

Medical case note review

Project 1

Background information

Date of medical case note review

d	d	m	m	y	y	y	y

Review completed by

Review 1

Has the child had another investigation since the main MERIDIAN study?

☐ Yes
 ☐ No

Age of child at diagnosis

--	--

 months

Date of diagnosis

d	d	m	m	y	y	y	y

Diagnostic source
(listed in the order of preference)

☐ Postnatal MR
 ☐ Postnatal CT
☐ Transcranial ultrasound
 ☐ Clinical diagnosis from case notes

Diagnosis

Diagnosis details
(if required)

Details of further
follow up plans

If the child has had additional diagnoses, please fill in **Review 2 section on page 2*

Major life events

Are you aware of any major life events which may have affected the child's development or ability?

☐ Yes
 ☐ No

☐ Prolonged hospitalisation

☐ Infections

☐ Falls

☐ Road traffic accidents

☐ Other

Details

*Review 2 – supplementary diagnosis

Age of child at diagnosis

months

Date of diagnosis

d

d

m

m

y

y

y

y

Diagnostic source

Postnatal MR

Postnatal CT

(listed in the order of preference)

Transcranial ultrasound

Clinical diagnosis from case notes

Diagnosis

Diagnosis details

(if required)

Details of further

follow up plans

Strengths and Difficulties Questionnaire

2-4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent/Playgroup leader/Nursery teacher/Other (please specify:)

Thank you very much for your help

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MERIDIAN Gross Motor Skills

<timepoint>

Please read the following and mark only one box beside the description that best represents your child's movement abilities.

1. Is your child able to walk or his / her own, without any support?

- ☐ No difficulties walking alone
- ☐ Can walk a few steps without any help
- ☐ Can only walk if helped by an adult or a walking aid
- ☐ Unable to walk even with help

2. Is your child able to sit *on the floor* on his / her own, without any support?

- ☐ No difficulties sitting alone
- ☐ Can sit alone but is unstable (may need to use his / her hands for support)
- ☐ Can only sit with support or with help from an adult
- ☐ Unable to sit

3. Has your child been given a diagnosis of cerebral palsy by a doctor or other health professional?

- ☐ Yes
- ☐ No
- ☐ A health professional has said that my child may have cerebral palsy but we are waiting for a definite diagnosis.

Magnetic resonance imaging to enhance the diagnosis of fetal developmental brain abnormalities in utero (MERIDIAN).

Participant Survey 1, 10 September 2012, Version 4.0 – Form I

Participant Study Number _____

You have been given or sent this survey because you are taking part in a research project which involved you having an MRI scan during pregnancy. The research is being carried out to find out more about whether MRI scans are useful in diagnosing health problems with a baby during pregnancy. As part of that project, we are also very interested in your experiences of having an MRI scan during pregnancy, and your views on whether the information from the MRI scan was helpful to you. If you do not want to complete this survey, you do not have to. You can put the blank survey into the return envelope and send it back to us without answers.

In your study pack, there is a copy of the general information sheet for the research project, which has more detail about the research being carried out, and some important information about what your taking part in the project involves.

When you have completed the survey, there is an envelope provided for you to put it in. The envelope can be handed to a member of your health care team at the hospital, or you can post it to us using the normal mail service.

Thank you for taking the time to take part in this research. If you have any queries about completing the survey, and you would like to contact me to provide more information, you can contact me by telephone (XXXX) or by email ([XXXXXX](#)).

Thank you for taking the time to look at this questionnaire. The questionnaire is about your views of the care that you received in relation to your pregnancy. Please answer as many questions as you feel able to.

Section one: First, we would like to ask some questions to find out a little bit more about you:

Q1 What is your age in years ? _____

Q2 What is your marital status ?

☐

Married

☐

Single

☐

Cohabiting

☐

Other (Please specify) _____

Q3 Which of the following best describes the highest qualification have you obtained?

☐

No formal qualifications

☐

GCSE level (e.g. GCSE, GCE, O level, Lower)

☐

A Level (e.g. A level, AS level, Highers)

☐

Vocational qualification (e.g. NVQ, SVQ, BTEC, HND, HNC)

☐

Undergraduate Degree (e.g. BA honours or BSc honours)

☐

Postgraduate Degree (e.g. MA, MSc or PhD)

☐

Other (please specify) _____

Q4 How much time did your return journey for the MRI scan take (travelling time and the scan itself)?

