

# Followup Medical Exam

study\_unique\_id

\_\_\_\_\_

followup\_center

\_\_\_\_\_

followup\_id

\_\_\_\_\_

unique\_followup\_id

\_\_\_\_\_

weight\_cm

\_\_\_\_\_

length\_cm

\_\_\_\_\_

head\_circumference\_cm

\_\_\_\_\_

strabismus\_right

- ☐ yes  
☐ no  
☐ suspect  
☐ untestable  
(eye)

strabismus\_left

- ☐ yes  
☐ no  
☐ suspect  
☐ untestable  
(eye)

nystagmus\_right

- ☐ yes  
☐ no  
☐ suspect  
☐ untestable  
(eye)

nystagmus\_left

- ☐ yes  
☐ no  
☐ suspect  
☐ untestable  
(eye)

roving\_eye\_movement\_right

- ☐ yes  
☐ no  
☐ suspect  
☐ untestable  
(eye)

roving_eye_movement_left	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> suspect <input type="radio"/> untestable (eye)
eye_track_right	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> suspect <input type="radio"/> untestable (eye)
eye_track_left	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> suspect <input type="radio"/> untestable (eye)
vision_right	<input type="radio"/> normal <input type="radio"/> wears or prescribed corrective lenses <input type="radio"/> other abnormality <input type="radio"/> blind some functional vision <input type="radio"/> blind no useful vision (vision)
vision_left	<input type="radio"/> normal <input type="radio"/> wears or prescribed corrective lenses <input type="radio"/> other abnormality <input type="radio"/> blind some functional vision <input type="radio"/> blind no useful vision (vision)
audiologic_assessment	<input type="radio"/> Yes <input type="radio"/> No
audiologic_pending_for_assessment	<input type="radio"/> Yes <input type="radio"/> No
visual_reinforcement_audiometry	<input type="radio"/> Yes <input type="radio"/> No
vra_right	<input type="radio"/> pass <input type="radio"/> fail <input type="radio"/> equivocal <input type="radio"/> unknown (hearing)
vra_left	<input type="radio"/> pass <input type="radio"/> fail <input type="radio"/> equivocal <input type="radio"/> unknown (hearing)
vra_sound_field	<input type="radio"/> pass <input type="radio"/> fail <input type="radio"/> equivocal <input type="radio"/> unknown (hearing)

abr	<input type="radio"/> Yes <input type="radio"/> No
abr_right	<input type="radio"/> pass <input type="radio"/> fail <input type="radio"/> equivocal <input type="radio"/> unknown (hearing)
abr_left	<input type="radio"/> pass <input type="radio"/> fail <input type="radio"/> equivocal <input type="radio"/> unknown (hearing)
hearing_test_unknown	<input type="radio"/> Yes <input type="radio"/> No
hearing_test_unknown_right	<input type="radio"/> pass <input type="radio"/> fail <input type="radio"/> equivocal <input type="radio"/> unknown (hearing)
hearing_test_unknown_left	<input type="radio"/> pass <input type="radio"/> fail <input type="radio"/> equivocal <input type="radio"/> unknown (hearing)
hearing_impaired	<input type="radio"/> no apparent functional impairment <input type="radio"/> impairment (hearingImpaired)
hearing_aid_requirement	<input type="radio"/> none <input type="radio"/> right only <input type="radio"/> left only <input type="radio"/> both (hearingAid)
hearing_implant	<input type="radio"/> none <input type="radio"/> right only <input type="radio"/> left only <input type="radio"/> both (hearingAid)
swallowing	<input type="radio"/> normal <input type="radio"/> abnormal <input type="radio"/> tube fed (swallow)
dysphagia	<input type="radio"/> Yes <input type="radio"/> No
aspiration	<input type="radio"/> Yes <input type="radio"/> No

