

Washington University Neonatal Neurology & Physiology Research Laboratory MRI Scoring Sheet

MRI scoring reader: _____ Date: _____ MRN: _____ STUDY ID: _____ MRI# 1 (DOL=) MRI#2 (DOL=)

Caudate T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Caudate T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Caudate DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Caudate T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Caudate T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Caudate DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Put/Glob T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Put/Glob T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Put/Glob DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Put/Glob T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Put/Glob T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Put/Glob DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Thalamus T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Thalamus T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Thalamus DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Thalamus T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Thalamus T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Thalamus DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
PLIC T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	PLIC T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	PLIC DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
PLIC T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	PLIC T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	PLIC DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr/>					<hr/>					<hr/>				
WM T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	WM T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	WM DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
WM T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	WM T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	WM DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr/>					<hr/>					<hr/>				
Cortex T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cortex T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cortex DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cortex T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cortex T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cortex DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr/>					<hr/>					<hr/>				
Brain Stem T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Brain Stem T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Brain Stem DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Brain Stem T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Brain Stem T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Brain Stem DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<hr/>					<hr/>					<hr/>				
Cerebellum T1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cerebellum T2 Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cerebellum DWI Left	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cerebellum T1 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cerebellum T2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Cerebellum DWI Right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Subcortical Score (T1 +T2 + DWI): _____
 White Matter score (T1 +T2 + DWI): _____
 Cortex Score (T1 +T2 + DWI): _____
 Brain stem Score (T1 +T2 + DWI): _____
 Cerebellum Score (T1 +T2 + DWI): _____

Cumulative Score: _____
 0 = Injury Grade 0
 1-11 = Injury Grade 1
 12-32 = Injury Grade 2
 33-138 = Injury Grade 3

MRI Injury Grade: _____
 MRI Injury grade # 0= Normal
 MRI Injury grade # 1= Mild
 MRI Injury grade # 2= Moderate
 MRI Injury Grade # 3= Severe