

BABY HUG FOLLOW-UP STUDY II

VINELAND SUMMARY

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: _____ 2. Current Clinic: _____
SUBJECT_ID **SITE_ID**
3. Patient's Letter Code: _____ **LETTER_CD**
4. Testing Date:: _____ - _____ - _____
VISIT_DT Month Day Year

PART II: CAREGIVER CODES

1. Chronological Age: **CHRAGEYR** **CHRAGEMN** **CHRAGEDS**

Years Months Days
2. Caregiver's Relationship to Child: **CARE41**
- Mother (1)
 - Father (2)
 - Grandparent (3)
 - Aunt or Uncle (4)
 - Foster Parent (5)
 - Other (6)

