

Sri Lanka CP Register Record Form

PERSONAL DETAILS

Study Number

Name of person with CP:

Sex ☐ Male ☐ Female

Age

Date of Birth(dd/mm/yyyy)

CONTACT DETAILS and PERSON RESPONSIBLE

Name of parent/caregiver contact:

House number and Street

Village /City

Province

District

Post code

Email

Telephone Number

Type of accommodation

Private residence

☐

Other accommodation

Number of household members

Number of household rooms

Source of drinking water

Tap water

☐

Tube/Well

☐

Other

☐

Sanitation

Sanitary latrine

☐

Non-sanitary latrine

☐

No toilet

☐

Monthly family income:

Rs

Person responsible for care of child with cerebral palsy (e.g. mother, grandmother etc)

ALTERNATE CONTACT

Name, address and phone number of an alternate contact in the event that the parent/caregiver person responsible can't be contacted:

Name:

Relationship:

Address:

Phone:

BIRTH DETAILS

Birth History

Place of birth

- ☐ Hospital/birth centre attached to the Hospital - name of hospital:
- ☐ Home birth planned
- ☐ Born outside home or hospital without medical assistance/ other

Province born

- ☐ Eastern
- ☐ Northern
- ☐ Southern
- ☐ Western
- ☐ North Central
- ☐ Central
- ☐ North Western
- ☐ Uva
- ☐ Sabaragamu

Level of care facility of hospital of birth

- ☐ Home or hospital without neonatal intensive care unit or special care nursery
- ☐ Hospital with special care nursery
- ☐ Hospital with neonatal intensive care unit or special care nursery

District of hospital of neonatal transfer

Length of stay in neonatal or special care

- ☐ Not admitted
- ☐ Admitted

If admitted number of days

Birth Weight (g)

Gestational Age (wks)

Assisted conception used in the pregnancy

- ☐ Unassisted conception
- ☐ Fertility drugs only
- ☐ Artificial insemination
- ☐ In Vitro Fertilisation (IVF)
- ☐ Intracytoplasmic Sperm Injection (ICSI)
- ☐ Gamete intrafallopian transfer (GIFT)
- ☐ Other assisted conception
- ☐ Assisted conception type unknown
- ☐ Unknown

MRI completed in neonatal period (<28 days)

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes – findings were

- ☐ Normal
- ☐ Abnormal
- ☐ Unknown

MRI completed in neonatal period (28 days) and prior to 2 years of age

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes – findings were

- ☐ Normal
- ☐ Abnormal
- ☐ Unknown

MRI completed beyond 2 years of age

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes – findings were

- ☐ Normal
- ☐ Abnormal
- ☐ Unknown

General Movements Assessment, Fidgety

Movements at 9-20 weeks post-term

- ☐ Normal
- ☐ Abnormal
- ☐ Absent
- ☐ Unknown

Number of mother's previous births prior to the birth of this child

Number of live births:

Number of still births:

Number of miscarriages (<20 weeks gestation):

Plurality of birth

- ☐ Singleton
- ☐ Twins
- ☐ Triplets
- ☐ Quadruplets
- ☐ Quintuplets
- ☐ Sextuplets
- ☐ Other
- ☐ Unknown

Birth Order

- ☐ Singleton or first of a multiple birth
- ☐ Second of a multiple birth
- ☐ Third of a multiple birth
- ☐ Fourth of a multiple birth
- ☐ Fifth of a multiple birth
- ☐ Sixth of a multiple birth
- ☐ Other
- ☐ Unknown

Mode of delivery

- ☐ Vaginal delivery
- ☐ Vaginal delivery requiring forceps
- ☐ Vaginal delivery requiring vacuum delivery
- ☐ Unknown

Other details

- ☐ Breech
- ☐ Caesarean section
- ☐ Unknown

Delivery attended by:

- ☐ Midwife
- ☐ Doctor
- ☐ Skilled birth attendant
- ☐ Family member
- ☐ Unknown

Signs of birth asphyxia (e.g. weak breathing, cyanosis, bradycardia)

- ☐ Yes
- ☐ No
- ☐ Unknown

Complications during child birth/labour (obstructed/prolonged/malpresentation/pre-eclampsia, haemorrhage, premature rupture of membranes)

