BREAST MILK AND FORMULA STUDY

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Physical Examination - 1 Year Old and Older

Mother's Name_____ CODE # [ ][ ][ ][ ]

Child's Name_____

Address_____

_____

P.E. _____yrs.

NIH - 2383-5
2-78 (Rev. 5-79)

Physical Examination - 1 Year Old and Older

Code # [ ][ ][ ][ ] (1 2 3 4)

Card # [6] (5)

Visit # [ ] (6)

4 - 1 year
5 - 18 months
6 - 2 years
7 - 3 years
8 - 4 years
9 - 5 years

Today's Date (Month, Day, Year) [ ][ ] (7 8) [ ][ ] (9 10) [ ][ ] (11 12)

1) Age (Months) [ ][ ] (13 14)

2) Weight (Kg) [ ]. [ ][ ] (15 16 17)

3) Height/Length (cm) [ ][ ][ ] (18 19 20)

4) Head, Eyes, Ears, Nose, Throat

a) Head circumference cm [ ][ ] (21 22)

b) Interpupillary Distance Abnormal? 1=yes 2=no [ ] (23)

If Abnormal cm [ ][ ] (24 25)

c) Ears Abnormal? 1=yes 2=no [ ] (26)

If abnormal, are ears low set? 1=yes 2=no [ ] (27)

Do ears have other abnormalities? 1=yes 2=no [ ] (28)

Specify _____

_____

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d) Philtrum — 1=absent, 2=present [ ] 29

e) Cleft Lip? — 1=yes, 2=no [ ] 30

f) Number of temporary teeth [ ][ ] 31 32

Number of permanent teeth [ ][ ] 33 34

g) Palate abnormal? — 1=yes, 2=no [ ] 35

If abnormal — 1=High Arched, 2=Cleft, 3=Other(Specify) [ ] 36

_____

_____

_____

h) Gums abnormal? — 1=yes, 2=no [ ] 37

If abnormal, pigmentation — 1=yes, 2=no [ ] 38

If yes, how severe? — 1=mild, 2=mod., 3=severe [ ] 39

Other Abnormality (Specify)? — 1=yes, 2=no [ ] 40

_____

_____

5) Thyroid abnormal? — 1=yes, 2=no [ ] 41

Enlarged? — 1=yes, 2=no [ ] 42

Other (Specify) 1=yes 2=no [ ] 43

_____

_____

_____

6) Chest (inspect) abnormal? 1=yes 2=no [ ] 44

If yes

Carinatum 1=yes 2=no [ ] 45

Excavatum 1=yes 2=no [ ] 46

Other (Specify) 1=yes 2=no [ ] 47

_____

_____

_____

7) Cardiovascular - Abnormal Cardiovascular Exam? 1=yes 2=no [ ] 48

If abnormal - clubbing 1=yes 2=no [ ] 49

cyanosis 1=yes 2=no [ ] 50

murmur-probably or definitely functional [ ] 51

probably or definitely pathologic [ ] 52

(Note: Probable pathologic murmurs without other diagnostic information should also be included as congenital anomalies.)

Specific diagnosis, if available

_____

_____

_____

8) Gastrointestinal

Liver size (cms below costal margin) cms [ ][ ] 53 54

Additional liver findings (Specify) 1=yes 2=no [ ] 55

_____

_____

_____

Spleen palpable? 1=yes 2=no [ ] 56

Other masses? (Specify) 1=yes 2=no [ ] 57

_____

_____

_____

9) Genito-urinary

Abnormal male/female? 1=yes 2=no [ ] 58

If abnormal male

Hernia 1=yes 2=no [ ] 59

Hydrocoele 1=yes 2=no [ ] 60

Hypospadias (note also as congenital anomaly) 1=yes 2=no [ ] 61

Other (Specify) 1=yes 2=no [ ] 62

_____

_____

_____

If abnormal female specify

_____

_____

_____

10) Skin

Abnormal exam? 1=yes 2=no [ ] 63

If Abnormal

Acne-like rash 1=yes 2=no [ ] 64

Pigmentation 1=yes 2=no [ ] 65

Nevi 1=yes 2=no [ ] 66

Diaper rash 1=yes 2=no [ ] 67

Eczema 1=yes 2=no [ ] 68

Specify or diagram
(extent and severity)

_____

_____

_____

11) Congenital Anomalies 1=yes 2=no [ ] 69

If yes, code from code sheet attached to Interval History form.

[ ][ ] 70 71
[ ][ ] 72 73
[ ][ ] 74 75
[ ][ ] 76 77

List additional anomalies_____

_____

_____

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2-78 (Rev. 5-79)

P.E.p5 _____Yrs.

Code #_____

CODE # [ ][ ][ ][ ] (1 2 3 4)

CARD # [2] (5)

VISIT # [ ] (6)

12) Bayley Scores

Mental [ ][ ][ ] (7 8 9)

Physical [ ][ ][ ] (10 11 12)

Examiner [ ][ ] (13 14)

13) McCarthy Scale Indices

Verbal [ ][ ] (15 16)

Perceptual-Performance [ ][ ] (17 18)

Quantitative [ ][ ] (19 20)

General Cognitive [ ][ ][ ] (21 22 23)

Memory [ ][ ] (24 25)

Motor [ ][ ] (26 27)

Examiner [ ][ ] (28 29)

P.E.