abnormal_voice	<input type="radio"/> Yes <input type="radio"/> No
drooling	<input type="radio"/> Yes <input type="radio"/> No
nothing_by_mouth	<input type="radio"/> Yes <input type="radio"/> No
observed_abnormal_movement	<input type="radio"/> Yes <input type="radio"/> No
observed_abnormal_movement_short_jerky	<input type="radio"/> Yes <input type="radio"/> No
observed_abnormal_movement_slow_writhing	<input type="radio"/> Yes <input type="radio"/> No
observed_abnormal_movement_tremor	<input type="radio"/> Yes <input type="radio"/> No
passive_muscle_tone_neck_trunk	<input type="radio"/> normal <input type="radio"/> suspect increased <input type="radio"/> definite increased <input type="radio"/> suspect decreased <input type="radio"/> definite decreased <input type="radio"/> varying tone (passiveMuscleTone)
upper_extremity_muscle_tone_right	<input type="radio"/> normal <input type="radio"/> suspect increased <input type="radio"/> definite increased <input type="radio"/> suspect decreased <input type="radio"/> definite decreased <input type="radio"/> varying tone (passiveMuscleTone)
upper_extremity_muscle_tone_left	<input type="radio"/> normal <input type="radio"/> suspect increased <input type="radio"/> definite increased <input type="radio"/> suspect decreased <input type="radio"/> definite decreased <input type="radio"/> varying tone (passiveMuscleTone)
lower_extremity_muscle_tone_hip_knee_right	<input type="radio"/> normal <input type="radio"/> suspect increased <input type="radio"/> definite increased <input type="radio"/> suspect decreased <input type="radio"/> definite decreased <input type="radio"/> varying tone (passiveMuscleTone)

---

lower_extremity_muscle_tone_hip_knee_left	<input type="radio"/> normal <input type="radio"/> suspect increased <input type="radio"/> definite increased <input type="radio"/> suspect decreased <input type="radio"/> definite decreased <input type="radio"/> varying tone (passiveMuscleTone)
---	---

---

lower_extremity_muscle_tone_ankle_right	<input type="radio"/> normal <input type="radio"/> suspect increased <input type="radio"/> definite increased <input type="radio"/> suspect decreased <input type="radio"/> definite decreased <input type="radio"/> varying tone (passiveMuscleTone)
---	---

---

lower_extremity_muscle_tone_ankle_left	<input type="radio"/> normal <input type="radio"/> suspect increased <input type="radio"/> definite increased <input type="radio"/> suspect decreased <input type="radio"/> definite decreased <input type="radio"/> varying tone (passiveMuscleTone)
--	---

---

scissoring_legs	<input type="radio"/> Yes <input type="radio"/> No
-----------------	---

---

hand_preference	<input type="radio"/> none <input type="radio"/> exaggerated right <input type="radio"/> exaggerated left (handPreference)
-----------------	---

---

protective_reaction	<input type="radio"/> symmetry <input type="radio"/> asymmetry <input type="radio"/> not present (protectiveReaction)
---------------------	--

---

limb_movement_upper_limb	<input type="radio"/> symmetrical <input type="radio"/> more on right <input type="radio"/> more on left (limbMovement)
--------------------------	--

---

limb_movement_lower_limb	<input type="radio"/> symmetrical <input type="radio"/> more on right <input type="radio"/> more on left (limbMovement)
--------------------------	--

---

deep_tendon_reflex_upper_extremity_right	<input type="radio"/> normal (1 to 3+) <input type="radio"/> absent (0) <input type="radio"/> hyperactive (4+) (deepTendonReflex)
--	--

---

deep_tendon_reflex_upper_extremity_left	<input type="radio"/> normal (1 to 3+) <input type="radio"/> absent (0) <input type="radio"/> hyperactive (4+) (deepTendonReflex)
---	--

---

deep_tendon_reflex_knee_right	<input type="radio"/> normal (1 to 3+) <input type="radio"/> absent (0) <input type="radio"/> hyperactive (4+) (deepTendonReflex)
deep_tendon_reflex_knee_left	<input type="radio"/> normal (1 to 3+) <input type="radio"/> absent (0) <input type="radio"/> hyperactive (4+) (deepTendonReflex)
deep_tendon_reflex_ankle_right	<input type="radio"/> normal (1 to 3+) <input type="radio"/> absent (0) <input type="radio"/> hyperactive (4+) (deepTendonReflex)
deep_tendon_reflex_ankle_left	<input type="radio"/> normal (1 to 3+) <input type="radio"/> absent (0) <input type="radio"/> hyperactive (4+) (deepTendonReflex)
ankle_clonus_right	<input type="radio"/> none ( $\leq 4$ beats) <input type="radio"/> present ( $> 4$ beats) <input type="radio"/> sustained (ankleClonus)
ankle_clonus_left	<input type="radio"/> none ( $\leq 4$ beats) <input type="radio"/> present ( $> 4$ beats) <input type="radio"/> sustained (ankleClonus)
plantar_reflex_right	<input type="radio"/> flexor plantar response <input type="radio"/> extensor plantar response <input type="radio"/> spontaneous extension $\pm$ fanning <input type="radio"/> inconsistent results (plantarReflex)
plantar_reflex_left	<input type="radio"/> flexor plantar response <input type="radio"/> extensor plantar response <input type="radio"/> spontaneous extension $\pm$ fanning <input type="radio"/> inconsistent results (plantarReflex)
axis_head_neck	<input type="radio"/> normal head control <input type="radio"/> abnormal, but can hold head up for extended period ( $> 5$ mins) <input type="radio"/> poor head control but can hold head up for short period <input type="radio"/> no obvious head control (axisHeadNeck)
axis_trunk	<input type="radio"/> no apparent problem <input type="radio"/> can sit unsupported but less secure and stable than normal child of same age <input type="radio"/> cannot be left in sitting position unless self-supported <input type="radio"/> severe impairment: difficult to place or maintain in sitting position (axisTrunk)

