# **CEREBRAL PALSY STUDY 2009**

## **CLINICAL HISTORY QUESTIONNAIRE**

#### **Personal Details**

Today's Date:		• • • • •	[	]],	/[]_	]/[2	2_]0_	]0_]	9_](7	ΓDAT	<b>E</b> )	
CPSTUD 2009 Number:		[ <u>I</u> ].	G]I	D]0	<u> 19 [</u>	_]_	]]	]_	_] (C	PIGD	09)	
PID NO:	·•···		[	][	][	][	][	][	][	]( <b>P</b>	PID)	
Name of child:										_( <b>N</b> A]	ME)	
Name of home residence:										(RES	SID)	
DOB: (dd/mm/yyyy)(If not known don't estimate, enter 99/99/99	 99)			[_	_]]	/[]	]/[	_]_	]	]_](]	DOB)	
Age: (in completed years & months) (estimate if date of birth unknown)	)				• • • • • •		[_	_][_	_].[_	_][]	(AGE)	
Sex: M/F										[](	(SEX)	
Head of Household/ Guardian's Nam	ne: _								(	HEAI	DHSE)	
Phone contact:1.[ 2.[		][ ][	][ ][								ICONT1 ICONT2	
Marital Status								[.	_](	MAR	STAT)	
1. Married 2.Single		3.W	idow	ed			4.	Sepe	rated	/Divo	rced	
What is his/her highest level of education	atior	ı eve	er atta	nined	?			[_	_] (1	HIGH	EDUC)	
<ol> <li>None</li> <li>P1 – P4</li> <li>P5 – P7</li> </ol>			4. S1 5. S5 6. Po	5-S0	5				iary ( nown		ersity).	
What is his/her major occupation?								[_	_] M	AJO(	CCUP)	
What is his/her main source of incom	ne? _							[_	_] (N	MAIN	COME)	
Who will answer questions about the 1. The Index's mother 2. The Index's father 3. Index's aunt 4. Index's uncle				5. 6. 7.	Inde	ex's g ex's s other	grand siblin	lmotl g	ner	[_]((	QCHILI	))
Is the informant one who mainly take	es ca	re o	f the	Index	x? (Y	/N)			[_	_]( <b>IN</b> I	FORM)	
How many other children stay at hon	ne w	ith t	his cl	hild?				[	](	CHIL	DHME)	
Name of history taker								[	](1	HIST	NAME)	
Date of completion (dd/mm/yyyy)					г 1	1/[	1	1/Γ	1	1 1	1( <b>DOC</b> )	

Cerebral Palsy Study (CPSTUD) ID: I\G\D\0\9\\	.\\	\	\
---	-----	---	---

#### **Child's Medical History**

#### A. **PERCEIVED PROBLEMS**: Ask the parent:

#### IS THERE ANYTHING ABOUT THE CHILD THAT WORRIES YOU?

**Examiner:** If yes, inquire about the problem and complete the table below. After recording the information for one problem area, ask about all other problem-areas and complete the table. When no problem is perceived in an area, circle No and leave the remaining box blank for the area. If the answer is no to the first inquiry, still ask specifically about each problem area and complete the table. When more than one option in the table seem to apply, enter the smallest number that is applicable, **except for event associated** enter all that apply

associated enter PROBLEM AREA	Does the Parent Perceive a Problem (Circle No or Yes	APPROXIMATE AGE AT ONSET IN MONTHS At birth=888, D/K=998 (e.g. at 1 month=100) (Estimate if exact age of onset is not known)	EVENT ASSOCIATED  None=1, Prenatal=2 Birth related=3 LBW=4, Preterm=5 Fever, Infection=6 Injury=7 Malnutrition=8 Other, specify=9	TREATMENT RECEIVED  None=1 Modern only=2 Folk only=3 Both=4 D/K=8	FAMILY HISTORY  None=1, Parent=2 Sibling=3 Grandparent=4 1st cousin, aunt, uncle=5 Other blood Relative=6 D/K=8
Walking If yes, describe:	No Yes CHQ1	CHQ2	CHQ3	CHQ4	CHQ5
Hearing If yes, describe:	No Yes CHQ6	CHQ7	CHQ8	CHQ9	CHQ10
Vision If yes, describe:	No Yes CHQ11	CHQ12	CHQ13	CHQ14	CHQ15
Speech  If yes, describe:	No Yes CHQ16	CHQ17	CHQ18	CHQ19	CHQ20
Seizures  If yes, describe:	No Yes CHQ21	CHQ22	CHQ23	CHQ24	CHQ25
Learning  If yes, describe:	No Yes CHQ26	CHQ27	CHQ28	CHQ29	CHQ30
Behaviour  If yes, describe	No Yes CHQ31	CHQ32	CHQ33	CHQ34	CHQ35
Other:	No Yes				
If yes, describe (e.g. other chronic illnesses)	CHQ36	CHQ37	CHQ38	CHQ39	CHQ40
Additional con	nments:				

