



NORWEGIAN CEREBRAL PALSY REGISTRY

National medical quality registry

First time registration

To be filled out by CPRN

1. Form number

2. Parental consent Yes

3. Birthdate & identification number (11 digits)

4. Date of present clinical examination: (8 digits)

5. Born in Norway Yes No Unknown

6. County of residence

7. Growth Height Weight

8. Sex Male Female

9. Diagnosis

SCPE

ICD 10

Spastic	Unilateral	Hemiplegia, right	<input type="checkbox"/>	G 80.2
		Hemiplegia, left	<input type="checkbox"/>	G 80.2
	Bilateral	Diplegia	<input type="checkbox"/>	G 80.1
		Quadriplegia	<input type="checkbox"/>	G 80.0
Dyskinetic		Choreoathetosis	<input type="checkbox"/>	G 80.3
		Dystonia	<input type="checkbox"/>	G 80.3
Ataxia			<input type="checkbox"/>	G 80.4
Not yet classified CP			<input type="checkbox"/>	G 80.9

10. Gestational age at birth months

11. Birth weight grams

12. Length of pregnancy full weeks

13. Multiple births No Yes Number Birth order Unknown

14. Was the child admitted to the neonatal ward? Yes No Unknown

15. Was the child ventilated? Yes No Unknown

16. Did the child have convulsions during the first 72 hours? Yes No Unknown

17. Did the child have > 2 unprovoked seizures during the postneonatal period? Yes No Unknown

18. Does the child use antiepileptic drugs? Yes No Unknown

19. Does the child have difficulty eating? Yes No Unknown

First time registration

page 2

20. Interaction with child:

	Yes	No
Shared focus on play	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Visual tracking of toys	21 <input type="checkbox"/>	22 <input type="checkbox"/>
Give/take play, taking turns	31 <input type="checkbox"/>	32 <input type="checkbox"/>

21. Language understanding:

	Yes	No
Understands single words	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Understands simple sentences	21 <input type="checkbox"/>	22 <input type="checkbox"/>
Understands complex sentences	31 <input type="checkbox"/>	32 <input type="checkbox"/>

22. Speech development:

	Yes	No		Yes	No
Sounds	11 <input type="checkbox"/>	12 <input type="checkbox"/>	Babbling	21 <input type="checkbox"/>	22 <input type="checkbox"/>
Words	31 <input type="checkbox"/>	32 <input type="checkbox"/>	Sentences	41 <input type="checkbox"/>	42 <input type="checkbox"/>

23. Does the child have oculomotor difficulties?

11 <input type="checkbox"/>	Strabismus	31 <input type="checkbox"/>	Lack of eye contact
21 <input type="checkbox"/>	Nystagmus		
2 <input type="checkbox"/>	No	0 <input type="checkbox"/>	Unknown

24. Does the child have congenital anomalies?

1 Yes 2 No 0 Unknown

25. What is the ICD-10 code of the anomaly / anomalies?

26. What is the text diagnosis of the anomaly / anomalies

27. Does the child have associated syndromes?

1 Yes 2 No 0 Unknown

28. What is the ICD-10 code of the syndrome?

29. What is the text diagnosis of the syndrome?

30. Does the child have a brain malformation?

1 Yes 2 No 0 Unknown

31. What is the ICD-10 code of the brain malformation?

32. What is the text diagnosis of the brain malformation?

33. Comments

First time registration

page 3

QUESTIONS 34-38 CONCERN CEREBRAL MRI

34. Has a cerebral MRI been performed? ¹ Yes ² No ⁰ Unknown

35. Age at MRI? months

36. Main morphological findings (pathology)

White matter injury or immaturity (PVL, PVH, etc.) <input type="checkbox"/> ¹¹ Yes	Focal cortical lesion <input type="checkbox"/> ²¹ Yes	Diffuse cortical lesions <input type="checkbox"/> ³¹ Yes
Basal ganglia pathology <input type="checkbox"/> ⁴¹	Malformation <input type="checkbox"/> ⁵¹	Normal findings <input type="checkbox"/> ⁶¹

37. Lesion localisation

(N.B.! Mark only (1) box!)

