

Study of Estrogen Activity and Development – SEAD 2

Physical Examination and Ballard Markers

FORM#:

VER#:

SEAD ID#:

VISIT#:

DATE OF EXAM: / /
(month) (day) (year)

COORDINATOR'S INITIALS:

START TIME OF VISIT: :
(24-hour clock)

END TIME OF VISIT: :
(24-hour clock)

DATE OF BIRTH: / /
(month) (day) (year)

TIME OF BIRTH: :
(24-hour clock)

EXAM SITE: HUP NURSERY1
 FAMILY PRACTICE2
 MARKET STREET3
 UNIVERSITY CITY.....4
 COBB'S CREEK.....5
 SOUTH PHILADELPHIA6
 COATESVILLE7
 KENNETT SQUARE8
 NORTH HILLS.....9
 WEST CHESTER.....10
 WEST GROVE11
 CHADD'S FORD12
 OTHER.....13
 SPECIFY: _____

SEX OF BABY: MALE 1
 FEMALE2

FEEDING METHOD: BREAST 1
 COW FORMULA.....2
 SOY FORMULA.....3

AGE INTERVAL: 0-48 HOURS..... 1
 1 WEEK2
 2 WEEKS.....3
 3 WEEKS.....4
 1 MONTH.....5
 3 MONTHS6
 6 MONTHS7

ANTHROPOMETRIC MEASUREMENT:

	1. Weight.	2. Length	3. Head circumference
a. FIRST MEASUREMENT:	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)
b. SECOND MEASUREMENT:	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)
c. THIRD MEASUREMENT:	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)

BREAST:

	a. RIGHT BREAST	b. LEFT BREAST
4. Record appearance of the areola:	FLAT..... 1 STIPPLED 2 RAISED 3 FULL..... 4	FLAT..... 1 STIPPLED 2 RAISED 3 FULL..... 4
5. Is there a breast bud?	YES 1 NO [Q9a] 2	YES 1 NO [Q9b] 2
[IF YES:] 6. Record size of breast bud with beads:	1st: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 2nd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 3rd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm)	1st: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 2nd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 3rd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm)
7. Were all 3 measurements taken?	YES [Q9a] 1 NO 2	YES [Q9b] 1 NO 2
[IF NO:] 8. Record reason:	CAREGIVER REFUSED 1 OTHER 2 SPECIFY: _____ <input type="text"/> <input type="text"/> <input type="text"/>	CAREGIVER REFUSED 1 OTHER 2 SPECIFY: _____ <input type="text"/> <input type="text"/> <input type="text"/>
9. Is adipose tissue palpable?	YES 1 NO 2	YES 1 NO 2

10. Secretions from breast observed? YES..... 1
NO [Q12] 2

[IF YES:]
11. Was breast secretion sample collected? YES..... 1
NO 2

ASK PARENT:

12. Have you ever seen any discharge from
[INFANT'S NAME]'s breast since (he/she)
was born?

YES..... 1
NO[INSTRUCTION 1]..... 2
REFUSED.....[INSTRUCTION 1]..... 7
DON'T KNOW.....[INSTRUCTION 1]..... 8

INSTRUCTION 1:

[IF MALE, SKIP TO Q15. IF FEMALE, SKIP TO Q21.]

[IF YES:]

13. How many times since birth have you seen
breast discharge?

#TIMES
[DK=98]

14. How old was [INFANT'S NAME] when you
last saw the discharge?

#OF
[DK=98,
GO TO INSTRUCTION 2]

HOURS..... 1
DAYS 2
WEEKS 3
MONTHS 4

INSTRUCTION 2:

[QUESTIONS 15-20 ARE FOR MALES ONLY. FEMALES SKIP TO Q21.]

[QUESTIONS 15-20 ARE FOR MALES ONLY. FEMALES SKIP TO Q21.]