lower_limb_function	<input type="radio"/> no significant problem with gait, walks fluently <input type="radio"/> gait functional but not fluent, no device required <input type="radio"/> gait functional, non-fluent and requires device <input type="radio"/> no independent walking (lowerLimbFunction)
upper_limb_function	<input type="radio"/> no apparent problem with bimanual tasks <input type="radio"/> some difficulty using both hands together <input type="radio"/> no functional bimanual task (upperLimbFunction)
hand_function_right	<input type="radio"/> fine pincer grasp <input type="radio"/> finger-thumb grasp <input type="radio"/> more than one finger-thumb grasp <input type="radio"/> tries but unable to grasp <input type="radio"/> does not attempt to grasp <input type="radio"/> refusal <input type="radio"/> cannot access (handFunction)
hand_function_left	<input type="radio"/> fine pincer grasp <input type="radio"/> finger-thumb grasp <input type="radio"/> more than one finger-thumb grasp <input type="radio"/> tries but unable to grasp <input type="radio"/> does not attempt to grasp <input type="radio"/> refusal <input type="radio"/> cannot access (handFunction)
neural_normal	<input type="radio"/> Yes <input type="radio"/> No
generalized_hypotonia	<input type="radio"/> Yes <input type="radio"/> No
hypertonia	<input type="radio"/> Yes <input type="radio"/> No
neural_other	<input type="radio"/> Yes <input type="radio"/> No
neural_other_text	_____
spastic_diplegia	<input type="radio"/> Yes <input type="radio"/> No
spastic_hemiplegia_right	<input type="radio"/> Yes <input type="radio"/> No
spastic_hemiplegia_left	<input type="radio"/> Yes <input type="radio"/> No
spastic_quadriplegia	<input type="radio"/> Yes <input type="radio"/> No
spastic_triplegia	<input type="radio"/> Yes <input type="radio"/> No

dystonia	<input type="radio"/> Yes <input type="radio"/> No
athetosis	<input type="radio"/> Yes <input type="radio"/> No
athetosis_dystonia	<input type="radio"/> Yes <input type="radio"/> No
hypotonia_ataxia	<input type="radio"/> Yes <input type="radio"/> No
spastic_monoplegia	<input type="radio"/> Yes <input type="radio"/> No
mixed_cerebral_palsy	<input type="radio"/> Yes <input type="radio"/> No
cerebral_palsy_unclassified	<input type="radio"/> Yes <input type="radio"/> No
cerebral_palsy_unclassified_text	<hr/>
cerebral_palsy	<input type="radio"/> Yes <input type="radio"/> No
cerebral_palsy_class	<input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe (cerebralPalsyClass)
abnrmality_affecting_neuro_assessment	<input type="radio"/> Yes <input type="radio"/> No
abnrmality_affecting_neuro_assessment_text	<hr/>
exam_where	<input type="radio"/> clinic <input type="radio"/> home <input type="radio"/> telephone <input type="radio"/> hospital <input type="radio"/> other (interviewLocation)
exam_where_other_text	<hr/>
exam_quality	<input type="radio"/> good <input type="radio"/> fair <input type="radio"/> poor (examQuality)



exam_factor_affecting	<div><div><input type="radio"/> illness</div><div><input type="radio"/> language other than English and interpreter not available</div><div><input type="radio"/> behavioral problems</div><div><input type="radio"/> severely developmentally delayed plus may have sensory impairment</div><div><input type="radio"/> sensory impairment - appears mild or moderate delayed for age</div><div><input type="radio"/> sensory impairment - but appears to be within normal limits for age</div><div><input type="radio"/> other</div></div> <div>(examFactorAffecting)</div>
exam_factor_affecting_text	<div></div>
exam_complete_date	<div></div>