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★ 1934 ★

PED-11 One-year Neurological Examination

Form PED-11 was used to record information from the one-year neurological exam for the purposes of characterizing the child as neurologically normal or other-than-normal at the time of the examination. Manifestations of suspected or definite neurological abnormality were identified on the form, in addition to manifestations of other body systems as determined by physical examination. Implemented as a study form in November 1959, the form was revised once in May 1961. Changes in the order of items, wording, and the addition of new items resulted from revision. Data from PED-11 were recorded on three cards in the master file (Table PED-11).

TABLE PED-11.1 Card and Data Records by Revision for Form PED-11

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
PED-11: Weight, Length, Fontanelles, Eyes, Ears, Heart	1411		
		0	4,303
		1	38,095
		2	330
		3	2,865
			45,593
PED-11: Motor Ability, Sensations, Eye Responses	2411		
		0	4,266
		1	38,011
		2	348
		3	2,963
			45,608
PED-11: Motor System, Eyes, Labyrinthine	3411		
		0	4,292
		2	349
			4,641
	total for form		95,842

Data Items Referencing Form PED-11, 1-Year Neurological Exam

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4441.....		1411	1	5	Card number (sequence, form type, form number, revision number)
4442.....		1411	6	14	NINDS case number
4443.PED-11	5	1411	15	16	Age
4444.PED-11	4	1411	17	18	Form PED-11 date (mo)
4445.PED-11	4	1411	19	20	Form PED-11 date (day)
4446.PED-11	4	1411	21	22	Form PED-11 date (yr)
4447.PED-11	1	1411	23	24	Birth date (mo)
4448.PED-11	1	1411	25	26	Birth date (day)
4449.PED-11	1	1411	27	28	Birth date (yr)
4450.PED-11	6	1411	29	30	Weight (lbs)
4451.PED-11	6	1411	31	32	Weight (oz)
4452.PED-11	7	1411	33	34	Length: body (cm)
4453.PED-11	8	1411	35	36	Length, lower segment (cm)
4454.PED-11	9	1411	37	38	Head circumference (cm)
4455.PED-11	10	1411	39	40	Chest circumference (cm)
4456.PED-11	11	1411	41	41	Head, shape and contour
4457.PED-11	12	1411	42	42	Fontanelle, anterior, condition
4458.PED-11	13	1411	43	44	Fontanelle, anterior, A-P dimensions (cm)
4459.PED-11	14	1411	45	46	Fontanelle, anterior, lateral dimension (cm)
4460.PED-11	15	1411	47	47	Fontanelle, anterior, tension
4461.PED-11	16	1411	48	48	Fontanelle, anterior, transillumination
4462.PED-11	17	1411	49	49	Facies
4463.PED-11	18	1411	50	50	Eyes, external exam
4464.PED-11	19	1411	51	51	Eyes: ophthalmoscopic
4465.PED-11	20	1411	52	52	Ears: size, shape, location
4466.PED-11	21	1411	53	53	Ears: otoscopic exam
4467.PED-11	22	1411	54	54	Nose: mouth: pharynx
4468.PED-11	23	1411	55	55	Neck
4469.PED-11	26	1411	56	56	Thorax
4470.PED-11	23	1411	57	57	Respirations
4471.PED-11	28	1411	58	58	Lungs
4472.PED-11	29	1411	59	59	Heart, normal
4473.PED-11	29	1411	60	60	Heart, rhythm irregular
4474.PED-11	29	1411	61	61	Heart: murmur
4475.PED-11	29	1411	62	62	Heart: thrill
4476.PED-11	29	1411	63	63	Heart, other
4477.PED-11	30	1411	64	64	Pulses: femoral
4478.PED-11	32	1411	65	65	Abdomen and contents
4479.PED-11	33	1411	66	66	Liver
4480.PED-11	34	1411	67	67	Spleen
4481.PED-11	35	1411	68	68	Kidneys
4482.PED-11	36	1411	69	69	Genitalia

Data Items Referencing Form PED-11, 1-Year Neurological Exam

DATA ITEM ID	ITEM IN FIRC	CARD NUM	FROM	TO	DATA ITEM NAME
4483.PED-11	17	1411	70	70	Skin Appearance
4484.PED-11	18	1411	71	71	Spine
4485.PED-11	42	1411	72	72	Musculoskeletal: shoulder girdle
4486.PED-11	43	1411	73	73	Musculoskeletal: Arms: wrists
4487.PED-11	44	1411	74	74	Musculoskeletal: hands
4488.PED-11	45	1411	75	75	Musculoskeletal: pelvic girdle
4489.PED-11	46	1411	76	76	Musculoskeletal: legs: ankles
4490.PED-11	47	1411	77	77	Musculoskeletal: feet
4491.PED-11	48	1411	78	78	Consciousness, state of
4492.PED-11	49	1411	79	79	Affective response
4493.PED-11	51	1411	80	80	Phonation, observed
4494.....		2411	1	5	Card number (sequence, form type, form number, revision number)
4495.....		2411	6	14	Minor case number
4496.PED-11	9	2411	15	16	Age
4497.PED-11	52	2411	17	17	Phonation, reported
4498.PED-11	54	2411	18	18	Development, observed: locomotor: postural
4499.PED-11	55	2411	19	19	Development, reported: locomotor: postural
4500.PED-11	56	2411	20	20	Gait abnormality: posture abnormality
4501.PED-11	57	2411	21	21	Gross: abnormality
4502.PED-11	60	2411	22	22	Coordination: reaching
4503.PED-11	61	2411	23	23	Hand preference
4504.PED-11	62	2411	24	24	Sensation, light touch
4505.PED-11	63	2411	25	25	Sensation, pin prick
4506.PED-11	64	2411	26	26	Movement: face, spontaneous
4507.PED-11	65	2411	27	27	Palpebral fissures
4508.PED-11	66	2411	28	28	Eye closure
4509.PED-11	67	2411	29	29	Reflex: corneal
4510.PED-11	68	2411	30	30	Follows light or object
4511.PED-11	69	2411	31	31	Uncoordinated: nystagmus
4512.PED-11	72	2411	32	32	Visual fields by confrontation
4513.PED-11	73	2411	33	33	Eyes, position at rest
4514.PED-11	75	2411	34	34	Eye weakness or paralysis, right
4515.PED-11	76	2411	35	35	Eye weakness or paralysis, left
4516.PED-11	77	2411	36	36	Nystagmus, spontaneous
4517.PED-11	78	2411	37	37	Eyes: pupils, shape and symmetry
4518.PED-11	79	2411	38	38	Eyes: pupils, reaction to light, direct
4519.PED-11	80	2411	39	39	Eyes: pupils, reaction to light, consensual
4520.PED-11	81	2411	40	40	Responses: sound
4521.PED-11	82	2411	41	41	Reflex: jaw
4522.PED-11	83	2411	42	42	Movement: palate
4523.PED-11	84	2411	43	43	Tongue
4524.PED-11	87	2411	44	44	Movements, involuntary, abnormal
4525.PED-11	88	2411	45	46	Tone: extremity, upper

Data Items Referencing Form PED-11, 1-Year Neurological Exam

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4526.PED-11	90	2411	47	48	Lower extremity, lower
4527.PED-11	91	2411	49	50	Lower neck flexor
4528.PED-11	92	2411	51	52	Lower neck extensor
4529.PED-11	93	2411	53	54	Lower trunk
4530.PED-11	95	2411	55	56	Reflex: biceps jerk
4531.PED-11	96	2411	57	58	Reflex: triceps jerk
4532.PED-11		2411	59	60	Reflex: knee jerk
4533.PED-11		2411	61	62	Reflex: ankle jerk
4534.PED-11	100	2411	63	63	Plantar response, right
4535.PED-11	101	2411	64	64	Plantar response, left
4536.PED-11	2	2411	65	65	Reflex: abdominal, superficial
4537.PED-11	3	2411	66	66	Reflex: tonic neck
4538.PED-11	4	2411	67	67	Reflex: moro
4539.PED-11	7	2411	68	68	Reflex: grasp palmar
4540.PED-11	9	2411	69	69	Sweating, observed
4541.PED-11	10	2411	70	70	Sweating, reported
4542.PED-11	12	2411	71	71	Urinary stream, observed
4543.PED-11	13	2411	72	72	Urinary stream, reported
4544.PED-11	14	2411	73	73	Reflex: anal, superficial
4545.PED-11	15	2411	74	74	Lower rectal
4546.PED-11	16	2411	75	75	Neurological signs, other
4547.PED-11	17	2411	76	76	Neurological abnormalities
4548.PED-11	18	2411	77	77	Nonneurological abnormalities
4549.PED-11	19	2411	78	78	Examination conditions, unsatisfactory
4550.PED-11	20	2411	79	79	Disposition for further evaluation
4551.PED-11	21	2411	80	80	Form CM-5 attached
4552.....		3411	1	5	Card number (sequence, form type, form number, revision number)
4553.....		3411	6	14	NINDB case number
4554.PED-11	3	3411	15	16	Age
4555.PED-11	11	3411	17	17	Head, external
4556.PED-11	14	3411	18	18	Ears nose throat: ENT
4557.PED-11	29	3411	19	19	Neck
4558.PED-11	36	3411	20	20	Motor system
4559.PED-11	37	3411	21	22	Motor system, abnormal
4560.PED-11	43	3411	23	23	Posture and body attitude
4561.PED-11	44	3411	24	24	Sitting
4562.PED-11	45	3411	25	25	Crawling
4563.PED-11	48	3411	26	26	Standing
4564.PED-11	49	3411	27	27	Walking
4565.PED-11	51	3411	28	28	Response, accepts proffered objects
4566.PED-11	54	3411	29	29	Response, ring
4567.PED-11	55	3411	30	30	Response, cube
4568.PED-11	66	3411	31	31	Eyes corneal: right

Data items referencing form PED-11, 1-year neurological exam

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4569.PED-11	67	3411	32	32	Eyes: cornea, left
4570.PED-11	71	3411	33	33	Eyes: anterior chamber, right
4571.PED-11	72	3411	34	34	Eyes: anterior chamber, left
4572.PED-11	74	3411	35	35	Eyes: iris, right
4573.PED-11	75	3411	36	36	Eyes: iris, left
4574.PED-11	77	3411	37	37	Eyes: lens, right
4575.PED-11	78	3411	38	38	Eyes: lens, left
4576.PED-11	80	3411	39	39	Eyes: vitreous, right
4577.PED-11	81	3411	40	40	Eyes: vitreous, left
4578.PED-11	85	3411	41	41	Eyes: disc, right
4579.PED-11	86	3411	42	42	Eyes: disc, left
4580.PED-11	88	3411	43	43	Eyes: fundus, right
4581.PED-11	89	3411	44	44	Eyes: fundus, left
4582.PED-11	93	3411	45	45	Squint, concomitant
4583.PED-11	96	3411	46	46	Gaze: conjugate
4584.PED-11	4	3411	47	47	Reflex: labyrinthine, deviation during right rotation
4585.PED-11	5	3411	48	48	Reflex: labyrinthine, nystagmus during right rotation
4586.PED-11	7	3411	49	49	Reflex: labyrinthine, deviation after right rotation
4587.PED-11	8	3411	50	50	Reflex: labyrinthine, nystagmus after right rotation
4588.PED-11	11	3411	51	51	Reflex: labyrinthine, deviation during left rotation
4589.PED-11	12	3411	52	52	Reflex: labyrinthine, nystagmus during left rotation
4590.PED-11	14	3411	53	53	Reflex: labyrinthine, deviation after left rotation
4591.PED-11	15	3411	54	54	Reflex: labyrinthine, nystagmus after left rotation
4592.PED-11	23	3411	55	55	Swallowing
4593.PED-11	32	3411	56	56	Voice quality
4594.PED-11	33	3411	57	57	Sternocleidomastoid muscle
4595.PED-11	38	3411	58	58	Reflex: jaw jerk, right
4596.PED-11	43	3411	59	59	Reflex: jaw jerk, left
4597.PED-11	50	3411	60	60	Reflex: cremasteric
4598.PED-11	55	3411	61	61	Skin: flushing, observed
4599.PED-11	56	3411	62	62	Skin: flushing, history
4600.PED-11	60	3411	63	63	Reflex: anal superficial
4601.....		3411	64	80	Blank
5634....VAR			808	808	Pediatric exam present (1 yr)
5635....VAR	5		809	810	Age, 1 yr (mos)
5636....VAR	9		811	812	Head circumference (cms)
5637....VAR			813	814	Head circumference (code 1)
5638....VAR			814	814	Neurological abnormalities at one year
5638....VAR	55		1125	1125	Development reported: locomotor: postural
5639....VAR	56		1126	1126	Development observed: locomotor: postural
5642....VAR	6		1185	1187	Weight, 1 yr (kgm)
5680....VAR	7		1204	1205	Length: body, 1 yr (cms)
5681....VAR			1206	1207	Length: body (code 1)

Data Items Referencing Form PSD-11, 1-Year Neurological Exam

DATA ITEM ID	ITEM IN CARD	CARD NUM	FROM	TO	DATA ITEM NAME
6/84....M-6			74	74	Neurological examination completed, 1 yr

[illegible]
REV. [illegible]

ONE-YEAR NEUROLOGICAL EXAMINATION

1. NAME OF EXAMINER

2. TITLE OR POSITION

4. DATE OF EXAM (Mo. Day Year) 5. AGE OF CHILD (Years Completed)

6. WEIGHT _____

7. BODY LENGTH _____ cm

*8. UPPER SEGMENT _____ cm

9. HEAD CIRCUMFERENCE _____ cm

*10. CHEST CIRCUMFERENCE _____ cm

11. HEAD – SHAPE AND CONTOUR
- [ ] Normal
- [ ] Other (specify)

12. ANTERIOR FONTANELLE
- [ ] Closed (7 mo. or later)
- [ ] Open (specify mo. 12, 18, 24)

SIZE
- 12A. AP _____ cm
- 12B. LAT _____ cm

12C. TENSION
- [ ] Normal
- [ ] Other (specify)

*13. TRANSILLUMINATION
- [ ] Normal
- [ ] Other (specify)

14. FACES
- [ ] Normal
- [ ] Hypertelorism
- [ ] Epicanthal folds
- [ ] Other (specify)
- [ ] Cleft lip

15. EYES – STRUCTURE – EXTERNAL EXAMINATION (Orb. contour, sclera, conjunctiva, iris, red reflex)
- [ ] Normal
- [ ] Other (specify)

*16. EYES – STRUCTURE – OPHTHALMOSCOPIC EXAMINATION (Optic disc, macula, disc, vessels, peripheral retina)
- [ ] Normal
- [ ] Other (specify)

17. EARS – SIZE, SHAPE AND LOCATION
- [ ] Normal
- [ ] Other (specify)

*18. EARS – OTOSCOPIC EXAMINATION
- [ ] Normal
- [ ] Unable to examine (specify)
- [ ] Other (specify)

19. NOSE, MOUTH AND PHARYNX
- [ ] Normal
- [ ] Other (specify)

NOTE: Items marked with an asterisk * are required only if an abnormal finding is established on the basis of other items. They are optional for otherwise normal cases. It is not necessary to enumerate "Not Evaluated" for these.

Add other items over the [illegible] or a separate page for failures.

