Date information collected: // m m/dd/yyyy

Answer the following items on this form about the participant’s /subject’s functional status *prior to the stroke event*.

1. Ambulatory status\*:

[ ]  Able to ambulate independently (no help from another person) w/ or w/o device

[ ]  With assistance (from person)

[ ]  Unable to ambulate

[ ]  Unknown

**Pediatric-specific Pre-morbid Developmental Status and Academic Function**

These elements are recommended to collect from children who have experience a stroke event. They are not appropriate for neonates.

1. Does/did the participant/ subject have any of the following?
	1. Attention Deficit Hyperactivity Disorder (ADHD)

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Attention Deficit Disorder (ADD)

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Delayed acquisition of language milestones, diagnosed by a healthcare provider or educator

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Delayed acquisition of cognitive milestones, diagnosed by a healthcare provider or educator

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Delayed acquisition of motor milestones, diagnosed by a pediatrician or neurologist

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Social delays

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Hand preference before 12 months of age

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Abnormality of the gait noted by parents or a physician at the time the child began walking

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Received or receives for special education

[ ]  Yes [ ]  No [ ]  Unknown

* 1. Other, specify:

[ ]  Yes [ ]  No [ ]  Unknown

1. School placement:

[ ]  Full-time regular education without aide

[ ]  Regular education with pull-out for certain areas

[ ]  Full time special education with no inclusion

[ ]  Full-time regular education with one to one aide

[ ]  Special education w/ minimal inclusion (e.g., lunch)

[ ]  Home-schooled

[ ]  Other, specify:

[ ]  Special (MR/DD) school

[ ]  Not in school

1. Specialized therapies and services:(choose all that the participant/ subject receives)

[ ]  Speech Therapy

[ ]  Sensory Integration

[ ]  Behavior Support Plan (or other management plan)

[ ]  Occupational Therapy

[ ]  Social Skills Training

[ ]  Physical Therapy

[ ]  Adaptive Physical Education

[ ]  Crisis Management Plan

[ ]  Other, specify:

## General Instructions

This case report form (CRF) is intended to collect data about the participant’s/ subject’s functional status prior to the stroke event. However, many of the data elements may be appropriate to collect at subsequent time points to assess the participant’s/ subject’s function status after the stroke event. The first question on the CRF, ambulatory status, may be applicable to both adult and pediatric stroke studies. The later questions are labeled as “pediatric-specific” and are probably only applicable for stroke studies in children.

Important note: The first data element (question #1)included on this CRF is considered Core (i.e., strongly recommended for all stroke clinical studies to collect) as indicated by the asterisk below. All other data elements included on this CRF are Supplemental and should only be collected if the research team considers them appropriate for their study.

\*Element is classified as Core

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The data elements on this form may be obtained from the participant/subject, family and/or the medical record/chart. The CRF includes all other instructions available for the data elements at this time.