Hours

Minutes

Q5 Did you or your partner have to take time off work to be able to attend for your MRI scan?

☐

You

☐

Partner

Section Two: evaluation of healthcare received

Please use the questions below to tell us what you thought of the care that you received after you found out that there might be a problem with the baby in your pregnancy.

	Excellent	Very Good	Good	Fair	Poor
Q6 Overall, how would you rate the care that you received ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Q7 The information from the MRI scan helped me to understand the baby's problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8 The information from the MRI scan helped me to understand how the baby's problem could affect his / her future quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9* The information from the MRI scan was useful to me when I made the decision about whether or not to continue with the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(*Please leave this question if you feel it is not relevant or appropriate in your case)

Q10 The MRI scan was undertaken at a time and place that was acceptable to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q11 If I were ever in this situation again (where a fetal abnormality had been detected during pregnancy), I would choose to have an MRI scan as part of my care

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Section Three: about your feelings

Please read each item and place a firm tick in the box opposite the reply that comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long, thought-out response.

Q12 I feel tense or 'wound up':

Most of the time..... ☐
A lot of the time..... ☐
Time to time, occasionally..... ☐
Not at all..... ☐

Q13 I still enjoy the things I used to enjoy:

Definitely as much..... ☐
Not quite so much..... ☐
Only a little..... ☐
Hardly at all..... ☐

Q14 I get a sort of frightened feeling as if something awful is about to happen:

Very definitely and quite badly..... ☐
Yes but not too badly..... ☐
A little, but it doesn't worry me..... ☐
Not at all..... ☐

Q15 I can laugh and see the funny side of things:

As much as I always could..... ☐
Not quite so much now..... ☐
Definitely not so much now..... ☐
Not at all ☐

Q16 Worrying thoughts go through my mind:

A great deal of the time..... ☐
A lot of the time ☐
From time to time but not too often..... ☐
Only occasionally..... ☐

Q17 I feel cheerful:

Not at all ☐
Not often ☐
Sometimes ☐
Most of the time ☐

Q18 I can sit at ease and feel relaxed:

Definitely ☐
Usually ☐
Not often ☐
Not at all ☐

Q19 I feel as if I am slowed down:

Nearly all the time..... ☐
Very often..... ☐
Sometimes..... ☐
Not at all..... ☐

Q20 I get a sort of frightened feeling like 'butterflies' in the stomach:

Not at all..... ☐
Occasionally..... ☐
Quite often..... ☐
Very often..... ☐

Q21 I have lost interest in my appearance:

Definitely..... ☐
I don't take as much care as I should..... ☐
I may not take quite as much care as should..... ☐
I take just as much care as ever..... ☐

Q22 I feel restless as if I have to be on the move:

Very much indeed ☐
Quite a lot..... ☐
Not very much ☐
Not at all ☐

Q23 I look forward with enjoyment to things:

As much as ever I did ☐
Rather less than I used to..... ☐
Definitely less than I used to..... ☐
Hardly at all ☐

Q24 I get sudden feelings of panic:

Very often indeed ☐
Quite often ☐
Not very often ☐
Not at all ☐

Q25 I can enjoy a good book or radio or TV programme:

Often ☐
Sometimes..... ☐
Not often ☐
Very seldom ☐

Thank you for taking the time to complete this survey. Please return your survey in the stamped, addressed envelope supplied.

Magnetic resonance imaging to enhance the diagnosis of fetal developmental brain abnormalities in utero (MERIDIAN).

Participant Survey 2, 21 September 2011, Version 3.0 – Form J

Participant Study Number _____

You have been given or sent this survey because you are taking part in a research project which involved you having an MRI scan during pregnancy. The research is being carried out to find out more about whether MRI scans are useful in diagnosing health problems with a baby during pregnancy. As part of that project, we are also very interested in your experiences of having an MRI scan during pregnancy, and your views on whether the information from the MRI scan was helpful to you. You filled in a survey like this after you had your MRI scan, and we would now like you to fill in this second survey. If you do not want to complete this survey, you do not have to. You can put the blank survey into the return envelope and send it back to us without answers.

In your study pack, there is a copy of the general information sheet for the research project, which has more detail about the research being carried out, and some important information about what your taking part in the project involves.

When you have completed the survey, there is an envelope provided for you to put it in. You can post it to us using the normal mail service.

Thank you for taking the time to take part in this research. If you have any queries about completing the survey, and you would like to contact me to provide more information, you can contact me by telephone (0 XXXX XXXX) or by email (XXXX@XXXX.co.uk).