20. COMMENTS

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

40. PATIENT IDENTIFICATION

25. NECK

☐ Normal

☐ Decreased Range of Motion

☐ Masses (Other than lymph nodes)

☐ Other (Specify)

26. THORAX

☐ Normal ☐ Other (Specify)

27. RESPIRATIONS

☐ Normal ☐ Other (Specify)

28. LUNGS

☐ Normal ☐ Other (Specify)

29. HEART

☐ Normal

☐ Irregular Rhythm (other than sinus arrhythmia) ☐ Thrill

☐ Murmur (Describe) ☐ Other (Specify)

***30. FEMORAL PULSES**

☐ Strong and Equal Bilaterally ☐ Other (Specify)

***31. BLOOD PRESSURE**

Arm ____________

Leg ____________

32. ABDOMEN AND CONTENTS

☐ Normal (Including Diastasis Recti) ☐ Other (Specify)

33. LIVER

☐ Normal ☐ Other (Specify)

34. SPLEEN

☐ Normal ☐ Other (Specify)

35. KIDNEYS

☐ Not Palpable

☐ Palpable (Describe)

36. GENITALIA

☐ Normal ☐ Other (Specify)

37. SKIN

☐ Normal (Including Mongolian Spots, Stork Bites and Milia only)

☐ Pigmented Nevi ☐ Café au lait Spots – approximate number ____________

☐ Vascular Nevi ☐ Other (Specify)

☐ Other Rashes

☐ Lesions and Scarring

All items other than normal must be described.

38. SPINE

☐ Normal ☐ Other (Specify)

NOTE: Items marked with an asterisk (*) are required only if no diagnosis [illegible] on the basis of other tests. They are optional for [illegible] cases. It is not necessary to mark "Not Evaluated" for these.

All other items must be evaluated or a reason given for failure.

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39. COMMENTS

[illegible]

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

[illegible] PATIENT IDENTIFICATION

[illegible] NEUROLOGICAL SYSTEM

	Normal	Other Abnormal
[illegible] Gait	[illegible]	[illegible]
[illegible] Arms and Hands	[illegible]	[illegible]
[illegible] Hands	[illegible]	[illegible]
[illegible] Feet	[illegible]	[illegible]
[illegible] Legs and Ankles	[illegible]	[illegible]
[illegible] Face	[illegible]	[illegible]

NOTE: [illegible] [illegible]

[illegible] STATE OF CONSCIOUSNESS

[illegible] Alert and responding appropriately

[illegible] Other (Specify)

[illegible] AFFECTIVE RESPONSE

[illegible] Normal

[illegible] Other (Specify)

[illegible] PERCEPTION

[illegible] Observed

[illegible] Non-Cognitive stimuli

[illegible] Cognitive stimuli other than driving

[illegible] Driving stimuli

[illegible] Other (Specify)

*[illegible] Response

[illegible] Non-Cognitive stimuli

[illegible] Cognitive stimuli other than driving

[illegible] Driving

[illegible] Other (Specify)

[illegible] LOCOMOTOR AND POSTURAL DEVELOPMENT

[illegible] Observed

[illegible] Walks unaided

[illegible] Walks supported

[illegible] Stands unaided

[illegible] Sitting unsupported

[illegible] Sitting supported

[illegible] Crawling

[illegible] None of the above

[illegible] Not evaluated (Explain)

*[illegible] Response

[illegible] Walks unaided

[illegible] Walks supported

[illegible] Stands unaided

[illegible] Sitting unsupported

[illegible] Sitting supported

[illegible] Crawling

[illegible] None of the above

[illegible] ABNORMALITIES OF GAIT OR POSTURE

[illegible] None, hesitation and unsteady walking

[illegible] Excessive locomotor development (Describe)

[illegible] Hemiparesis - hemiplegia (Describe)

[illegible] Other disturbance of posture (Describe)

[illegible] Other (Describe)

[illegible] Not evaluated (Explain)

[illegible] PERIPHERAL GAIT [illegible]

[illegible] Gait using thumb and fingers, palm free

[illegible] Grasp with palm

[illegible] Unable to evaluate (Explain)

[illegible] Raking without grasp

[illegible] Other (Describe)

[illegible] Clinical Research
[illegible] Research, [illegible], [illegible]
[illegible]

PED-11 [illegible]
[illegible]

[illegible]

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

40. REACHING COORDINATION

☐ Normal ☐ Unable to evaluate. Explain.

☐ Dysmetria. Describe.

☐ Other. Describe.

41. HAND PREFERENCE

☐ Variable ☐ Unable to evaluate. Explain.

☐ Strongly right

☐ Strongly left

42. SENSATION - EXTREMITIES AND TRUNK - LIGHT TOUCH

☐ No abnormality detected ☐ Unable to evaluate. Explain.

☐ Other. Describe, drawing preferred.

43. SENSATION - EXTREMITIES AND TRUNK - PIN PRICK

☐ No abnormality detected

☐ Other. Describe, drawing preferred.

44. SPONTANEOUS MOVEMENTS OF FACE

☐ Present and symmetrical ☐ Unable to evaluate. Explain.

☐ Other. Describe.

45. PALPEBRAL FISSURES

☐ Wide and equal ☐ Unable to evaluate. Explain.

☐ Other. Describe.

46. LID CLOSURE

☐ Normal and symmetrical ☐ Unable to evaluate. Explain.

☐ Other. Describe.

47. CORNEAL REFLEX

☐ Present and symmetrical

☐ Other. Describe.

48. FOLLOWS LIGHT OR OBJECT

☐ Yes ☐ Unable to evaluate. Explain.

☐ Questionable

☐ No

49. OPTOKINETIC NYSTAGMUS

☐ Present and symmetrical ☐ Unable to evaluate. Explain.

☐ Asymmetrical. Describe.

☐ Absent ☐ Other. Describe.

[illegible] PATIENT IDENTIFICATION

NOTE: [illegible]

[illegible]

[illegible] COMMENTS

Collaborative Perinatal Project
Perinatal Research Branch, NIH, NINDS
Bethesda 14, Md.

PED-11 (Rev. [illegible])
Page 4 of [illegible]

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

PATIENT IDENTIFICATION

72. VISUAL FIELD BY CONFRONTATION
☐ No abnormality detected ☐ Unable to evaluate. Explain.
☐ Other. Describe.

73. POSITION OF EYES AT REST
☐ Normal ☐ Unable to evaluate. Explain.
☐ Other. Describe.

74. WEAKNESS OR PARALYSIS OF INDIVIDUAL EYE MOVEMENTS

75. Right Eye
☐ None. Normal movements
☐ Right
☐ Left
☐ Upward
☐ Downward
☐ Other. Describe.
☐ Unable to evaluate. Explain.

76. Left Eye
☐ None. Normal movements
☐ Right
☐ Left
☐ Upward
☐ Downward
☐ Other. Describe.
☐ Unable to evaluate. Explain.

77. SPONTANEOUS NYSTAGMUS
☐ None ☐ Unable to evaluate. Explain.
☐ Lateral, in repose
☐ Other. Describe.

78. PUPILS – SHAPE AND SYMMETRY
☐ Normal ☐ Unable to evaluate. Explain.
☐ Other. Describe.

79. PUPILS – REACTION TO LIGHT – DIRECT
☐ Present and symmetrical ☐ Unable to evaluate. Explain.
☐ Other. Describe.

80. PUPILS – REACTION TO LIGHT – CONSENSUAL
☐ Present and symmetrical ☐ Other. Describe.

81. RESPONSE TO SOUND
☐ No abnormality detected ☐ Unable to evaluate. Explain.
☐ Other. Describe.

82. GAG REFLEX
☐ Present ☐ Unable to evaluate. Explain.
☐ Other. Describe.

83. PALATE MOVEMENT
☐ Present and symmetrical ☐ Unable to evaluate. Explain.
☐ Other. Describe.

84. TONGUE
☐ Normal ☐ Unable to evaluate. Explain.
☐ Other. Describe.

NOTE: [illegible]

[illegible]

85. COMMENTS

[illegible]
[illegible]

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

27. ABNORMAL INVOLUNTARY MOVEMENTS

- ☐ None
- ☐ Unable to evaluate. Explain
- ☐ Choreoathetoid. Describe
- ☐ Dystonic. Describe
- ☐ Tremor. Describe
- ☐ Other. Describe

28. TONE – [illegible]

- 1 [illegible]
- 2 [illegible]
- 3 Normal
- 4 [illegible]
- 5 [illegible]
- 6 Unable to evaluate

	BILATERAL	RIGHT	LEFT
29. Upper Extremity			
30. Lower Extremity			
31. Neck Flexor			
32. Neck Extensor			
33. Trunk			

34. DEEP TENDON REFLEXES – [illegible]

- 1 Absent
- 2 Hypoactive
- 3 Normal
- 4 Increased
- 5 Increased with clonus
- 6 Unable to evaluate

	BILATERAL	RIGHT	LEFT
35. Biceps			
36. Triceps			
37. Knee jerk			
38. Ankle jerk			

39. PLANTAR RESPONSE

A. Right
- ☐ Not done
- ☐ Upward movement of great toe
- ☐ Upward movement of great toe with fanning of toes
- ☐ Flexion of toes

B. Left
- ☐ Not done
- ☐ Upward movement of great toe
- ☐ Upward movement of great toe with fanning of toes
- ☐ Flexion of toes

40. SUPERFICIAL ABDOMINAL REFLEXES
- ☐ Present and symmetrical
- ☐ Other. Describe

41. TONIC NECK REFLEX
- ☐ No consistent pattern
- ☐ [illegible]
- ☐ [illegible]
- ☐ Other. Describe

42. MORO REFLEX
- ☐ No consistent pattern
- ☐ [illegible]
- ☐ Other. Describe

44. PATIENT IDENTIFICATION

NOTE: [illegible]

[illegible]

45. COMMENTS

[illegible]
[illegible]
[illegible]

COLLABORATIVE
REV. 3-67

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

106. PATIENT IDENTIFICATION

107. PALMAR GRASP REFLEX
- Absent or variable
- Unable to evaluate
- Reflex present and symmetrical
- Other (Describe)

108. SUCKING

109. Observed
- Present, normal
- Other (Describe)
- Unable to evaluate

*110. Reported
- Present, normal
- Other (Describe)
- Unable to evaluate

111. URINARY STREAM

112. Observed
- Good periodic stream
- Dribbling
- Other (Describe)
- Unable to evaluate

*113. Reported
- Good periodic stream
- Dribbling
- Other (Describe)
- Unable to evaluate

*114. SUPERFICIAL ANAL REFLEX
- Present, normal
- Unable to evaluate
- Other (Describe)

*115. RECTAL TONE
- Normal
- Other (Describe)

116. OTHER SIGNS, REFLEXES, TESTS, ETC.
- No
- Yes (Describe)

IMPRESSION

117. NEUROLOGICAL ABNORMALITIES
- None
- Neurologically Suspicious But No Definite Abnormalities (Describe reasons for this assessment in detail)
- Neurologically Abnormal (Describe fully and give reasons)

118. NONNEUROLOGICAL ABNORMALITIES (Check all that apply)
- None
- Minor Abnormalities of Development (Describe)
- Questionable Abnormalities (Describe)
- Definite Major Abnormalities (Describe)

119. UNSATISFACTORY CONDITIONS FOR EXAMINATION
- Absent
- Present (Specify)

120. DISPOSITION
- No Intervention, At This Time, For Further Evaluation
- Further Evaluation Proposed Or Scheduled (Specify)

121. CHARTS ATTACHED (Material such as x-rays, measurements, report of further evaluation, etc.)
- No
- Yes

NOTE: Items marked with an asterisk * are required only if an action medically is supported on the basis of other tests. They are optional for otherwise normal cases. It is not necessary to substitute "Not Evaluated" for these.

All other items must be answered for a reason given for failure.

122. COMMENTS

Collaborative Research
National Research Branch, NINCDS, NIH
Bethesda 14, Md.

PED-11 Rev. 3-67
Page 1 of 1

Form Item Numbers linked to Data Items on PED-II, 1-Year Neurological Exam

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	5637....VAR		813	813	Head circumference (coded)
	5981....VAR		1206	1207	Length; body (coded)
	5638....VAR		814	814	Neurological abnormalities at one year
	6284....W-8		74	74	Neurological examination completed, 1 yr
	5634....VAR		808	808	Pediatric exam present (1 yr)
	4511.PED-II	2411	61	62	Reflex; ankle jerk
	4512.PED-II	2411	59	60	Reflex; knee jerk
1	4448.PED-II	1411	25	26	Birth date (day)
1	4447.PED-II	1411	23	24	Birth date (mo)
1	4449.PED-II	1411	27	28	Birth date (yr)
2	4536.PED-II	2411	65	65	Reflex; abdominal, superficial
3	4547.PED-II	2411	66	66	Reflex; tonic neck
4	3554.PED-II	3411	15	16	Age
4	4445.PED-II	1411	19	20	Form PED-II date (day)
4	4444.PED-II	1411	17	18	Form PED-II date (mo)
4	4446.PED-II	1411	21	22	Form PED-II date (yr)
4	1584.PED-II	3411	47	47	Reflex; labyrinthine, deviation during right rotation
4	4510.PED-II	2411	67	67	Reflex; moro
5	4443.PED-II	1411	15	16	Age
5	4496.PED-II	2411	15	16	Age
5	5635....VAR		809	810	Age, 1 yr (wks)
5	4585.PED-II	3411	48	48	Reflex; labyrinthine, nystagmus during right rotation
6	4550.PED-II	1411	29	30	Weight (lbs)
6	4451.PED-II	1411	31	32	Weight (oz)
6	5977....VAR		1185	1187	Weight, 1 yr (kgs)
7	4452.PED-II	1411	33	34	Length; body (cm)
7	5980....VAR		1204	1205	Length; body, 1 yr (cms)
7	4539.PED-II	2411	69	68	Reflex; grasp; palmar
7	4586.PED-II	3411	49	49	Reflex; labyrinthine, deviation after right rotation
8	4451.PED-II	1411	35	36	Length, lower segment (cm)
8	1587.PED-II	3411	50	50	Reflex; labyrinthine, nystagmus after right rotation
9	4454.PED-II	1411	37	38	Head circumference (cm)
9	5636....VAR		811	812	Head circumference (cms)
9	4540.PED-II	2411	69	69	Sweating, observed
10	4455.PED-II	1411	39	40	Chest circumference (cm)
10	4541.PED-II	2411	70	70	Sweating, reported
11	4456.PED-II	1411	41	41	Head, shape and contour
11	1588.PED-II	3411	51	51	Reflex; labyrinthine, deviation during left rotation
12	4457.PED-II	1411	42	42	Fontanelle, anterior, condition
12	1589.PED-II	3411	52	52	Reflex; labyrinthine, nystagmus during left rotation
12	4542.PED-II	2411	71	71	Urinary stream, observed
13	4458.PED-II	1411	43	44	Fontanelle, anterior, A-P dimensions (cm)

Form Item Numbers linked to Data Items on PED-11, 1-Year Neurological Exam

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
13	4555.PED-11	2411	17	17	Head, external
13	4541.PED-11	2411	22	22	Urinary stream, reported
14	4556.PED-11	2411	18	18	Ears nose: throat: ENT
14	4459.PED-11	1411	45	46	Fontanelle, anterior, lateral dimension (cm)
14	4544.PED-11	2411	73	73	Pelles: anal, superficial
14	4560.PED-11	2411	53	53	Pelles: labyrinthine, deviation after left rotation
15	4460.PED-11	1411	47	47	Fontanelle, anterior, tension
15	4561.PED-11	2411	54	54	Pelles: labyrinthine, nystagmus after left rotation
15	4545.PED-11	2411	74	74	Inner rectal
16	4461.PED-11	1411	48	48	Fontanelle, anterior, transillumination
16	4546.PED-11	2411	75	75	Neurological signs, other
17	4462.PED-11	1411	49	49	Facies
17	4547.PED-11	2411	76	76	Neurological abnormalities
18	4463.PED-11	1411	50	50	Eyes, external exam
18	4548.PED-11	2411	77	77	Non-neurological abnormalities
19	4549.PED-11	2411	78	78	Examination conditions, unsatisfactory
19	4464.PED-11	1411	51	51	Eyes: ophthalmoscopic
20	4550.PED-11	2411	79	79	Disposition for further evaluation
20	4465.PED-11	1411	52	52	Ears: size, shape, location
21	4466.PED-11	1411	53	53	Ears: otoscopic exam
21	4551.PED-11	2411	80	80	Form CP-5 attached
22	4467.PED-11	1411	54	54	Nose: mouth: pharynx
25	4468.PED-11	1411	55	55	Neck
26	4469.PED-11	1411	56	56	Thorax
27	4470.PED-11	1411	57	57	Respirations
27	4552.PED-11	2411	55	55	Scoliosis
28	4471.PED-11	1411	58	58	Lungs
29	4553.PED-11	2411	59	59	Back
29	4472.PED-11	1411	59	59	Heart, normal
29	4476.PED-11	1411	63	63	Heart, other
29	4473.PED-11	1411	60	60	Heart, rhythm irregular
29	4474.PED-11	1411	61	61	Heart: murmur
29	4475.PED-11	1411	62	62	Heart: thrill
30	4477.PED-11	1411	64	64	Pulses: femoral
32	4478.PED-11	1411	65	65	Abdomen and contents
32	4593.PED-11	2411	56	56	Voice quality
33	4479.PED-11	1411	66	66	Liver
33	4594.PED-11	2411	57	57	Sternocleidomastoid muscle
34	4480.PED-11	1411	67	67	Spleen
35	4481.PED-11	1411	68	68	Kidneys
36	4482.PED-11	1411	69	69	Genitalia
36	4558.PED-11	2411	20	20	Motor system
37	4559.PED-11	2411	21	22	Motor system, abnormal

Form item numbers linked to data items on PED-11, 1-year neurological case

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
37	4481.PED-11	1411	70	70	Skin Appearance
38	4545.PED-11	1411	58	58	Reflex: jaw jerk, right
38	4474.PED-11	1411	71	71	Spine
42	4485.PED-11	1411	72	72	Musculoskeletal: shoulder girdle
43	4483.PED-11	1411	73	73	Musculoskeletal: arms: wrists
43	4560.PED-11	1411	23	23	Posture and body attitude
43	4546.PED-11	1411	59	59	Reflex: jaw jerk, left
44	4487.PED-11	1411	74	74	Musculoskeletal: hands
44	4561.PED-11	1411	24	24	Sitting
45	4562.PED-11	1411	25	25	Creeping
45	4488.PED-11	1411	75	75	Musculoskeletal: pelvic girdle
46	4489.PED-11	1411	76	76	Musculoskeletal: legs: ankles
47	4490.PED-11	1411	77	77	Musculoskeletal: feet
48	4491.PED-11	1411	78	78	Consciousness, state of
48	4563.PED-11	1411	26	26	Standing
49	4492.PED-11	1411	79	79	Affective response
49	4564.PED-11	1411	27	27	Walking
50	4497.PED-11	1411	60	60	Reflex: cremasteric
51	4493.PED-11	1411	80	80	Phonation, observed
51	4565.PED-11	1411	28	28	Response, accepts preferred objects
52	4497.PED-11	2411	17	17	Phonation, reported
54	5038....VAR		1126	1126	Development observed: locomotor: postural
54	4498.PED-11	2411	18	18	Development, observed: locomotor: postural
54	4566.PED-11	1411	29	29	Response, ring
55	5038....VAR		1125	1125	Development reported: locomotor: postural
55	4499.PED-11	2411	19	19	Development, reported: locomotor: postural
55	4567.PED-11	1411	30	30	Response, cube
55	4508.PED-11	1411	61	61	Skin: flushing, observed
56	4509.PED-11	1411	62	62	Skin: flushing, history
60	4502.PED-11	2411	22	22	Coordination: reaching
61	4501.PED-11	2411	21	21	Hand preference
62	4504.PED-11	2411	24	24	Sensation, light touch
63	4505.PED-11	2411	25	25	Sensation, pin prick
64	4506.PED-11	2411	26	26	Movement: face, spontaneous
65	4507.PED-11	2411	27	27	Palpebral fissures
66	4568.PED-11	1411	31	31	Eye: cornea, right
66	4508.PED-11	2411	28	28	Lid closure
67	4569.PED-11	1411	32	32	Eye: cornea, left
67	4509.PED-11	2411	29	29	Reflex: corneal
68	4510.PED-11	2411	30	30	Follows light or object
68	4600.PED-11	1411	63	63	Reflex: anal superficial
69	4511.PED-11	2411	31	31	Opticokinetic: nystagmus
71	4570.PED-11	1411	33	33	Eye: anterior chamber, right

Form Item Numbers linked to Data Items on PED-11, 1-Year Neurological Exam

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
72	4571.PED-11	2411	34	34	Eye: anterior chamber, left
72	4512.PED-11	2411	32	32	Visual fields by confrontation
73	4513.PED-11	2411	33	33	Eyes, position at rest
74	4572.PED-11	2411	35	35	Eye: iris, right
75	4514.PED-11	2411	34	34	Eye weakness or paralysis, right
75	4573.PED-11	2411	36	36	Eye: iris, left
76	4515.PED-11	2411	35	35	Eye weakness or paralysis, left
77	4574.PED-11	2411	37	37	Eye: lens, right
77	4516.PED-11	2411	36	36	Nystagmus, spontaneous
78	4575.PED-11	2411	38	38	Eye: lens, left
78	4517.PED-11	2411	37	37	Eyes: pupils, shape and symmetry
79	4518.PED-11	2411	38	38	Eyes: pupils, reaction to light, direct
80	4576.PED-11	2411	39	39	Eye: vitreous, right
80	4519.PED-11	2411	39	39	Eyes: pupils, reaction to light, consensual
81	4577.PED-11	2411	40	40	Eye: vitreous, left
81	4520.PED-11	2411	40	40	Response: sound
82	4521.PED-11	2411	41	41	Reflex: jaw
83	4522.PED-11	2411	42	42	Movement: palate
84	4523.PED-11	2411	43	43	Tongue
85	4578.PED-11	2411	41	41	Eye: disc, right
86	4579.PED-11	2411	42	42	Eye: disc, left
87	4524.PED-11	2411	44	44	Movements, involuntary, abnormal
88	4580.PED-11	2411	43	43	Eye: fundus, right
89	4581.PED-11	2411	44	44	Eye: fundus, left
89	4525.PED-11	2411	45	46	Tone: extremity, upper
90	4526.PED-11	2411	47	48	Tone: extremity, lower
91	4527.PED-11	2411	49	50	Tone: neck flexor
92	4528.PED-11	2411	51	52	Tone: neck extensor
93	4582.PED-11	2411	45	45	Squint, concomitant
93	4529.PED-11	2411	53	54	Tone: trunk
95	4530.PED-11	2411	55	56	Reflex: biceps jerk
96	4583.PED-11	2411	46	46	Gaze: conjugate
96	4531.PED-11	2411	57	58	Reflex: triceps jerk
100	4534.PED-11	2411	63	63	Plantar response, right
101	4535.PED-11	2411	64	64	Plantar response, left

DEFINITION OF CODES

ONE YEAR NEUROLOGICAL EXAM
FORM PED-11 CARD 1411

FIELD		CARD COLUMN
1.	Card Number Code: 1	1
2.	Form Number Code: 411	2-4
3.	Revision Number * Code: 0 - Form Dated: 11/59 1 - Form Dated: Rev. 5/61 2 - Form Dated: 11/59 (Exam age outside limits) 3 - Form Dated: Rev. 5/61 (Exam age outside limits)	5

Note: DO NOT USE REV. 2 AND 3 IN TABULATIONS UNLESS SPECIFICALLY REQUESTED.

4.	NNDB Number Item 1 Nine- Digit number for Patient Identification Code: As given	6-14
5.	Age Item 5 Code: 48-60 - Weeks as given (Revs. "0" and "1" only) Less than 48 - Weeks as given (Revs. "2" and "3" only) 61 and over - Weeks as given (Revs. "2" and "3" only)	15-16
6.	Date of Examination Item 2 Code: As given	17-22
7.	Date of Birth Item 1 Code: As given	23-28
8.	Weight Item 5 Code: 1100-3515 - As given in pounds and ounces 9999 - Unknown Additional codes reviewed and approved: 0800, 0900, 1000, 9700	29-32

* Unless specified, Fields, Codes and Card Columns refer to Revision Number "0", "1", "2" and "3".

FIELD		CARD COLUMN
9.	**Body Length** Item 7 Code: 50 -90 - As given in cms. 99 - Unknown Additional codes reviewed and approved: 48	33-34
10.	**Lower Segment** (Revs. "1" and "3" only) Item 8 Code: Blank - Not on Revs. "0" and "2" 15-40 - As given in cms. 99 - Unknown Additional codes reviewed and approved: 41-43, 50, 51, 53	35-36
11.	**Head Circumference** Item 9 Code: 35-55 - As given in cms. 99 - Unknown Additional codes reviewed and approved: 23, 34, 56-58,60,61,69,70	37-38
12.	**Chest Circumference** (Revs. "1" and "3" only) Item 10 Code: Blank - Not on Revs. "0" and "2" 35-55 - As given in cms. 99 - Unknown Additional codes reviewed and approved: 56-60, 67, 70	39-40
13.	**Head - Shape and Contour** Item 11 Code: 0 - Normal 8 - Other 9 - Not reported	41
14.	**Anterior Fontanelle** Item 12 Code: 0 - Closed 1 - Open 2 - Closed with abnormal configuration (Revs. "0" and "2" only) 9 - Not reported	42
15.	**AP Dimensions** (Revs. "1" and "3" only) Item 13 Code: Blank - Not on Revs. "0" and "2" X and blank - closed or not reported in col. 42 00 - Less than one cm. 01 - 08 - As given in cms. 99 - If not reported Additional codes reviewed and approved : 09, 10, 11, 18	43-44

FIELD		CARD COLUMN
16.	**Lateral Dimension** (Revisions "1" and "3" only) Item 14 Code: Same as in Field 15 except Blank - Closed or not reported in col. 42, not on Revs. "0" and "2" Additional codes reviewed and approved: 09, 10	45-46
17.	**Tension** (Revisions "1" and "3" only) Item 15 Code: Blank - Closed or not reported in col. 42, not on Revs. "0" and "2" 0 - Normal 8 - Other 9 - Not Reported	47
18.	**Transillumination** Item 16 Code: 0 - Normal 8 - Other 9 - Not reported	48
19.	**Facies** (Revisions "1" and "3" only) Item 17 Code: Blank - Not on Revs. "0" and "2" 0 - Normal 1 - Epicanthal folds 2 - Cleft lip 3 - Hypertelorism 7 - Combination of 2 or more codes 8 - Other 9 - Not reported	49
20.	**Eyes - External Examination** (Revs. "1" and "3" only) Item 18 Code: Blank - Not on Revs. "0" and "2" 0 - Normal 8 - Other 9 - Not reported	50
21.	**Eyes - Ophthalmoscopic Examination** (Revs. "1" and "3" only) Item 19 Code: Same as in Field 20	51

FIELD		CARD COLUMN
22.	**Ears - Size, Shape, Location** (Revisions "1" and "3" only) Item 20 Code: Same as in Field 20	52
23.	**Ears - Otoscopic Examination** (Revisions "1" and "3" only) Item 21 Code: Same as in Field 20	53
24.	**Nose, Mouth and Pharynx** (Revisions "1" and "3" only) Item 22 Code: Same as in Field 20	54
25.	**Neck** Item 25 Code: 0 - Normal 1 - Restricted range of motion (Revisions "1" and "3" only) 2 - Masses (Revisions "1" and "3" only) 7 - Combination of codes 1 and 2 (Revisions "1" and "3" only) 8 - Other 9 - Not reported	55
26.	**Thorax** Item 26 Code: Same as in Field 18	56
27.	**Respirations** (Revisions "1" and "3" only) Item 27 Code: Same as in Field 20	57
28.	**Lungs** Item 28 Code: Same as in Field 18	58

FIELD		CARD COLUMNS
29.	**Heart** Item 29 Five-digit code for: Normality (col. 59) Irregular Rhythm (col. 60) Murmur (col. 61) Rub (col. 62) Other (col. 63) Code for each column (Revs. "1" and "3") 0 - No 1 - Yes Code for each column (Revs. "0" and "2") 10000 - Normal 00002 - Questionable 00003 - Abnormal 00000 - Not reported	59-63
30.	**Femoral Pulses** Item 30 Code: 1 - Strong and equal bilaterally 8 - Other 9 - Not reported	64
31.	**Abdomen and Contents** Item 32 Code: Same as in Field 18	65
32.	**Liver** Item 33 Code: Same as in Field 18	66
33.	**Spleen** Item 34 Code: Same as in Field 18	67
34.	**Kidneys** (Revisions "1" and "3" only) Item 35 Code: Blank - Not on Revs. "0" and "2" 0 - Not palpable 1 - Palpable 9 - Not reported	68
35.	**Genitalia** Item 36 Code: Same as in Field 18	69

FIELD		CARD COLUMN
36.	**Skin** Item 37 Code: 0 - Normal 1 - Pigmented nevi (Revs. "1" and "3" only) 2 - Vascular nevi (Revs. "1" and "3" only) 3 - Other rashes (Revs. "1" and "3" only) 4 - Loose and wrinkled (Revs. "1" and "3" only) 5 - Cafe au lait (Revs. "1" and "3" only) 6 - Questionable or abnormal (Revs. "0" and "2" only) 7 - Combination of 2 or more codes (Revs. "1" and "3" only) 8 - Other (Revs. "1" and "3" only) 9 - Not reported	70
37.	**Spine** (Revisions "1" and "3" only) Item 38 Code: Same as in Field 20	71
38.	**Shoulder Girdle** Item 42 Code: 0 - Normal 8 - Other 9 - Not reported	72
39.	**Arms and Wrists** Item 43 Code: Same as in Field 38	73
40.	**Hands** Item 44 Code: Same as in Field 38	74
41.	**Pelvic Girdle** Item 45 Code: Same as in Field 38	75

FIELD		CARD COLUMN
42.	**Legs and Ankles** Item 46 Code: Same as in Field 36	76
43.	**Feet** Item 47 Code: Same as in Field 38	77
44.	**State of Consciousness** Item 48 Code: 0 - Alert and responding appropriately 8 - Other 9 - Not reported	78
45.	**Affective Response** Item 49 Code: 0 - Normal 8 - Other 9 - Not reported	79
46.	**Phonation Observed** Item 51 Code: 0 - Intelligible words 1 - Unintelligible words 2 - Crying only 8 - Other 9 - Not reported	80