# PREGNANCY HISTORY (For birth of this child):

Gravidity CHQ41 Stillbirths	CHQ42
Parity CHQ43 Spontaneou	s abortions CHQ44
Enter the correct <u>numbers</u> for gravidity, parity.  Gravidity = total number of pregnancies before the Parity = total number of actual births before this of Note any stillbirths and spontaneous abortions that	child (and counting this child)
When the mother was pregnant with this c <u>Codes:</u> No=1 Yes=2 Don't know=8 Antenatal care CHQ45	
Bleeding in 1 st trimester CHQ47	High Blood Pressure <i>CHQ46</i> Bleeding in 2 or 3 trimester <i>CHQ48</i>
Diabetes CHQ49	Infection/Fever in 1 st trimester CHQ50
Injuries resulting from violence Treatment with Thyroid hormone _ Treatment with Oestrogen/progeste Treatment with anticonvulsants Treatment for a psychiatric disorde *Any other health problems? creating the control of the control	CHQ53 rone hormone CHQ54 CHQ55 r CHQ56
	<i>cнqs</i> 8 Has the mother <i>ever</i> had <u>epilepsy</u> ? <i>cнqs</i>
	ge of the mother at delivery of child (years) снова
BIRTH HISTORY:	
Where was the child born? <i>CHQ62</i> Codes: Home=1, Hospital=2, Clinic/Maternity Ho	me=3, Other=4, Unknown=8
Was it a single birth? <i>CHQ63</i> Codes: Single birth=1, Twins=2, Triplets or more=	=3, Unknown=8
Was the baby born at term (between 37-42 Codes: Yes=1 No, >3 weeks early=2 No, > 2 weeks	
Was there prolonged rupture of membrane <u>Codes:</u> No=1, Yes=2, Don't know=8	es (>24 hours) before delivery? CHQ65
How long was the labour? <i>CHQ66</i> Codes:_<24 hours=1, >24 hours=2, No labor, C-Se	ection= 3, Unknown=8
Who assisted in delivering the baby? Codes: Trained midwife=1, TBA=2, Doctor=3, Fa	
Was there cord prolapse during labour and <u>Codes:</u> No=1, Yes=2, Don't know=8	d/or delivery? <i>CHQ68</i>
Was there placenta previa during labour a <u>Codes:</u> No=1, Yes=2, Don't know=8	nd/or delivery? CHQ69
Was there uterine rupture during labour an	nd/or delivery? <i>CHQ70</i>

## Cerebral Palsy Study (CPSTUD) ID: I\G/D\0\9\\_\_\_\ \_\_\ \_\_\ Were there any other difficulties with labour and/or delivery? CHO71 ) Don't know=8 Codes: No=1 Yes=2 (Specify In what position was the baby born? \_\_\_ CHQ72 Codes: Head first=1, Feet or buttocks first=2, C-Section=3, Unknown=8 Did the baby cry immediately after birth? CHQ73 Codes: Yes=1 No, but in <5 min.=2, No, after>5 minutes=3, Unknown=8 What was the colour of the baby at birth? CHO74 Codes: Normal=1 Blue=2 White=3 Unknown=8 Did the birth attendant have to do anything to the baby to make her/him breathe? \_\_\_\_ CHQ75 Codes: No=1 Yes=2 Unknown=8 If yes, describe **why** and **how** breathing was assisted: Was the baby taken away from the mother immediately after birth? \_\_\_\_ CHQ76 Codes: No=1 Yes=2 Unknown=8 If yes, describe circumstances: If the baby was kept in a hospital, for how many days was kept there? \_\_\_\_ \_\_ CHQ77 (Enter 00 if child was not admitted to hospital) What was the birth weight in kilograms? (9.9=Unknown): \_\_\_\_. \_\_\_ CHQ78 How big was the baby at birth? \_\_\_\_ CHO79 <u>Codes:</u> About the size of most babies=1, Bigger than most babies=3 Smaller than most babies =2, Don't know=8 Did the child have any difficulties from 28<sup>th</sup> weeks gestation to the first seven days after birth? (Perinatal period) Codes: No=1, Yes=2, Don't know=8 Seizures \_\_\_\_ CHQ80 Infection (fever) \_\_\_\_ CHQ81 Trouble feeding \_\_\_\_ CHQ82 Tetanus CHQ83 Deep jaundice \_\_\_\_ *CHQ84* Diarrhoea \_\_\_\_ cHQ85 Difficult breathing \_\_\_\_ CHQ86 Did the child have any difficulties from birth to day 28 after birth? (Neonatal period) Codes: No=1, Yes=2, Don't know=8 Seizures \_\_\_\_ CHQ87 Infection (fever) \_\_\_\_ CHQ88 Trouble feeding \_\_\_\_ CHQ89 Tetanus \_\_\_\_ CHQ90 Deep jaundice \_\_\_\_ CHQ91 Diarrhoea \_\_\_\_ CHQ92 Difficult breathing \_\_\_\_ CHQ93

