Form Approved
OMB No.**0920**-XXXX
Exp. Date xx/xx/20xx

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*)	
Section 1: **Nerve Function**	Facial Appearance	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Eye Appearance	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Auditory response	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Visual Response	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Sucking/Swallowing	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
Posture	Head	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Trunk	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Arms	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Hands	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Legs	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Feet	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
Movements	Movements Quantity	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Movements Quality	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
Tone	Scarf Sign	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Passive Shoulder Elevation	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Pronation/Supination	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Abductors	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Popliteal Angle	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Ankle Dorsiflexion	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Pulled to Sit	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Ventral Suspension	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
Reflexes and Reactions	Tendon Reflexes	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Arm Protection	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Vertical Suspension	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Lateral Tilting	☐ 3 ☐ 2.5 ☐ 2 ☐ 1.5 ☐ 1 ☐ 0
	Forward parachute	☐ 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**		

Evaluation of Cerebral Palsy

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OMB No.**0920**-XXXX
Exp. Date xx/xx/20xx

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*)

1. **Spastic**	☐ Yes ☐ No	
	1.1 If Yes, which limbs are affected?	☐ Right upper extremity ☐ Left upper extremity ☐ Right lower extremity ☐ Left lower extremity
	1.2 Symmetric or asymmetric?	☐ Symmetric ☐ Asymmetric
	1.3 If asymmetric, left or right side more affected?	☐ Left ☐ Right
	1.4 If asymmetric, upper or lower extremities more affected?	☐ Upper ☐ Lower
2. Ataxic	☐ Yes ☐ No	
	2.1 If Yes, which limbs are affected?	☐ Right upper extremity ☐ Left upper extremity ☐ Right lower extremity ☐ Left lower extremity
	2.2 Symmetric or asymmetric?	☐ Symmetric ☐ Asymmetric
	2.3 If asymmetric, left or right side more affected?	☐ Left ☐ Right
	2.4 If asymmetric, upper or lower extremities more affected?	☐ Upper ☐ Lower
3. Hypotonic	☐ Yes ☐ No	
	3.1 If Yes, which limbs are affected?	☐ Right upper extremity ☐ Left upper extremity ☐ Right lower extremity ☐ Left lower extremity
	3.2 Symmetric or asymmetric?	☐ Symmetric ☐ Asymmetric
	3.3 If asymmetric, left or right side more affected?	☐ Left ☐ Right
	3.4 If asymmetric, upper or lower extremities more affected?	☐ Upper ☐ Lower
4. Athetoid	☐ Yes ☐ No	
	4.1 If Yes, which limbs are affected?	☐ Right upper extremity ☐ Left upper extremity

		☐ Right lower extremity ☐ Left lower extremity
	4.2 Symmetric or asymmetric?	☐ Symmetric ☐ Asymmetric
	4.3 *If asymmetric*, left or right side more affected?	☐ Left ☐ Right
	4.4 *If asymmetric*, upper or lower extremities more affected?	☐ Upper ☐ Lower
5. Dystonic	☐ Yes ☐ No	
	5.1 If Yes, which limbs are affected?	☐ Right upper extremity ☐ Left upper extremity ☐ Right lower extremity ☐ Left lower extremity
	5.2 Symmetric or asymmetric?	☐ Symmetric ☐ Asymmetric
	5.3 If asymmetric, left or right side more affected?	☐ Left ☐ Right
	5.4 If asymmetric, upper or lower extremities more affected?	☐ Upper ☐ Lower
6. Mixed	☐ Yes ☐ No	
	6.1 If Yes, which limbs are affected?	☐ Right upper extremity ☐ Left upper extremity ☐ Right lower extremity ☐ Left lower extremity
	6.2 Symmetric or asymmetric?	☐ Symmetric ☐ Asymmetric
	6.3 If asymmetric, left or right side more affected?	☐ Left ☐ Right
	6.4 If asymmetric, upper or lower extremities more affected?	☐ Upper ☐ Lower
7. Unspecified	☐ Yes ☐ No	
	7.1 If Yes, which limbs are affected?	☐ Right upper extremity ☐ Left upper extremity ☐ Right lower extremity ☐ Left lower extremity
	7.2 Symmetric or asymmetric?	☐ Symmetric ☐ Asymmetric
	7.3 If asymmetric, left or right side more affected?	☐ Left ☐ Right
	7.4 If asymmetric, upper or lower extremities more affected?	☐ Upper ☐ Lower