
THE NATIONAL ARCHIVES OF THE UNITED STATES
LITTERA
SCRIPTA
MANET
★ 1934 ★

MANUAL OF DIRECTIONS
FOR THE EIGHT-MONTH PSYCHOLOGICAL EXAMINATION
(For Forms PS-1-5 Rev. 1/61)

I. THE TESTING ROOM AND EQUIPMENT. Each institution should have at least one separate examining room that is large enough to include a table, chairs for adults (including a comfortable, padded chair for the mother), a playpen, some free floor space for motor tests, and either a crib or examining table for those infants whose development seems retarded. This room should be pleasant and not austerely office-like, but without too many distracting items. Draperies at the window, a picture or two, a potted plant, etc., are appropriate. If there are several examiners, two examining rooms will facilitate scheduling of tests.

The recommended size for the testing table is one with a 2 X 4 foot surface and 22 inches high. The height of table and chairs should be such that when the child sits on his mother's lap he will comfortably have his elbows at table top height. An extra cushion or a footstool will help to make a short mother more comfortable. To allow ample "leg-room," a flat slab-like table without a "skirt" is preferable (small dinette tables are satisfactory). The playpen should have a firm floor covered with a washable pad and bars which the child can use for pulling himself up. It is also advisable to have an easy-access storage cabinet in which the test materials can be kept; examples are a Flexishelf metal file with slide-out shelves or a metal desk tray with three or four shelves, placed on a small table or chair adjacent to the testing table.

II. LIST OF TEST MATERIALS.

A. Material Currently Supplied by Central Office:

1. A snapper (light switch).

2. A small two candle power pocket flashlight with transparent red shield over the light.

3. A red plastic hoop, 4½ inches in diameter, with ten inches of white plastic string attached.

4. A ten-inch piece of white plastic string (in addition to string on the red hoop).

5. Twelve red one-inch plastic cubes.

6. A dumb-bell shaped rattle, about four inches long, middle range sound.

7. A metal hand bell with wooden handle.

6. Sugar pellets, 8 mm. in diameter, both surfaces slightly convex.

9. A plastic cup, 2½ inches high, 3½ inches in diameter at top.

10. A metal mirror, 10 X 14 inches (cover edges with adhesive tape).

11. A rubber doll 5½ inches high with a whistle in its back.

12. A picture book with stiff cardboard pages.

13. A plastic box, 2 X 2 X 2½ inches, with one solid lid; to go with this box, 8½ inch beads.

14. A Gesell-type three hole form-board and blocks made of plastic.

15. A Wallin pegboard made of plastic.

16. A Bayley form-board.

17. One Quackie Family toy.

When these items are lost or broken and replacements are needed, write to:

Mr. Lawrence Watson
National Institute of Neurological
Diseases and Blindness
National Institutes of Health
Bethesda 14, Maryland
(Robin Building, Room 424)

B. <u>Materials to be Added by Each Institution:</u>

1. Two metal spoons.

2. One red crayon.

3. One red rubber ball, two inches in diameter.

4. One toy automobile.

5. One clear plastic bottle, about three inches high, one inch in diameter.

6. One pencil, full length, yellow.

7. A supply of small handkerchiefs or pieces of cloth, roughly ten inches square.

8. A supply of paper 8½ X 11 inches. This should be of a quality which does not easily disintegrate if put in child's mouth.

III. GENERAL DIRECTIONS. The tests are given with the mother (or mother surrogate) sitting at the table and holding the child on her lap. Every effort should be made to put both mother and infant at ease in order to elicit natural and spontaneous activities by the infant. A brief explanation of the kind of examination that is to take place should be given to the mother after she is seated at the table and the baby has been given a toy to play with. An explanation similar to the following is suggested:

> "Perhaps you have already been told that this is a different kind of examination than previous ones the baby has had—it is not a medical exam. We are interested in seeing how (name) is growing and developing, what he has learned, what he is interested in. We shall give him many kinds of objects and toys. Some of these may not interest him, some may be too difficult for him to use, but we will try a wide variety of things to see how he reacts to them.
>
> "You are not required to try to persuade him to do anything. You just relax and enjoy watching him play. During this period we will also discuss what (name) is like at home. Babies usually act somewhat differently when they are in a strange place, so I shall have to depend on you to tell me what he is like in his own home and with his own things."

Care should be taken to insure optimal performance by the child. This includes making the appointment for testing at a time when the baby is usually awake. The test should be given immediately on arrival, unless the baby is asleep or needs time to become acquainted. Take time out, when indicated, for such things as nursing, toileting, or rest from stimulation, to facilitate optimal over-all performance.

It is recommended that the wearing of professional white coats be avoided since these are so closely identified with medical examinations. While many young infants may be unaffected by white-coated personnel, all mothers probably associate them with medical examinations. Some of the stereotyped "yes, doctor" responses may be prevented by omission of the white coat.

It should be standard practice for the examiner to sit across the table from the infant, rather than beside him. Facing the child enables the examiner to see responses not as easily visible from the side. It may also help the timid, non-responsive child to have the width of the table between

himself and the unfamiliar examiner. With many eight-month babies there is an initial period of shyness or fearfulness of the strange situation and examiner which is often dissipated by ignoring the baby for awhile. Give the baby a toy, and the examiner can talk quietly with the mother until the baby begins to play freely, at which time the testing toys may be presented. A "head-on," over-friendly approach to babies of this age is to be avoided. In testing, toys that the child can explore and manipulate should be offered first. Later, when the child is responding freely, those which involve social responsiveness can be presented.

A change of pace is often indicated if a child becomes restless or unresponsive to a given type of stimulus. For example, the examiner could change from tests with the cubes, even if they have not all been done, to a test of social interaction and later resume the unfinished tests, or he could let the child rest from stimulation for a few minutes, with a toy, while he makes notations or talks with the mother. The examiner's approach will necessarily be adapted to the temperament of the individual infant, as far as it can be observed: e.g., the hyperactive, easily upset infant needs a quiet, soothing sort of handling, where the placid, under-reactive baby may need stronger stimulation.

The child needs to be given ample time to respond to each test item, i.e., he should not be rushed through the examination. The examiner must take care that his conversations with mother and/or baby do not interfere with optimal testing conditions.

IV. PARTICIPATION OF MOTHER. Note that in such items as Frolic Play, or Responds Selectively to Name or Nickname, the mother is asked to participate. Also, the mother is asked to place the baby in the playpen (or crib) and to assist with certain motor items when her help is needed to elicit desired behavior from the infant.

V. NUMBER OF DEMONSTRATIONS PERMISSIBLE. The number of demonstrations for such items as "Stirs with spoon in imitation" or "Puts cube in cup" must be uniform with all testers. Three demonstrations are permissible, with the examiner making sure that the baby is attending to the demonstrations. They should not be in consecutive order.

Otherwise, the examiner may well be teaching the infant through repeated demonstrations and encouragements, thus changing the nature of the item from a developmental one to a learning experience.

VI. PROCEDURE WITH ITEMS INVOLVING IMITATION. For items involving imitation, the item can be scored as Pass only if the infant performs adequately at the time the item is demonstrated. For instance, if the infant rings the bell during the free play period in the playpen, but failed to do so when the item was presented, he does not obtain a Pass score.

On the following items involving imitation this direction must be followed:

Rings bell imitatively.
Fingers holes in pegboard. (Allow baby to explore before demonstration)
Puts cube in cup.
Attempts to imitate scribble.
Stirs with spoon in imitation.
Pushes car along. (Allow baby to explore before demonstration)
Imitates words.
Puts three or more cubes in cup.
Uncovers square box.
Dangles ring.
Places one peg.
Pats doll.
Builds tower of two cubes.

VII. SCORING OF ITEMS. Each item must be scored either Pass or Fail. Note that the category Marginal is now omitted. Any marginal or minimal responses are now counted as failures, but should be noted under "Comments."

The exception to this directive is for vocalization items on the Mental Scale where the mother's report must often be relied on. For such items where a score of Report is permissible, Rpt is printed under the item. For all other items where a baby actually tries and fails in the testing situation, a score of Fail is given, even if the mother reports that he does this at home. Note that the Rpt score is retained on the Motor Scale for many items, although only for the vocalization items on the Mental Scale.

When it is impossible to score an item Pass or Fail, it is permissible to indicate that the item was Omitted or Refused in the Comments column.

VIII. RULES OF TESTING. The "basal" for the Mental Scale may be considered established when six consecutive items are passed, and the "ceiling" when six consecutive items are failed. For the Motor Scale, which is more limited, one month's items passed or failed are sufficient for basal age and ceiling, provided that both fine and gross motor abilities have been tested.

A period of free activity for the child in the playpen is part of the test situation. During this time, spontaneous motor activities and vocalizations often can be observed.

IX. TIME ALLOWED FOR TESTING. No definite requirements can be set up regarding time for each examination. However, from reported experience of various institutions, 45 minutes appears to be the average time needed for actual testing, and about 20 minutes for filling in the forms. Difficult or abnormal infants may, of course, require more time for testing and evaluation. It is possible that with the revised scales and forms, less time will be required.

The consensus of opinion appears to be that three infants is an adequate number for one examiner in a day, although occasionally four may be seen, if properly scheduled. It is essential that all record forms for the infant be completed before another infant is seen.

X. ORDER OF RECORD FORMS. When returning the completed set of forms to NINDB, they should be arranged in the following order: Mental Scale, Motor Scale, Infant Behavior Profile, Additional Observations, Maternal Rating Scale. Make sure that the sheet containing full information with regard to child's name and birth date, sex, race, examiner's name and date of testing are on top.

XI. RANGE OF AGE FOR TESTING. Appointments should be scheduled to test the Study baby between 7½ and 8½ months of age. When such appointments are failed or cancelled, attempts should be made to reschedule them as soon as possible, preferably before the baby becomes nine months old, but no older than ten months. If the baby has not been tested by the age of ten months, the next examination scheduled is the twelve month neurological. The exact age of the child at the time of testing is recorded on the test forms.

MANUAL FOR COLR RESEARCH FORM OF BAYLEY SCALES OF MENTAL DEVELOPMENT (PS-1, Rev. 1-61)

Refer to Manual of Directions for Eight-Month Psychological Examination for general instructions.

Note: All test items are listed under "9" on the COLR Research Form of the Bayley Scales of Mental Development.

1-3 Months - Items 1-12

1. Regards person momentarily. As baby lies on back in crib, talk to him to attract his attention and note if he looks at you in response.

   CREDIT IF CHILD GLANCES MOMENTARILY AT THE EXAMINER IN RESPONSE TO SPEECH.

2. Responds to sound of bell. Ring the bell three times about three inches from one ear, then, a few seconds later, the other ear, shielding the source of sound with small piece of cardboard to insure that child does not feel movement of air caused by ringing of bell.

   CREDIT ANY DEFINITE RESPONSE TO SOUND, SUCH AS A BLINK, FROWN, STARTLE, INCREASED ACTIVITY OR CESSATION OF ACTIVITY.

3. Regards ring momentarily. Suspend the red ring by the attached string so that the lower edge of the ring is about eight inches above the child's eyes. Catch his attention if necessary, by moving the ring into new positions.

   CREDIT IF CHILD REGARDS THE RING MOMENTARILY.

4. Quiets when picked up. At any time during the examination, when the child fusses or cries, ask the mother to pick him up.

   CREDIT IF HE QUIETS WHEN PICKED UP.

5. Responds to sound of rattle. Follow procedure of Item 2, using the rattle and shielding source of sound with small piece of cardboard.

   CREDIT AS IN ITEM 2.

6. Sustained regard of ring. Test as in Item 3.

   CREDIT IF CHILD REGARDS RING FOR SEVERAL SECONDS.

7. Horizontal eye coordination: ring. Move ring slowly back and forth, right to left, several times (parallel to child's eyes, about eight inches above his face.

CREDIT IF THE CHILD'S EYES DEFINITELY FOLLOW THE MOVING RING THROUGH SEVERAL EXCURSIONS.

8. Responds to sound: light switch. Make three rapid clicks of the switch about three inches from the ear, first one ear, then, a few seconds later, the other ear.

CREDIT AS IN ITEM 1.

9. Horizontal eye coordination: light. Move the small red light slowly back and forth, right to left, several times (taking three or four seconds to move about one foot), parallel to the child's eyes, about eight inches above his face.

CREDIT AS IN ITEM 7.

10. Follows moving person. As the child is lying on his back the examiner walks back and forth within easy view, either at the foot of the examining table or crib, or, if the child has a tendency to turn his head to one side, in whatever position is most directly in the child's line of vision.

CREDIT IF THE CHILD FOLLOWS THE EXAMINER OR OTHER MOVING PERSON WITH HIS EYES.

11. Responds to voice. Stand to one side and back of baby, out of easy range of vision, and speak to baby. Repeat, at intervals, if necessary.

CREDIT IF CHILD RESPONDS BY HEAD TURNING, VOCALIZING, CESSATION OF ACTIVITY, CHANGE OF EXPRESSION OR OTHER DEFINITE INDICATION OF ATTENTION.

12. Vertical eye coordination: light. Test as in Item 9 but moving the light in a direction vertical to the child's eyes, i.e., in the cephalocaudal line.

CREDIT IF CHILD'S EYES FOLLOW THE LIGHT IN THIS DIRECTION.

4 to 5 Months - Items 13-21

13. Vertical eye coordination: ring. Repeat as in Item 12 but using red ring.

CREDIT IF CHILD'S EYES FOLLOW THE RING IN THIS DIRECTION.

14. Vocalizes once or twice. Note the different vocalizations such as: ahs, uhs, coos, gurgles, grunts, etc.; which the child makes during the examination period.

CREDIT IF CHILD VOCALIZES ONCE OR TWICE BRIEFLY.

15. Circular eye coordination: light. Test as in Item 9, but moving the light in a circle about 12 inches in diameter above the child's face.

CREDIT IF CHILD'S EYES FOLLOW THE LIGHT OR RING IN THIS CIRCULAR MOTION IN BOTH THE UPPER AND LOWER HALVES OF THE CIRCLE.

16. Circular eye coordination: ring. Repeat as in Item 15 using red ring.

CREDIT IF CHILD'S EYES FOLLOW THE RING IN THIS CIRCULAR MOTION IN BOTH THE UPPER AND LOWER HALVES OF THE CIRCLE.

17. Free inspection of surroundings.

CREDIT IF THE CHILD'S HEAD TURNS FREELY IN EXPLORATORY GAZE WHEN CARRIED OR WHEN LYING DOWN, AND WITHOUT SPECIFIC TEST STIMULI DURING THE TEST PERIOD.

18. Social smile: E talks and smiles. As the child lies in the crib, stand at his side and lean over him with your face about 12 inches above the child's. Smile and nod while speaking to him softly and/or making a clicking sound while touching his body lightly.

CREDIT IF CHILD RESPONDS WITH A SMILE.

19. Turns eyes to red ring. As the child lies on his back, prop his head at the sides by a pillow which serves to keep his head from turning to the side. Lean over the child's face, getting him to look directly upwards. Then slowly move the red ring in toward the center of the child's field of vision, first from one side, then from the other, keeping the ring a distance of about 12 inches from his face.

CREDIT IF CHILD TURNS TO THE APPROPRIATE SIDE WHEN THE RING IS AT LEAST 30 DEGREES FROM HIS MIDLINE.

20. Anticipatory excitement.

CREDIT IF THIS IS NOTED (IN THE FORM OF INCREASED ACTIVITY, RAPID BREATHING, VOCALIZING, ETC.) IN RESPONSE TO BEING LIFTED, FED, AND SO ON.

21. Turns eyes to light. Repeat as in Item 19 using light.

CREDIT IF CHILD TURNS TO THE APPROPRIATE SIDE WHEN THE LIGHT IS AT LEAST 30 DEGREES FROM HIS MIDLINE.

22. [illegible] noise to six times.

CREDIT IF CHILD VOCALIZES THREE TO SIX TIMES DURING EXAMINATION PERIOD.

23. Blinks at shadow of hand. Stand behind the child's head, while he lies on his back, and pass your hand rapidly downward over his eyes and then back (parallel to and over child's trunk), keeping your hand about two inches above his eyes.

CREDIT IF CHILD BLINKS TWICE IN TEN TRIALS.

Social Motor & Play Items

24. Social smile. As child lies in crib, stand at his side and lean over him with your face about 12 inches above the child's. Smile and chat at baby without crooning or making any other sound.

CREDIT IF CHILD RESPONDS WITH A SMILE.

25. [illegible] recognizes mother. After you have been holding the baby's attention, step aside and ask the mother to bend over the baby.

CREDIT IF CHILD SHOWS RECOGNITION OF MOTHER BY SMILING OR INCREASED ACTIVITY OR CHANGE OF EXPRESSION.

26. Eyes follow pencil. As the child lies on his back, stand behind him and hold a long pencil by the end so its long axis is parallel to the child in the forehead-to-chest direction. Move the pencil slowly back and forth in a left-midline-left motion, over the child's eyes, about eight inches above his face. Take care that the child is looking at the pencil, and it is not E.'s arm and hand that is followed.

CREDIT IF CHILD'S EYES FOLLOW THE PENCIL.

27. Reacts to paper on face. While the child lies in the crib, place a piece of paper (3 X 3) on his face.

CREDIT IF CHILD REACTS BY TURNING HEAD, SHOWING INCREASED ACTIVITY OF ARMS OR LEGS, AS A RESULT OF THE STIMULUS.

28. Searches with eyes for sound.

(a) Bell. Ring bell gently about two feet from child's ear and out of his range of vision, to one side and then the other.

(b) Rattle. Shake rattle gently about two feet from child's ear and out of his range of vision, to one side and then the other.

CREDIT IF CHILD'S EYES MOVE RATHER SLOWLY FROM SIDE TO SIDE IN SEARCH OF THE SOUND.

29. Vocalizes to social stimulus: E. smiles and talks. Test as in Item 28.

CREDIT IF CHILD RESPONDS BY VOCALIZING.

30. Manipulates ring. Place red ring in child's hand and note if he waves it in arms or moves it into vision, tilts ring back and forth in one hand, uses both hands in fingering it, etc.

CREDIT IF CHILD MANIPULATES RING IN ANY OF THESE OR SIMILAR WAYS.

31. Vocalizes two syllables. Note if at any time during the examination the child vocalizes two different syllables, e.g., goo, ga, ba, ma, da, ee.

CREDIT IF CHILD VOCALIZES ANY TWO SYLLABLES.

32. Responds cube. While child is seated in mother's lap, place a red cube on the table directly in front of him, about six inches from edge of table.

CREDIT IF CHILD DEFINITELY REACHES FOR CUBE.

33. Glances from one object to another. As child lies in crib, hold the bell in one hand and rattle in the other about 15 inches apart and above the baby's head, with both objects in direct range of his vision. Shake the bell gently and then the rattle alternately and repeat several times.

CREDIT IF THE BABY'S EYES MOVE FROM THE BELL TO THE RATTLE WITH THE MOVEMENTS OF EITHER OBJECT.

34. Shows anticipatory adjustment to being lifted. Lean over the child as he lies in crib and place your hands on his body under the arms as though to lift him.

CREDIT IF THE CHILD TENSES BODY OR SHOULDERS, MOVES ARMS OR SHOWS IN OTHER WAYS ANTICIPATION OF BEING LIFTED.

35. Reacts to disappearance of face. While child is looking at your face, quickly move out of the child's range of vision.

CREDIT IF THERE IS CHANGE IN FACIAL EXPRESSION OR ANY OTHER EVIDENCE OF REACTION TO YOUR LEAVING HIS RANGE OF VISION.

[illegible]

36. Reaches for ring. As the child lies on his back in the crib, extend the red ring by the string in front of the child but within easy reaching distance.

CREDIT IF CHILD, WHILE LOOKING AT THE RING, MAKES HIS ARMS [illegible]

j*. Blows with bottle. Offer baby the bottle of tea in the usual manner. Allow baby time to observe the use of it.

CREDIT IF HE RESPONDS TO THE BOTTLE—HITS, GRASPS, MANIPULATES, OR LOOKS AT IT.

(No credit is given if baby merely moves the bottle in the same manner as he moves his arms when his hands are empty.)

jj. Places card in slot. Observe the child as he lies on his back in the crib without toys.

CREDIT IF CHILD AT ANY TIME PUTS/TRIES ONE HAND WITH OTHER IN SUITABLE MOTOR MANNER.

jk. Follows moving ring forward. While child is seated in mother's lap or table, hold the ring by the string on a level with the child's eyes and about two feet away, then move it slowly across to the child's side.

CREDIT IF CHILD TURNS HEAD TO FOLLOW THE MOVEMENT OF THE RING.

jl. Hears of strange situation.

CREDIT IF CHILD LOOKS AROUND OR STARTLES, OR IN OTHER WAYS SHOWS CLEARLY THAT HE IS AWARE OF THE STRANGE ROOM AND PEOPLE.

jm. Follows moving spoon. Test as in Item jj.

CREDIT IF CHILD TURNS HEAD TO FOLLOW THE SPOON.

jn. Puts dangly ball across table. Place the ball on the table to the right of the child and attract his attention to it by tapping on table if necessary. Roll ball across the table in front of him, several times if necessary.

CREDIT IF CHILD FOLLOWS THE BALL WITH HIS EYES THROUGH AT LEAST HALF OF ITS PATH.

jo. Carries ring to mouth. Test as in Item jk.

CREDIT IF CHILD CARRIES THE RING TO HIS MOUTH.

jp. Manipulates table edge digitally. Child is seated on mother's lap while arm reach of table edge.

CREDIT IF CHILD FINGERS TABLE EDGE, I.E., SEEMS TO BE FEELING IT EVEN SLIGHTLY.

45. Interest in hands. Observe when no toys are available and adults are out of baby's immediate visual range.

CREDIT IF CHILD LOOKS WITH INTEREST AT HIS OWN HAND.

46. Clutch at dangling ring. Suspend the ring by the string within easy reach of the child's hands over his chest, then near right hand and then left hand.

CREDIT IF, IN HIS REACHING, HE MANAGES TO CLOSE ON IT WITH ONE OR BOTH HANDS.

6 and 9 Months or Items 47-51

47. Turns head to sound of bell. (Directions for administration and scoring of this item are in the Manual for Additional Observations.)

48. Turns head to sound of rattle. (Directions for administration and scoring of this item are in the Manual for Additional Observations.)

49. Reaches for cube. Place a red cube on the table close to the child at his midline.

CREDIT IF HE MAKES REACHING MOVEMENTS TOWARDS IT WITH ONE OR BOTH HANDS, WHILE LOOKING AT IT, EVEN THOUGH HE DOES NOT SUCCEED IN GRASPING THE CUBE.

50. Active table manipulation. Test as in Item 44.

CREDIT IF CHILD FINGERS EDGE OF PAPER ACTIVELY FOR SEVERAL SECONDS, AS DISTINGUISHED FROM MERELY FEELING OF IT IN ITEM 44.

51. Reaches pellet. Place a pellet on the table directly in front of the child within easy reach and attract his attention to it.

CREDIT IF HE LOOKS AT THE PELLET.

52. Differentiates mirror image. Hold the mirror before the child, close enough that he may reach it easily and taking care that it is his own image that is reflected and not his mother's.

CREDIT IF HE MAKES APPROACHING MOVEMENTS OF HEAD, HANDS OR BODY, OR TOUCHES OR PICKS THE MIRROR IMAGE.

53. Picks up pellet. Test as in Item 51.

CREDIT IF THE CHILD SECURES THE PELLET IN HIS HAND(S) AND PICKS IT UP FROM THE TABLE.

54. Exploitive paper play. Give a piece of paper (roughly 5 X 8 inches) to the child so that he may grasp the edge of it.

CREDIT IF HE PLAYS WITH IT EXPLOITIVELY--CRUMPLING, WAVING, RATTLING IT, ETC.

55. Retains two cubes. Put a cube in each of the child's hands.

CREDIT IF HE RETAINS BOTH CUBES FOR SEVERAL SECONDS.

5-8.9 Months - Items 56-60

56. Discriminates strangers. Note reaction of child to E. or other strangers on his arrival or at any time during his visit.

CREDIT IF CHILD SHOWS ANY DISCRIMINATIVE BEHAVIOR, SUCH AS QUESTIONING OR EXAMINING LOOK, STARING, FROWNING, WITHDRAWING, OR CRYING.

57. Vocalizes attitudes selectively. Note if at any time during the examination the child vocalizes in relation to situation or activity. Indicate amount of vocalization as: (a) seldom (b) moderately (c) frequently.

CREDIT IF CHILD VOCALIZES SELECTIVELY IN RELATION TO SITUATION OR ACTIVITY.

58. Recovers rattle in crib or playpen. Test while child is in crib or playpen. After child has played with rattle while lying supine, take it from him. Place it on his chest and/or near his shoulder within easy reach.

CREDIT IF CHILD GETS THE RATTLE BY HIS OWN EFFORTS.

59. Reaches persistently. Place cube or any attractive toy of about the same size just far enough away from the child so that he cannot reach it. Note if he makes repeated efforts to get it if there is failure on the first attempt.

CREDIT IF CHILD REACHES FOR THE TOY PERSISTENTLY.

60. Turns head after dropped objects. Hold the rubber doll at the edge of the table by the child's side and when he is interested in it, suddenly let it drop to the floor. Repeat twice, if necessary.

CREDIT IF CHILD TURNS HIS HEAD AFTER THE DOLL WHEN IT IS DROPPED.

Note: This item may be credited if child turns head after other objects dropped only if objects do not make a loud sound when dropped.

61. Lifts cup. Place the cup in inverted position on the table, handle toward the child.

CREDIT IF HE LIFTS THE CUP IN ANY FASHION AND HOLDS IT CLEAR OF THE TABLE SURFACE FOR A FEW SECONDS.

62. Reaches for second cube. When the child is holding one cube, place a second cube within easy reach.

CREDIT IF HE REACHES FOR THE SECOND CUBE, EVEN THOUGH HE DOES NOT SUCCEED IN ATTAINING IT.

63. Enjoys frolic play. The examiner or the mother should hold the child and shake him gently in play or swing him in air, or engage him in whatever sort of frolic play he is used to.

CREDIT IF HE SHOWS PLEASURE IN THE ACTIVITY BY SMILING, LAUGHING, VOCALIZING, ETC. NOTE UNDER "COMMENTS" IF THE MOTHER PRESENTS THIS GAME.

64. Transfers object hand to hand. Observe the child during his play with the rattle, ring or other objects.

CREDIT IF HE TRANSFERS AN OBJECT FROM ONE HAND TO THE OTHER TWO OR MORE TIMES.

(No credit is given if the [illegible] when the free hand has come in contact with the object by [illegible].)

65. Sustained inspection of ring. Dangle [illegible] by the string at the child's side, not over the table. As the [illegible], place it on the table out of his reach but with the attached string within his reach. If he fails to secure the ring when reaching for it, hand it to him.

CREDIT IF HE LOOKS AT RING WHILE HANDLING IT, WITH A PROLONGED REGARD OF SEVERAL SECONDS RATHER THAN A MOMENTARY GLANCE.

66. Plays with string. Dangle a piece of string in front of the child. If he does not reach for it, drop it on the table in front of him, within his reach.

CREDIT IF HE PICKS UP THE STRING (OR STRING WITH RING), MANIPULATES IT, ETC.

67. Picks up cube directly and easily. Test as in Item 49.

CREDIT IF CHILD PICKS UP THE CUBE UNHESITATINGLY AND EASILY WITH ONE HAND WHEN IT IS PLACED WITHIN REACH.

(No credit is given if his hand comes into contact with the cube accidental and closes on it in reflex manner.)

c. 9 Months - Items 68-74

68. Pulls string, securing ring. Present as in Item 69.

CREDIT IF THE CHILD IN HIS PLAY WITH THE STRING HAPPENS TO PULL THE STRING TOWARDS HIM AND SECURES THE RING.

(This contrasts with direct and purposive pulling of the string of Item 79. In Item 68 the child shows more interest in the string and, through manipulating it, incidentally gets the ring within reach.)

69. Enjoys sound production.

CREDIT IF CHILD SHOWS INTEREST IN PRODUCTION OF SOUND AS EVIDENCED BY REPETITIVE BANGING OF TOYS, RINGING OF BELL, ETC.

70. Lifts cup by handle. Test as in Item 61.

CREDIT IF HE LIFTS THE CUP, UTILIZING THE HANDLE, AND IN A PREDOMINANTLY UNILATERAL MANNER.

71. Retains two cubes (three offered). Place one cube on the table close to the child, then a second cube and then a third, allowing him time to pick up each one before the next is offered.

CREDIT IF HE RETAINS THE FIRST TWO CUBES FOR SEVERAL SECONDS AFTER THE THIRD IS OFFERED.

72. Attends to scribbling. Place a piece of paper in front of the child, with crayon lying at right angles to his body. If he makes no effort to put the crayon to the paper, take the crayon and scribble vigorously on the paper. Then give the crayon to the child with directions (by word or gesture) for him to do the same.

CREDIT IF THE CHILD ATTENDS TO THE DEMONSTRATED SCRIBBLING, WHETHER TO MOVING HAND OR TO MARKS ON PAPER.

73. Looks for dropped object. Test as in Item 60.

CREDIT IF CHILD DEFINITELY TURNS AND LOOKS DOWN AT THE FLOOR FOR THE FALLEN OBJECT.

74. Manipulates bell with interest in details. Hold the bell in front of the child and ring it gently while he is looking at it, then set it down on the table. If he does not pick up the bell, ring it again and hand it to him.

CREDIT IF HE INSPECTS THE BELL VISUALLY, TURNING IT OR MANIPULATES IT WITH INTEREST IN ITS DETAILS, as THE CLAPPER, ETC.

7-8.9 Months - Items 75-83

75. Responds playfully to mirror. Test as in Item 52. This test requires a more active and sustained response than the minimal response credited in Item 52.

CREDIT IF CHILD RESPONDS TO HIS MIRROR IMAGE, WHETHER BY LOOKING, SMILING, OR WITH SUCH BEHAVIOR AS PATTING, KISSING, SCRATCHING, LEANING TOWARD IMAGE, VOCALIZING, ETC.

76. Vocalizes four different syllables. Note if at any time during the examination the child vocalizes such syllables as: da, baa, ma, etc.

CREDIT IF CHILD USES FOUR OR MORE DIFFERENT WELL-DEFINED CONSONANT-VOWEL COMBINATIONS AT ANY TIME DURING THE TESTING SESSION.

77. Pulls string purposefully to secure ring. Present as in Item 68.

CREDIT IF THE CHILD USES THE STRING TO SECURE THE RING BY PULLING IT TO HIM WHILE HE WATCHES THE RING, I.E., SHOWING INTEREST IN THE RING RATHER THAN IN THE STRING.

78. Responds to social play. Instigate a "peek-a-boo" game with child by holding piece of cloth or paper between you and the child and peeking out from behind it, saying "Peek" or "Peek-a-boo." If the child does not respond, have the mother try a game with which he is familiar.

CREDIT IF HE SHOWS ANY REACTION TO THE GAME BY SUCH BEHAVIOR AS SMILING, VOCALIZING, INCREASED ACTIVITY, WATCHING INTENTLY, OR BY PARTICIPATING WITH HEAD TIPPING, REACHING FOR CLOTH, ETC. NOTE UNDER "COMMENTS" IF THE MOTHER PRESENTS THIS GAME.

79. Attempts to secure three cubes. Present as in Item 71.

CREDIT IF CHILD ATTEMPTS TO SECURE THE THIRD CUBE BY ANY METHOD WHILE RETAINING THE TWO IN HIS HANDS.

80. Rings bell imitatively. Present as in Item 74.

CREDIT IF CHILD PICKS UP THE BELL AND DELIBERATELY RINGS IT.

(It is often difficult to tell if child is purposively ringing bell or just banging the table with it. In order to judge this more reliably, have the mother turn child so that in ringing the bell he does not hit table.)

(No credit is given if bell happens to ring as the child is manipulating it, unless he then repeats the ringing deliberately.)

1. Responds to name or nickname. While the child is not looking at E., call several names, including his own, in the same tone of voice. If the child does not respond, ask mother to repeat what the examiner has done.

   CREDIT IF THE CHILD REACTS TO HIS OWN NAME DIFFERENTIATINGLY, BY LOOKING UP, TURNING, VOCALIZING, ETC. NOTE UNDER "COMMENTS" IF THE MOTHER PRESENTS THIS GAME.

2. Says da-da or equivalent. Note if the child at any time during the observation uses a consonant-vowel combination repetitively to form a two-syllable combination of the same sound, not necessarily with meaning. Examples: da-da, ba-ba, goo-goo.

   CREDIT IF CHILD SAYS DA-DA OR ITS EQUIVALENT.

3. Uncovers toy. Place a small toy on the table before the child and cover it with a cloth handkerchief or square while he is watching.

   CREDIT IF CHILD PURPOSIVELY REMOVES THE CLOTH AND IMMEDIATELY SECURES THE TOY.

10-9 Months - Items 4-8

4. Adjusts to words. Ask the mother if the child has learned to perform any act in response to a spoken request such as "bye-bye," "pat-a-cake." If so, ask the mother to try to elicit the response at this time, making sure she uses only words and no gestures.

   CREDIT IF CHILD RESPONDS APPROPRIATELY TO A DIRECT VERBAL REQUEST.

5. Pinpoints holes in peg board. Place the peg board before the child and point out the holes by poking the forefinger into first one and then another, saying "See."

   CREDIT IF THE CHILD POKES HIS FINGER INTO ONE OR MORE HOLES.

6. Puts cube in cup. Place a cube in the cup, take it out, and repeat several times. Then hand the same cube to the child and suggest by word and gesture that he do the same.

   CREDIT IF HE PLACES THE CUBE IN OR OVER THE CUP IN RESPONSE TO THE REQUEST.

7. Looks for contents of box. Place two beads in the blue box, without the lid, and rattle it gently. Then dump the beads on the table before the child, return them to the box and again shake it. Then hand the box with beads in it to the child. This may be demonstrated three times.

   CREDIT IF CHILD CLEARLY LOOKS FOR THE BEADS IN THE BOX.

88. Attempts to imitate scribble. Test as in Item 72.

CREDIT IF THE CHILD MAKES AN EFFORT TO USE THE CRAYON IN IMITATION OF THE EXAMINER.

(This must be a definite scribbling movement, not just banging of the paper with the crayon which may produce slight marks on the paper.)

89. Stirs with spoon in imitation. Rattle a spoon in the cup with a stirring motion. Place the same spoon beside the cup in front of the child and suggest by word and gesture that he do the same. This may be demonstrated three times.

CREDIT IF HE MAKES A NOISE INSIDE OR ON THE RIM OF THE CUP WITH THE SPOON, IN AN IMITATIVE EFFORT, EVEN IF HE DOES NOT SUCCEED IN IMITATING THE ROTARY STIRRING MOTION, OR IF HE PLACES THE SPOON INSIDE CUP WITHOUT MAKING A NOISE.

11-12.9 Months - Items 90-96

90. Unwraps toy. Wrap a toy in a piece of cloth while the child is watching. Ask him to get the toy.

CREDIT IF CHILD UNWRAPS THE TOY WITH HIS ATTENTION OBVIOUSLY DIRECTED TOWARD FINDING IT.

91. Pushes car along, imitatively. Push the little car slowly across the table as the child watches. Indicate by words and gestures that he is to do the same.

CREDIT IF CHILD PUSHES THE CAR IN IMITATION.

(Do not credit if child just makes a sweeping movement of arm which happens to push car.)

92. Imitates words. Say to the child, in a playful way, several words such as "mama," "dada," "baby," etc.

CREDIT IF HE ATTEMPTS TO IMITATE AT THIS TIME.

93. Uses expressive jargon. Note whether child vocalizes a succession of sounds with inflections that are expressive in tone, somewhat imitative of conversational inflections but without recognizable words. This should be more than expressive single sounds such as "eh!" or "da?".

CREDIT IF EXPRESSIVE JARGON IS HEARD AT ANY TIME DURING THE EXAMINATION.

94. Puts three or more blocks in cup. Test as in Item 86. After child has put one cube in the cup, place nine more in front of him and say, "Let's put them all in. Put the blocks in the cup."

CREDIT IF AT LEAST THREE BLOCKS ARE IN THE CUP AT ONE TIME.

95. Uncovers square box. As the child watches, place a toy or small object in the blue box and cover it with the solid lid. Then uncover the box and remove the toy, showing it to the child. Replace the toy in the box and cover it again. Then hand the closed box to the child and say, "Get the _____."

CREDIT IF THE CHILD TAKES HOLD OF THE COVER AND REMOVES IT.

96. Dangles ring. Present as in Item 65.

CREDIT IF CHILD, AFTER SECURING RING, DANGLES IT IN IMITATION OF E.

13-18 Months - Items 97-106

97. Places one peg repeatedly. Place the peg board in front of the child with one peg in place. Remove the peg as the child watches and put it before him, or hand it to him. Point first to the peg and then to the holes and say "Put it in. _____put it in the hole." If the child places one peg, put the other five before him and say, "Put them all in."

CREDIT IF HE PLACES THE SAME PEG TWO OR MORE TIMES IN THE SAME OR DIFFERENT HOLES, OR IF HE PLACES MORE THAN ONE PEG SO THAT THERE ARE TWO OR MORE IN THE BOARD AT THE SAME TIME.

98. Turns pages of book. Place the picture book in erect position before the child and open it. Turn several pages, if necessary, to elicit interest of child.

CREDIT IF THE CHILD TURNS A PAGE OF HIS OWN INITIATIVE OR AFTER ONE HAS BEEN TURNED FOR HIM.

99. Pats the doll. Give the small rubber whistle doll to the child and give him time to explore it. Then place it on the table and hit it a few times to produce a "whistle." Ask the child to do the same, saying "Pat the dolly," "You do it," etc.

CREDIT IF HE IMITATES THE HITTING MOTION. GIVE NO CREDIT FOR RANDOM BANGING.

100. Adjusts round block. Place the three hole formboard on the table with the round hole at the child's right and hand the child the round block, saying, "Put it in the hole" and pointing to the board (not directly to the round hole).

CREDIT IF HE PUTS THE BLOCK IN THE ROUND HOLE.

101. Builds a tower of two cubes. With several blocks before the child, stack three of the blocks saying, "Make a house" etc., calling his attention to the activity. Then request the child, by word and gesture, to make a house too, allowing him to work with the same blocks if he wants them, and giving three demonstrations if necessary. A block should not be counted as being placed on another one unless the child has let go of it and it has remained balanced on top. Record the largest number standing at any one time.

CREDIT AT THIS LEVEL FOR TWO BLOCKS STACKED.

102. One round block in the Bayley board. Place the board in front of the child. Hand him a round block. Say to him, "Put the block in its hole—put it down in the right hole," motioning with the hand in the general direction of the holes. If he succeeds, hand him a second round block saying, "Put this one in."

CREDIT THE CORRECT PLACEMENT OF THE ONE BLOCK.

103. Scribbles spontaneously. Present as in Item 72.

CREDIT IF THE CHILD, BEFORE ANY DEMONSTRATION, IS INTENT ON SCRIBBLING WITH THE CRAYON AND IS AWARE OF THE MARKS HE MAKES ON THE PAPER.

104. Removes pellet from bottle. Place the pellet and bottle simultaneously before the child side by side. Drop the pellet into the bottle and say, "Now, get it out."

CREDIT IF THE CHILD IS ABLE TO REMOVE THE PELLET FROM THE BOTTLE BY ADAPTIVE TIPPING OF THE BOTTLE.

(No credit is given if the child merely shakes the bottle wildly so that the pellet flies out.)

105. Says two words. Ask mother what words the child uses or has said a number of times meaningfully. Attempt to get the child to repeat these words. Also note words spoken spontaneously during the test.

CREDIT IF THE CHILD SAYS TWO DIFFERENT WORDS AT ANY TIME.

106. Shows shoes. Ask "Where are your shoes?" or "Show me your shoes," coaxingly.

CREDIT IF HE INDICATES THAT HE UNDERSTANDS THE REQUEST BY LOOKING AT HIS SHOES OR HOLDING UP FOOT, ETC.

MANUAL FOR COLR RESEARCH FORM OF BAYLEY SCALES OF MOTOR DEVELOPMENT (PS-2, Rev. 1-61)

Refer to Manual of Directions for Eight-Month Psychological Examination for general instructions.

Note: All test items are listed under "4" on the COLR Research Form of the Bayley Scales of Motor Development.

0-.9 Months - Items 1-8

1. Makes postural adjustment when held to shoulder. Pick up the child with your hands around his body and under his arms, fingers extended upward along the back of his neck to support his head. Hold him against you with his head at your shoulder in an upright position supporting him with one hand on his back and the other at the back of his head.

   CREDIT IF CHILD CAN BE FELT TO MAKE A POSTURAL ADJUSTMENT TO THE CHANGED POSITION.

2. Lifts head at shoulder. Test as in Item 1 and remove support from his head briefly.

   CREDIT IF CHILD LIFTS HIS HEAD FREE FROM THE SHOULDER INTERMITTENTLY.

3. Moves head laterally. Place the child in prone position on a firm surface.

   CREDIT IF HE FREES HIS FACE BY TURNING HIS HEAD TO EITHER SIDE.

4. Makes crawling movements. Place the child in the prone position on a firm surface.

   CREDIT IF HE MAKES ALTERNATING CRAWLING MOVEMENTS.

5. Retains red ring. Place the child in dorsal position and put red ring in his hand.

   CREDIT IF HE RETAINS DEFINITE HOLD OF THE RING AFTER E. HAS RELEASED IT.

6. Makes arm thrusts in play. Observe the child lying in the dorsal position, unrestricted by clothing and in apparently contented mood.

   CREDIT IF HE MAKES VERTICAL RANDOM ARM THRUSTS.

7. Makes leg thrusts in play. Test as in Item 6.

   CREDIT IF CHILD KICKS HIS LEGS ACTIVELY.

8. Holds head erect. Test as in Item 2.

CREDIT IF HE HOLDS HIS HEAD ERECT FOR THREE OR MORE SECONDS.

1-2.9 Months - Items 9-15

9. Lifts head in dorsal SUSPENSION. While lowering the child to the crib, and while he is suspended in the dorsal position, remove the support of your hand briefly from under his head, noting whether his head drops back or whether he compensates by lifting it.

CREDIT IF CHILD LIFTS HIS HEAD.

10. Holds head erect and steady. Test as in Item 2.

CREDIT IF THE CHILD HOLDS HIS HEAD ERECT AND STEADY.

11. Turns from side to back. When the child is lying in the crib, unrestricted by clothing, roll him to his side.

CREDIT IF IN THIS SITUATION, OR IN ANY SIMILAR ONE DURING THE EXAMINATION PERIOD, HE TURNS FROM HIS SIDE TO HIS BACK.

12. Elevates self by arms. Place the child in the prone position on a firm surface.

CREDIT IF HE ELEVATES HIMSELF BY HIS ARMS, FREEING HIS HEAD AND SHOULDERS FROM THE FLAT SURFACE.

13. Sits with support. Prop the child with pillows at his back in a sitting position in the crib.

CREDIT IF HE SITS WITH A RESISTANT BODY POSTURE WHILE SUPPORTED.

14. Holds head steady. Hold child at shoulder, without support to his head, and carry him about room, or sway back and forth gently.

