



P-ICECAP

Subject ID: _____

Visit:
 Day 1
 Day 30
 Hospital Discharge



F514 PCPC-POPC Version 1.0

V1 (23-Mar-2022)

Qa	Data collected	<input type="radio"/> No <input type="radio"/> Yes	(N)
Qb	Date of assessment	____ - ____ - ____ dd-mmm-yyyy	(R)
Q01	Pediatric cerebral performance category (PCPC)	<input type="radio"/> 1 = Normal <input type="radio"/> 2 = Mild disability <input type="radio"/> 3 = Moderate disability <input type="radio"/> 4 = Severe disability <input type="radio"/> 5 = Coma/Vegetative	(W)
Q02	Pediatric overall performance category (POPC)	<input type="radio"/> 1 = Good <input type="radio"/> 2 = Mild disability <input type="radio"/> 3 = Moderate disability <input type="radio"/> 4 = Severe disability <input type="radio"/> 5 = Coma/Vegetative	(W)

General comments

If this is a source document, sign and date

_____ Print name

_____ Signature

_____ Date

Missing data checking: Warning Rejection No Save