BABY HUG FOLLOW-UP STUDY II

WISC-IV

PART I: IDENTIFYING INFORMATION

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

PART II: TESTING RESULTS

1. Full scale IQ: ___ ___ ___ FAIQ
2. Verbal comprehension composite score: ___ ___ ___ VCI
3. Perceptual reasoning composite score: ___ ___ ___ PRI
4. Working memory composite score: ___ ___ ___ WMI
5. Processing speed composite score: ___ ___ ___ PSI
6. Block design scaled score: ___ ___ BD
7. Similarities scaled score: ___ ___ SI
8. Digit span scaled score: ___ ___ DS
9. Picture concepts scaled score: ___ ___ PC
10. Coding scaled score: ___ ___ CD
11. Vocabulary scaled score: ___ ___ VC
12. Letter-number sequence scaled score: ___ ___ LN
13. Matrix reasoning scaled score: ___ ___ MR
14. Comprehension scaled score: ___ ___ CO
15. Symbol search scaled score: ___ ___ SS

ID Number				Visit			-	Seq	

PART III: EXAMINER'S INFORMATION

1. Name: _____ EXAMINER_NM

PART IV: COORDINATION

1. Checked for completeness and accuracy:

   A. Certification number: ___ ___ - ___ ___ CERT_NO

   B. Signature: _____ CERT_SIG

   C. General Comments: _____ GEN_CMNT

_____

ID Number				Visit			-	Seq	