CREDIT IF HE HOLDS HIS HEAD ERECT DURING THIS PROCESS.

15. Keeps hands predominantly open.

CREDIT IF, WHEN NOT GRASPING AN OBJECT, THE HANDS ARE OPEN FOR MUCH OF THE TIME.

3-4.9 Months - Items 16-19

16. Sits with slight support. Place the child in a sitting position on the table with his legs straightened and spread at a comfortable angle. If necessary, prop him with a pillow or hands at his lower back.

CREDIT IF HE SITS WITH SLIGHT SUPPORT.

17. Retains cube briefly. Place a one-inch cube in each hand of the child.

CREDIT IF HE HOLDS THE CUBE IN EITHER HAND FOR SEVERAL SECONDS.

18. Turns from back to side. Place child free of restricting clothing on his back on a firm surface. Place a toy at one side within his visual range.

CREDIT IF AT ANY TIME DURING THE OBSERVATION HE TURNS HIMSELF FROM HIS BACK ON TO HIS SIDE.

19. Holds head balanced. While holding the child, tilt him so that his head may drop forward, to right or left, or backward.

CREDIT IF HE KEEPS HIS HEAD BALANCED, AND IN THE AXIS OF HIS BODY, OR ASSUMES COMPENSATORY HEAD POSTURES.

6-9 Months - Items 20-26

20. Makes effort to sit. Place child on his back on a firm surface. Hold a rattle (or other attractive toy) out of his easy reach, or have mother hold out her arms invitingly towards him.

CREDIT IF CHILD LIFTS HEAD OR SHOULDERS IN AN EFFORT TO SIT UP, AT ANY TIME DURING PERIOD WITH EXAMINER.

21. Picks up cube: radial-palmar grasp. While the child is sitting at the table, place a cube within his easy reach.

CREDIT IF HE PICKS UP CUBE, PARTIALLY OPPOSING THE THUMB TO THE FINGERS AND USING THE PALM OF THE HAND AS WELL.

22. Pulls to sitting while holding E.'s thumbs or forefingers. Stand at foot of crib or by the playpen and lean over the child while he lies on his back. Give him your thumbs to grasp to pull himself to a sitting position by gradually raising the hands as the child pulls. Take care not to do the pulling for the child.

CREDIT IF THE CHILD PULLS HIMSELF TO SITTING POSITION.

23. Sits alone momentarily. Test as in Item 18 removing the support briefly.

CREDIT IF CHILD SITS MOMENTARILY WITHOUT SUPPORT.

24. Reaches unilaterally.

CREDIT IF THE CHILD TENDS TO REACH WITH ONE HAND OR THE OTHER RATHER THAN BIMANUALLY MOST OF THE TIME DURING THE PERIOD WITH THE EXAMINER.

25. Sits alone 30 seconds. Test as in Item 16 removing the support.

CREDIT IF CHILD SITS ALONE 30 SECONDS.

26. Sits alone steadily. Test as in Item 16 removing the support.

CREDIT IF CHILD MAINTAINS THE SITTING POSITION STEADILY WITHOUT SUPPORT AND WITH BACK FAIRLY STRAIGHT BUT CANNOT DO SUCH THINGS AS REACHING FOR TOYS, TURNING, ETC., WITHOUT LOSING BALANCE.

7-7.9 Months - Items 27-33

27. Rolls from back to stomach. Ask the mother to place the child on his back in playpen or crib. Place an attractive toy within his sight but out of reach and encourage the child to get it. If necessary, ask the mother to stand close by and urge him to get the object or toy.

CREDIT IF CHILD ROLLS OVER ON TO HIS STOMACH.

28. Secures pellet: radial palmar. Place a pellet on the table before the child, in easy reach.

CREDIT IF THE CHILD MANAGES TO PICK UP THE PELLET BY RAKING IT INTO THE PALM WITH THE FINGERS.

29. Sits alone with good coordination. Test as in Item 16 removing support.

CREDIT IF CHILD SITS ALONE STEADILY AND CAN MOVE ABOUT FREELY REACHING FOR TOYS, TURNING, ETC., WITHOUT LOSING BALANCE.

30. Picks up cube: radial-digital grasp. Test as in Item 21.

CREDIT IF CHILD PICKS UP CUBE WITH THUMB AND FINGERS OPPOSED AND WITHOUT USE OF THE PALM OF HIS HAND.

31. Prevailing progression. Place child on his stomach in crib or playpen with an attractive toy in front of him but out of reach. Repeat, if necessary, with child in sitting position.

CREDIT IF HE MAKES ANY FORWARD PROGRESS BY CRAWLING, CREEPING OR HITCHING ALONG ON HIS BUTTOCKS.

32. Makes early stepping movements. Hold the child in an upright position, with his feet on the floor or table surface, supporting him under the arms.

CREDIT IF HE MAKES ONE OR TWO STEPPING MOVEMENTS WHICH PROPEL HIM FORWARD, THOUGH WITHOUT COORDINATED SUPPORT OF HIS OWN BODY.

33. Secures pellet: inferior pincer grasp. Present as in Item 28.

CREDIT IF CHILD SECURES THE PELLET WITH LATERAL FINGERS OPPOSED TO THE THUMB, WITH NO USE OF THE PALM.

Test 8 Months - Items 34-37

34. Pulls self to standing position holding E.'s thumbs or forefingers. Test as in Item 22.

CREDIT IF CHILD PULLS HIMSELF TO A STANDING POSITION WHILE HOLDING ON TO E.'S THUMBS OR FOREFINGERS.

35. Raises self to sitting position. Place child on his back in playpen or crib. If necessary, dangle attractive toy at rolling to stimulate the desired behavior.

CREDIT IF HE RAISES HIMSELF TO A SITTING POSITION WITH OR WITHOUT HELP OF SIDE OF CRIB OR PLAYPEN, OR IF HE FLIPS TO THE SIDE AND RAISES HIMSELF TO THE SITTING POSITION.

36. Pulls self to standing position. Place child in playpen or crib, or on floor near a chair if mother reports he is accustomed to pull up by holding furniture.

CREDIT IF HE PULLS HIMSELF TO A STANDING POSITION WITH HELP OF RAILING OF PEN OR OF THE CHAIR.

37. Brings two objects together at midline. Note if child at any time brings any two objects together at midline, e.g., two cubes or two spoons, etc. This behavior may be stimulated by demonstration, if necessary.

CREDIT IF CHILD BRINGS TWO OBJECTS TOGETHER AT MIDLINE AT ANY TIME DURING TESTING OR FREE PLAY.

Test 9 Months - Items 38-39

38. Secures pellet: neat pincer grasp. Present as in Item 28.

CREDIT IF CHILD PICKS UP PELLET PRECISELY WITH THUMB AND INDEX FINGER OPPOSED.

39. Makes stepping movements. Stand the child on the floor, holding his hands for support.

CREDIT IF HE ATTEMPTS TO WALK BY MAKING STEPPING MOVEMENTS EVEN IF HE LEANS HEAVILY ON E.'S HANDS FOR SUPPORT.

40. Walks with help. Test as in Item 39.

CREDIT IF CHILD TAKES COORDINATED STEPS AND WALKS WITH ONLY SLIGHT SUPPORT.

12-14.9 Months - Items 41-43

41. Sits down. Observe child when standing in playpen or crib. If necessary, try to entice him to sit down by placing attractive toys on floor of playpen.

CREDIT IF CHILD LOWERS HIMSELF FROM A STANDING TO SITTING POSITION.

42. Stands alone without support. Place the child in a standing position on the floor, out of reach of any supporting objects. When he is well-balanced on his feet, remove the support of your hands briefly.

CREDIT IF HE MAINTAINS THE STANDING POSITION FOR ABOUT TWO SECONDS.

43. Walks alone. Test as in Item 42.

CREDIT IF CHILD TAKES AT LEAST THREE STEPS WITHOUT SUPPORT.

MANUAL FOR INFANT BEHAVIOR PROFILE
(PS-3, Rev. 1-61)

I. GENERAL.

A. Purpose of the Infant Behavior Profile. To evaluate the qualitative aspects of a child's behavior as it is observed in the psychological examination, both during testing and free play.

This evaluation of how a child does things, rather than what he does might be thought of as one of several classes of signs, each of which contribute to the detection of abnormalities in behavior. The others are "passes" and "failures" on developmental tasks and the presence or absence of motor and sensory defects.

The value of behavioral ratings for the diagnosis of brain-damage in young children has been demonstrated in research by Honzik, Graham, Streus and H. Werner. We believe that behavioral signs are especially helpful in picking up the "suspects" or children with a minimal degree of brain-damage.

B. Criteria for the Selection of the Dimensions of the Infant Behavior Profile. The dimensions included in the Infant Behavior Profile and summarized in a two page form were selected from proposals submitted by psychologists participating in the COLR Project and from research reported in current psychological literature. The dimensions were chosen on the basis of the following criteria:

1. Relevance to the objectives of the Collaborative Project, i.e. they had shown diagnostic value in differentiating between normal and definite or suspect brain-damaged children.

2. Appropriateness to the age at which psychological examinations take place.

3. Demonstrated consistency across infancy and preschool years so that we can use the same general dimensions at 42 months and 54 months. We should need only to adapt the specific descriptions of behavior for each point on the rating scale to the later ages when they are under study.

4. External anchoring points in behavior which can be elicited, observed and recorded during the psychological examination, thus eliminating reliance on the mother's report.

5. Independent parameters with scale points which can be easily interpreted and on which particular cases can be quickly rated.

6. Satisfactory reliability when used by different examiners with different backgrounds, training, locations, and working with diverse populations of children (as demonstrated in the pretest phase).

C. The Behavior Profile. The form provides a summary of the ratings for the major dimensions considered to be of diagnostic value. The aim of this form is to simplify the recording and coding of the behavioral data. The ratings from 1-5 represent degrees of manifestation of specified behavior, not judgement of abnormality or normality. Brain-damaged or "suspect" babies may score frequently on the extremes of some of these categories, but this might not hold for all areas. Conversely some "normal" babies might receive ratings of 1 or 5 on certain categories. The opportunity to express opinion on the normality of behavior and development is given at the end of the Profile in a section for clinical impressions.

The full description of the points on each scale is given in the manual. The actual rating sheet has only "cue" words at each extreme and at the mid-point of each scale. It is recognized that this will necessitate constant reference to the manual while the examiner is becoming familiar with the scale. It is felt, however, that with these cue words the rater will rather quickly commit the anchor points on each scale to memory and will then need only occasional reference to the manual.

II DIRECTIONS. Only one box should be checked with an (X) for each item. Column 6 "Varies greatly" should be checked only when behavior is extremely variable. If a child's development is considered atypical or the examiner is not confident about a given rating this should be explained under Comments.

III. ORIENTATION TO OBJECTS.

A. Speed of Response-Item 1. The range is from "very slow" to "very fast". Evaluate the characteristic speed of reaction to all objects presented, such as the cubes, the ring on the string, the cup, the paper. Disregard in this rating temporary inhibition of behavior at the beginning of the testing session. "Approach" as it is used below is defined as leaning toward, reaching for, and/or accepting the objects presented.

1. When presented with objects either does not approach at all or takes a very long time.

2. Approaches objects, but only after they have been in front of him for some time.

3. Approaches objects after looking at them briefly.

4. Quickly approaches presented objects.

5. Very quickly approaches objects, often before the examiner has been able to put the object in the required position.

B. Intensity of Response-Item 5. The range is from "very weak" to "very strong". The strength or force expended in response to objects is rated here. This may be observed in free play or when the child manipulates test objects such as the paper, string, bell, cup and cube, crayon and paper.

1. Does not look at or handle objects.

2. When given objects, holds them, but does not play with or manipulate them.

3. Some manipulation of objects.

4. Plays with objects actively.

5. Exerts considerable force in manipulating objects.

C. Duration of Response-Item 6. The range is from "very short" to "very long." Try to evaluate here how much time the child spends with objects presented to him.

1. Attends to objects only very briefly; fleeting, momentary interest.

2. Spends short time with objects; is easily distracted.

3. Spends moderate amount of time with objects; is soon ready for another toy or activity.

4. Spends fairly long time with objects; turns eventually to new toy or activity.

5. Spends very long time with objects; does not turn to new toy or activity unless examiner intervenes.

There will probably be a high correlation between ratings of intensity and duration in the normal child. However, among "suspect" or "abnormal" children, there may be a discrepancy in ratings on these two scales. For example, the overly impulsive child who pounces on toys with great forcefulness, but drops them after a few moments, might be rated "5" on intensity and "1" on duration. On the other hand, the very lethargic child who listlessly holds objects for a long period without manipulation, might be rated "2" on intensity, but "5" on duration.

D. Persistence in Pursuit-Item 7. The range is from "very low" to "very high." Evaluate the attempts the child makes to get at objects presented out of his reach or in the search for objects hidden by the examiner. On the Mental Scale this can be observed when the child reaches for cubes, for the ring on the string, when he attempts to secure the pellet or three cubes, when he uncovers toys or unwraps cubes. On the Motor Scale this might be observed in the child's prewalking progression toward a toy out of reach, in attempts to raise himself to a sitting position or to pull himself to a standing position in the playpen. It can also be observed in free play whenever the child makes an effort to overcome the "laws of gravity and inertia".

1. Makes no attempt to get objects.

2. Makes one or two attempts, then gives up.

3. Makes several brief attempts (2-3), but gives up when he encounters difficulty.

4. Makes frequent attempts (4-5) to reach his goal; does not give up easily.

5. Makes very frequent and vigorous attempts to obtain an object; the examiner is forced to terminate the effort.

IV. ORIENTATION TO PERSONS. Rate the following three dimensions on the basis of the child's behavior to his mother, the examiner (and observer, if present). Base the evaluation on characteristic behavior during

the examination period, both in testing and free play. Pay special attention to the child's behavior on tasks in which social responses are called for, such as frolic play, peek-a-boo, pat-a-cake, imitation of what the examiner has demonstrated to the child, play with the mirror.

In evaluating the child's social response consider:

the child's approach: shrinks, freezes, turns away, turns to, comes close, waves, nods, reaches, stretches out

the child's vocalizations: fusses, cries, talks

the child's facial expressions: watches, frowns, brightens, smiles, laughs

the child's willingness to enter into games: offers toys, imitates examiner, pats and kisses mirror.

A. Intensity of Social Response-Item 8. The range is from "very weak" to "very strong"

1. Does not respond in any observable way when one tries to initiate social contact.

2. Responds only to direct approach, otherwise shows no interest in persons.

3. Seems as interested in persons as in objects; shifts readily from object manipulation to social response and vice versa.