- ☐ Yes
- ☐ No
- ☐ Unknown

Mother experienced febrile illness during pregnancy

- ☐ Yes
- ☐ No
- ☐ Unknown

Mother received antenatal care during pregnancy

- ☐ Yes
- ☐ No
- ☐ Unknown

Mother received nutritional supplements during pregnancy (e.g. folic acid/iron)

- ☐ Yes
- ☐ No
- ☐ Unknown

HEALTH PROFESSIONALS

Health professional details:

Name:

Area of specialty (e.g. paediatrician):

Hospital/organization:

Telephone number:

BIRTH PARENTS DETAILS

Name of mother/caregiver:

Name of father/caregiver:

Are the parents related?

☐ Yes

☐ No

☐ Unknown

Are there other family members with a disability?

☐ Yes, if yes please describe:

☐ No

☐ Unknown

	Mother	Father
Date of birth (dd/mm/yyyy)		
Country of birth		
Occupation at the time of child's birth		
Education		
No formal education		
1 year		
Grade 8		
O/L		
A/L		
Certificate		
Diploma		
Degree		
Post Graduate		
Ethnicity		
Sinhalese		
Tamil		
Moor		
Malay		
Burgers/Eurasian		
Other		
National IDD Number		

CLINICAL DETAILS

Age at which motor disorder was first formally described (years/months)

By whom

Predominant Motor Type of CP at initial diagnosis

- ☐ Spastic Monoplegia
 - ☐ Left
 - ☐ Right
- ☐ Spastic Hemiplegia
 - ☐ Left
 - ☐ Right
- ☐ Spastic Diplegia
- ☐ Spastic Triplegia
- ☐ Spastic Quadriplegia
- ☐ Ataxia
- ☐ Dyskinetic CP – mainly athetoid
- ☐ Dyskinetic CP – mainly dystonic
- ☐ Hypotonic CP
- ☐ Not stated

Severity as described by

Gross Motor Function Classification System Level
at time of **initial diagnosis**

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V
- ☐ Unknown

Predominant Motor Type of CP at the age of 5 years

- ☐ Spastic Monoplegia
 - ☐ Left
 - ☐ Right
- ☐ Spastic Hemiplegia
 - ☐ Left
 - ☐ Right
- ☐ Spastic Diplegia
- ☐ Spastic Triplegia
- ☐ Spastic Quadriplegia
- ☐ Ataxia
- ☐ Dyskinetic CP – mainly athetoid
- ☐ Dyskinetic CP – mainly dystonic
- ☐ Hypotonic CP
- ☐ Not stated

Secondary Motor Type of CP at the age of 5 years

- ☐ Spastic Monoplegia
 - ☐ Left
 - ☐ Right
- ☐ Spastic Hemiplegia
 - ☐ Left
 - ☐ Right
- ☐ Spastic Diplegia
- ☐ Spastic Triplegia
- ☐ Spastic Quadriplegia
- ☐ Ataxia
- ☐ Dyskinetic CP – mainly athetoid
- ☐ Dyskinetic CP – mainly dystonic
- ☐ Hypotonic CP
- ☐ Not stated

Severity as described by

Gross Motor Function Classification System Level

5 years+

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V
- ☐ Unknown

Severity as described by Manual Ability Classification Level

at 4 years+

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V
- ☐ Unknown

Causes of CP (where known with certainty)

Pre/perinatal

- ☐ Genetic/chromosomal
- ☐ Intrauterine CMV infection
- ☐ Other intrauterine TORCH infection
- ☐ Vascular event, please describe
- ☐ Severe jaundice in the neonatal period (requiring exchange transfusion or multiple photo therapy)

Other definite prenatal cause please describe

Note: Events occurring in the neonatal period are likely to be associated with the intrauterine environment and therefore are not coded as postneonatal causes, with the exception of neonatal injury in an undisputedly normal infant, code as Head injury

Other pre/perinatal risk factors

- ☐ Maternal malnourishment
- ☐ Exposure to toxins during pregnancy
- ☐ Infant malnourishment in the neonatal period
- ☐ Hypoxic ischaemic encephalopathy
- ☐ Neonatal meningitis
- ☐ Neonatal sepsis

