem to feel sick and tired?	LIKERT3A
SLEEPNIGHT	Did he/she sleep through the night?	LIKERT3A
SLEEPWELL	Did he/she sleep well?	LIKERT3A