4. Behavior seems to be strongly affected by awareness of persons; seems more interested in persons than objects.

5. Is so "wrapped up" in reacting to persons that he shows little or no interest in the manipulation of toys.

B. Nature of Social Response: Examiner-Item 9. The range is from "avoiding" to "inviting"

1. Avoids: draws back, turns to mother, becomes easily upset at sight of or handling by examiner.

2. Hesitates: is somewhat apprehensive at approach of examiner; is slow in giving some social response; smiles at examiner only rarely.

3. Accepts: is somewhat passive, but responds appropriately to most test situations; does not make an active contribution to the interaction.

4. Friendly: responds easily to most test situations with an interested expression and a broad smile. Enjoys social interaction. May watch examiner with interest and curiosity.

5. Invites: not only enjoys the social situation, but tries to instigate social contacts by looking and smiling at the examiner, inviting playful interaction.

C. Nature of Social Response: Mother-Item 10. The range is from "ignoring" to "demanding"

1. Ignores mother during free play; rejects any assistance from her during test situation. Actively resists contact with mother.

2. Hesitates; seems ambivalent about mother's actions. Seems reluctant to cooperate in certain tests as if they were customarily forbidden at home.

3. Accepts: responds adequately to administrations or assistance from mother. During motor tests and free play moves freely, coming to and going away from mother, without distress.

4. Enjoys contacts with mother occurring during testing, in a give and take that tends to facilitate test procedures.

5. Demands, clings to mother, reaching out to her constantly and demanding attention or contact with her.

V. ACTIVITY LEVEL-ITEM 11. The range is from "hypoactive" to "hyperactive."

The activity level can be observed during sedentary tasks on the mental tests, during motor tasks and free play. Base ratings on frequency of shifts in position, movements of head, trunk and extremities.

1. Hypoactive: stays quietly in one place and shows no self-initiated movement

2. Little activity; seldom moves and only for brief periods

3. Responds appropriately in situations calling for activity

4. Much activity; in action a good deal of time

5. Hyperactive; constantly in motion, cannot be quieted for sedentary tasks.

VI. CLINICAL IMPRESSIONS. Indicate here whether you consider the child Advanced, Normal, Suspect (Borderline) or Abnormal (Severely Retarded) in any of the areas of development listed below. State the basis for your evaluation in the space provided for comments.

Very often a mother will volunteer the information that her baby was premature, giving birth weight and degree of prematurity. No account should be taken of this knowledge that the baby was premature in making the judgment of "Normal", "Suspect", or "Abnormal", i.e. the baby should be rated strictly according to eight month norms without allowance made for prematurity. Thus, if the baby is said to be two months premature and he tests up to the norms for six months only, he should be rated as "suspect" or "abnormal" (depending on the individual performance) instead of "Normal, considering the fact that he was two months premature."

A. Physical Development-Item 16.

1. Advanced: Big, robust, bouncing baby. Taller, heavier and/or more mature looking than most babies this age.

2. "Normal": Healthy, thriving baby. No obvious or apparent handicap(s).

3. Suspect: Mild to moderate limitation in one or several areas of physical development.

4. Abnormal: Severely handicapped in one or several areas of physical development.

B. Mental Development-Item 17.

1. Advanced: Passes most test items on mental scale in range from 11 to 14 months.

2. "Normal": Passes most test items on mental scale in range from 7 to 10 months.

3. Suspect (Borderline): Fails a number of 5-7 month items on mental scale.

4. Abnormal (Severely retarded): Fails items below 5 months on the mental scale.

C. Fine Motor Development-Item 18.

1. Advanced: Movements graceful, well-integrated and controlled. Passes fine motor items in 9 and 10 month range.

2. "Normal": Some superfluous movements, but shows evidence of control most of the time. Passes fine motor items in 7 and 8 month range.

3. Suspect: Quality of coordination poor but some control. Fails a number of fine motor items in 5 and 6 month range. (Note that a suspect can be checked on basis of poor quality of coordination even if test items are passed.)

4. Abnormal: Extremely awkward, uncontrolled, undirected movements. Fails to pass fine motor items below 5 months.

D. Gross Motor Development-Item 19.

1. Advanced: Movements graceful, well-integrated and controlled. Walks alone, stands alone. Passes gross motor items in range from 10 to 12 months.

2. "Normal": Some superfluous movements, but shows evidence of control most of the time. Passes gross motor items in 7 to 9 month range.

3. Suspect: Some superfluous movements, but shows evidence of control most of the time. Fails a number of gross motor movement items in 5 and 6 month range. (Note that a suspect can be checked on the basis of poor quality of coordination, even if test items are passed.)

4. Extremely awkward, uncontrolled, undirected movements. Fails gross motor items below 5 months.

E. Social-Emotional Development-Item 20.

1. Advanced: Shows variety of responses and flexibility in adjusting to changing test situations. Is interested, eager, not easily upset by stressful situations.

2. "Normal": Appropriate response to most test-situations, including moderately negative reactions to strange situation. Recovers equanimity readily.

3. Suspect: Immature behavior, associated with younger infant. Easily upset or bland, unreactive behavior. Little discrimination in behavior toward objects and toward persons.

4. Abnormal: Extreme emotional expressions. Fixed or stereotyped behavior predominant throughout most of testing situation. Does not seem to recognize changes in "climate" about him.

VII. ADEQUACY OF EXAMINATION-ITEM 21.

If you consider the examination "not adequate", state your reasons in the room provided for comments.

VIII. SUMMARY STATEMENT-ITEM 22.

Give here a general statement about the child's behavior if you think it necessary for the interpretation of the test results. This summary statement is optional.

MANUAL FOR ADDITIONAL OBSERVATIONS
(PS-4, Rev. 1-61)

I. GENERAL. The purpose of these additional observations which should be made on every child during the Eight-Month Psychological Examination is to supplement information on hearing, vision and motor responses which are not obtained on the COLR Scales of Mental and Motor Development.

The sheet of Additional Observations places these observations together for recording purposes. On the left-hand side of the page, checks for normalcy or adequacy of funtion are to be made; on the right-hand side of the page abnormalities are listed to be checked if present, with space for writing in any other unusual deviations or suspected abnormalities. Space is provided to differentiate left and right responses whenever necessary.

I. OBSERVATIONS.

A. Face - Item 4

1. Asymmetry of the face or mouth is usually observed when the face is at rest. There may be drooping of one side of the mouth. Asymmetry of the face may also be observed when the child is laughing, if one half of the mouth turns up considerably more than the other half

2. Mask-like facies refers to an unchanging and immobile expression even under conditions of amusement, pleasureable excitement, fear or fright. In other words, the expression of the child's face does not change in response to any stimuli.

3. Hypermobility of the face refers to excessive quick, jerking movements of the face such as a twitch or a tic.

B. Mouth - Item 5

1. Mouth open most of the time is self-explanatory.

2. Excessive drooling should be checked as present if the child drools considerably more than most children examined in the local hospital.

3. Unusual movements of the mouth refer to constant chewing movements, continued sucking movements or any repeated lateral movements of the mouth and face.

4. Other - A protruding tongue or a small pointed tongue may also be observed.

C. Hearing - Item 6. Ask the mother to seat the child on the table facing her and to hold his attention with a toy, finger play, etc. The examiner should be two or three feet to the side and behind the child. It is essential that the examiner is out of the child's peripheral vision.

Always shield the source of sound with a small piece of cardboard or hand, in order to make sure child is not responding to feeling movement of air. Sounds should be as minimal as possible.

1. Required.

   a. Ring the bell as softly as possible to one side and then the other, about 12 inches from his ear. Item 7.

   b. Repeat with rattle, rolling rattle softly between fingers, not shaking it violently. Item 8.

2. Optional.

   a. Repeat with consonant sounds "sss." Item 9.

   b. Repeat with low voice, calling child's name or "hello baby, baby" or just "bu, bu, bu." Item 10.

   c. Repeat with middle frequency consonants (KKK). Item 11.

For a scoreable response, the child's head should turn obviously in the direction of the stimuli. If this is not elicited on the first trial, the stimulus should be repeated at least twice on both sides. Number of trials should be noted in the area provided for comments.

3. Under the heading "Other" note in column for comments any response besides turning the head. These might include a startle, or turning the head in the opposite direction from the stimuli. Item 12.

D. Eyes - Item 13.

1. Strabismus refers to the lack of parallel gaze. When the child is seated directly opposite the examiner, either one or both eyes may appear to turn in or out. The most commonly known of this group of conditions might be bilateral internal strabismus or "cross eyes." When one eye turns out while fixation is held with the other eye the condition is known as right external strabismus. Alternating strabismus is seen when fixation shifts from one eye to the other, depending on the direction of the gaze.

2. Nystagmus is an abnormal condition in which the eyes oscillate rapidly from side to side, vertically, or in a rotary motion, so that the observer finds it most difficult to know if the child is even able to fixate momentarily. This condition is usually found bilaterally.

3. Epicanthic folds describe a condition in which an excess fold of skin covers the upper eye lid at the bridge of the nose, similar to the eye appearance in mongoloidism.

E. Grip - Item 1g. To evaluate grip, the forefingers of both examiner's hands should be placed in front of the baby's hand while the baby is either lying on his back or while sitting on the mother's lap. The child's ability to grasp the examiner's forefingers should be observed for any incoordination or weakness, either unilaterally or bilaterally, and this should be described. Some children's grips are exceedingly strong and tenacious and should be recorded as such.

F. Comparative Examples of Arms and Hands - Item 1f. This section attempts to evaluate any differences in the use of left and right upper extremities. Some children seem to have a definite preference for one hand at the age of eight months, while others show no difference in hand preference. However, the fact that an infant may use one hand predominantly does not mean that it is always using the more adept hand. Often these two factors appear together, but they are not necessarily synonymous.

1. The adept use of hands is best measured by the tests of grasping and prehension. This section provides a record of differences in ability to grasp a cube and prehend a pellet. In presenting these items on the mental and motor tests the evaluation of grasping of cubes should be based on at least three trials. The pellet should have trials in three positions, -45° to left, +45° to right and in the center.

2. Predominance of hand used should be judged on the basis of the total testing situation. Note if one arm and hand is consistently preferred throughout at least three-fourths of the observation period.

3. Unusual Muscular Movement or Postural Adjustments - Item 2g.

1. Head control. By the time a child is eight months old, there should be no difficulty with head control, holding head erect, or compensating for bodily movements. The following types of observations should be recorded under unusual muscular movements or postural adjustments of the head: head unsteadiness, "wobbliness," or difficulty in keeping the head upright while the child is in a sitting position; considerable head lag when the child is being raised from a supine position, head "floppy;" hanging down on child's chest while in a sitting position. Any other unusual observations of head or neck can be recorded as "Other" and described. Items 1 and 2.

2. Arms and hands. The following types of observations are to be recorded under unusual muscular movements or postural adjustments of arms and hands: writhing, twisting movements of arms and hands; backhanded use of hands when reaching for an object such as a ring or tape measure dangled in front of the child while he is in a sitting position; tremors of hands; hands consistently fisted, with or without thumb being adducted into the palm; consistent bilateral use of hands when reaching for objects; arms consistently extended and elevated; shoulders and upper arms stiff, with no movement. Items 3-9.

3. Legs and feet. The 8-month infant does very little with legs and feet. Some 8-month babies are crawling well and some are just beginning. Many are placing weight on their feet, but with varying degrees of balance. This function is not fully perfected. Some do this readily and bounce or jump, often flexing both knees.

The stance of an 8-month infant supported while standing depends on how it got to its feet. It may have been pulled up or may have pulled itself up in a variety of ways or it may be placed there by examiner. The muscles are soft at this age. All these considerations lead us to feel strongly that it is not appropriate to evaluate sideness on the basis of this situation. Nevertheless, marked deviations from the norms of development should be recorded to allow for comparisons with the results of later examinations. Some dysfunctions of legs and feet include the following: tremors of legs; scissoring of legs; consistent flexing of knees, with an inability to put weight on the feet. Items 10-12.

H. Deviant or Stereotyped Behavior - Item 21. Unusual behavior observed during the examination may include the following: excessive and persistent mouthing of toys; excessive and persistent banging; excessive and persistent dropping or throwing; extreme preoccupation with one toy to the exclusion of others; head rolling; head banging; continued rocking; unusual posturing; unusual and apparently purposeless hand motions or movements; meaningless smiling without appropriate environmental stimulation; excessive crying. Items 1-12.

I. Obvious Defects or Anomalies - Item 22. Although it is not the purpose of the psychologist to make a medical diagnosis, obvious defects or anomalies may be recorded at this time.

In addition to the conditions listed on the record form (mongoloidism, hydrocephalus, microcephalus, asymmetry of the skull, very obese, unusually small, skin conditions), the examiner may note extreme elongation of the fingers, unusual hair distribution, or abnormalities of ears or earlobes. Skin conditions include eczema, skin rashes, unusual partial discolorations of the skin, but should not include diaper rash. Items 1-8.

MANUAL FOR RATING MATERNAL BEHAVIOR IN TESTING SITUATION
(PS-5, Rev. 1-61)

I. GENERAL. These ratings are designed to bring to light certain variables in the mother-child relationship which may affect the child's behavior during the Psychological Examination. It is possible that maternal handling of the child may affect his performance and behavior, and complicate or lead to confusion in evaluating the child as "abnormal," "suspect," or "normal." In an effort to evaluate the possible influences of the mother on the child's test performance, these scales have been formulated.

The continua being investigated were selected on the basis of empirical observation and search of the literature. It is recognized that the same incident seen in the behavior of the mother may form the basis for a rating on more than one scale, and that this may result in high correlations between some scales.

The information for completing the scales is to be obtained while the child and mother are with the psychologist. In some institutions the opportunity for observation also occurs while the mother is in the waiting room. Attitudes which the mother may verbalize at the time of observed interaction between the child and the mother may be utilized in determining a rating.

The examiner is asked to place a mark (X) in only one of the five boxes for each of the eight areas rated. He is to choose that box which best describes the behavior seen during the period with the psychologist. A certain amount of variability in the mother's behavior is to be expected but a single score can represent the mother's behavior quite adequately. When a single score will be misleading, as in those instances where the mother shows marked shifts in extremes of behavior (at one time completely accepting the child and at another time being completely hostile or angry; or, cooperating well with the examiner at one time and at another being quite antagonistic) this should be noted in the column marked COMMENTS. It is never permissible to mark two boxes on the same scale.

All entries must be determined only on the basis of behavior actually observed by the psychological examiner. It is a constant temptation to interpret behavior, but the ratings are not to be interpretations or inferences about psychodynamics or emotional problems of the mother; these may be entered under CLINICAL IMPRESSION with the psychologist specifying the behavior which led to the inference or interpretation made.

