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| **Hammersmith Infant Neurological Exam (HINE)** |
| **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*) |
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| **Section 1:** **Nerve Function** **Posture****Movements****Tone****Reflexes and Reactions** | Facial Appearance Eye Appearance Auditory response Visual Response Sucking/Swallowing Head Trunk Arms Hands Legs Feet Movements Quantity Movements Quality Scarf Sign Passive Shoulder Elevation Pronation/SupinationAbductors Popliteal Angle Ankle DorsiflexionPulled to Sit Ventral SuspensionTendon ReflexesArm ProtectionVertical SuspensionLateral TiltingForward parachute | 🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0🞎 3 🞎 2.5 🞎 2 🞎 1.5 🞎 1 🞎 0 |
| **Scores** **Section 1 Score**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(2 digits)* |
| **Comments** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(free type)* |
| ***\*Note: if child’s Section 1 score is <52 (range: 0 – 78), they will receive the Evaluation of Cerebral Palsy*** |

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| **Evaluation of Cerebral Palsy** |
| **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*) |
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| 1. **Spastic**
 | 🞏 Yes 🞏 No * 1. *If Yes,* which limbs are affected?
	2. Symmetric or asymmetric?
	3. *If asymmetric,* left or right side more affected?
	4. *If asymmetric*, upper or lower extremities more affected?
 | 🞏 Right upper extremity 🞏 Left upper extremity 🞏 Right lower extremity 🞏 Left lower extremity 🞏 Symmetric 🞏 Asymmetric🞏 Left 🞏 Right 🞏 Upper 🞏 Lower  |
| 1. **Ataxic**
 | 🞏 Yes 🞏 No * 1. *If Yes,* which limbs are affected?
	2. Symmetric or asymmetric?
	3. *If asymmetric,* left or right side more affected?
	4. *If asymmetric*, upper or lower extremities more affected?
 | 🞏 Right upper extremity 🞏 Left upper extremity 🞏 Right lower extremity 🞏 Left lower extremity 🞏 Symmetric 🞏 Asymmetric🞏 Left 🞏 Right 🞏 Upper 🞏 Lower  |
| 1. **Hypotonic**
 | 🞏 Yes 🞏 No * 1. *If Yes,* which limbs are affected?
	2. Symmetric or asymmetric?
	3. *If asymmetric,* left or right side more affected?
	4. *If asymmetric*, upper or lower extremities more affected?
 | 🞏 Right upper extremity 🞏 Left upper extremity 🞏 Right lower extremity 🞏 Left lower extremity 🞏 Symmetric 🞏 Asymmetric🞏 Left 🞏 Right 🞏 Upper 🞏 Lower  |
| 1. **Athetoid**
 | 🞏 Yes 🞏 No * 1. *If Yes,* which limbs are affected?
	2. Symmetric or asymmetric?
	3. *If asymmetric,* left or right side more affected?
	4. *If asymmetric*, upper or lower extremities more affected?
 | 🞏 Right upper extremity 🞏 Left upper extremity 🞏 Right lower extremity 🞏 Left lower extremity 🞏 Symmetric 🞏 Asymmetric🞏 Left 🞏 Right 🞏 Upper 🞏 Lower  |
| 1. **Dystonic**
 |  🞏 Yes 🞏 No * 1. *If Yes,* which limbs are affected?
	2. Symmetric or asymmetric?
	3. *If asymmetric,* left or right side more affected?
	4. *If asymmetric*, upper or lower extremities more affected?
 | 🞏 Right upper extremity 🞏 Left upper extremity 🞏 Right lower extremity 🞏 Left lower extremity 🞏 Symmetric 🞏 Asymmetric🞏 Left 🞏 Right 🞏 Upper 🞏 Lower  |
| 1. **Mixed**
 | 🞏 Yes 🞏 No * 1. *If Yes,* which limbs are affected?
	2. Symmetric or asymmetric?
	3. *If asymmetric,* left or right side more affected?
	4. *If asymmetric*, upper or lower extremities more affected?
 | 🞏 Right upper extremity 🞏 Left upper extremity 🞏 Right lower extremity 🞏 Left lower extremity 🞏 Symmetric 🞏 Asymmetric🞏 Left 🞏 Right 🞏 Upper 🞏 Lower |
| 1. **Unspecified**
 | 🞏 Yes 🞏 No * 1. *If Yes,* which limbs are affected?
	2. Symmetric or asymmetric?
	3. *If asymmetric,* left or right side more affected?
	4. *If asymmetric*, upper or lower extremities more affected?
 | 🞏 Right upper extremity 🞏 Left upper extremity 🞏 Right lower extremity 🞏 Left lower extremity 🞏 Symmetric 🞏 Asymmetric🞏 Left 🞏 Right 🞏 Upper 🞏 Lower  |