Cerebral Palsy Study (CP)	STUD) ID: I\G/D\0\9\
Did the child have any of these condition ( <b>Post neonatal</b> )  Codes: No=1, Yes=2, Don't know=8	ons from one month of age to the age of 2 years?
2,2010111011	Seizures CHQ94
	Febrile convulsions CHQ95
	Meningitis CHQ96
	Tetanus CHQ97
	Deep jaundice <i>CHQ98</i>
	Cerebral Malaria CHQ99
	Difficult breathing CHQ100
	Trauma to head CHQ101
	Hydrocephalus CHQ102
<b>EPILEPSY HISTORY:</b>	, 1
Has child ever suffered from epilepsy (i.e. Two or more unprovoked seizures excludi	ng neonatal & febrile seizures) <u>Codes:</u> No=1, Yes=2, Don't know=8
If yes, is child on medication for seizur <u>Codes:</u> No=1, Yes=2, Don't know=8, (Enter 0	
Which drugs is child on? ****(Enter 00 if child has no seizures)*****	(List name(s)) CHQ105
Yes, as uncle and niece=2 Yes, as second co	ins=3 Yes, as distant cousins=5
\ \ \ \ \ \	
Was the child breast-fed and for how located No, never=1 Yes, 1-6 mo=3 Yes, <1 mo=2 Yes, 7-12 mo=4	ong? <i>CHQ108</i> Yes, 13-18 m=5
When did the child first start other milk Codes: Never=1 1-6 mo=3 13-18 mo=5 <1 mo=2 7-12 mo=4 19-24 mo=6	After 24 mo=7
At what <u>age in months</u> was solid food i (Enter 77 if not yet, 88 if unknown)	introduced? CHQ110
Codes: Legumes (Beans, G/Nuts/Peas) =1 Fish=2	that child is fed on?(998=Unknown) CHQ111 Posho/Millet or Cassava bread=4 Milk =7 Matooke/Potatoes/Cassava=5 Porridge =8 Rice= 6 Green vegetables=9
How often is child fed with above food Codes: Once=1 Twice=2 Thrice=3	within a 24 hour period? <i>cHQ112</i> Four times=4 More than 4X/day=5 Unknown=8
What is the consistency of the feeds?	