Postneonatal cause (after 28 days and before age 2 years)

Infection:

- ☐ Dehydration due to gastroenteritis
- ☐ Other bacterial infection
- ☐ Other viral infection
- ☐ Infection not otherwise specified

Cerebrovascular accident:

- ☐ Associated with surgery
- ☐ Associated with cardiac complications (not during/post surgery)
- ☐ Spontaneous / other CVA

Head injury

- ☐ Motor Vehicle Accident – Passenger in vehicle
- ☐ Motor Vehicle Accident - Pedestrian
- ☐ Fall
- ☐ Non-accidental
- ☐ Other head injury / not otherwise specified

Other causal events:

- ☐ Near drowning
- ☐ Apparent life-threatening event
- ☐ Post-seizure
- ☐ Peri-operative hypoxia
- ☐ Other postneonatal event

Any other associated syndrome that co-exists with the child's motor disability or syndrome that has a motor component which allows inclusion under the description of CP

☐ Yes if yes please state:

☐ No

☐ Unknown

Any Birth defects present

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes major category/ies

- ☐ Nervous System
- ☐ Urogenital
- ☐ Musculoskeletal
- ☐ Cardiovascular
- ☐ Gastrointestinal
- ☐ Chromosomal
- ☐ Respiratory
- ☐ Metabolic
- ☐ Haematological /Immune

Epilepsy

Family reports/clinician observes seizures **or**
requires medication to control seizures age 5 years

- ☐ Yes
- ☐ No
- ☐ Unknown

Speech at the age of 5 years

- ☐ No impairment
- ☐ Some impairment
- ☐ Non-verbal
- ☐ Unknown

Intellectual Impairment at the age of 5 years

- ☐ Normal IQ>70
- ☐ Mild impairment IQ 50-69
- ☐ Moderate impairment 35 -49
- ☐ Severe impairment IQ <35
- ☐ Probably greater than borderline impairment, severity uncertain
- ☐ Probably borderline or no impairment
- ☐ Intellectual ability unknown

Viking Level at the age of 5 years (please circle)

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ Unknown

Visual Impairment at the age of 5 years

- ☐ No Impairment
- ☐ Some visual impairment (wear Glasses)
- ☐ Functionally blind (e.g. light perception / colour differences, see shadows but unable to use)
- ☐ Unknown

Communication Function Classification System
(CFCS) at ≥ 4 years (please circle)

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V

Strabismus status at the age of 5 years

- ☐ Yes
- ☐ No
- ☐ Unknown

Functional Communication Classification System
(FCCS) ≥ 4 years (please circle)

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V

Hearing Impairment at the age of 5 years

- ☐ No impairment
- ☐ Some impairment (includes conductive loss)
- ☐ Bilateral Deafness
- ☐ Unknown

Immunization

Child fully immunized

- ☐ Yes
- ☐ No, if no why?
- ☐ Unknown

NUTRITION

Current weight		BMI	
Current height		Mid upper arm circumference	
SD height		Head circumference	
SD weight			

Early feeding difficulties

☐ Yes

☐ No

☐ Unknown

Gastroesophageal reflux

☐ Yes

☐ No

☐ Unknown

Eating or Drinking at the Age of 5 years

☐ Standard meals

☐ Modified Diet (can only manage a modified diet e.g. soft /mashed consistencies or thickened liquids)

☐ Unable to eat or drink orally, require part or complete feeding by NG tube / gastrostomy tube

Number of hospitalizations for chest /respiratory infections in past 6 months: hospitalizations

☐ Yes

☐ No

☐ Unknown

SERVICES

Received rehabilitation services in last 2 years

☐ No

☐ Unknown

☐ Yes, please specify type of service/s:

☐ assistive device ☐ surgery ☐ advice ☐ therapy ☐ other

Please specify where service/s received:

☐ home based ☐ hospital ☐ not-for-profit ☐ private sector

At what age first referred for intervention

Main Type of intervention

☐ Active (Play based, Strengthening, etc)

☐ Passive (applying oil, massaging etc)

Receiving regular Intervention (at least once a month)

☐ Yes

☐ No

☐ Unknown

Current Medications

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Other comments

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Name of researcher/staff member completing interview/data collection:

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Date completed:

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