Field		Card Columns
1.	Card Number Code: 2	1
2.	Basic Data * Code: Same as in columns 2-15 of Card 1	2-15
3.	Phonation Reported (Revision "1" only) Item 52 Code: Blank - Not on Rev. "0" 0 - Intelligible words 1 - Unintelligible sounds 2 - Crying only 8 - Other 9 - Not reported	17
4.	Locomotor and Postural Development -Observed (Revision "1" only) Item 54 Code: Blank - Not on Rev. "1" 0 - Walks unaided 1 - Walks supported 2 - Stands unaided 3 - Pulls to standing 4 - Stands supported 5 - Creeps 8 - None of above 9 - Not evaluated or not reported	18
5.	Locomotor and Postural Development Reported (Revision "1" only) Item 55 Code: Same as Field 4	19

* Unless specified, Field, Codes and Card Columns refer to Revision Number "0" and "1". Item Numbers refer to Form Dated: Rev. F 81

FORM	CARD COLUMN
6. **Abnormalities of Gait or Posture** (Revision "1" only)	20

Item 56
Code: Blank - Not on Rev. "0"
0 - Normal
1 - Retarded locomotor development
2 - Hemiparesis - hemiplegia
4 - Other weakness or paralysis
7 - Combination of codes
8 - Abnormal
9 - Not evaluated or not reported

7. **Prehensile Grasp** (Revision "1" only)	21

Item 57
Code: Blank - Not on Rev. "0"
0 - Grasp with thumb and fingers
1 - Grasp with palm
2 - Raking without grasp
8 - Other
9 - Unable to evaluate or not reported

8. **Reaching Coordination** (Revision "1" only)	22

Item 60
Code: Blank - Not on Rev. "0"
0 - Normal
1 - Dyskinesia
8 - Other
9 - Unable to evaluate or not reported

9. **Hand Preference**	23

Item 61
Code: 0 - Variable
1 - Strongly right
2 - Strongly left
9 - Unable to evaluate or not reported

10. **Sensation - Light Touch**	24

Item 62
Code: 0 - No abnormality detected
8 - Other
9 - Unable to evaluate or not reported

FIELD		CARD COLUMN
11.	Sensation - Pin Prick Item 63 Code: 0 - No abnormality detected 8 - Other 9 - Not reported	25
12.	Spontaneous Movements - Face Item 64 Code: 0 - Present and symmetrical 8 - Other 9 - Unable to evaluate or not reported	26
13.	Palpebral Fissures Item 65 Code: 0 - Wide and equal 8 - Other 9 - Unable to evaluate or not reported	27
14.	Lid Closure Item 66 Code: 0 - Normal and symmetrical 8 - Other 9 - Unable to evaluate or not reported	28
15.	Corneal Reflex Item 67 Code: 0 - Present and symmetrical 8 - Other 9 - Not reported	29
16.	Follows Light or Object Item 68 Code: 0 - Yes 1 - Questionable (Revision "1" only) 2 - Closes eyes (Revision "0" only) 3 - Other (Revision "0" only) 8 - No 9 - Unable to evaluate or not reported	30

FIELD		CARD COLUMN
17.	Opticokinetic Nystagmus	31

Item 69
Code: 0 - Present and symmetrical
1 - Questionable
2 - Absent
8 - Other
9 - Unable to evaluate or not reported

18.	Visual Fields by Confrontation	32

Item 72
Code: 0 - No abnormality detected
8 - Other
9 - Unable to evaluate or not reported

19.	Position of Eyes at Rest	33

Item 73
Code: 0 - Normal
8 - Other
9 - Unable to evaluate or not reported

20.	Weakness or Paralysis: Right Eye	34

Item 75
Code: 0 - None
1 - Right
2 - Left
3 - Upward
4 - Downward
5 - Other (Revision "1" only)
7 - Combination of codes (Revision "0" only)
9 - Unable to evaluate or not reported

21.	Weakness or Paralysis: Left Eye	35

Item 76
Code: Same as in Field 20

FIELD		CARD COLUMN
22.	Spontaneous Nystagmus (Revision "1" only) Item 77 Code: Blank - Not on Rev. "0" 0 - None 1 - Central, bilateral 8 - Other 9 - Unable to evaluate or not reported	36
23.	Pupils - Shape and Symmetry Item 78 Code: 0 - Normal 8 - Other 9 - Unable to evaluate or not reported	37
24.	Pupils - Reaction to Light - Direct Item 79 Code: 0 - Normal 8 - Other 9 - Unable to evaluate or not reported	38
25.	Pupils - Reaction to Light - Consensual Item 80 Code: 0 - Present and symmetrical 8 - Other 9 - Not reported	39
26.	Response to Sound Item 81 Code: 0 - No abnormality detected 8 - Other 9 - Unable to evaluate or not reported	40
27.	Gag Reflex Item 82 Code: 0 - Present 8 - Other 9 - Unable to evaluate or not reported	41

FIELD		CARD COLUMN
28.	**Palate Movement**	-2

Item 83
Code: 0 - Present and symmetrical
8 - Other
9 - Unable to evaluate or not reported

29.	**Tongue**	-3

Item 84
Code: 0 - Normal
8 - Other
9 - Unable to evaluate or not reported

30.	**Abnormal Involuntary Movements** (Revision "1" only)	--

Item 87
Code: Blank - Not on Rev. "0"
0 - None
1 - Choreoathetosis
2 - Dystonia
3 - Tremor
4 - Other
7 - Combination of Codes
9 - Unable to evaluate or not reported

31.	**Tone - Upper Extremity** (Revision "1" only)	-5-6

Item 89
Two-digit code for:
Right (col. 45)
Code: Blank - Not on Rev. "0"
0 - Bilateral only
1 - Hypotonic
2 - Questionable hypotonicity
3 - Normal
4 - Questionable hypertonicity
5 - Hypertonic
9 - Unable to evaluate or not reported
Left or Bilateral (col. 46)
Code: Same as in col. 45 except code "0" does not apply

FIELD		CARD COLUMN
32.	Tone - Lower Extremity Item 90 Code: Same as in Field 31	47-48
33.	Tone - Neck Flexor Item 91 Code: Same as in Field 31	49-50
34.	Tone - Neck Extensor Item 92 Code: Same as in Field 31	51-52
35.	Tone - Trunk Item 93 Code: Same as in Field 31	53-54
36.	Deep Tendon Reflexes - Biceps Jerk Item 95 Two-digit code for: Right (col. 55) Code: 0 - Bilateral only 1 - Hyporeflexive or absent 2 - Normal 3 - Increased 4 - Increased with clonus 9 - Unable to evaluate or not reported Left or Bilateral (col. 56) Code: Same as col. 55 except code "0" does not apply	55-56
37.	Triceps Jerk Item 96 Code: Same as in Field 36	57-58
38.	Knee Jerk Item 97 Code: Same as in Field 36	59-60

FIELD		CARD CODING
39.	**Ankle Jerk** Item 98 Code: Same as in Field 36	61-62
40.	**Plantar Response - Right** Item 100 Code: 0 - Variable 1 - Upward movement of great toe 2 - Upward movement of great toe and fanning of toes 3 - Flexion of toes 9 - Not reported	63
41.	**Plantar Response - Left** Item 101 Code: Same as in Field 40	64
42.	**Superficial Abdominal Reflex** Item 102 Code: 0 - Present and symmetrical 8 - Other 9 - Not reported	65
43.	**Tonic Neck Reflex** (Revision "1" only) Item 103 Code: Blank - Not on Rev. "0" 0 - No constant pattern 1 - Obtained with difficulty 2 - Obtained with ease 8 - Other 9 - Not reported	66
44.	**Moro Reflex** (Revision "1" only) Item 104 Code: Blank - Not on Rev. "0" 0 - No constant pattern 1 - Flexor and extensor components present and symmetrical 8 - Other 9 - Not reported	67

FIELD		CARD COLUMN
-5.	Palmar Grasp Reflex (Revision "1" only)	68
	Item 107 Code: Blank - Not on Rev. "0" 0 - Absent or variable 1 - Reflex present and symmetrical 8 - Other 9 - Unable to evaluate or not reported	
-6.	Sweating - Observed	69
	Item 109 Code: 0 - Present, normal 8 - Other 9 - Unable to evaluate or not reported	
-7.	Sweating - Reported	70
	Item 110 Code: Same as Field -6	
-8.	Urinary Stream - Observed	71
	Item 112 Code: 0 - Good periodic stream 1 - Dribbling 8 - Other 9 - Unable to evaluate or not reported	
-9.	Urinary Stream - Reported	72
	Item 113 Code: Same as Field -8	
50.	Superficial Anal Reflex (Revision "1" only)	73
	Item 11- Code: Blank - Not on Rev. "0" 0 - Present, normal 8 - Other 9 - Unable to evaluate or not reported	

FIELD		CARD COLUMN
51.	Rectal Tone (Revision "1" only)	74
	Item 115 Code: Blank - Not on Rev. "0" 0 - Normal 8 - Other 9 - Not reported	
52.	Other Signs, Etc. (Revision "1" only)	75
	Item 116 Code: Blank - Not on Rev. "0" 0 - No 1 - Yes 9 - Not reported	
53.	Neurological Abnormalities	76
	Item 117 Code: 0 - None 1 - Suspicious 2 - Abnormal 9 - Not reported	
54.	Non-Neurological Abnormalities	77
	Item 118 Code: 0 - None 1 - Minor 2 - Questionable 3 - Definite major (Revision "0" only) 4 - Definite major (Revision "1" only) 9 - Not reported	
55.	Unsatisfactory Conditions (Revision "1" only)	78
	Item 119 Code: Blank - Not on Rev. "0" 0 - Absent 1 - Present 9 - Not reported	

FIELD		CARD COLUMNS
56.	Disposition Item 120 Code: 0 - No indication 8 - Further evaluation proposed 9 - Not reported	79
57.	LER-S Attached (Revision "1" only) Item 121 Code: BLANK - Not in Rev. "0" 0 - No 1 - Yes 9 - Not reported	80

NOTE: This card should not be used in tabulations.

FIELD		CARD COLUMN
1.	Card Number Code: 3	1
2.	Basic Data * Code: Same as in columns 2-16 of Card 1, except column 5 is Rev. "0" and "2" only.	2-16
3.	Head- External Anomalies Item 13 Code: 0 - Absent 1 - Questionable 2 - Present 9 - Not reported	17
4.	ENT Item 19 Code: 0 - Normal 1 - Questionable 2 - Abnormal 9 - Not reported	18
5.	Back Item 25 Code: 0 - Normal 1 - Questionable 2 - Abnormal 9 - Not reported	19
6.	Motor System Item 36 Code: 0 - Normal 1 - Questionable 2 - Abnormal 9 - Not reported	20

* Fields, Codes, Item Numbers and Card Columns refer to Revision "0".

FIELD

CARD COLUMN

7. Abnormal Motor System

Item 37 — 21-22

Code:
- 00 - Not required
- 01 - Absence of major muscle
- 02 - Underdevelopment of major muscle
- 03 - Hypertrophy of major muscle
- 04 - Atrophy, focal, of major muscle
- 05 - Weakness of major muscle
- 07 - Combinations of 01 through 05
- 11 - Dystonia
- 12 - Chorea-athetosis
- 13 - Tremor
- 14 - Rigidity
- 15 - Spasticity
- 16 - Flaccidity
- 17 - Combinations 11 through 16
- 77 - Combination of code or codes 01 through 05 with code or codes 11 through 16 or a combination of any code with 88
- 88 - Other
- 99 - Not reported

8. Posture and Body Attitude — 23

Item 43

Code:
- 0 - Normal
- 1 - Questionable
- 2 - Abnormal
- 9 - Not reported

9. Sitting — 24

Item 44

Code:
- 0 - Assumes without aid or support a normal sitting position
- 1 - Sits without support when placed in sitting position
- 2 - Sits with support
- 3 - Unable to sit
- 8 - Other
- 9 - Not reported

FIELD

CARD COLUMN

10. Creeping 25

Item -5
Code: 0 - Creeps normally
1 - Creeps but with abnormal motion
2 - Does not creep
3 - Other
4 - Not reported

11. Standing 26

Item -8
Code: 0 - Stands alone
1 - Pulls to stand using support
2 - Stands holding to support when placed in standing position
3 - Stands only with support from other person
4 - Unable to stand
8 - Other
9 - Not reported

12. Walking 27

Item -9
Code: 0 - Walks alone
1 - "Cruises" about room holding to furniture
2 - Walks when led
3 - Makes movement of progression when fully supported
4 - Unable to walk
5 - Abnormality of gait
8 - Other
9 - Not reported

13. Accepts Proffered Object 28

Item 51
Code: 0 - Opposes thumb and forefinger
1 - Whole hand
2 - Unable to accept
3 - Will not accept
8 - Other
9 - Not reported

FIELD		CARD COLUMN
14.	Ring Response	29

Item 54
Code: 1 - Dangles ring by string
2 - Pulls string adaptively to secure ring
3 - Secures ring by accidentally pulling string
4 - Attempts to secure ring unsuccessful
5 - No attempt to secure ring
8 - Other
9 - Child uncooperative-unsuccessful test and not reported

15.	Cube Response	30

Item 55
Code: 1 - Builds tower of cubes
2 - Puts 3 or more cubes in cup
3 - Unwraps cube
4 - Puts 1 cube in cup
5 - Attempts to secure 3rd cube
6 - None of above
9 - Uncooperative - unsuccessful test and not reported

16.	Right Eye - Cornea	31

Item 56
Code: 0 - Normal
1 - Questionable
2 - Abnormal
9 - Not done or not reported

17.	Left Eye - Cornea	32

Item 57
Code: Same as Field 16

FIELD		CARD COLUMN
18.	Right Eye - Anterior Chamber Item 71 Code: Same as in Field 16	33
19.	Left Eye - Anterior Chamber Item 72 Code: Same as in Field 16	34
20.	Right Eye - Iris Item 74 Code: 0 - Normal 1 - Questionable 2 - Abnormal 9 - Not done or not reported	35
21.	Left Eye - Iris Item 75 Code: Same as in Field 20	36
22.	Right Eye - Lens Item 77 Code: Same as in Field 20	37
23.	Left Eye - Lens Item 78 Code: Same as in Field 20	38
24.	Right Eye - Vitreous Item 80 Code: Same as in Field 20	39
25.	Left Eye - Vitreous Item 81 Code: Same as in Field 20	40

FIELD		CARD COLUMN
26.	Right Eye - Optic Disc Item 85 Code: Same as in Field 20	41
27.	Left Eye - Optic Disc Item 86 Code: Same as in Field 20	42
28.	Right Eye - Fundus Item 88 Code: Same as in Field 20	43
29.	Left Eye - Fundus Item 89 Code: Same as in Field 20	44
30.	Concomitant Squint Item 93 Code: 0 - None 1 - Inward 2 - Outward 3 - R.E. up 4 - L.E. up 8 - Combination of codes 9 - Not reported	45
31.	Conjugate Gaze Item 96 Code: 0 - None 1 - To right 2 - To left 3 - Upward 4 - Downward 7 - Combination of codes 9 - Not reported	46