#### Can the child feed himself or herself? \_\_\_\_ CHQ114 (assess in accordance to local cultural norms) Codes: Yes, skillfully (with spoon/fork or fingers)=1 No, must be fed=3,Yes, but unskilled (i.e. like a baby)=2, Unknown=8 Does child have any feeding problems? \_\_\_\_ CHQ115 Codes: No=1, Yes=2, Don't know=8 If child has a feeding problem, which one of these is the most dominant one? \_\_\_\_ CHQ116 (Enter 0 if no feeding problem) Swallowing difficulties=1 Regurgitation of feeds=3 Tongue thrust=5 Tonic bite=7 Chewing difficulties=2 Vomiting of feeds=4 Drooling saliva=6 **DEVELOPMENTAL HISTORY:** At what age did child attain the first social smile? \_\_\_\_ CHQ117 Codes: By 6wks=1, By 4mo =2, By 6mo=3, By 8mo=4, By 1 year=5, Not yet=6 Unknown=8 At what age did child sit without support? \_\_\_\_ CHQ118 Codes: By 9mo=1, After 12mo but before 18mo=2, After 18mo but before 24mo= 3, After 30mo but before 36mo=5, Not yet=4, Unknown=8 After 24mo but before 30 mo=4. At what age did the child walk without help or holding on? CHQ119 Codes: By 18 mo=1 By 2 years=2 After 2 years=3 Not yet=4 Unknown=8 At what age did child start to finger feed himself or herself? CHQ120 Codes: By 7mo=1, By 1 year=2, After 1 year=3 After 2 years=4, Not yet=5 Unknown=8 At what age did child start speaking two word sentences? *CHO121* Codes: By 24mo=1, By 30 mo=2, After 30mo=3, After 36mo=4, Not yet=5, Unknown=8 **SPEECH AND LANGUAGE FUNCTIONS:** Child's mode of communication CHQ122 Codes: None=1, Nonverbal=2, Verbal=3, Verbal and Nonverbal=4 Child's verbal expression CHQ123 Codes: None/ only crying=1, Vocalization=2, Words=3, Phrases=4, Sentences=5 Child's Verbal Comprehension\_\_\_\_\_ CHQ124 Codes: None=1, Words=2, Phrases=3, Simple sentences=4, Complex sentences=5 Child's Non verbal Expression\_\_\_\_\_ CHQ125 Codes: None=1, Poor=2, Gestures=3, Signs=4 Child's Nonverbal Comprehension Codes: None=1,Poor=2,Gestures=3, Facial expressions=4, Signs=5 Child's Intelligibility of speech \_\_\_\_\_ CHQ127 Codes: None=1,Poor=2, Fair=3,Good=4 AUTISM Ask the mother/ main caregiver the following questions: Codes: No=1 Sometimes=2 Most of the times=3 Does the child **point** to indicate **something interesting**? \_\_\_\_\_\_ *CHQ128* Does the child commonly say the same thing over and over in almost exactly the same way? Does the child have any unusual **repetitive movements**? (like finger tapping, hand flapping, head banging, object banging, circling) CHQ130

Cerebral Palsy Study (CPSTUD) ID: I|G/D|0|9|\_\_\_| \_\_\_| \_\_\_|

Cerebral Palsy Study (CPSTUD) ID: I\G/D\0\9\
Does the child appear to be <b>lost in his/ her own world</b> ? (Alinga ali aloota "Dreamworld" - use local terms) <i>cHQ131</i> Does the child <b>respond to his/ her name</b> ? <i>cHQ132</i> Does the child <b>engage in pretend play?</b> (like Mummy& Daddy, Doctor, Teacher, Shopkeeper) <i>cHQ133</i> Does the child <b>make gestures?</b> (like Come or Bye-Bye) <i>cHQ134</i>
Does the child <b>often bring objects over to you</b> (caregiver/parent) to show you something?
Does the child <b>insist</b> upon <b>a particular routine</b> ? (local examples: insistence on same food habits, wearing same dress/shirt, same cup/plate) <i>CHQ136</i> Does the child have <b>difficulty in</b> making and maintaining <b>eye contact</b> ? <i>CHQ137</i>
Observation of Function: Complete for all children.  Instructions: Observe the child carry out 7 tasks listed below:  1. Observe the child walking at least 5 steps into room. Watch carefully, looking for limp, asymmetry of gait, toe walking, ataxia, involuntary movement, and atrophy or contracture.
2. Welcome the child and observe the response: Does he or she hear, make an appropriate social response, smile, act shy, or speak?
3. Invite the child to squat and pick up a tiny object, such as a bead, coin or raisin (defined size) using each hand in turn. Observe carefully for fisting, asymmetry in grasp, absence of pincer grasp or difficulty in seeing the object.
4. Observe the child as he/she stands up: Does he/she need to use hands to get to an upright position? (proximal muscle weakness)
5. Elicit speech by asking the child questions such as: "What did you pick up?" What is that?" (point to a raisin, chair etc.) "What is this called?" (point to nose, ear, tooth etc.) "What is your name?" Watch for problems in hearing, speech and comprehension.
6. Ask the child to point to body parts (eyes, mouth etc.) Observe for problems in hearing and comprehension.
7. Give the child paper and a pencil and ask him or her to draw something. Scribble (for 2 year old) or draw shapes: circle (for 3 year old), square (for 4 through 6 years' old), diamond (for 7 through 9 years' old). Observe the motor function and comprehension.
Rate the child in the following areas after observing the above 7 tasks:  Codes: Pass=1 Fail=2 Uncertain=3  Gross motor CHQ138  Hearing CHQ139  Vision CHQ140  Speech (motor) CHQ141  Speech (language) CHQ142  Comprehension CHQ143  Fine motor CHQ144
<i>Physician/Nurse/Research Assistant:</i> Codes: No=1 Yes=2 Uncertain=8. Do you think, based on the interview with the informant and this brief observation that the child has autistic features? <i>CHQ145</i>
Do you think, based on the interview with the informant that child has epilepsy? CHQ146
Sign if you have checked that the form is complete