Thank you for taking the time to look at this questionnaire. The questionnaire is about your views of the care that you received in relation to your pregnancy, when you first found out that there was potentially a problem with the baby. Please answer as many questions as you feel able to.

Section one: First, we would like to ask some questions to find out a little bit more about you:

Q1 What is your age in years ? _____

Q2 What is your marital status ?

☐

Married

☐

Single

☐

Cohabiting

☐

Other (Please specify) _____

Q3 Which of the following best describes the highest qualification have you obtained?

☐

No formal qualifications

☐

GCSE level (e.g. GCSE, GCE, O level, Lower)

☐

A Level (e.g. A level, AS level, Highers)

☐

Vocational qualification (e.g. NVQ, SVQ, BTEC, HND, HNC)

☐

Undergraduate Degree (e.g. BA honours or BSc honours)

☐

Postgraduate Degree (e.g. MA, MSc or PhD)

☐

Other (please specify) _____

Section Two: evaluation of healthcare received

Please use the questions below to tell us what you thought of the care that you received after you found out that there might be a problem with the baby in your pregnancy.

	Excellent	Very Good	Good	Fair	Poor
Q4 Overall, how would you rate the care that you received ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Q5 The information from the MRI scan helped me to understand the baby's problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6 The information from the MRI scan helped me to understand how the baby's problem could affect his / her future quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q7* The information from the MRI scan was useful to me when I made the decision about whether or not to continue with the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(*Please leave this question if you feel it is not relevant or appropriate in your case)

Q8 The MRI scan was undertaken at a time and place that was acceptable to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9 If I were ever in this situation again (where a fetal abnormality had been detected during pregnancy), I would choose to have an MRI scan as part of my care					
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				

Section Three: about your feelings

Please read each item and place a firm tick in the box opposite the reply that comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long, thought-out response.

Q10 I feel tense or 'wound up':

- Most of the time..... ☐
 A lot of the time..... ☐
 Time to time, occasionally..... ☐
 Not at all..... ☐

Q11 I still enjoy the things I used to enjoy:

- Definitely as much..... ☐
 Not quite so much..... ☐
 Only a little..... ☐
 Hardly at all..... ☐

Q12 I get a sort of frightened feeling as if something awful is about to happen:

- Very definitely and quite badly..... ☐
 Yes but not too badly..... ☐
 A little, but it doesn't worry me..... ☐
 Not at all..... ☐

Q13 I can laugh and see the funny side of things:

- As much as I always could..... ☐
 Not quite so much now..... ☐
 Definitely not so much now..... ☐
 Not at all..... ☐

Q14 Worrying thoughts go through my mind:

- A great deal of the time..... ☐
 A lot of the time..... ☐
 From time to time but not too often..... ☐
 Only occasionally..... ☐

Q15 I feel cheerful:

- Not at all..... ☐
 Not often..... ☐
 Sometimes..... ☐
 Most of the time..... ☐

Q16 I can sit at ease and feel relaxed:

- Definitely..... ☐
 Usually..... ☐
 Not often..... ☐
 Not at all..... ☐

Q17 I feel as if I am slowed down:

- Nearly all the time..... ☐
 Very often..... ☐
 Sometimes..... ☐
 Not at all..... ☐

Q18 I get a sort of frightened feeling like 'butterflies' in the stomach:

- Not at all..... ☐
 Occasionally..... ☐
 Quite often..... ☐
 Very often..... ☐

Q19 I have lost interest in my appearance:

- Definitely..... ☐
 I don't take as much care as I should..... ☐
 I may not take quite as much care as should..... ☐
 I take just as much care as ever..... ☐

Q20 I feel restless as if I have to be on the move:

- Very much indeed..... ☐
 Quite a lot..... ☐
 Not very much..... ☐
 Not at all..... ☐

Q21 I look forward with enjoyment to things:

- As much as ever I did..... ☐
 Rather less than I used to..... ☐
 Definitely less than I used to..... ☐
 Hardly at all..... ☐

Q22 I get sudden feelings of panic:

- Very often indeed..... ☐
 Quite often..... ☐
 Not very often..... ☐
 Not at all..... ☐

Q23 I can enjoy a good book or radio or TV programme:

- Often..... ☐
 Sometimes..... ☐
 Not often..... ☐
 Very seldom..... ☐

Q24 If there is anything else that you would like tell us about your experience of your recent antenatal care, please use the space below to let us know: