

**P-ICECAP**

Subject ID: _____

Visit: Day 1

**F513 Modified Pediatric Glasgow Coma Scale Version 1.0 : Younger than 2 years old**

V1 (23-Mar-2022)

Qa	Data collected	<input type="radio"/> No <input type="radio"/> Yes	(N)
Qb	Date of assessment	___ - ___ - ___ dd-mmm-yyyy	(R)
Qc	Time of assessment	___ : ___ hh:mm	(W)
Q01	Eye-opening	<input type="radio"/> (4) Spontaneous <input type="radio"/> (3) To sound <input type="radio"/> (2) To pressure <input type="radio"/> (1) None <input type="radio"/> (NT) Nontestable	(W)
Q02	Verbal response	<input type="radio"/> (5) Babbles, coos; words/phrases—normal for chronological age <input type="radio"/> (4) Some words/phrases—not normal for chronological age <input type="radio"/> (3) Inconsolable crying <input type="radio"/> (2) Sounds <input type="radio"/> (1) None <input type="radio"/> (NT) Nontestable	(W)
Q03	Motor response	<input type="radio"/> (6) Normal spontaneous movement <input type="radio"/> (5) Rapidly withdraws extremity to stimulation <input type="radio"/> (4) Normal flexion <input type="radio"/> (3) Abnormal flexion <input type="radio"/> (2) Extension <input type="radio"/> (1) None <input type="radio"/> (NT) Nontestable	(W)

General comments

*If this is a
source document,
sign and date*

_____ Print name

_____ Signature

_____ Date

Missing data checking: (W) Warning (R) Rejection (N) No Save