TESTES AND SCROTUM:

	a. RIGHT SIDE	b. LEFT SIDE
15. Record appearance of the testis:	RETRACTILE 1 DESCENDING 2 DOWN 3 PENDULOUS 4	RETRACTILE 1 DESCENDING 2 DOWN 3 PENDULOUS 4
16. Was testis measured?	YES 1 NO [Q18a] 2	YES 1 NO [Q18b] 2
[IF YES:] 17. Record size using beads:	<input type="text"/> . <input type="text"/> (cm ³) [GO TO Q19a]	<input type="text"/> . <input type="text"/> (cm ³) [GO TO Q19b]
[IF NO:] 18. Reason for not measuring testis?	HYDROCELE PRESENT 1 CAREGIVER REFUSED 2 OTHER 3 SPECIFY: _____ <input type="text"/> <input type="text"/> <input type="text"/>	HYDROCELE PRESENT 1 CAREGIVER REFUSED 2 OTHER 3 SPECIFY: _____ <input type="text"/> <input type="text"/> <input type="text"/>
19. Record appearance of scrotum:	RARE RUGAE 1 FEW RUGAE 2 GOOD RUGAE 3 DEEP RUGAE 4	RARE RUGAE 1 FEW RUGAE 2 GOOD RUGAE 3 DEEP RUGAE 4
20. Cremasteric reflex:	PRESENT 1 ABSENT 2 [GO TO Q15b]	PRESENT 1 ABSENT 2

[QUESTIONS 21-34 ARE FOR FEMALES ONLY. MALES SKIP TO PAGE 6, QUESTION Q35]

PREPUCE AND LABIA:

21. Was prepuce and labia observed? YES..... 1
NO[Q24]..... 2

[IF YES:]
22. Record appearance of prepuce: PROMINENT 1
NOT PROMINENT 2

23. Record appearance of labia: ENLARGED MINORA 1
MAJORA AND MINORA EQUALLY PROMINENT ... 2
MAJORA LARGE, MINORA SMALL 3
MAJORA COVER CLITORIS AND MINORA 4

[IF NO:]
24. Record reason: CAREGIVER REFUSED 1
OTHER 2
SPECIFY:

VAGINAL DISCHARGE CHARACTERISTICS:

25. Is there vaginal discharge? YES..... 1
NO[Q30]..... 2
- [IF YES:]
26. Amount of discharge: MOIST 1
SCANT 2
MODERATE 3
COPIOUS 4
27. Appearance of discharge: MILKY 1
MUCOID 2
INSUFFICIENT QUANTITY 3
28. Viscosity of discharge: THICK 1
THIN 2
INSUFFICIENT QUANTITY 3
29. Was blood observed in the vaginal discharge? YES..... 1
NO 2
30. Was a vaginal smear collected? YES.....[Q32]..... 1
NO 2
- [IF NO:]
31. Reason for not collecting vaginal smear? CAREGIVER REFUSED 1
OTHER 2
SPECIFY:

ASK PARENT:

32. Have you ever seen any bloody streaks or spots, or pink discharge from [INFANT'S NAME]'s vagina since she was born? YES..... 1
NO[Q35]..... 2
REFUSED.....[Q35]..... 7

[IF YES:]

33. How many times since birth have you seen this discharge?
#TIMES
[DK=98]

34. How old was [INFANT'S NAME] when you last saw the discharge?
#OF
[DK=98,
GO TO Q35]

- HOURS 1
DAYS 2
WEEKS 3

MONTHS 4

[QUESTIONS 35-37 ARE FOR BOTH MALES AND FEMALES:]

35. Were pictures or videotape taken of exam?	PHOTOS.....	1
	VIDEO.....	2
	NEITHER.....	3

36. Were there any problems with the exam?	YES.....	1
	NO [END, RECORD RESULTS].....	2

[IF YES:]

37. Please specify:

[IF SPECIMENS COLLECTED, RECORD RESULTS ON RESULTS FORM.]