In the rare instances when it is not possible to rate a scale, write a brief explanation of why this is so under the section entitled CLINICAL IMPRESSION. For example, for Item 8 it is conceivable that an examiner might write "cannot rate - no needs became evident during the examination."

In making ratings, it is expected that the mother will be evaluated in terms of the item descriptions and the specified meanings of the scales given below and exemplified by critical incidents. It is not the examiner's function to make the ratings in terms of assumed norms for the mother's socio-economic level or in terms of the ethnic and cultural groups to which she may belong.

The eight scales call for observations. The behavioral descriptions given for each scale are intended to communicate to the rater the concepts which prompted these scale items to be adopted. Some critical incidents are reported to further clarify the intent of the scales. Please keep in mind that the critical incidents are only examples and are not the only behaviors which will influence the ratings. The full descriptions of the five points on each scale are given below under "Scale Items." The actual rating sheet has only a "cue" word at each extreme and at the mid-point of each scale. It is recognized that this will necessitate constant reference to the manual while the examiner is becoming familiar with the form. It is felt, however, that with these cue words the rater will rather quickly commit the anchor points on each scale to memory and will then need only occasional reference to the manual.

II. The Scales.

A. Expression of Affection - Item a. This scale is intended to suggest the amount of affection shown by the mother toward the child during the entire visit. It is based on both the mother's physical and verbal behavior. It is theoretically possible for the mother's attitude to range from negative to effusively positive and over-demonstrative. At the extreme, the mother may slap the child's hands or address him as "you bad boy," etc. At the other, she may constantly kiss, caress, and fondle him, and use extravagant terms of endearment. At the mid-point, the mother will reassure the child by affectionate or supportive display when he is apprehensive, and demonstrate appropriate affection while meeting his physical needs.

Scale Items:

1. Mother's statements to child were negative or harsh; never used an affectionate term in addressing child; used physical actions to discipline child.

2. Mother occasionally spoke to child in a negative and harsh way, rarely used an affectionate term; handled the child in a remote and impersonal manner.

3. Mother was spontaneously warm and affectionate at appropriate times, without being over-demonstrative; called him by name and talked to him in terms appropriate to his development.

4. Mother frequently fondled and caressed child; spoke to him in terms of endearment only.

5. Mother was consistently over-demonstrative; constantly fondled, kissed, cuddled child; talked to the child in extravagantly affectionate terms, addressing him by pet names and sugary baby talk.

B. Evaluation of Child (What Mother Says about Child) - Item 5. This scale is intended to rate what the mother says about the child as opposed to what she says to him. Although this scale may be correlated with the Expression of Affection scale, it is possible that a mother who is trying to make a good impression on the psychologist may score high on this scale while obtaining a low score on the basis of her actual behavior toward the child. As with the previous scale, it is possible for the mother's comments to range from extremely critical to effusive. Incidents for rating the mother here are likely to occur if she has other children and makes comparisons between them; when the child is disruptive during the examination by being fatigued or fussy; or when the mother is evaluating the child's test performance. For example, a mother would score a rating of 1 if she consistently made comments of the following type: "He's just the worst baby I ever saw;" "He's really hard-headed when he don't want to do something;" "I just don't know what's wrong with him." A mother would score a rating of 5 if she consistently made such comments as: "He's just as good as gold all the time;" "I haven't had a minute's trouble with him;" "He's really the ideal baby."

Scale Items:

1. Mother constantly made critical and derogatory remarks about the child; could say nothing positive about him.

2. Mother generally made negative statements about the child, but grudgingly attributed a good quality to the child on occasion.

3. Mother saw both the positive and negative facets of the child; made appropriate and realistic evaluations of his assets and limitations.

4. Mother talked only about child's "good" qualities; tried to gloss over, ignore, or "explain away" less desirable behaviors.

5. Mother was unrealistically uncritical about child's perfection; expressed satisfaction with all aspects of his behavior in glowing terms; effusive.

C. Physical Handling of Child - Item 6. This dimension of behavior is rated on the basis of how gently the mother handles the child while in the examination room. It is to be distinguished from Expression of Affection in that it relates entirely to the mother's actual physical manipulation of the child in meeting his needs or moving him about. Some mothers assume an exaggerated fragility about their children. They are extremely cautious about laying them down, changing their diapers, dressing, or performing any other needed services. At the other extreme is the mother who literally "heaves" the child on to the examining table or playpen floor, or shoves a bottle into his mouth for feeding. When a child becomes irritable, some mothers will bounce the child around like a cocktail shaker. The average mother is somewhere between the two extremes using easy, relaxed movements which have a quieting effect. She shows appropriate care as far as physical handling of the child is concerned and at the same time recognizes a certain durability about children.

Scale Items:

1. Mother was rough, inconsiderate, and treated child like an inanimate object.

2. Mother was awkward and clumsy, but aware of child's discomfort in process of handling him.

3. Mother handled child carefully and considerately, but firmly and efficiently.

4. Mother was extremely careful and gentle, not recognizing child's sturdiness and adeptness.

5. Mother treated child like extremely fragile china; was overly cautious and concerned when handling child.

D. Management of Child (During Actual Testing) - Item 7. This dimension deals with the ability of the mother to assist the child in doing his best in the examination without allowing herself to become involved in examination. Some mothers, as they hold the child, may not even orient him so that he can reach the test materials unless the examiner repeatedly suggests that she move the child up to the table, etc. At one extreme, mothers have been seen to hold the child by his upper arms while the child was trying to reach for test material. At the other extreme, a mother may overdirect the child's behavior by holding a block in the child's hand and moving it over the cub, etc. In the middle of the range, mothers orient the child so as to facilitate his manipulations and may even make suggestions to the examiner as to the best way to get the child's attention and cooperation.

Scale Items:

1. Mother made no effort to facilitate testing by keeping child comfortable and oriented toward table; held child in such a position as to make it difficult or impossible for him to reach test materials; continued to handle child in this manner in spite of examiner's suggestions.

2. Mother made no spontaneous effort to facilitate testing but followed examiner's suggestions and consciously held child facing table.

3. Mother spontaneously held child comfortably oriented toward table so that he could reach for and handle test objects with ease and freedom; facilitated testing.

4. Mother frequently interfered with testing, but showed self-restraint at suggestion of examiner.

5. Mother disrupted the testing by "helping" the child with given tasks, taking things away from him, and generally redirecting his behavior regardless of examiner's disapproval.

E. Reaction to Child's Needs - Item 8. This scale deals with the mother's ability to determine the child's actual needs as they occur during the testing-interviewing session. It is not uncommon for children to have runny noses, wet diapers, or to become hungry or fatigued. The point in the middle of the scale represents the mothers who are aware of these conditions and handle them appropriately. Some mothers, however, show no awareness of the needs of the child unless the examiner makes a suggestion that she pick the child up, feed or change him, etc. The child not only indicates physical needs during the examination but frequently indicates emotional needs as well. When apprehension or a need for comforting arises, does the mother ignore it, give suitable support to the child or become overly concerned? Average mothers correctly interpret fretfulness as an indication of hunger, stating that it is time for his bottle. Over-solicitous mothers, however, may make a great deal out of minor situations or force attention on a child which is not warranted. One mother was seen to give a child his bottle, which he took and then went to sleep. The mother then woke him to give him his orange juice. This mother would fall into the extreme category, "disturbed".

Scale Items:

1. Mother seemed unaware of and unresponsive to any needs child showed during visit (discomfort, fatigue, hunger, soiled diaper, etc.).

2. Mother was slow in recognizing and responding to child's needs.

3. Mother quickly recognized child's needs and responded appropriately.

4. Mother responded to child's behavior immediately, without trying to identify existence of a need.

5. Mother gave child care for needs which were not evident.

F. Reaction to Child's Test Performance - Item 3. Mothers react differently toward the performance which their children show on test materials. It is felt that the average mother shows an interest in what is being done and will indicate that she would like to know how the child is doing. She also shows an appreciation of his skill or awkwardness in his reactions to new material. From this appropriate interest in the situation, maternal attitude can vary from complete apathy to marked overconcern to the point where she is almost belligerently defensive about his behavior and overly critical of test material and "psychology."

Scale Items:

1. Mother seemed completely indifferent to child's performance.

2. Mother showed brief and fleeting interest in child's performance, but this was done "politely" as though she felt this was expected of her; played role of a passive observer throughout.

3. Mother seemed pleased with child's successes and indicated this by smiling, etc.; accepted failures realistically when material and requests were obviously beyond child's abilities.

4. Mother responded with excessive pride to child's successes; minimized any failures by child.

5. Mother was overly absorbed in child's performance; defended child's failures as due to unfamiliarity with material; demanded constant praise from examiner; criticized examiner and test procedures for being unfair to child; rejected testing as "not proving anything."

G. Mother's Focus of Attention During Examination - Item 10. During the psychological examination, the most facilitating relationship is between the examiner and the child, with the mother intervening only to assist this examiner-child relationship. This relationship cannot develop in all instances. At one extreme, some mothers compete openly with the child for the examiner's attention. They bring up specific personal problems not related to the child, viz., financial problems, trouble with their husbands, neighborhood arguments, personal health, etc. Other mothers may indulge in an excess of social conversation about topics of the day, or the "fascination" with the "science of psychology." They brag about their capabilities as mothers, housewives, musicians, etc., or go into details as to their ambitions and/or philosophies. All of these forms of behavior strongly suggest that the mother is utilizing the time with the examiner for her own aggrandizement. They should be rated as focussing on self. The opposite extreme is the mother who monopolizes the child throughout the examination, refusing to let the examiner establish any rapport with the child. This mother constantly diverts the child's attention by introducing irrelevant stimuli. She may insist on repeating and rewording all instructions, and/or presenting materials in her own way before the child has a chance to respond to orthodox administration of test material. In short, this mother tries to get the child's undivided attention, thereby eliminating the examiner as an individual from the psychological environment.

Scale Items:

1. Mother centered all attention on child and tried to keep child's attention on her, excluding both the examiner and test material from the situation.

2. Mother accepted presence of examiner and the fact that test material was interesting to the child, but mother tried to involve herself with these foci of interest.

3. Mother was comfortable in letting child respond to examiner and materials.

4. Mother occasionally interrupted examination to talk about her own perceptions of and reactions to the situation.

5. Mother demanded that all attention be centered on her, distracting the examiner from the child; disregarded test materials and focussed on events and problems extraneous to the situation.

H. Child's Appearance - Item 11. The rating on this scale should not be influenced by the socio-economic level of the parents. It is intended to get at the amount of attention and adornment the child receives. Some children are found to be frankly neglected in grooming, while others are highly overdressed. The clothing worn by the child is one source of rating. The child whose clothes are clean although well worn would receive an "appropriate" rating at the mid-point, whereas the child with good quality clothes, but soiled (more than one "usually" sees) would rate on the "unkempt" side of this scale. Presence of strong body odor about the child would also bring about an "unkempt" rating. Other things that may be seen are sores and rashes. Another indication of neglect is failure of the mother to bring clean diapers to the visit.

Scale Items:

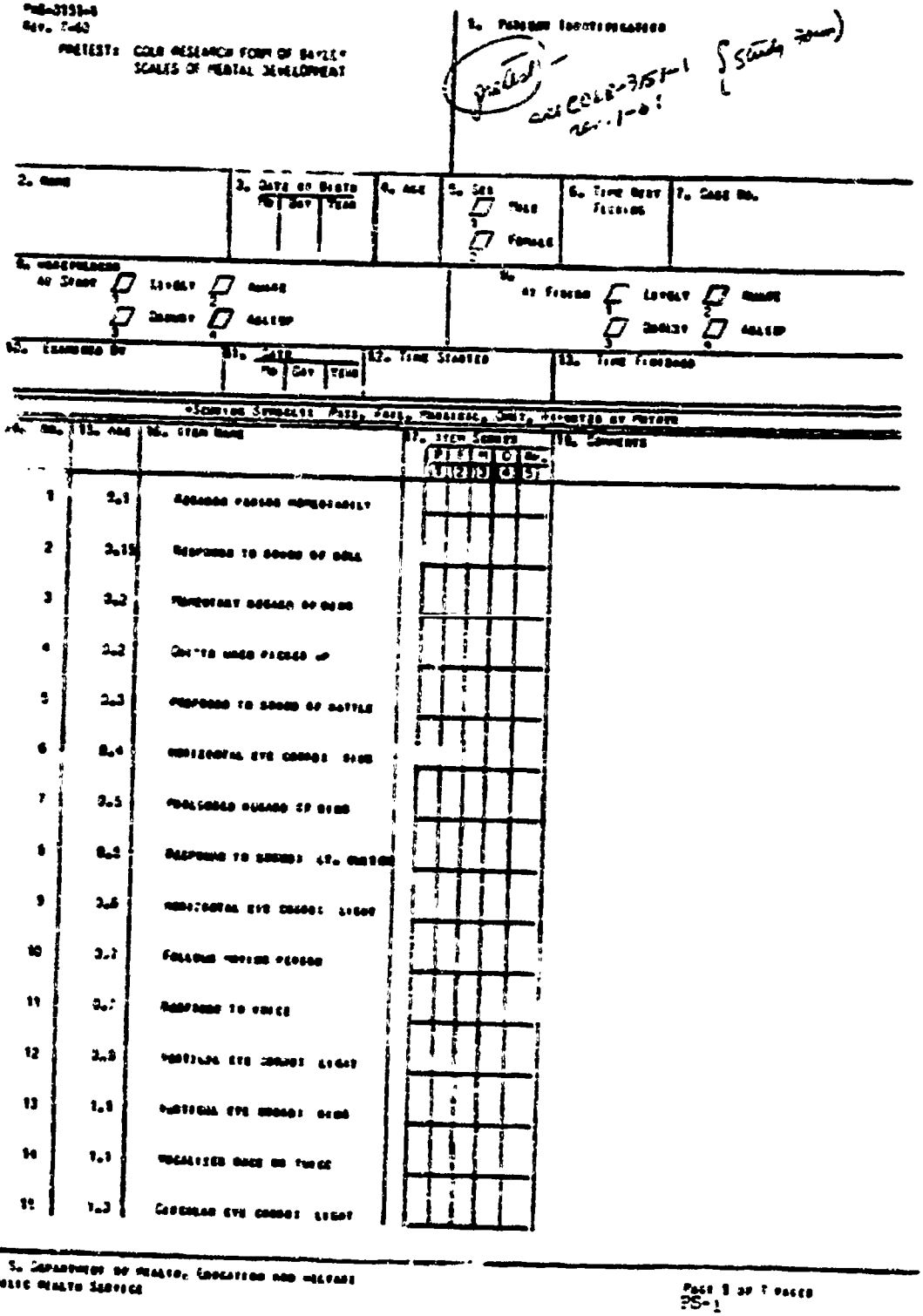
1. Child's clothing appeared soiled; grooming suggested neglect or minimal perfunctory attention.