FIELD		CARD COLUMN
32.	**During Right Rotation: Deviation** Item 104 Code: 1 - None 2 - Right 3 - Left 9 - Not reported	47
33.	**During Right Rotation: Nystagmus** Item 105 Code: Same as Field 32	48
34.	**After Right Rotation: Deviation** Item 107 Code: Same as in Field 32	49
35.	**After Right Rotation: Nystagmus** Item 108 Code: Same as in Field 32	50
36.	**During Left Rotation: Deviation** Item 111 Code: Same as in Field 32	51
37.	**During Left Rotation: Nystagmus** Item 112 Code: Same as in Field 32	52
38.	**After Left Rotation: Deviation** Item 11[illegible] Code: Same as in Field 32	53
39.	**After Left Rotation: Nystagmus** Item 115 Code: Same as in Field 32	54

FIELD		CARD COLUMN
-0.	Swallowing	55
	Item 127 Code: 0 - Present 1 - Absent 2 - Impaired 8 - Other 9 - Not reported	
-1.	Voice Quality	56
	Item 132 Code: 0 - Normal 1 - Suspicious 8 - Other 9 - Not reported	
-2.	Palpitation of Sternocleidomastoid Muscle	57
	Item 133 Code: 0 - None 1 - To right 2 - To left 9 - Not reported	
-3.	Jaw Jerk - Right	58
	Item 138 Code: 0 - Absent 1 - Hypoactive 2 - Normal 3 - Increased 4 - Increased with clonus 9 - Not reported	
-4.	Jaw Jerk - Left	59
	Item 143 Code: Same as in Field -3	
-5.	Cremasteric Reflexes	60
	Item 150 Code: 0 - Present 1 - Absent 2 - Does not apply 9 - Not reported	

DEFINITIONS OF CODES (Continued)

FORM PED-11
Card 3&11

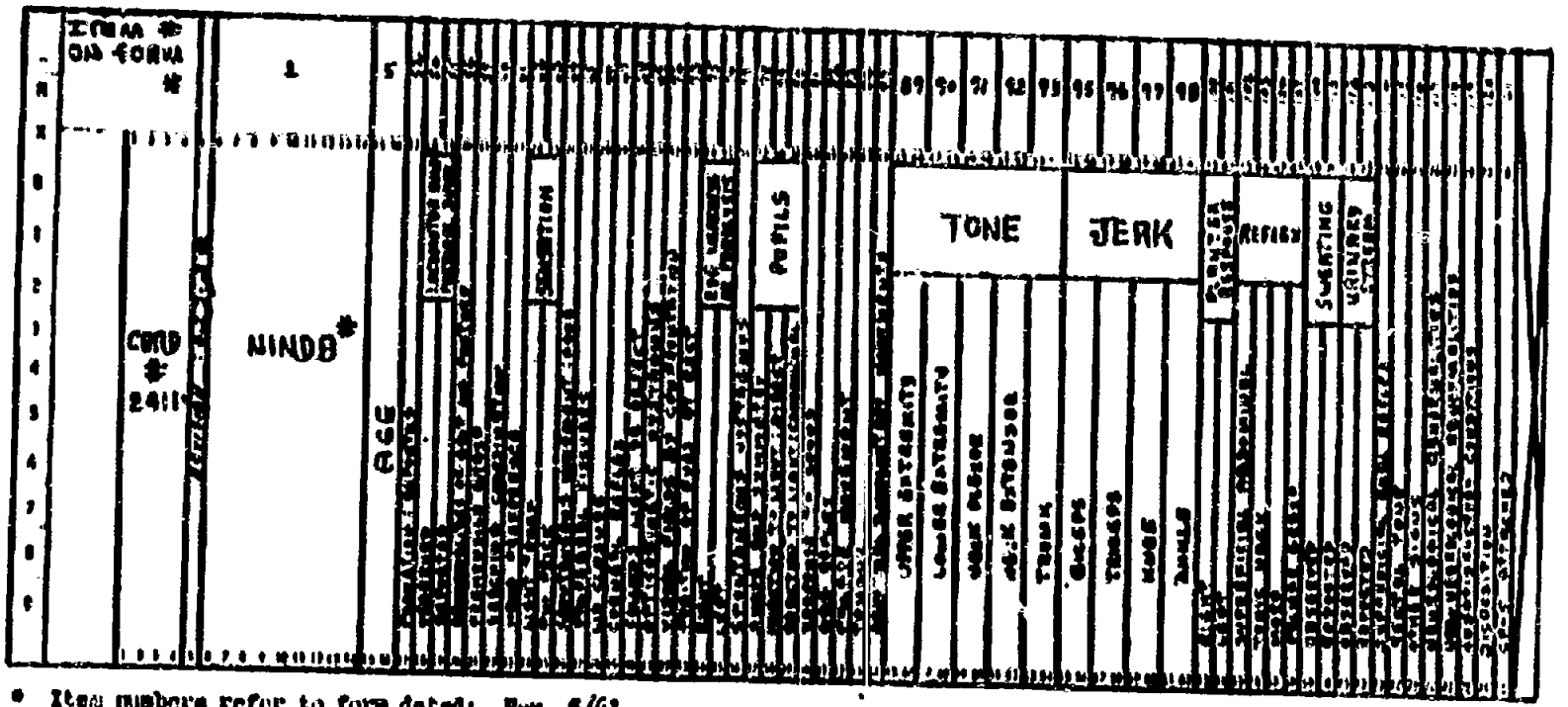
FIELD		CARD COLUMN
46.	Flushing - Actually Seen	61
	Item 155 Code: 0 - Present 1 - Suspicious 2 - Present abnormally 3 - Absent 9 - Not reported	
47.	Flushing - History	62
	Item 156 Code: Same as in Field 46	
48.	Superficial Anal Reflex	63
	Item 168 Code: 0 - Normal 1 - Questionable 2 - Abnormal 9 - Not evaluated and not reported	

ONE YEAR NEUROLOGICAL EXAMINATION
FORM PED-11

Record	Item # on Form P	Card # 1411	Source Office	1 NINDB#	5 Age	4 Date of Exam	1 Date of Birth	6 Weight	7 Body Length	8 Leader Statement	9 Head Circumference	10 Chest Circumference	13 Arm Dimensions	14 Lateral Dimension	Eyes	Ears	29 Hemat	50 Consultants	55 Consultants
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			

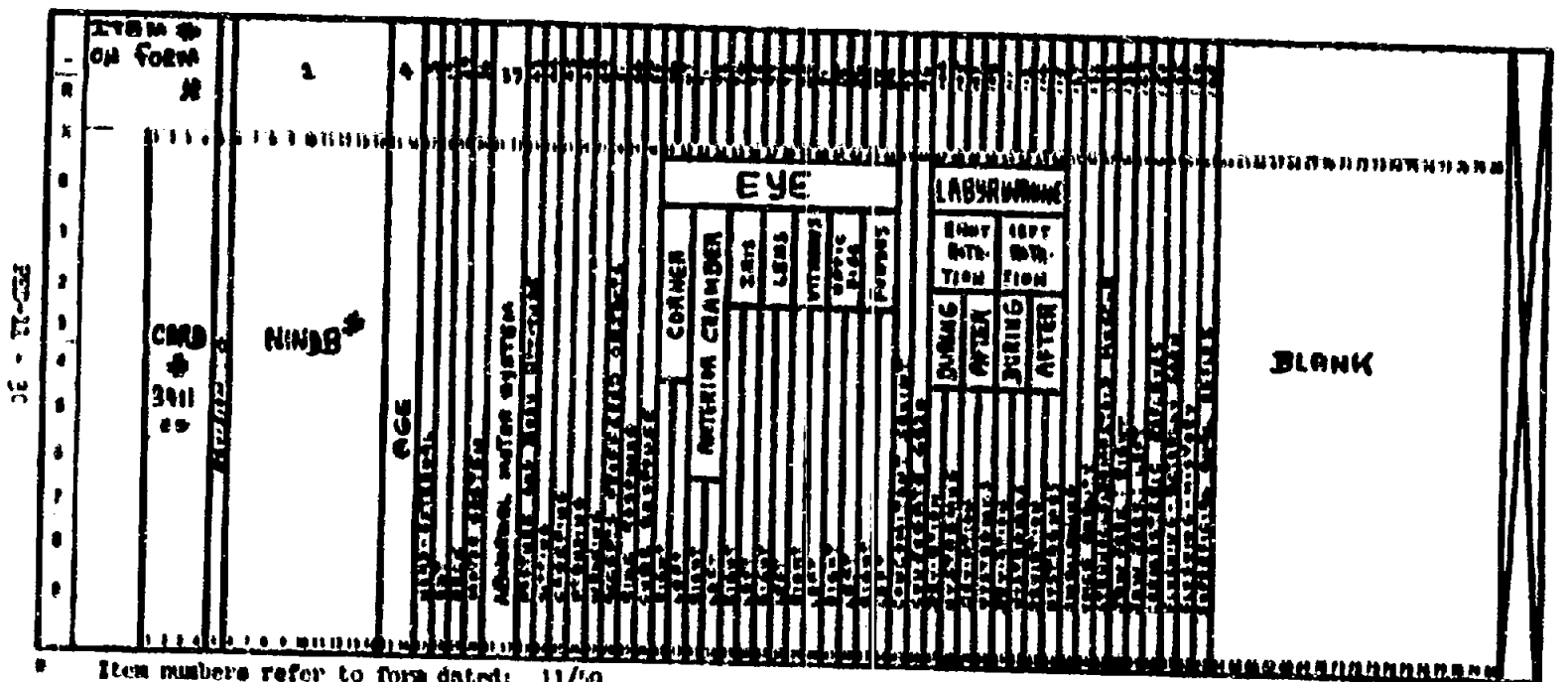
* Item numbers refer to Form dated: Rev. 5/61

ONE YEAR NEUROLOGICAL EXAMINATION
FORM PED-11



* Item numbers refer to form dated: Rev. 5/61

ONE YEAR NEUROLOGICAL EXAMINATION
FORM FED-11



* Item numbers refer to form dated: 11/59
** This card should not be used in tabulations.

ONE-YEAR NEUROLOGICAL EXAMINATION
(For Form PED-11, Rev. 5-61)

I Introduction

The purpose of the One-Year Neurological Examination is to evaluate, by physical examination techniques, the function of the child's central nervous system and to detect and describe abnormalities of other body systems. Information obtained from the examination is to be recorded for the following purposes:

A. To characterize the child as neurologically normal or other-than-normal *at the time of the examination.*

B. To identify manifestations of suspected or definite neurological abnormality.

C. To identify manifestations of abnormality of other body systems as determined by physical examination.

The One-Year Neurological Examination is designed as a screening examination which can be performed on all children in a systematic fashion. It is not intended to be a definitive diagnostic tool. Definitive diagnosis and assessment of the significance of abnormalities requires, in most instances, a review of the history of the child, consideration of the findings of previous examinations, and performance of further detailed examinations and laboratory studies.

The performance of further diagnostic studies and the integration of past history, present examination findings and further detail studies to arrive at a definitive diagnosis is desirable and strongly recommended, but is distinct and separate from the One-Year Neurological Examination.

This manual has been prepared for use as a guide to performing the examination and to assist in the proper recording of the information obtained. A movie, *The Neurological Examination of the One-Year Old*, is highly recommended for use in orientation and training for the performance of the One-Year Neurological Examination. This film, produced by Dr. Richmond Paine, is in 16 mm color sound. Viewing time is approximately 30 minutes. It may be purchased from Churchill-Bexler Film Productions, 601 N. Seward Street, Los Angeles 38, California, or be obtained on loan from NIH by request to Information Specialist, Perinatal Research Branch.

II General Instructions For Performing And Recording The Examination

A. **The Examiner.** The person performing the One-Year Neurological Examination should be a pediatrician with special interest and training in neurology or a neurologist with special interest and training in pediatrics.

B. **Time of Examination.** The examination should be done when the child is approximately one year of age, with an allowable range of 50 and 56 weeks of age. If examination within this age range is impossible, every effort should be made to perform the examination as closely as possible to the specified time.

C. **Definitive Diagnosis.** When an abnormality is detected by the screening examination, it is essential that further evaluation be made, if indicated and within the dictates of good medical practice, to arrive at a definitive diagnosis. Such further evaluation may include a review of the child's past history, a review and perhaps reassessment of the findings of the one year interval history and PED-11 examination, laboratory tests and consultation on the day of the one-year examination, and tests and reexamination scheduled for a later date.

It is desirable that a diagnostic summary, based on a review of the child's past history, the one-year interval history and PED-11 examination, and additional tests and observations as indicated, be done on every case.

Whether the child is normal or abnormal, the further evaluation and diagnostic summary is separate and distinct from the PED-11 examination. It may be done immediately following the PED-11 examination or at some later date, and should be reported on CP-5 record sheets. However, until such time as guidelines and criteria for routine case review, diagnostic work-up and summary have been developed and adopted by the Study, the decisions of if,

when, and how to conduct this further evaluation and summary rest with the local project.

D. **Elimination of Bias.** The examiner should not know the child's history or the findings of previous examinations prior to doing the examination. The examiner should not be the person taking the Interval History. However, after the routine history and the examination have been completed and recorded, the examiner may review the history and the case record. He may recheck any part of the history and examination. Findings derived from such re-examination should be recorded on a CP-5 sheet and attached to form PED-11. No change or addition to the original records is permitted. (See also discussion under Item 116 in Section III.)

Certain historical facts (walking, talking, urination, etc.) are included as optional items on form PED-11 and may be obtained and recorded in context during the examination.

E. **Construction of the Reporting Form.** The first portion of the form (Items 6 through 47) is a "review of systems" arrangement of general physical examination items. Item 37 "Skin" is out of order on purpose, since on the previous revision of this form it seemed to receive undue attention because of its position at the top of the list. The second section of the form (Items 48 to 116) is a series of items of observation of central nervous system function. These are arranged in approximate order of performance under ideal conditions. Since two of the attributes of a one-year-old child are uncooperativeness and unpredictability it is obvious that the sequence of the examination will often have little relation to the sequence of the items on the form PED-11.

The third section of the form (Items 117 to 121) is for summarizing the conditions and conclusions of the examination.

The form is set up for convenience in recording normal findings. For most items any other-than-normal finding requires description. An abnormal response is indexed by a check mark in the appropriate box, and described in narrative or outline fashion in the blank space on the right-hand side of the page. The itemized instructions in section III will specify those items that need no further comment even for an abnormal response.

F. **Completeness of Examination and Recording.** There are a number of items on the form which are specified (by indentation and prefix asterisk) as being optional. All items except "Comments" sections and ~~these items~~ preceded by an asterisk must contain an entry. If all of the required items are carefully evaluated the optimum compromise between an adequate screening examination for a normal child and the fatigue limit of both child and examiner will have been approached. However, if abnormality is suspected, there are many other procedures and observations which should be included as part of the neurological examination. For convenience in recording, some of the more frequently performed tests of this type are included on the reporting form in sequence with the related required items. Some neurologists may wish to do these on all children and would like to request that everyone do them routinely. However, compelling practical considerations make it necessary to designate certain of these tests "optional".

III SPECIFIC INSTRUCTIONS FOR PERFORMING AND RECORDING THE EXAMINATION

Item 1, Patient Identification. This is to be completed using the child's name plate, containing at least the following information: Child's name, NINDB number, date of birth, birth weight, race and sex.