Bilateral lesions <input type="checkbox"/> ¹¹	Yes
Lesion localised on right side, or largest on right side <input type="checkbox"/> ²¹	
Lesion localised on left side, or largest on left side <input type="checkbox"/> ³¹	

38. Other findings

(More than one mark permitted)

Cerebellum <input type="checkbox"/> ³ Normal	<input type="checkbox"/> ⁴ Pathological
Corpus callosum <input type="checkbox"/> ⁵ Normal	<input type="checkbox"/> ⁶ Pathological
Signs of infection (Ca++) <input type="checkbox"/> ¹⁰¹ Yes	<input type="checkbox"/> ¹⁰² No

Form filled out by:

Name:

Position: Institution:

Date: Place:



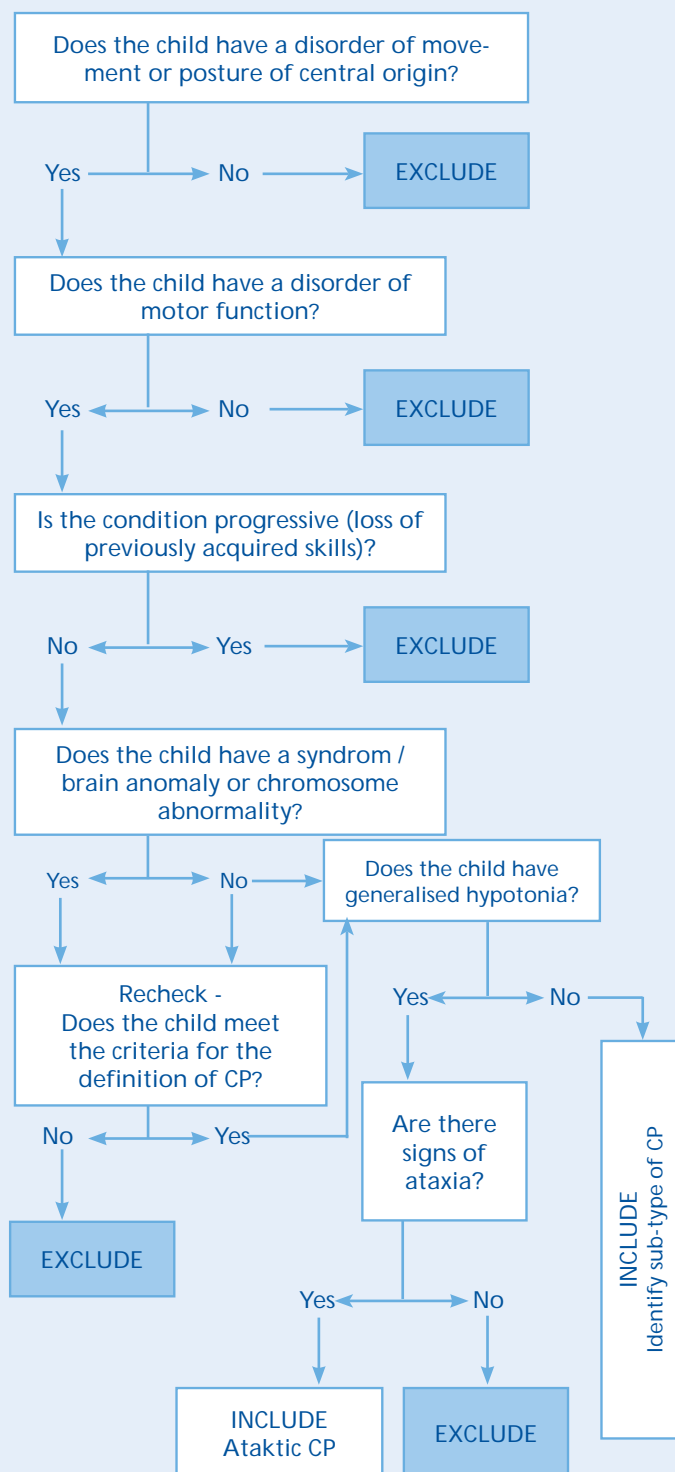
Sykehuset i Vestfold

HELSE SØR-ØST

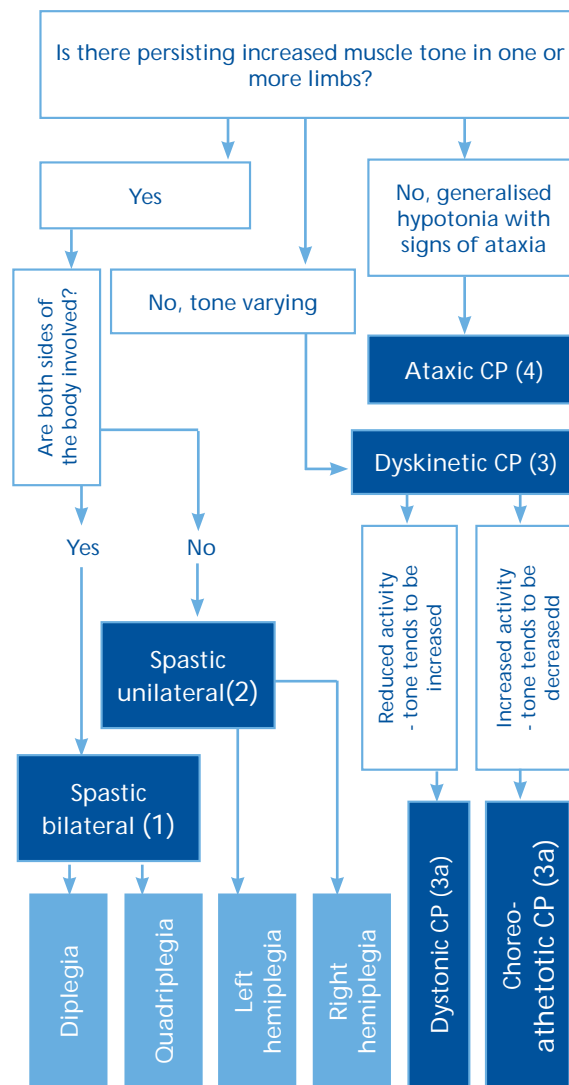
In cooperation with:

Medical Birth Registry, The Norwegian Institute of Public Health,
The Norwegian University of Science and Technology (NTNU), The Cerebral Palsy
Follow-up Program (CPOP) Project, Norwegian Cerebral Palsy Association.

DECISION TREE
for identifying cerebral palsy



CLASSIFICATION TREE
for sub-types of cerebral palsy



Definitions of cerebral palsy types

Spastic Cerebral Palsy is characterised by at least two of:
 • Abnormal pattern of posture and/or movement
 • Increased tone (not necessarily constantly)
 • Pathological reflexes (hyper-reflexia or pyramidal signs e.g. Babinski response)

Both sides of the body involved = **1. Spastisk bilateral CP**
 One side of body involved = **2. Spastisk unilateral CP**

3. Dyskinetic Cerebral Palsy is characterised by both of:
 • Involuntary, uncontrolled, recurring, occasionally stereotyped movements of affected body parts
 • Involuntary, uncontrolled, recurring, occasionally stereotyped movements of affected body parts
 3a. Dystonic Cerebral Palsy, dominated by both:
 o Hypokinesia
 o Hypertonia
 3b. Choreo-athetotic Cerebral Palsy, dominated by both hyperkinesia and hypotonia

4. Ataxic Cerebral Palsy is characterised by both of:
 • Abnormal pattern of posture and/or movement
 • Loss of orderly muscular co-ordination, so that movements are performed with abnormal force, rhythm and accuracy