2. Clothing and appearance were marred by helter-skelter dressing; appeared inadequately dressed.

3. Child was clean, neat, and comfortably dressed. Seems appropriately dressed for the occasion.

4. Child had extra "polish" and seemed somewhat overdressed.

5. Child seemed excessively dressed up, to the point of discomfort; child seemed to be a vehicle for clothes of which the mother was very proud.



PHS-3159-6
Rev. 7-62

PROJECT: COLOR RESEARCH FORM OF BAYLEY SCALES OF MENTAL DEVELOPMENT

1. PERSON IDENTIFICATION

(printed) CHILD COLOR-3159-1 Rev. 1-63

(Study Name)

2. NAME

3. DATE OF BIRTH Mo | Day | Year

4. AGE

5. SEX 1 MALE 2 FEMALE

6. TIME BEST FEELING

7. CASE NO.

8. HOUSEHOLDER OR STAND 1 LIVING 2 ROOMS 3 DRINKS 4 ASLEEP

9a. AT FIRST 1 LIVING 2 ROOMS 3 DRINKS 4 ASLEEP

10. EXAMINED BY

11. DATE Mo | Day | Year

12. TIME STARTED

13. TIME FINISHED

*SCORING SYMBOLS: PASS, FAIL, PARTIAL, SHIFT, ESTIMATED BY PATTERN

No.	15. AGE	16. ITEM NAME	17. ITEM SCORES P	F	S	M	O	Other 1	2	3	4	5	18. COMMENTS
1	2.1	ADDRESS PERSON HORIZONTALLY											
2	2.15	RESPONSE TO SOUND OF BELL											
3	2.2	TEMPORARY REGARD OF OBJECT											
4	2.2	CUBE IS HAND PICKED UP											
5	2.3	RESPONSE TO SOUND OF BOTTLE											
6	2.4	HORIZONTAL EYE CONTACT: OTHER											
7	2.5	PROLONGED REGARD OF OTHER											
8	2.6	RESPONSE TO SOUND: 45° CENTER											
9	2.6	HORIZONTAL EYE CONTACT: LIGHT											
10	2.7	FOLLOWS MOVING PERSON											
11	2.7	RESPONSE TO VOICE											
12	2.8	VERTICAL EYE CONTACT: LIGHT											
13	1.8	VERTICAL EYE CONTACT: OTHER											
14	1.9	VOCALIZES BACK TO VOICE											
15	1.3	CIRCULAR EYE CONTACT: LIGHT											

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PRETEST: COLB RESEARCH FORM OF BAYLEY SCALES OF MENTAL DEVELOPMENT

19. PATIENT IDENTIFICATION

PH COLB-3151-1
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14. No.	15. Age	16. Item Name	17. Item Scores	18. Comments
			0 1 (2) 3 No.	
			(0) R U Only	
16	1.6	[illegible]		
17	1.6	[illegible]		
18	1.5	[illegible]		
19	1.7	[illegible]		
20	1.8	[illegible]		
21	1.8	[illegible]		
22	1.8	[illegible]		
23	1.8	[illegible]		
24	2.1	[illegible]		
25	2.2	[illegible]		
26	2.3	[illegible]		
27	2.3	[illegible]		
28	2.5	[illegible]		
29	2.6	[illegible]		
30	2.7	[illegible]		
31	2.7	[illegible]		
32	2.8	[illegible]		
33	2.9	[illegible]		
34	2.9	[illegible]		

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PROJECT: COLB RESEARCH FORM OF BAYLEY SCALES OF MENTAL DEVELOPMENT

20. Patient Identification

CHR 2.06.R-3151-1
PROJ. 1-68-1

(Continued) 14. Rec.	15. Age	16. Item Name	17. Item Score (0 1 2 3) (0 1 2 3) (0 1 2 3) No.	18. Comments
35	2.3	REACTS TO DISAPPEARANCE OF TOY		
36	2.3	REACHES FOR RING		
37	2.3	SIMPLE PLAY WITH RATTLE		
38	2.4	PERSISTS HAND TO PLAY		
39	2.5	FOLLOWS PERPENDICULAR ARC (HORIZONTAL)		
40	2.5	ARRANGE OF STRAIGHT SATISFIED		
41	2.5	FOLLOWS PERPENDICULAR ARCS		
42	2.5	EYES FOLLOW BALL ACROSS TABLE		
43	2.5	CARRIES RING TO MOUTH		
44	2.8	MANIPULATES TABLE EDGE DISCRETELY		
45	2.8	INSPECTS RING HANDS		
46	2.8	CLASPS OR BANGLES RING		
47	4.0	TURNS HEAD TO SOUND OF BELL		
48	4.4	TURNS HEAD TO SOUND OF RATTLE		
49	4.4	REACHES FOR RING		
50	4.5	ACTIVE TABLE MANIPULATION (See # 44)		
51	4.6	REACHES PELLET		
52	4.7	PERSISTS SMALL APPROACH		
53	4.8	PICKS UP RING (ONE HAND USED)		
54	4.8	EXPLORATIVE PAPER PLAY		

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PHS-3060-1
Rev. 7-68

PRETEST: CHILD RESEARCH FORM OF GAYLEY SCALES OF INFANT DEVELOPMENT

21. Personal identification

Add CGAR-3 151-1
page 1-6

(Observation) 14. No.	15. Age	16. Item Name	17. Item Scores	18. Comments
56	4.8	Retains 2 cubes		
58	5.0	Discriminates differences		
57	5.0	Verbalizes attributes (qualitatively)		
59	5.2	Responds correctly to size		
60	5.3	Responds perceptually		
60	5.3	Tosses cubes within reach of object		
61	5.4	Lifts cup		
62	5.5	Responds two opposite cubes		
63	5.5	Lands visible play		
64	5.6	Transforms sensory input to images		
65	5.6	Attends to play		
66	5.6	Demonstrates comprehension of cubes		
67	5.6	Builds at request bridge		
68	5.7	Explores with cubes play		
69	5.8	Plays at cubes actively and successfully		
70	6.2	Plays symbolic cognitive cubes		
71	6.2	Responds to cubes personalized		
72	6.4	Lifts cup with handle		
73	6.5	Retains 2 of 3 cubes covered		

22. Examiner observations
a. Pleasant
b. Cooperative
c. Enthusiastic
d. Satisfactory

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PHS-3111-1
Rev. 7-60

PRETEST: COLOR RESEARCH FORM OF BAYLEY SCALES OF MENTAL DEVELOPMENT

22. Patient Identification

CCLR-3151-1
Rev 1-61

(Continued) 14. No.	15. Age	16. Item Name	17. Item Scores (1) (2) (3) (0) (-)	18. Comments
74	6.5	ATTENDS TO [illegible]		
75	6.7	LOOKS FOR FALLEN SPOON (OR DROPPED OBJECTS)		
76	6.7	PERFORMANCE SKILLS IMPROVED OR DURABLE		
77	7.2	PLAYFUL RESPONSE TO MIRROR		
78	7.3	VOCALIZES TO ENTERTAIN SPECTATORS		
79	7.8	PULLS STRING ADAPTIVELY		
80	7.5	COMPREHENDS 10 WORDS (SPECIFY)		
81	7.7	VOCAL [illegible]		
82	7.7	ATTEMPTS TO REACH 3 CUBES		
83	8.0	SAYS SOUND OR SOUNDALIKE (SPECIFY)		
84	8.3	LISTENS SELECTIVELY TO FAMILIAR WORDS		
85	8.5	HOLDS DOLL PURPOSEFULLY		
86	8.6	MANIPULATES TOY		
87	8.6	REACTS TO MIRROR		
88	8.5	FINDS HIDDEN OBJECT IN FOUR PLACES		
89	8.5	PUTS CUBE IN CUP ON COMMAND		
90	8.9	LOOKS FOR CONTENTS OF BOX		
91	10.7	IMITATES ON COMMAND		
92	10.7	ATTEMPTS TO DISTINGUISH, INITIATIVELY		

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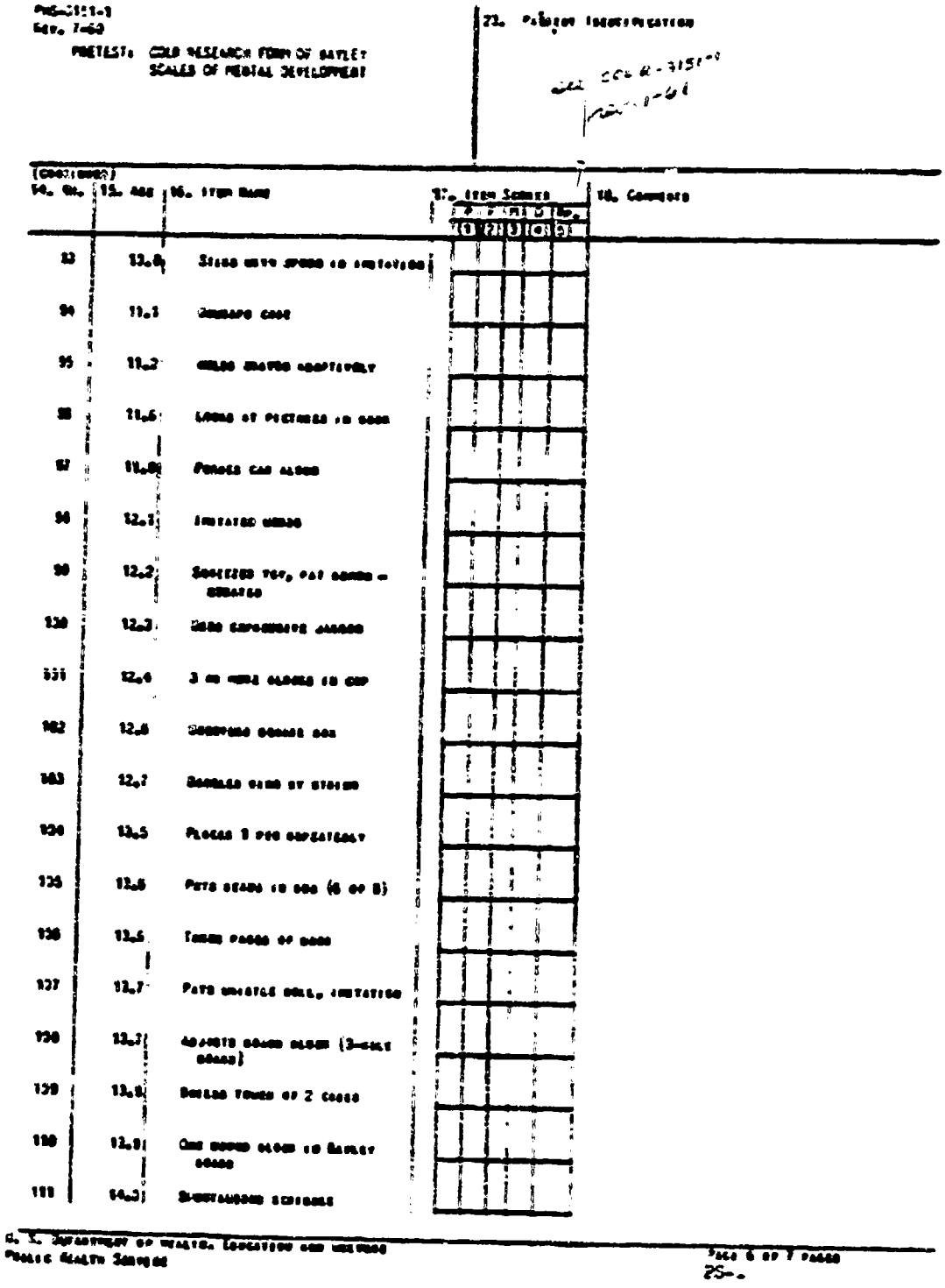
PAGE 2 OF 7 PAGES



PHS-3121-1
Rev. 7-60

PRETEST: COLD RESEARCH FORM OF BAYLEY SCALES OF MENTAL DEVELOPMENT

23. Patient Identification

(CONTINUED)

14. No.	15. Age	16. Item Name	17. Item Scores	18. Comments
93	13.0	Stack more spoon to imitation		
94	11.1	Scribble copy		
95	11.2	Holds beaded appropriately		
96	11.6	Looks at pictures in book		
97	11.8	Forces cap about		
98	12.1	Imitates verbal		
99	12.2	Sometimes two, put words - combined		
100	12.3	Uses conjunctive adverb		
101	12.4	3 or more clauses in sen		
102	12.8	Describes events not		
103	12.7	Doubles digs by stating		
104	13.5	Places 3 pegs spontaneously		
105	12.8	Puts beads in box (6 of 8)		
106	13.6	Forms phrase of words		
107	13.7	Puts wooden doll, imitation		
108	13.7	Assists board alone (3-hole board)		
109	13.8	Builds tower of 2 cubes		
110	13.9	One hand alone in Bayley board		
111	14.3	Discriminates scribble		

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PS-

[illegible]
Rev. 7-68

PRETEST: COLD RESEARCH FORM OF BAYLEY SCALES OF MENTAL DEVELOPMENT

24. PATIENT IDENTIFICATION

[illegible]

(DAY/MONTH)