Item 2, Name of Examiner. Record the examiner's surname and initials, or full name if necessary, for positive identification.

Item 3, Title or Position. Record the professional training status of the examiner as neurologist, pediatrician, pediatric neurologist, etc.

Item 4, Date of Examination. Record the date of examination using the sequence, month, day, year.

Item *5, Age of Child. This is an optional item and no recording or explanation is necessary if it is not completed. It is recommended that it be completed and used for local quality control purposes. This item will be computed and used in the analysis of the data. Therefore, if it is completed and used locally please use the following method of computation: 1) Determine the age of the child in calendar days. 2) Divide the age in days by seven. 3) Delete the fraction and report the age as weeks completed.

Item 6, Weight. It is desirable that weight be recorded in metric units. However, if an English system scale is used, report weight in pounds and ounces rather than converting to grams.

Item 7, Body Length (Crown-Heel). The total body length (crown to heel) should be measured as carefully as possible with the child either in supine or standing position. A metric rule should be used and the length reported in centimeters.

Item *8, Lower Segment (Symphysis-Heel). This is an optional item and no recording or explanation is necessary if it is not completed. This measurement should be obtained if the examiner considers the child's size or habitus to be unusual. It is desirable, but not required, that this measurement be obtained on all children.

Item 9, Head Circumference. The head circumference is measured with a flexible tape applied firmly over the supra-orbital ridges anteriorly and that part of the occiput posteriorly which gives the maximum circumference. Record in centimeters.

Item *10, Chest Circumference. This is an optional item and no recording or explanation is necessary if it is not completed. This measurement should be obtained if the examiner considers the child's size, habitus or head circumference to be unusual. It is desirable, but not required, that this measurement be obtained on all children.

Item 11, Head—Shape and Contour. Evaluate the shape and contour of the head by inspection and palpation. Asymmetry, prematurely closed or unusually wide sutures, prominences and depressions as well as more dramatic abnormalities of shape and size should be described.

Item 12, Anterior Fontanelle. If the fontanelle is closed or its maximum diameter is less than 1 cm. by palpation, check the box "Closed" and skip Items 13, 14 and 15. If the anterior fontanelle is open (1 cm. or more by palpation) check the box "Open" and complete Items 13, 14 and 15. In Items 13 and 14 record the A-P and lateral dimensions respectively of the anterior fontanelle as determined by palpation. Precise measurement with a metric rule is not necessary, but the size should be reported in centimeters not in fingerbreadths. If the fontanelle is open, the tension should be evaluated and recorded in Item 15.

Item *16, Transillumination. This is an optional test and no recording or explanation is necessary if it is not performed. However, it is strongly recommended that this test be performed on every child.

The transillumination test should be done in total darkness. A standard flashlight with a flexible opaque rubber adapter should be applied closely to the head in several areas so that all parts of the skull may be illuminated. A faint halo of light extending less than 2 cm. from the outer margin of the opaque shield should be considered normal. Areas of increased or decreased transillumination should be clearly described.

Item 17, Facies. For convenience in recording, this item includes slightly more than is usually subsumed under the term "Facies."

The general appearance of the child's face as determined by a multitude of factors including the hairline, the shape and position of the ears, the size and position of the eyes and lids, and the shape and size of the nose, mouth, tongue and jaw should be evaluated by inspection. For convenience in recording, check boxes are provided on the form for recording certain common unusual or abnormal findings. Workable definitions of epicanthal folds, cleft lip and hypertelorism are difficult to provide. These should be reported as a clinical judgment and do not require further comment. Unusual appearance in general, or

specific abnormalities other than the three listed, should be reported by a check mark in the box "Other" and clearly described. More than one category in this item may be checked if applicable.

Unusual shape and location of the ears, ptosis of the eyelids and facial paralysis are to be recorded elsewhere and should not be recorded under this item if they are isolated findings.

Item 18, Eyes-Structure—External Examination. The structure of the eyes as determined by external examination, including the retinal red reflex should be reported here. This is an evaluation of static anatomy. Such dynamic functions as lid closure, pupil reflexes and extra-ocular movements are to be reported elsewhere.

Item *19, Eyes-Structure—Ophthalmoscopic Examination. This is an optional item and no recording or explanation is necessary if it is not completed. A careful ophthalmoscopic examination should be done on every child in whom there is a suspicion of visual or CNS abnormality. It is recommended, but not required, that this examination be performed on all children.

In order to be recorded here as "Normal" the ophthalmoscopic examination must be carefully done. This includes dilating the pupils and performing the examination in a dark room. Do not make a recording of "Normal" if an examination is negative without these preparations. Abnormalities detected by an ophthalmoscopic examination performed without these preparations may be reported here. It is recommended that referral be made for further evaluation on such cases. The referral should be indicated under Item 120.

Item 20, Ears—Size, Shape and Location. Evaluate the size, shape and location of the ears. Any abnormalities should be described.

Item *21, Ears—Otoscopic Examination. This is an optional item and no recording or explanation is necessary if it is not completed.

Item 22, Nose, Mouth and Pharynx. Nose is included in this item for completeness in case an abnormality is noted, but rhinoscopy is not recommended as a routine procedure. The mouth and throat should be inspected for motor function as well as acute and static abnormalities. For consistency in separating the recording of static anatomy from neurological function, movements of the tongue and palate and the gag reflex are to be recorded on page 5. Cleft lip is recorded under Item 17. Cleft palate should be reported here. Mild, acute upper respiratory infection is important to the child's welfare but not to this research examination and need not be reported. (It should be reported as an explanatory comment under 119 if it adversely affected the completeness of the examination or the character of the child's response.)

Item 23, Comments. Record comments or descriptions concerning the numbered items. Be careful to identify the comment with the number of the item it concerns.

Item 24, Patient Identification. Same as Item 1.

Item 25, Neck. Evaluate by inspection, palpation and manipulation. Many structures, including cervical spine and soft tissues are subsumed under this category. Abnormalities of muscle tone *per se* are to be recorded under Items 91-92 and should not be recorded here unless restricted range of motion results. Enlarged lymph nodes associated with acute respiratory infection may be important to the child's welfare but not to this research examination and need not be reported.

Item 26, Thorax. Evaluate the thoracic cage. Do not include cardiac or respiratory findings under this item.

Item 27, Respirations. Evaluate the rhythm, symmetry and character of the respirations with the child in as near a resting state as possible.

Item 28, Lungs. Evaluate by auscultation and percussion.

Item 29, Heart. Evaluate by palpation and auscultation. Murmurs should be described as to character, grade of intensity (use 4-point scale), point of maximum intensity, distribu-

tion, transmission and postural variation. Do not report normal sinus arrhythmia but describe other types of irregular rhythm.

Item *30, Femoral Pulse. This is an optional item and no recording or explanation is necessary if it is not completed. Evaluation of the strength and symmetry of the femoral pulses should be done if there is suspicion of an anomaly of the heart or great vessels, and it is recommended that it be done as part of the routine screening test for such anomalies.

Item *31, Blood Pressure. This item is optional and no recording or explanation is necessary if it is not completed. If abnormalities of the heart or of the femoral pulses are detected, it is desirable that blood pressure be measured in both upper and lower extremities.

Item 32, Abdomen and Contents. Evaluate the abdominal wall and contents by inspection, palpation and percussion. Report here masses, distention, marked diastasis recti, inguinal and femoral hernias, complicated umbilical hernias, fluid, etc. Do not report uncomplicated umbilical hernias or mild diastasis recti.

Abnormalities of the liver, spleen and kidneys are to be recorded under Items 33-35 and should not be included under this item.

Item 33, Liver. For the purpose of this examination, normal liver size is defined as not more than 2 cm. below the costal margin in the right midclavicular line. If liver size is greater or consistency is unusual, record under "Other" and describe.

Item 34, Spleen. For the purpose of this examination, normal spleen size is defined as not more than 1 cm. below the costal margin in the left anterior axillary line. If spleen size is greater or consistency is unusual, record under "Other" and describe.

Item 35, Kidneys. The size and location of a palpable kidney should be described.

Item 36, Genitalia. Evaluate by palpation and inspection. Do not report circumcision. Any questionable abnormality should be reported.

Item 37, Skin. The examination should include evaluation of the color and texture of the skin as well as a search for specific lesions. For the purpose of this examination "Stork-bites", Mongolian spots, and diaper rash are to be considered normal findings and should not be reported. "Storkbites" are defined as those capillary clusters or nonelevated hemangiomas found frequently on the nape of the neck, bridge of the nose or eyelids in infants. If Café au lait spots are prominent or over six in number the number should be reported and the size, shape and depth of pigment described. Rashes, other than uncomplicated ammoniacal dermatitis should be reported. Specify character, location and size of nevi. Sacral ("pilonidal") sinus or dimple should be reported under Item 38 rather than here.

Item 38, Spine. Evaluate the vertebral column and overlying soft tissues by inspection, palpation and manipulation. Abnormalities of cervical vertebrae should be reported here as well as under Item 25 but the detailed description need not be repeated. Sacral ("pilonidal") sinus or dimple should be reported here.

Item 39, Comments. Same as Item 23.

Item 40, Patient Identification. Same as Item 1.

Items 41-47, Musculoskeletal System. Evaluate the structure and functional integrity of this system in each of the six areas listed on the form. This item is not intended to reflect the function of the central nervous system (this is covered elsewhere) but rather is an observation of the anatomy and mobility. Such things as club foot, congenital amputation, absence or atrophy of a muscle and hypermobile joints are to be reported here.

Item 48, State of Consciousness. This represents the examiner's subjective impression of the child's state of consciousness or awareness of the surroundings. Normal sleepiness *per se* should not be recorded here.

Item 49, Affective Response. This represents the examiner's subjective impression of the child's affect. Unusual affect may be characterized by such phrases as unusually placid, overexcitable, dull, etc.

Items 50-52, Phonation. The child's ability to communicate verbally should be evaluated. "Observed", "Intelligible words" means the examiner heard the child make sounds which have a denotative meaning either to the mother or the examiner. It is not necessary that these be dictionary or English words. Babbling or crying noises are to be considered "unintelligible" sounds, even if they have a connotative meaning.

Item #52 "Reported" is an optional item and no recording or explanation is necessary if it is not completed. It is recommended that, if the examiner does not hear the child say intelligible words during the examination, he ask the mother if the child uses words. Since the mother's concept of words may be somewhat different than the examiner's, the mother should be asked to give examples.

Items 53-55, Locomotor and Postural Development. Observe the child's locomotor ability and report the highest level of development attained according to the self-explanatory categories on the form. Under Item 54, "Observed" report the highest level of performance in the examining situation. Item #55, "Reported" is optional and no recording or explanation is necessary if it is not completed. It is recommended that a history of the child's locomotor development, including creeping, be obtained if the child does not at least walk with support during the examination.

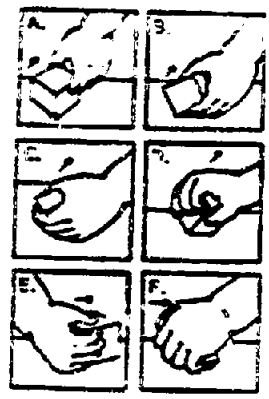
Item 56, Abnormalities of Gait or Posture. This item represents the examiner's evaluation of the quality of the child's posture and locomotor performance. Abnormalities recorded under this item will usually be included in the neurological diagnosis (Item 117) and the description of the abnormality may be written opposite Item 117 rather than writing it twice. If this is done there should be a comment opposite Item 56 such as "see description under Item 117".

Item 57, Prehensile Grasp. Observe the child's grasp of a small object such as a one-inch plastic cube. At least three trials should be made. The most mature pattern should be reported. Many possible distinctions in grasp pattern are grouped for simplicity. Samples of characteristics of the three grasp pattern groups are illustrated.

Grasp using thumb and fingers, palm free

Grasp with palm

Raking without grasp



Redrawn from Halverson (1931)

Item 58, Comments. Same as Item 23.

Item 59, Patient Identification. Same as Item 1.

Item 60, Reaching Coordination. Observe the child's manual skill and coordination in reaching for an object. Dyskinesia (impairment of power of voluntary movement, resulting in fragmentary or incomplete movements) should be distinguished from simple lack of cooperation. The latter should be reported under "Unable to evaluate." Unusual degree of mass movements, tremor, etc., should be reported under "Other."

Item 61, Hand Preference. Observe the child for definite expression of hand preference during the examination. As a rough guide line, consider that more than three-quarters of the reaching and fine motor activity during the examination performed by one hand is an expression of strong preference for that hand. This should be based on observation not on history. History of the child's hand preference and handedness in the family may be reported under "Comments," but should not influence the reporting of this item.

Item 62, Sensation — Extremities and Trunk — Light Touch. This is a screening test for the integrity of cutaneous sensation. Stimulate two to four different places on each extremity and on each side of the trunk and face using a cotton swab or gentle finger stroke.

Item *63, Sensation — Extremities and Trunk — Pin Prick. This is an optional item and no recording or explanation is necessary if it is not completed.

It is recommended that this further test for cutaneous sensation be performed if the previous test or other signs suggest disturbance of the somatic sensory system.

Item 64, Spontaneous Movements of Face. Observe for weakness or asymmetry of the child's facial movements in both the resting and active states. Clearly indicate laterality if there is unilateral or asymmetrical weakness.

Item 65, Palpebral Fissures. Observe the child for asymmetry, excessive widening or unusual narrowing of the palpebral fissures in both the resting and active states. Clearly indicate laterality if there is unilateral or asymmetrical abnormality. "Wide and equal" means normal. Excessively wide, even if symmetrical, should be reported as "Other".

Item 66, Lid Closure. Evaluate the strength and symmetry of lid closure by attempting to raise the upper lids while the child is attempting to maintain closure of the lids.

Item *67, Corneal Reflex. This is an optional item and no recording or explanation is necessary if it is not completed. Lightly touch on the cornea with a wisp of cotton and observe for lid blinking or withdrawal.

Item 68, Follows Light or Object. The integrity of the child's visual perception and acuity sufficient to fixate on and follow a light or object are evaluated. Extraocular motor function abnormality is to be reported in Items 72-76 and should not be reported here.

Item 69, Opticokinetic Nystagmus. A further test of visual perception and acuity is the observation for nystagmus induced on a series of images moving across the visual field. This series of objects may be stripes on a motor-driven drum, numbers and lines on a measuring tape, alternate dark and light stripes on a piece of adhesive tape, letters on a rotating unpainted coffee can, etc. The objects should be centered roughly 3 to 5 degrees apart (2 to 3 inches at 3 feet, 1 to 1½ inches at 18 inches) and must move across the field of vision slowly enough to allow the child to fixate (roughly 15° of arc per second = approximately 1 foot per second tangent to the visual field at 3 feet or 6 inches per second at 18 inches). Many types of apparatus, and a wide range of object size and angular velocity have been used in testing opticokinetic nystagmus in normal and abnormal subjects ranging in age from a few minutes to several decades. The recommendations here for apparatus are liberal, and for size and velocity are about median of those employed in reported studies.

Questionable asymmetrical or absent opticokinetic nystagmus in a child who is not totally uncooperative is probably of sufficient significance to warrant further investigation of the child's visual system.

Item 70, Comments. Same as Item 23.

Item 71, Patient Identification. Same as Item 1.

