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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/Supination  Abductors  Popliteal Angle  Ankle Dorsiflexion  Pulled to Sit  Ventral Suspension  Tendon Reflexes  Arm Protection  Vertical Suspension  Lateral Tilting  Forward 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 |