

PREGNANCY HISTORY (For birth of this child):

Gravidity ___ CHQ41 Stillbirths ___ CHQ42

Parity ___ CHQ43 Spontaneous abortions ___ CHQ44

Enter the correct numbers for gravidity, parity.

Gravidity = total number of pregnancies before this child (and counting this child).

Parity = total number of actual births before this child (and counting this child)

Note any stillbirths and spontaneous abortions that applied at the time of this child's birth.

When the mother was pregnant with this child did she have:

Codes: No=1 Yes=2 Don't know=8

Antenatal care ___ CHQ45

High Blood Pressure ___ CHQ46

Bleeding in 1st trimester ___ CHQ47

Bleeding in 2nd or 3rd trimester ___ CHQ48

Diabetes ___ CHQ49

Infection/Fever in 1st trimester ___ CHQ50

Injuries resulting from violence ___ CHQ51

Poor nutrition ___ CHQ52

Treatment with Thyroid hormone ___ CHQ53

Treatment with Oestrogen/progesterone hormone ___ CHQ54

Treatment with anticonvulsants ___ CHQ55

Treatment for a psychiatric disorder ___ CHQ56

*Any other health problems? ___ CHQ57

(If Yes, Specify _____)

*(Prompt for signs of UTI .Do not include here problems with veins, moderate vomiting or mild conditions)

Has the mother *ever* had a goiter? ___ CHQ58 Has the mother *ever* had epilepsy? ___ CHQ59

Age of Father at child's birth ___ CHQ60 Age of the mother at delivery of child (years) ___ CHQ61

BIRTH HISTORY:

Where was the child born? ___ CHQ62

Codes: Home=1, Hospital=2, Clinic/Maternity Home=3, Other=4, Unknown=8

Was it a single birth? ___ CHQ63

Codes: Single birth=1, Twins=2, Triplets or more=3, Unknown=8

Was the baby born at term (between 37-42 weeks or at about 9 months)? ___ CHQ64

Codes: Yes=1 No, >3 weeks early=2 No, > 2 weeks late=3, Unknown=8

Was there prolonged rupture of membranes (>24 hours) before delivery? ___ CHQ65

Codes: No=1, Yes=2, Don't know=8

How long was the labour? ___ CHQ66

Codes: <24 hours=1, >24 hours=2, No labor, C-Section= 3, Unknown=8

Who assisted in delivering the baby? ___ CHQ67

Codes: Trained midwife=1, TBA=2, Doctor=3, Family member=4 Other=5 Don't know=8

Was there cord prolapse during labour and/or delivery? ___ CHQ68

Codes: No=1, Yes=2, Don't know=8

Was there placenta previa during labour and/or delivery? ___ CHQ69

Codes: No=1, Yes=2, Don't know=8

Was there uterine rupture during labour and/or delivery? ___ CHQ70

Codes: No=1, Yes=2, Don't know=8

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Were there any other difficulties with labour and/or delivery? ___ CHQ71

Codes: No=1 Yes=2 (Specify _____) Don't know=8

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? ___ CHQ74

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? ___ CHQ79

Codes: 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 28th 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

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Did the child have any of these conditions from one month of age to the age of 2 years?

(Post neonatal)

Codes: No=1, Yes=2, Don't know=8

- Seizures _____ CHQ94
- Febrile convulsions _____ CHQ95
- Meningitis _____ CHQ96
- Tetanus _____ CHQ97
- Deep jaundice _____ CHQ98
- Cerebral Malaria _____ CHQ99
- Difficult breathing _____ CHQ100
- Trauma to head _____ CHQ101
- Hydrocephalus _____ CHQ102

EPILEPSY HISTORY:

Has child ever suffered from epilepsy or multiple seizures? _____ CHQ103

(i.e. Two or more unprovoked seizures excluding neonatal & febrile seizures) Codes: No=1, Yes=2, Don't know=8

If yes, verbal account _____

If yes, is child on medication for seizures? _____ CHQ104

Codes: No=1, Yes=2, Don't know=8, (Enter 0 if child has no seizures)

Which drugs is child on? _____ (List name(s)) CHQ105

****(Enter 00 if child has no seizures)*****

FAMILY HISTORY:

Are the parents of the child related to each other by blood? _____ CHQ106

No=1, Yes, as first cousins=3 Yes, as distant cousins=5
Yes, as uncle and niece=2 Yes, as second cousins=4 Don't know=8

Is there any other member of the family with a similar condition? _____ CHQ107

Codes: No=1 Yes=2 (Specify who _____) Don't know=8

NUTRITIONAL HISTORY:

Was the child breast-fed and for how long? _____ CHQ108

Codes: No, never=1 Yes, 1-6 mo=3 Yes, 13-18 m=5 Yes, >24 mo=7
Yes, <1 mo=2 Yes, 7-12 mo=4 Yes, 19-24 mo=6 Unknown =8

When did the child first start other milks other than breast milk? _____ CHQ109

Codes: Never=1 1-6 mo=3 13-18 mo=5 After 24 mo=7
<1 mo=2 7-12 mo=4 19-24 mo=6 Unknown=8

At what age in months was solid food introduced? _____ CHQ110

(Enter 77 if not yet, 88 if unknown)

What are the three main types of foods that child is fed on?(998=Unknown) _____ CHQ111

Codes: Legumes (Beans, G/Nuts/Peas) =1 Posho/Millet or Cassava bread=4 Milk =7
Fish=2 Matooke/Potatoes/Cassava=5 Porridge =8
Meat =3 Rice= 6 Green vegetables=9

How often is child fed with above food within a 24 hour period? _____ CHQ112

Codes: Once=1 Twice=2 Thrice=3 Four times=4 More than 4X/day=5 Unknown=8

What is the consistency of the feeds? _____ CHQ113

Codes: Liquids=1 Semi-solids=2 Solids=3 Both Solids and Liquids=4

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Does the child appear to be **lost in his/ her own world**? (Alinga ali aloota “Dreamworld” - use local terms) _____ CHQ131

Does the child **respond to his/ her name**? _____ CHQ132

Does the child **engage in pretend play**? (like Mummy& Daddy, Doctor, Teacher, Shopkeeper) _____ CHQ133

Does the child **make gestures**? (like Come or Bye-Bye) _____ CHQ134

Does the child **often bring objects over to you** (caregiver/parent) to show you something? _____ CHQ135

Does the child **insist upon a particular routine**? (local examples: insistence on same food habits, wearing same dress/shirt, same cup/plate) _____ CHQ136

Does the child have **difficulty in making and maintaining eye contact**? _____ CHQ137

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

Physician/Nurse/Research Assistant: 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? _____ CHQ145

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 _____