

How was the PRO administered? Individual completed independently Caregiver completed
 Clinician interviewed individual Clinician interviewed caregiver

NOMS Admission Patient-Reported Outcome (PRO) Form
Neuro-QOL Pediatric Cognitive Function
Age Range: 8-17

Neuro-QOL Instructions: Please respond to each question or statement by marking one box per row. If proxy, please answer the following questions based on what you think your child would say.					
Source: Lai, J-S., Nowinski, C., et al. (2012). Quality-of-life measures in children with neurological conditions: pediatric Neuro-QOL. <i>Neurorehabilitation & Neural Repair</i> , 26(1), 36-47.					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
I forget schoolwork that I need to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes forget what I was going to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I react slower than most people my age when I play games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forget things easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble remembering to do things (e.g., school projects).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to concentrate in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble paying attention to the teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to work really hard to pay attention or I will make a mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? Individual completed independently Caregiver completed
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NOMS Discharge Patient-Reported Outcome (PRO) Form & Satisfaction Survey
Neuro-QOL Pediatric Cognitive Function
Age Range: 8-17

Neuro-QOL Instructions: Please respond to each question or statement by marking one box per row. If proxy, please answer the following questions based on what you think your child would say.					
Source: Lai, J-S., Nowinski, C., et al. (2012). Quality-of-life measures in children with neurological conditions: pediatric Neuro-QOL. <i>Neurorehabilitation & Neural Repair</i> , 26(1), 36-47.					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
I forget schoolwork that I need to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes forget what I was going to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I react slower than most people my age when I play games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forget things easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble remembering to do things (e.g., school projects).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to concentrate in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble paying attention to the teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to work really hard to pay attention or I will make a mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: _____ Patient Name: _____ Facility: _____

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NOMS Discharge Patient-Reported Outcome (PRO) Form (continued) NOMS Satisfaction Survey

Instructions: Please tell us your thoughts about your child’s cognitive skills.					
Source: American Speech-Language-Hearing Association (2019). NOMS Satisfaction Survey.					
	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
I was involved in the planning and delivery of my child’s treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I have a better understanding of my child’s cognitive problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I feel like my child’s cognitive skills have improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I feel like my child has the cognitive skills needed to participate in school/work or social activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: _____ Patient Name: _____ Facility: _____