

**National Follow-Up program- CPUP Pediatric Neurology**

Personal nr (unique identifier): _____

Last name: _____ First name: _____

Region child belongs to : _____

District child belongs to: _____

Assessment /Evaluation performed by:

First name: _____ Last name: _____ Title: _____

Date of assessment (year – month – day): _____

Criteria for CP diagnosis met:Yes No, CP diagnosis removed/withdrawn Cannot be determined at present **PREGNANCY – DELIVERY-NEONATAL PERIOD:****Country of birth**Sweden Denmark Norway

Other, please specify: _____

Was this a multiple birth (i. e. twins, triplets): Yes No Unknown **Gestational age at birth:**Known gestational week: _____ + days: _____Unknown, but at term or past expected due date Unknown, but preterm Completely unknown **Birth weight:**Known Birth weight (grams): _____Unknown, normal Unknown, too low Completely unknown **Length at birth (cms):** _____**Head circumference at birth:**Known Head circumference (cms): _____Unknown

Apgar scores:

Known 1 minute:_____ 5 minutes:_____ 10 minutes:_____

Unknown, but well baby

Unknown, other

Infant admitted to neonatal care unit post delivery (more than routine care):

Yes No Unknown

Respirator treatment during neonatal period:

Yes No Unknown

Cooling treatment/therapeutically induced hypothermia during neonatal period:

Yes No Unknown

Seizures within 72 hours post delivery:

Yes No Unknown

Neonatal diagnoses:

ICD code – 3 digits unless birth defect (Q-nr) then 5-digit code from the ICD-code list

- P10 Intracranial laceration and haemorrhage due to birth injury
- P11 Other birth injuries to central nervous system
- P14 Birth injury to peripheral nervous system
- P20 Intrauterine hypoxia
- P21 Birth asphyxia
- P35 Congenital viral diseases
- P37 Other congenital infectious and parasitic diseases
- P52 Intracranial nontraumatic haemorrhage of fetus and newborn
- P53 Haemorrhagic disease of fetus and newborn (Vitamin K deficiency)
- P55, P57, P58 Haemolytic disease of fetus and newborn, Kernicterus; Neonatal jaundice due to other excessive haemolysis
- P70 Transitory disorders of carbohydrate metabolism specific to fetus and newborn
- P90, P 91 Convulsions of newborn, other disturbances of cerebral status of newborn
- Q – Congenital malformations, diagnosis/es codes _____
- Z001 Healthy child

Post-neonatally acquired CP (time span: after first 28 days of age until before the second birthday)

Yes No Unknown

If yes, date _____ or age (year) at injury _____

CP CLASSIFICATION

Subgroup level 1	Subgroup level 2	Subgroup level 3
Dominating neurological symptom	SCPE-type	Swedish classification
Spasticity <input type="checkbox"/>	Unilateral Bilateral <input type="checkbox"/>	Hemiplegia Right <input type="checkbox"/> Left <input type="checkbox"/> Diplegia Tetraplegia <input type="checkbox"/>
Dyskinesia <input type="checkbox"/>	Choreoathetotic Dystonic <input type="checkbox"/>	Choreoathetosis <input type="checkbox"/> Tonus changing <input type="checkbox"/>
Ataxia <input type="checkbox"/>	Ataxic <input type="checkbox"/>	Simple ataxia <input type="checkbox"/> Ataxic diplegia <input type="checkbox"/>
Non-classifiable/mixed type	Non-classifiable type <input type="checkbox"/>	Mixed <input type="checkbox"/>

If not possible to classify CP type, please give reason why:

Child's age Not enough information about child Criteria for the subtypes do not fit with the child's symptoms

BRAIN IMAGING

Ultrasound Yes No Unknown
 Computed tomography (CT scan): Yes No Unknown
 Magnetic Resonance Imaging (MRI): Yes No Unknown

Date of last MRI: _____

Performed at what hospital (last MRI): _____

Dominating morphology finding (pathology) Please check only one alternative!

White matter injury of immaturity (PVL, PVH etc.)
 Focal cortical injury
 Diffuse cortical injury
 Basal ganglia pattern
 Malformation
 Normal finding
 Information missing

Injury/ies location/s

Bilateral injuries: Yes No Information missing

Please note check only one alternative below!

Injury right = Injury left
 Injury located on right side or greatest injury on right side
 Injury located on left side or greatest injury on left side
 Information missing

Additional findings: More than one alternative can be checked

Cerebellum Normal Pathological finding Information missing
 Corpus callosum Normal Pathological finding Information missing
 Signs of infection (Ca++) Yes No Information missing

Comments:**OTHER FUNCTIONAL LIMITATIONS/DISEASES****Cognitive function Please only mark one alternative**

Estimated/clinical evaluation Date: _____ Age (years): _____
 Assessed but cognitive level not determined Date: _____ Age (years): _____
 Assessed, cognitive level determined Date: _____ Age (years): _____
 Not estimated or assessed

Cognitive level based on ICD 10: Please check only one alternative

Moderate-profound mental retardation
 Mild mental retardation
 Clearly below average or low average (borderline)
 Average or above
 Unknown

Comments:

Vision:

Last vision assessment date: _____ Age (years): _____

Visual impairment/blind (Visual acuity in the better eye with best correction < 0,3 or non-useful vision).

Yes No Not assessed/not possible to assess

Other vision problems that even with correction limits everyday life

Yes No Unknown **Hydrocephalus** – treated neurosurgically (undergone ventriculostomy or shunt inserted):Yes No Unknown **Epilepsy** (defined as having had at least 2 unprovoked seizures after the neonatal period)Never Yes, has or have had epilepsy - if yes, Child is currently being treated with antiepileptic medication Child is currently not on antiepileptic medication Not known if child is on antiepileptic medication or not Unknown if epilepsy or not **OTHER CONDITIONS/HEALTH RELATED PROBLEMS ACCORDING TO ICD (code or text)****Diagnoses (Codes)****Diagnoses (text)**

FUNCTIONS/ACTIVITIES according to ICF (how things are most of the time, i.e. everyday function)**b 134 Sleep functions**No functional limitation Functional limitation Unknown **b 230 Hearing functions**No functional limitation

Functional limitation, bilateral/unilateral deafness, or hearing impairment

requiring hearing device Unknown **b 3 Voice and speech function, i.e. the making of sound and speech (excluding mental functions of language)**No functional limitation Functional limitation Not applicable (e.g due to severe mental retardation or deafness) Unknown

b 4 Breathing Function	
No functional limitation	<input type="checkbox"/>
Functional limitation	<input type="checkbox"/>
Unknown	<input type="checkbox"/>
b510 Ingestion function	
No functional limitation	<input type="checkbox"/>
Functional limitation	<input type="checkbox"/>
Unknown	<input type="checkbox"/>
b530 Weight maintenance function	
No functional limitation (i.e. good weight gain in accordance to growth curve)	<input type="checkbox"/>
Functional limitation (i.e. too fast or too slow weight gain according to growth curve)	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

ANTHROPOMETRICS

Height or lying length at last assessment (cms, round up): _____	Date: _____
Weight at last assessment (kgs, round up): _____	Date: _____
Head circumference at last assessment (cms, round up): _____	Date: _____
Comments:	

MEDICATION

Ongoing oral medication for spasticity /dyskinesia:
Yes <input type="checkbox"/> No <input type="checkbox"/>
Oral medication, preparation name/dose: _____

Please fill in the CPUP surgery form on gastrostomy, gastroesophageal reflux disease, intrathecal baclophene, selective dorsal rhizotomy

Additional comments:
