|  |  |  |
| --- | --- | --- |
| **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)* |