Item 72, Visual Fields by Confrontation. A screening test for the integrity of the temporal visual field in each eye should be performed. The child's attention should be directed forward by an appropriate stimulus. A light or attractive silent object is advanced carefully from behind the child into the temporal visual field on each side in alternation.

Item 73, Position of Eyes at Rest. Observe for the presence of extra-ocular muscle weakness or imbalance with the child's eyes at rest (distant focus). The presence or absence of asymmetrical weakness or imbalance is determined by observing the relation of the corneal light reflex to the pupil margins on the two sides. The presence or absence of conjugate deviation is determined by observing the relation of the pupils or iris margins to the palpebral fissures.

Items 74-76, Weakness or Paralysis of Individual Eye Movements. Evaluate the child's ability to move the eyes right, left, up and down. Report the presence or absence of weakness or paralysis of movements in any direction in each eye.

Item 77, Spontaneous Nystagmus. Observe for the presence of spontaneous nystagmus with the eyes at rest. Nystagmus evoked by forceful deviation of the eyes to either side should not be reported.

Item 78, Pupils—Shape and Symmetry. Evaluate the size and shape of the pupils at rest. Unusual degree of symmetrical dilation or constriction as well as asymmetry of size or irregular shape of pupils should be noted.

Item 79, Pupils—Reaction to Light—Direct. Evaluate the reflex constriction of the pupil in response to a bright light. Unusually slow response or asymmetrical rate or magnitude of reaction should be reported.

Item *80, Pupils—Reaction to Light—Consensual. This is an optional item and no recording or explanation is necessary if it is not completed. It is recommended that the consensual light reflex be tested if there is any suspicion of abnormality of the visual system.

Item 81, Response to Sound. A screening test for the integrity of the child's auditory system should be performed. It is recommended that the examiner's arms be placed symmetrically on opposite sides of the child's head and a sound stimulus created by one or the other hand in alternation. The recommended stimuli are a cricket or cog-wheel toy for low tones and rubbing the fingers together for higher tones.

Item *82, Gag Reflex. This is an optional item and no recording or explanation is necessary if it is not performed. It is recommended that an attempt be made to elicit the gag reflex by stimulation of the pharyngeal wall while examining the mouth and pharynx.

Item 83, Palate Movement. The movement of the soft palate and tonsillar pillar should be noted during the examination of the mouth and pharynx. If asymmetry is noted, it is strongly recommended that the gag reflex be carefully tested and other tests of lower cranial nerve function be performed.

Item 84, Tongue. Evaluate the movements of the tongue, looking particularly for weakness, asymmetry in structure or movement, and fasciculation.

Item 85, Comments. Same as Item 23.

Item 86, Patient Identification. Same as Item 1.

Item 87, Abnormal Involuntary Movements. Total body or localized involuntary movements such as tremor, fasciculation, chorea, athetosis, dystonia, etc., should be reported as such under this item. A clear description of the character and area of involvement is desired.

Items 88-93, Tone. Muscle tone should be evaluated in each of the five areas listed on the form. Express tone as a numerical value using the five-point scale defined on the form. Flaccid paralysis should be coded with hypotonicity (1) and spastic paralysis with hypertonicity (5). If tone is symmetrical, record only in "Bilateral" blank; if asymmetrical in any area, record in both "Right" and "Left" blanks for that area.

Items 94-98, Deep Tendon Reflexes. Evaluate the biceps, triceps, knee and ankle tendon reflexes. It is recommended that the reflexes be tested while the child is sitting on the mother's lap. For the purpose of this examination the magnitude of the response will be graded according to a five-point scale ranging from 0 = absent to 4 = increased with clonus.

For the purpose of this examination each reflex will be considered by itself and will be graded according to the examiner's experience with this reflex in other children. Therefore, although the triceps jerk will usually be much less intense than the knee jerk in a particular child, if the triceps jerk is of the same intensity as the examiner usually observes when doing this test on other children, it should be coded 2 = "Normal" rather than 1 = "Hypoactive". If a particular reflex is symmetrical, record only in "Bilateral" blank. If a particular reflex is asymmetrical, record in both "Right" and "Left" blanks for that reflex.

Items 99-101, Plantar Response. This reflex is elicited by stroking the lateral or fibular side of the sole of the child's foot. The reflex movements of the toes of the stimulated foot should be noted. If the same response is not obtained on at least 2 out of 3 trials, report as "Variable".

Item *102, Superficial Abdominal Reflex. This is an optional item and no recording or explanation is necessary if it is not completed. It is recommended that this test be performed if there is any suspicion of abnormality of cutaneous sensation or spinal cord disease.

Item *103, Tonic Neck Reflex. This is an optional item and no recording or explanation is necessary if it is not completed.

Item *104, Moro Reflex. This is an optional item and no recording or explanation is necessary if it is not completed.

Item 105, Comments. Same as Item 23.

Item 106, Patient Identification. Same as Item 1.

Item 107, Palmar Grasp Reflex. Test for the presence of an obligatory palmar grasp reflex by stroking the ulnar side of the palm of the child's hand. If a definite grasp reflex is obtained on at least 2 out of 3 trials on both sides, report as "Reflex Present and Symmetrical". If a definite grasp reflex is obtained at least 2 out of 3 times on one side but not on the other, report as "Other" as describe the asymmetry.

Items 108-110, Sweating. This is a screening observation for the integrity of the autonomic nervous system function. Total absence or asymmetry should be detectable during the examination. A history of sweating (Item *110—Reported) is optional and no recording or explanation is necessary if it is not completed. It is recommended that abnormalities suspected on the basis of this examination be further investigated by history.

Items 111-113, Urinary Stream. Another screening observation for the integrity of the autonomic nervous system is the observation of the urinary stream. Dribbling or very frequent voiding of small amounts may be observed during the examination. The history of bladder function (Item *113—Reported) is optional and no recording or explanation is necessary if it is not completed. It is recommended that abnormalities suspected on the basis of this examination be further investigated by history.

Item *114, Superficial Anal Reflex. This is an optional item and no recording or explanation is necessary if it is not completed. It is recommended that the superficial anal reflex be tested in those cases that have suspicion of impaired enervation in the lower spinal cord segments.

The reflex is elicited by tactile stimulation of the perianal skin.

Item *115, Rectal Tone. This is an optional item and no recording or explanation is necessary if it is not completed. It is recommended that the rectal tone be evaluated by a digital examination if there is any question of impairment of enervation in the lower spinal cord segments.

Item 116, Other Signs, Reflexes, Tests, Etc. If other neurological examination items or screening tests are performed as an integral part of this examination, they will properly be included in the synthesis of the IMPRESSION, and should be mentioned briefly. If any were performed, check the box "Yes" and list the additional signs or tests included. If none were performed, check the box "No".

Additional tests performed on referral or follow-up, and repeat or additional examination performed after review of the history case record are not to be included in the synthesis of the IMPRESSION, and should not be reported on this page. Such additional follow-up tests or biased examination results should be reported on a CP-1 sheet and attached to this form as extra information.

Item 117, Neurological Abnormalities. If the examiner considers the child to be completely normal neurologically the first box "None" should be checked.

If, on the basis of his examination, the examiner has reason to feel that the child is not completely normal neurologically, but cannot be classified as a definite clinical syndrome or "Neurologically Abnormal Child," the second box "Neurologically Suspicious..." should be checked.

If the examiner is able to state a definite or provisional diagnosis of a recognized syndrome, or feels the child is definitely neurologically abnormal but doesn't at this time fit into any diagnostic category, the third box "Neurologically Abnormal Child" should be checked.

Descriptions of suspected or definite neurological abnormalities deserve the most careful attention to completeness and specificity.

For the purpose of this examination, report under "Neurological Abnormalities" conditions, which may not in themselves be neurological but are often related to CNS disorders, such as abnormalities of skull size and shape, spinal anomalies, hemangiomas on the face and head, positional deformities of the feet and unusual facies.

Item 118, Non-neurological Abnormalities. (Check all that apply.) This item calls for the examiner to summarize and comment on all abnormalities or deviations from the ideal, with a few exceptions. These exceptions are:

(1) Neurological abnormalities noted and described in Item 117.

(2) Mongolian spots and "stork bites".

(3) Small or uncomplicated umbilical hernias.

(4) Uncomplicated diaper rash or other minor acute skin conditions.

(5) Minor acute upper respiratory infections.

If the examiner considers the child to be completely normal, aside from any of the exceptions listed in the preceding paragraph, the first box "None" should be checked.

The second box "Minor Abnormalities or Deviations" should be checked if there is definitely present any deviation from the ideal state (other than the exclusions listed above) which is considered by the examiner to be of questionable or little significance. Examples of conditions in this category are:

(1) Pigmented nevi.

(2) Supernumerary digits.

(3) Undescended testes or hydrocele.

If there is a suggestion of an abnormality which cannot be definitely ruled in or out by the physical examination and, which the examiner feels may be of significance to the child's health if present, the third category "Questionable Abnormalities" should be checked. Examples of situations which should be classified in this category are:

(1) Suspicion of congenital heart disease.

(2) Suspicion of malabsorption syndrome.

If there is definitely present an abnormality which the examiner feels is of major importance to the child's health, the third category "Definite Major Abnormalities" should be checked. This should include conditions which the examiner can state only as provisional diagnoses, provided he is reasonably confident that his impression will be corroborated by further studies or subsequent examinations.

Item 119, Unsatisfactory Conditions for Examination. This provides the examiner with the opportunity to specify any unsatisfactory conditions which may have existed during the examination such as, unusually irritable child, interfering mother, etc.

Item 120, Disposition. Indicate whether findings on this examination indicate further examinations or tests. If further evaluation has been proposed or scheduled indicate what type.

Item 121, CP-5 Attached. Check whether or not supplemental information accompanies the form. This may include CP-5 sheets reporting follow-up tests, the results of referral or biased examinations and medical editors comments. Hopefully, on abnormal cases, this would include a complete diagnosis based on the PED-11 examination, the interval history, the case record, appropriate X-ray and laboratory studies and consultation.

Item 122, Comments. Same as Item 23.

ONE-YEAR NEUROLOGICAL EXAMINATION

1. Patient Identification

2. Examined By	3. Status	4. Do Not Use This Space
5. Time of Examination (24 hr. clock)	6. Date of Examination Mo./Day/Yr.	7. Height
8. Weight	9. Head Circumference	

10. Skin
- 0 Normal
- 1 Questionable abnormality (describe)
- 2 Abnormal (describe)

11. Head – Shape
- 0 Normal
- 1 Questionable abnormality (describe)
- 2 Abnormal (describe)

12. Head – Fontanelles and Sutures
- 0 Closed with normal configuration
- 1 Closed with abnormal configuration (describe)
- 2 Open (state structure or structures and describe your and configuration)

13. Head – External Anomalies – Not Located Above (ears, hemangioma, tracheoso, etc.)
- 0 Absent
- 1 Questionable abnormality (describe)
- 2 Present (describe)

14. Transillumination
- 0 Absent
- 1 Questionable abnormality (describe)
- 2 Present (describe)
- 3 Not done (explain)

15. Identify remarks by number of item. Every abnormality which is checked (✓) should have some description. Give reason for not evaluating any item.

Department of Health, Education, and Welfare
Public Health Service

(PED-11) 11-59 PAGE 1 OF 2

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ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

16. Parent Identification

Superseded by
CDER-3359-61
REV. 5-61

17. Neck
- ☐ Normal
- ☐ Questionable abnormality (describe)
- ☐ Abnormal (If abnormal, check condition or conditions as seen No. 18; describe fully)
  - 18. ☐ Stiffness – flexion and extension only
  - ☐ Stiffness – all movements
  - ☐ Abnormally short or long
  - ☐ Pterygium colli
  - ☐ Torticollis
  - ☐ Other (describe)

19. ENT
- ☐ Normal
- ☐ Questionable abnormality (describe)
- ☐ Abnormal (describe)

20. Chest
- ☐ Normal
- ☐ Questionable abnormality (describe)
- ☐ Abnormal (describe)

21. Lungs
- ☐ Normal
- ☐ Questionable abnormality (describe)
- ☐ Abnormal (describe)

22. Heart
- ☐ Normal
- ☐ Questionable Abnormality (describe)
- ☐ Abnormal (describe)

23. Abdomen
- ☐ Normal
- ☐ Questionable Abnormality (describe)
- ☐ Abnormal (describe)

24. Identify remarks by number of item. Every abnormality which is checked (✓) should have some description. Give reason for not evaluating any item.

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

23. Person identification

26. Liver (If palpable give size in cm. below CM)
- 0 Palpable-normal (same size)
- 1 Not Palpable
- 2 Palpable-questionable abnormality (describe)
- 3 Palpable-abnormal (describe and same size)

27. Spleen (If palpable give size in cm. below CM)
- 0 Palpable-normal (same size)
- 1 Not Palpable
- 2 Palpable-questionable abnormality (describe)
- 3 Palpable-abnormal (describe and same size)

28. Anogenital Region
- 0 Normal
- 1 Questionable abnormality (describe)
- 2 Abnormal (describe)

29. Back
- 0 Normal
- 1 Questionable abnormality (describe)
- 2 Abnormal (If abnormal, check conditions or conditions in item No. 30, and describe fully giving location and characteristics)
  - 30. 0 Hemangiomatosis or angiomata
  - 1 Abnormal length — short or long
  - 2 Abnormal configuration — kyphosis, scoliosis, or unusual lordosis, etc.
  - 3 Sacral sinus
  - 4 Gibbus
  - 5 Hemivertebrae
  - 6 Other (describe)

31. Peripheral Pulses (radial, femoral, carotid)
- 0 Strong and symmetrical in all areas
- 1 Questionably diminished or asymmetrical (describe)
- 2 Diminished or asymmetrical (describe)

32. Identify remarks by number of item. Every abnormality which is checked (✓) should have some description. Give reason for not evaluating any item.

Form HEW-11
1-69

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

32. Patient Identification

superseded by
CDC-R-3004-1
rev. 5-61

34. Extremities
- 0 ☐ Normal
- 1 ☐ Questionable abnormality (describe)
- 2 ☐ Abnormal (if abnormal, check conditions or conditions in item No. 35; describe fully giving location and extension)
  - 35. 0 ☐ Absence or rudimentary development
  - 1 ☐ Asymmetry
  - 2 ☐ Congenital malformation
  - 3 ☐ Acquired deformity
  - 4 ☐ Contracture
  - 5 ☐ Dislocating or hypermobile joints
  - 6 ☐ Other

36. Motor System
- 0 ☐ Normal
- 1 ☐ Questionable abnormality (describe)
- 2 ☐ Abnormal (if abnormal, describe conditions in item No. 37, giving full description, location, and extension)
  - 37. 0 ☐ Absence of major muscle or muscle groups
  - 1 ☐ Underdevelopment of major muscle or muscle groups
  - 2 ☐ Hypertrophy of major muscle or muscle groups
  - 3 ☐ Atrophy, focal, of major muscle or muscle groups
  - 4 ☐ Weakness of major muscle or muscle groups
  - 5 ☐ Dystonia
  - 6 ☐ Choreoathetosis
  - 7 ☐ Tremor
  - 8 ☐ Rigidity
  - 9 ☐ Spasticity
  - 10 ☐ Flaccidity
  - 11 ☐ Other

38. State of Consciousness
- 0 ☐ Alert and responding to appropriate stimuli
- 1 ☐ Other (describe)

39. Identify muscles by number of item. Every abnormality which is checked (x) should have some description. Give reason for not examining any item.

[illegible]
[illegible]

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

40. Person Identification

[illegible]

41. Affective Response

- [ ] Normal (0)
- [ ] Questionable abnormality (describe) (1)
- [ ] Abnormal (describe) (2)

42. Phonation (check highest level of development; check only one)

- [ ] Intelligible words heard by examiner (1)
- [ ] Unintelligible sounds other than crying heard by examiner (2)
- [ ] Crying only (2)
- [ ] No sounds heard, but examiner observes sounds or words possible (explain) – e.g. endotracheal intubation, etc. (0)
- [ ] No sounds heard (0)
- [ ] Other sounds heard (0)
- [ ] Other (describe) (0)

43. Posture and Gait, Ataxia

- [ ] Normal (0)
- [ ] Questionable abnormality (describe) (1)
- [ ] Abnormal (describe) (2)

44. Sitting (check highest level of development; check only one)

- [ ] Assumes without aid or support a normal sitting position (0)
- [ ] Sits without support when placed in sitting position (1)
- [ ] Sits with support (2)
- [ ] Unable to sit (2)
- [ ] Other (describe) (0)

45. Creeping (check highest level of development; check only one)

- [ ] Creeps uniformly (0)
- [ ] Creeps but with abnormal motion (describe) (1)
- [ ] Does not creep (state apparent reason if known) (2)
- [ ] Other (describe) (0)

46. Identify remarks by number of item. Every abnormality which is checked 1/2 should have some description. Give reason for not evaluating any item.

ONE-YEAR NEUROLOGICAL EXAMINATION (Continued)

47. Person identification

Inscribed by
CCLR-3204-11
pg. 54

48. Standing (circle highest level of accomplishment; check only one)

- a. ☐ Stands alone
  - b. ☐ Pulls to stand using support
  - c. ☐ Stands holding to support when placed in standing position
  - d. ☐ Stands only with support from other person
  - e. ☐ Unable to stand
  - f. ☐ Other (describe)

49. Walking (circle highest level of accomplishment; check only one)

- a. ☐ Walks alone
  - b. ☐ "Cruises" about room holding to furniture
  - c. ☐ Walks when led
  - d. ☐ Makes movements of progression when fully supported
  - e. ☐ Unable to walk
  - f. ☐ Abnormality of gait (describe)
  - g. ☐ Other (describe)

50. Hand Preference

- a. ☐ Right
- b. ☐ Left
- c. ☐ None
- d. ☐ Other (describe)

51. Acceptable Position and Object (check highest level of accomplishment; check only one)

- a. ☐ Opposes thumb and forefinger
  - b. ☐ Whole hand
  - c. ☐ Unable to accept (give reason of apparent)
  - d. ☐ Will not accept (give reason of apparent)
  - e. ☐ Other (describe)

52. Identify examiner by number at item. Every observation which is abnormal (A) should have some description. Give reason for not evaluating any item.

PED-11
11-80

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

33. Patient Identification

34. Ring Response (check highest level of development; check only one)

- [ ] Grasps ring by strap
- [ ] Pulls string adaptively to remove ring
- [ ] Removes ring by unadaptively pulling string
- [ ] Attempts to remove ring unsuccessful
- [ ] No attempt to remove ring
- [ ] Other (describe)
- [ ] Child noncooperative — unsuccessful test

35. Cube Response (check highest level of development; check only one)

- [ ] Builds tower of cubes
- [ ] Puts 3 or more cubes in cup
- [ ] Unstacks cubes
- [ ] Puts one cube in cup
- [ ] Attempts to remove 3rd cube
- [ ] None of above
- [ ] Uncooperative — unsuccessful test

36. Sensation — Touch (check all that apply)

- [ ] Normal to all areas
  - [ ] Questionable abnormality
  - [ ] Diminished (describe and list areas – drawing preferred)
  - [ ] Absent (describe and list all areas – drawing preferred)

37. Sensation — Pin Prick (check all that apply)

- [ ] Normal to all areas
  - [ ] Diminished (describe and list areas – drawing preferred)
  - [ ] Absent (describe and list areas – drawing preferred)

38. Response to Light

- [ ] Follows
  - [ ] Closes eyes (blinks)
  - [ ] None
  - [ ] Other (describe)

39. Identify examiner by number of team. Every observer-rating which is obtained (✓) should have name de-codeplate. Blue crayon for use evaluating any exam.

Department of Health, Education, and Welfare
Public Health Service

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

68. Patient Identification

Superseded by CDLR-3004-II Rev. 5-61

61. Visual Fields (by presenting objects or threatening movements)
- [ ] 0 Probably normal bilaterally
- [ ] 1 Questionable defect (describe)
- [ ] 2 Abnormal (describe and locate as specifically as possible)

62. Pupils – Shape
- [ ] 0 Round, regular and equal bilaterally
- [ ] 0 Other (describe or draw)

63. Pupils – Reaction to Light (direct)
- [ ] 0 Normal bilaterally
- [ ] 1 Questionable abnormality (describe)
- [ ] 2 Absent bilaterally
- [ ] 3 Asymmetrical (describe)

64. Pupils – Reaction to Light (consensual)
- [ ] 0 Present bilaterally
- [ ] 1 Questionable abnormality (describe)
- [ ] 2 Absent bilaterally
- [ ] 3 Asymmetrical (describe)

In each of the following eye exams, check first "normal bilaterally" or "other". If "normal bilaterally" is checked, no other remarking is to be made. If "other" is checked, a remarking must be made in the appropriate box below under each eye.

65. Eye – Cornea
- [ ] 0 Normal bilaterally
- [ ] Other (indicate below)

66. Right	67. Left
[ ] 0 Normal	[ ] 0 Normal
[ ] 1 Questionable abnormality (describe)	[ ] 1 Questionable abnormality (describe)
[ ] 2 Abnormal (describe	[ ] 2 Abnormal (describe)
[ ] 9 Not done (state reason)	[ ] 9 Not done (state reason)

68. Identify remarks by number of item. Every abnormality which is checked (✓) should have some description. Give reason for not evaluating any item.

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

69. Person Identification

70. Eye – Anterior Chamber

71. Right

72. Left

73. Eye – Iris

74. Right

75. Left

76. Eye – Lens

77. Right

78. Left

79. Eye – Vitreous

80. Right

81. Left

82. Identify remarks by number or item. Every abnormality which is checked 1,2 should have more description. Give reason for not evaluating any item.

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

83. Patient Identification

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rev. 5-61

84. Eye – Optic Disc

☐ 00 Normal bilaterally

☐ Other (indicate below)

85. Right	86. Left
☐ 0 Normal	☐ 0 Normal
☐ 1 Questionable abnormality (describe)	☐ 1 Questionable abnormality (describe)
☐ 2 Abnormal (describe)	☐ 2 Abnormal (describe)
☐ 9 Not done (state reason)	☐ 9 Not done (state reason)

87. Eye – Fundus

☐ 00 Normal bilaterally

☐ Other (indicate below)

88. Right	89. Left
☐ 0 Normal	☐ 0 Normal
☐ 1 Questionable abnormality (describe)	☐ 1 Questionable abnormality (describe)
☐ 2 Abnormal (describe)	☐ 2 Abnormal (describe)
☐ 9 Not done (state reason)	☐ 9 Not done (state reason)

90. Position of Eyes at Rest

91. Right	92. Left
☐ 0 Central	☐ 0 Central
☐ 2 Other (describe)	☐ 1 Other (describe)

93. Convergence Spasm

☐ 0 None

☐ 1 Inward

☐ 2 Outward

☐ 3 R.E. up

☐ 4 L.E. up

☐ 9 Other combinations (describe)

94. Identify remarks by number of item. Every abnormality which is checked (2) should have some description. Give reason for not evaluating any item.

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

95. Person Identification

96. Weakness or Paralysis of Conjugate Gaze

- 0 None
- 1 To right
- 2 To left
- 3 Upward
- 4 Downward

97. Weakness or Paralysis of Individual Eye Movements (check all that apply)

98. Right	99. Left
0 None	0 None
1 Right	1 Right
2 Left	2 Left
3 Up	3 Up
4 Down	4 Down

100. Opticokinetic Nystagmus

- 0 Present
- 1 Deviation (describe)
- 2 Absent
- 8 Other (describe)
- 9 Not tested (state reason)

101. Labyrinthine (The child is to be held vertically at arm's length by examiner. The examiner then moves with the child to turn his own right and then his own left. In rotating this way, the examiner's movement is unknown to the child's rotation. Eye movements are recorded as relation to the child's own right and left.)

	Name	Right	Left
102. Right Rotation			
103. During Rotation			
104. Deviation	0	1	2
105. Nystagmus	0	1	2
106. After Rotation			
107. Deviation	0	1	2
108. Nystagmus	0	1	2
109. Left Rotation			
110. During Rotation			
111. Deviation	0	1	2
112. Nystagmus	0	1	2
113. After Rotation			
114. Deviation	0	1	2
115. Nystagmus	0	1	2

116. Identify variation by number of item. Every abnormality which is obtained (y) should have some description. Give reason for not evaluating any item.

[illegible]

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

117. Patient Identification

[illegible]

118. Spontaneous Movements of Face

___ Present and symmetrical

___ Questionable abnormality (describe)

___ Absent

___ Asymmetrical (describe)

119. Palpebral Fissures

___ Wide and equal

___ Questionable abnormality (describe)

___ Abnormally narrowed bilaterally (describe)

___ Asymmetrical (describe)

120. Lid Closure

121. Right	122. Left
___ Normal	___ Normal
___ Questionable (describe)	___ Questionable (describe)
___ Absent (describe)	___ Absent (describe)

123. Corneal Reflex (optional — mandatory only if associated neurological abnormalities present)

124. Right	125. Left
___ Present	___ Present
___ Questionable (describe)	___ Questionable (describe)
___ Absent	___ Absent
___ Not Done	___ Not Done

126. Apparent Response to Sound (optional)

___ Normal

___ Questionable (describe)

___ Absent (describe)

127. Swallowing

___ Present

___ Absent

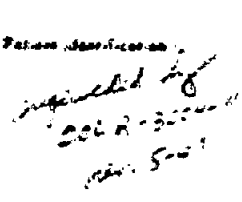
___ Impaired (describe)

___ Other (describe)

128. Identify numbers by number of item. Every abnormality which is checked (✓) should have some description. Give reason for not evaluating any item.

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

129. Patient Identification



130. Gag reflex (optional) — necessary only if abnormal neurological examination present)

- 0 ☐ Present
- 1 ☐ Diminished (describe)
- 2 ☐ Absent
- 9 ☐ Not done

131. Palate

- 0 ☐ Moving
- 1 ☐ Questionable (describe)
- 9 ☐ Other (describe)

132. Voice Quality

- 0 ☐ Normal
- 1 ☐ Substandard (describe)
- 9 ☐ Other (describe)

133. Pronation of Supinator/Extended Muscles

Hand deviation

- 0 ☐ None
- 1 ☐ To right
- 2 ☐ To left

134. Tongue

- 0 ☐ Normal and Protrudes in Midline

Abnormal (check all that apply and describe)

- 1 ☐ Deviation to right
- 2 ☐ Deviation to left
- 3 ☐ Atrophy
- 4 ☐ Fasciculations
- 9 ☐ Other (describe)

135. Identify numbers by number of items. Every abnormality which is checked (✓) should have some description. Give reason for not evaluating any items.

Pediatric Form
Page

ONE-YEAR NEUROLOGICAL EXAMINATION
(Continued)

136. Patient Identification

Page added by
EOCR-3004-11
Rev-5-91

137. Deep Tendon Reflexes (measure according to the following code)

Code
0 Absent
1 Hyperactive
2 Normal
3 Increased
4 Increased with clonus

Right	0	1	2	3	4		Left	0	1	2	3	4
138.						Jaw Jerk	143.					
139.						Biceps Jerk	144.					
140.						Triceps Jerk	145.					
141.						Knee Jerk	146.					
142.						Ankle Jerk	147.					

148. Superficial Reflexes

	Present	Absent	
149. Abdominal	3	1	
150. Cremasteric	3	1	2 Does Not Apply

151. Plantar Response

152. Right	153. Left
0 No response	0 No response
1 Upward movement of great toe	1 Upward movement of great toe
2 Upward movement of great toe and fanning of toes	2 Upward movement of great toe and fanning of toes
3 Flexion of toes	3 Flexion of toes

154. Flushing (recent cure)

155. Activity seen by examiner	156. History
0 Present	0 Present
1 Suspicious (describe)	1 Suspicious (describe)
2 Present abnormality (describe)	2 Present abnormality (describe)
3 Absent	3 Absent

157. Sweating

158. Activity seen by examiner	159. History
0 Present	0 Present
1 Suspicious (describe)	1 Suspicious (describe)
2 Present abnormality (describe)	2 Present abnormality (describe)
3 Absent	3 Absent

160. Obnoxity remarks by number of item. Every abnormality which is checked (✓) should have some narrative. Give reason for not evaluating any item.

ONE-YEAR NEUROLOGICAL EXAMINATION (Continued)

161. Posture Abnormalities

Completed by CCLR-3009-11 Rev 5-81

162. Urinary Stream

163. Actually seen by examiner

- ☐ 0 Good periodic stream
- ☐ 1 Other (describe)
- ☐ 9 Not evaluated

164. History

- ☐ 0 Good periodic stream
- ☐ 1 Other (describe)
- ☐ 9 Not evaluated

165. Urinary Dribbling

166. Actually seen by examiner

- ☐ 0 Absent
- ☐ 1 Questionable (describe)
- ☐ 2 Present (describe)

167. History

- ☐ 0 Absent
- ☐ 1 Questionable (describe)
- ☐ 2 Present (describe)

168. Superficial Anal Reflex and Rectal Tone (to be done only if history of rectal incontinence present)

- ☐ 0 Normal
- ☐ 1 Questionable abnormality
- ☐ 2 Abnormal (describe)
- ☐ 9 Not evaluated

169. Impression

- ☐ 0 Neurologically normal child
- ☐ 1 Neurologically outgrown but no definite abnormalities (provide reasons for this statement in detail)
- ☐ 2 Neurologically abnormal child (describe fully and give reasons for diagnosis)

170. Associated Neurological Abnormalities (mark all that apply)

- ☐ 0 None
- ☐ 1 Minor abnormalities or stigmata (describe)
- ☐ 2 Questionable abnormalities (describe)
- ☐ 3 Definite major abnormalities (describe)

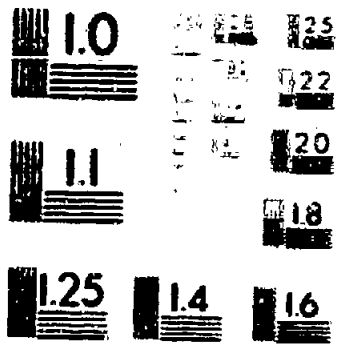
171. Disposition

- ☐ 0 Normal – no indication for further neurological exams at this time
- ☐ 9 Other (describe)

172. Conditions of Examination

- ☐ 0 Normal and satisfactory
- ☐ 1 Unsatisfactory (describe)

172. Identify reasons by number of item. Every abnormality which is checked (x) should have some description. Give reason for not evaluating any item.



MICROCOPY RESOLUTION TEST CHART

CONTINUED ON NEXT FICHE