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| **Physical Health**  |
| **Participant ID** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Assessor** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Name of Data Clerk** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Date of assessment** | \_\_\_\_\_\_ (day – *2 digits*) \_\_\_\_\_\_ (month – *2 digits*) \_\_\_\_\_\_\_\_\_\_ (year – *4 digits*) |
|  |
| **Head/Fontanelle**  | 🞏 Normal 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Ears**  |
|  Structure |
|  Appears to  hear/responds to  sound  | 🞏 Yes | 🞏 No (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Eyes** |  |  |
|  Structure | 🞏 Normal | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
|  Appears to  see/responds to  visual stimuli  | 🞏 Yes | 🞏 No (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Skin** |  |  |
| Nevi | 🞏 No | 🞏 Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| Café au lait  spots  | 🞏 No | 🞏 Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
|  Bruising | 🞏 No | 🞏 Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Nose** | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Mouth and Throat** | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Teeth** |  |  |
| Caries | 🞏 No  | 🞏 Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| Eruption | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| Appearance | 🞏 Normal | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Lungs** | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Heart** | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| Femoral pulses | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Abdomen** | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Genitalia**  | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
|  Structure | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
|  Male testes  descended  (*if applicable*)  | 🞏 Yes | 🞏 No (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Extremities and Hips** | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| Arthrogryposis  | 🞏 No  | 🞏 Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Back**  | 🞏 Normal  | 🞏 Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |