



CIBMTR Center Number:

CIBMTR Recipient ID:

### Clinical Status Post-HSCT

7. Is there a history of post-HSCT seizures attributed to the underlying disease since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

8. Was cerebrospinal fluid (CSF) testing performed since the date of the last report?

- 1  yes →
- 2  no
- 3  unknown

Specify the results of most recent tests:

9. Date of most recent test:

- 1  known →   20
- 2  not known

Month Day Year

10. Opening pressure:

- 1  known →  cm H<sub>2</sub>O
- 2  not known

11. Closing pressure:

- 1  known →  cm H<sub>2</sub>O
- 2  not known

12. Total protein:

- 1  known →  .  1  mg/dL
- 2  not known 2  g/L

13. Was Magnetic Resonance Imaging (MRI) performed since the date of the last report?

- 1  yes →
- 2  no
- 3  unknown

14. Date of most recent MRI:

- 1  known →   20
- 2  not known

Month Day Year

15. Specify MRI results:

- 1  normal
- 2  abnormal

16. Is a copy of the MRI report attached?

- 1  yes
- 2  no

17. Was Magnetic Resonance Spectroscopy performed since the date of the last report?

- 1  yes →
- 2  no
- 3  unknown

18. Date of most recent test:

- 1  known →   20
- 2  not known

Month Day Year

19. Specify test results:

- 1  normal
- 2  abnormal

20. Is a copy of the report attached?

- 1  yes
- 2  no

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21. Were nerve conduction velocities tested since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

22. Date of most recent test:  
1  known →        
2  not known

Month                  Day                  Year

23. Specify median nerve conduction velocity:   m/sec

24. Specify peroneal nerve conduction velocity:   m/sec

25. Specify results:  
1  normal  
2  abnormal / impaired

26. Is a copy of the report attached?  
1  yes  
2  no

27. Was a Mental Development test performed since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

28. Date of most recent test:  
1  known →        
2  not known

Month                  Day                  Year

29. Specify the test instrument used:  
1  Bayley Scales of Infant Development  
2  Stanford Binet Intelligence Scale  
3  Wechsler Preschool and Primary Scale of Intelligence (WPPSI – Revised)  
4  Wechsler Intelligence Scale for Children – III (WISC – III)  
5  other test →

30. Specify:

31. Full scale score (not percentile):  
1  known →     
2  not known

32. Verbal score (not percentile):  
1  known →     
2  not known

33. Performance score (not percentile):  
1  known →     
2  not known

34. Were the Vineland Adaptive Behavior Scales performed since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

35. Date of most recent test:  
1  known →        
2  not known

Month                  Day                  Year

36. Communication skills score:  
1  known →     
2  not known

37. Daily Living skills score:  
1  known →     
2  not known

38. Socialization skills score:  
1  known →     
2  not known

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39. Was the recipient's visual acuity tested since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

40. Is the recipient blind?

- 1  yes
- 2  no

41. Date of most recent visual acuity test:

- 1  known
  - 2  not known
- Month Day Year
- 2 0

42. Visual acuity of right eye (OD): (*uncorrected vision*)

- 1  known
  - 2  not known
- /

43. Visual acuity of left eye (OS): (*uncorrected vision*)

- 1  known
  - 2  not known
- /

44. Visual acuity of both eyes (OU): (*uncorrected vision*)

- 1  known
  - 2  not known
- /

45. Did the recipient undergo an ophthalmologic exam under anesthesia since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

46. Date of most recent exam:

- 1  known
  - 2  not known
- Month Day Year
- 2 0

47. Specify results:

- 1  normal
- 2  abnormal / impaired

48. Is a copy of the report attached?

- 1  yes
- 2  no

49. Was an audiologic evaluation (auditory brain stem or conditioned response) performed since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

50. Date of most recent evaluation:

- 1  known
  - 2  not known
- Month Day Year
- 2 0

Specify tympanometry results:

51. 1  normal 2  retracted 3  flat Right ear
52. 1  normal 2  retracted 3  flat Left ear

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53. Was the hearing loss (HL) in decibels (dB) assessed at the speech threshold for 500 hertz (HZ) since the date of the last report?

- 1  yes
- 2  no
- 3  unknown

54. Date of most recent evaluation:

- 1  known
  - 2  not known
- Month:   Day:   Year:  2  0

Specify tympanometry results: (See *Degree of Hearing Loss chart below for scale ranges.*)

55. 1  normal / mild 2  moderate / moderately severe 3  severe / profound Right ear  
56. 1  normal / mild 2  moderate / moderately severe 3  severe / profound Left ear

57. Was the hearing loss (HL) in decibels (dB) assessed at the speech threshold for 2000 hertz (HZ) since the last report?

- 1  yes
- 2  no
- 3  unknown

58. Date of most recent evaluation:

- 1  known
  - 2  not known
- Month:   Day:   Year:  2  0

Specify tympanometry results: (See *Degree of Hearing Loss chart below for scale ranges.*)

59. 1  normal / mild 2  moderate / moderately severe 3  severe / profound Right ear  
60. 1  normal / mild 2  moderate / moderately severe 3  severe / profound Left ear

**Degree of Hearing Loss: Pure Tones and Speech Testing**

Normal:	0–20 dB HL	Moderate:	45–55 dB HL	Severe:	75–90 dB HL
Mild:	25–40 dB HL	Moderately Severe:	60–70 dB HL	Profound:	> 90 dB HL

61. Has there been a change in the recipient's neurologic status since the date of the last report?

(Report clinical status, not neuropsychological status.)

- 1  yes
- 2  stable / unchanged
- 3  unknown

62. Specify current neurologic status compared to previous report:

- 1  improved
- 2  worsened

63. Is a copy of the physical exam or neurologic exam attached?

- 1  yes
- 2  no