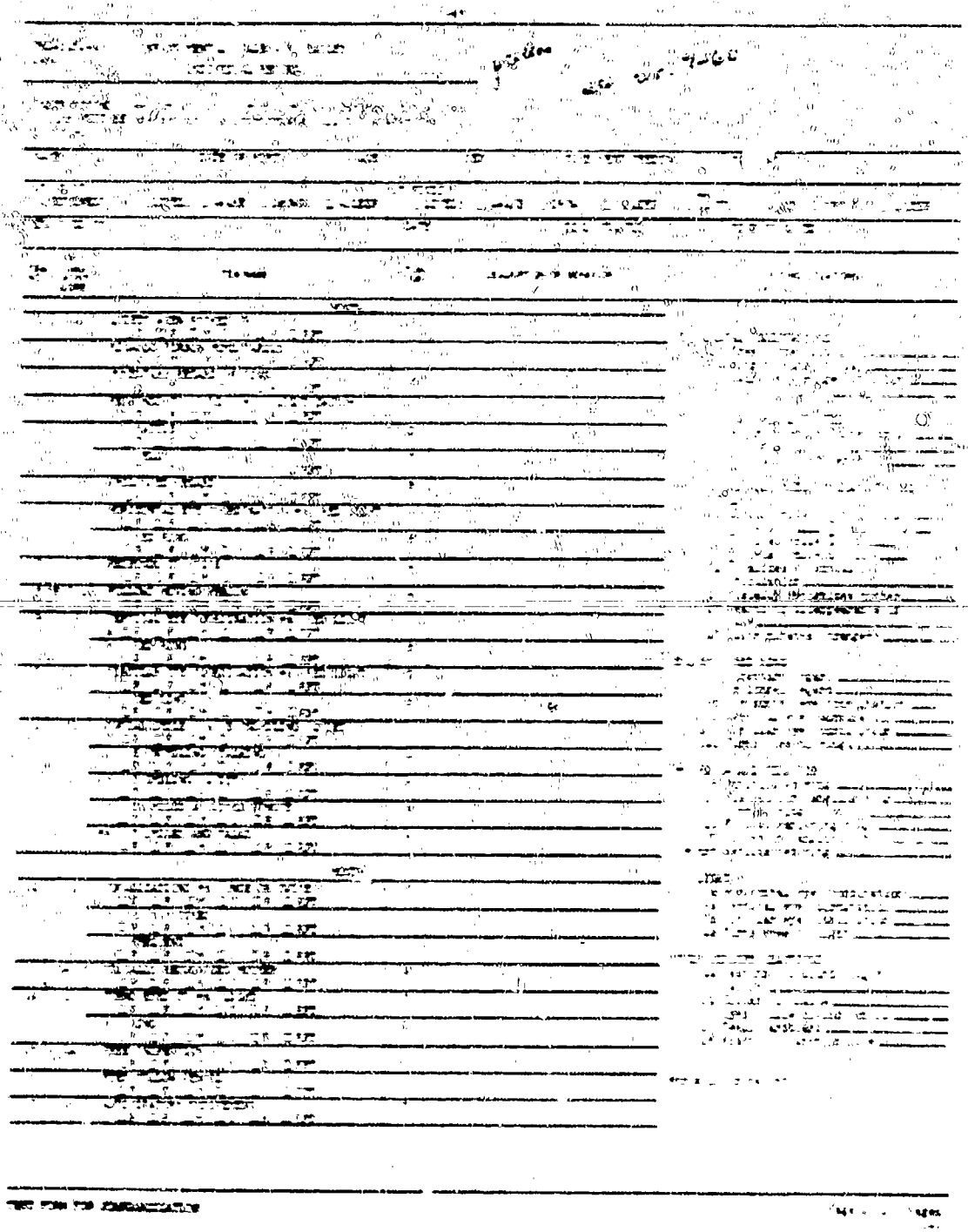
14. ITEM NO.	15. AGE	16. ITEM NAME	17. ITEM SCORES P F M C A	18. COMMENTS
112	14.2	REMOVES PELLET FROM BOTTLE		
113	14.5	SAYS 2 WORDS*		
114	14.8	SAYS SOUND, OR GOES THROUGH MOTIONS ON OWN TOY		

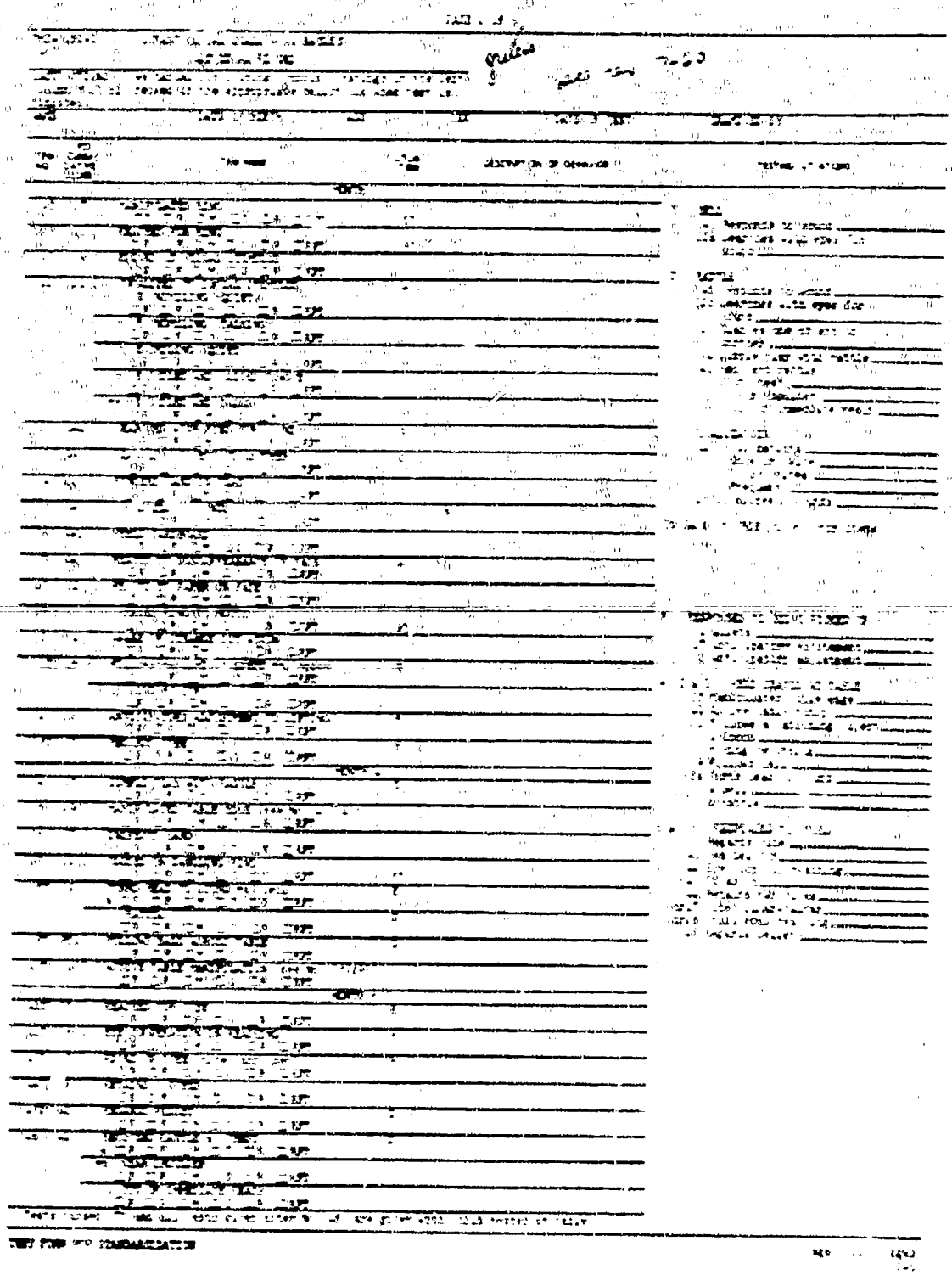
*113. SAYS 2 WORDS
LIST WORDS HEARD:

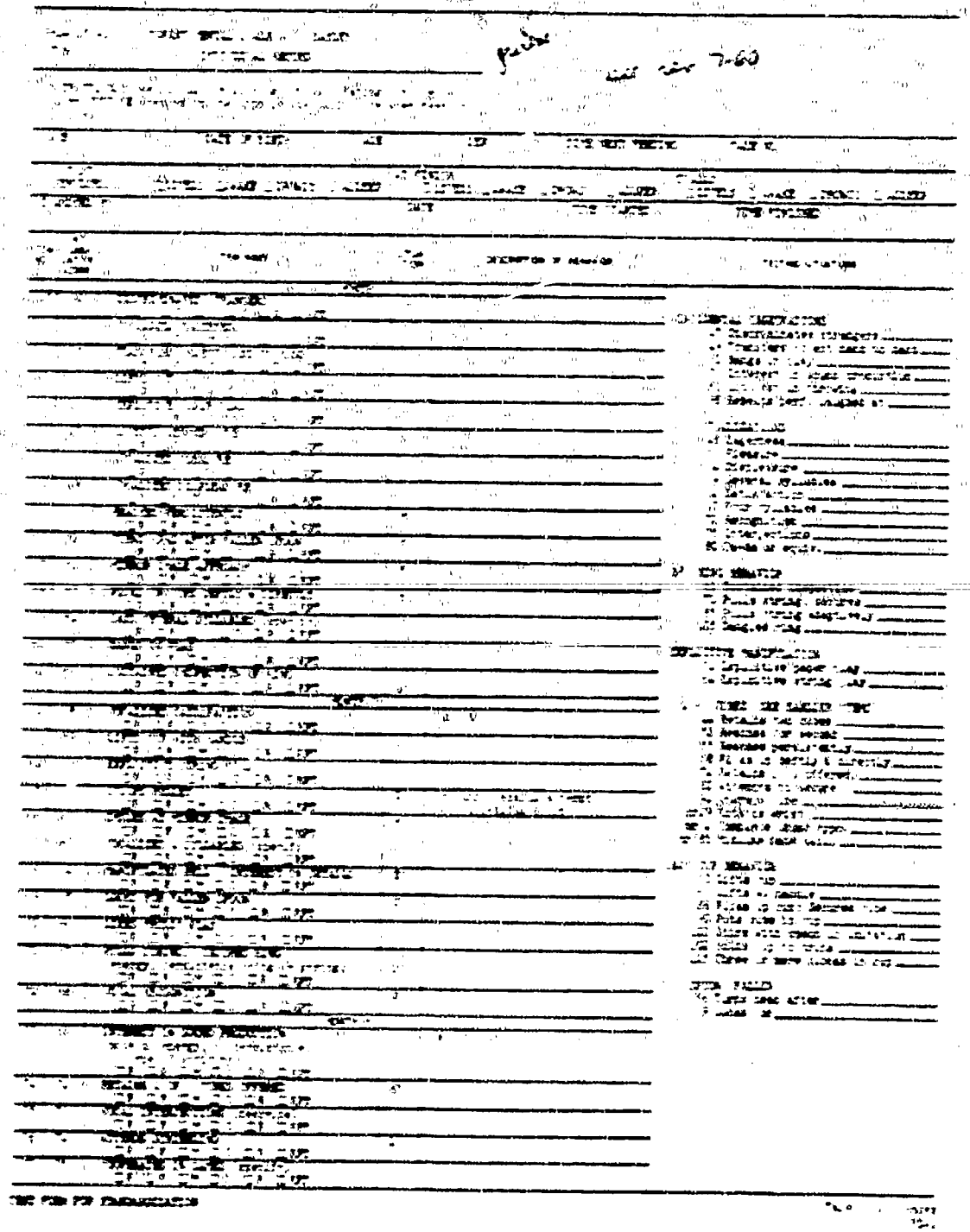
LIST WORDS REPORTED:

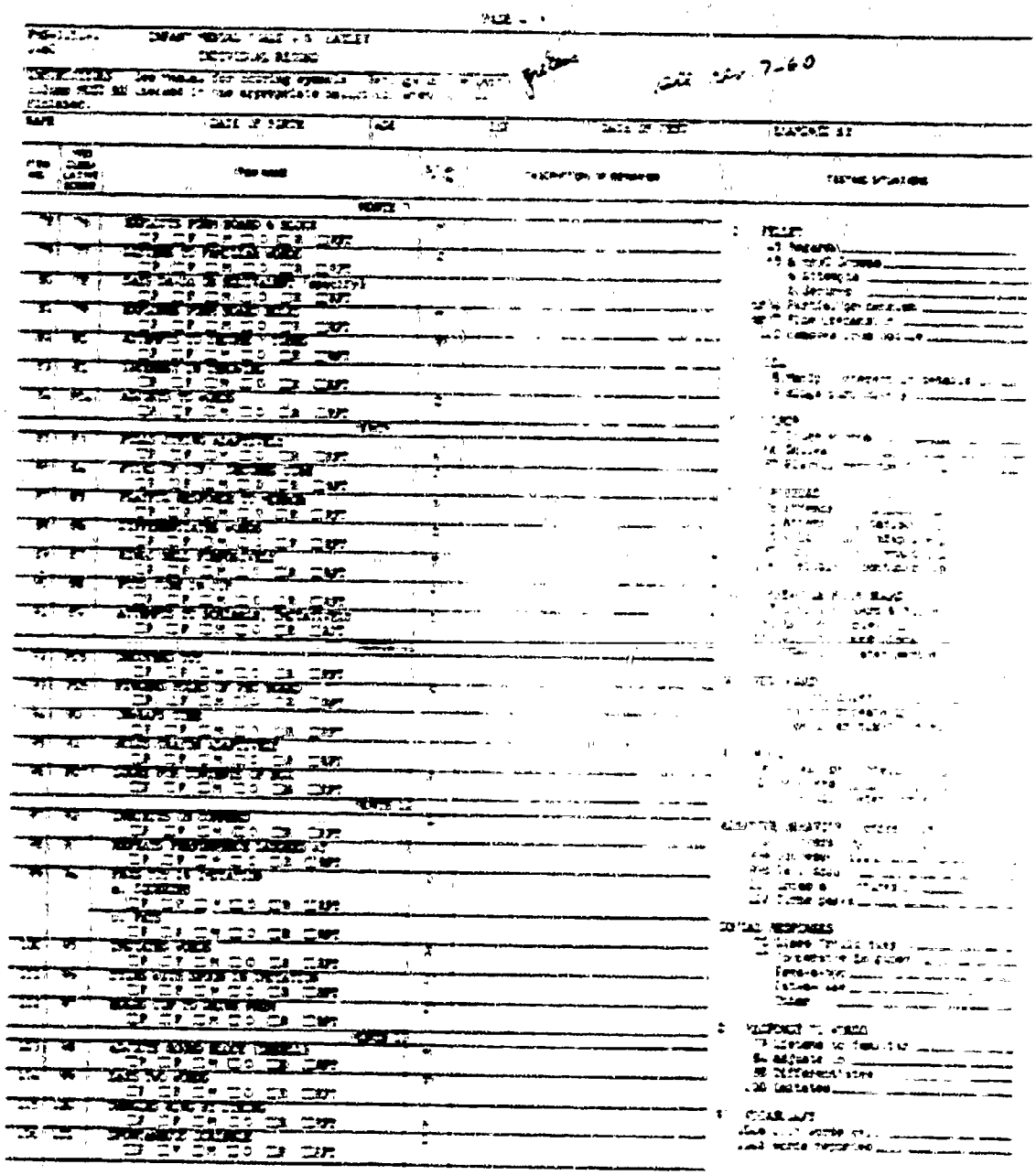
[illegible] DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

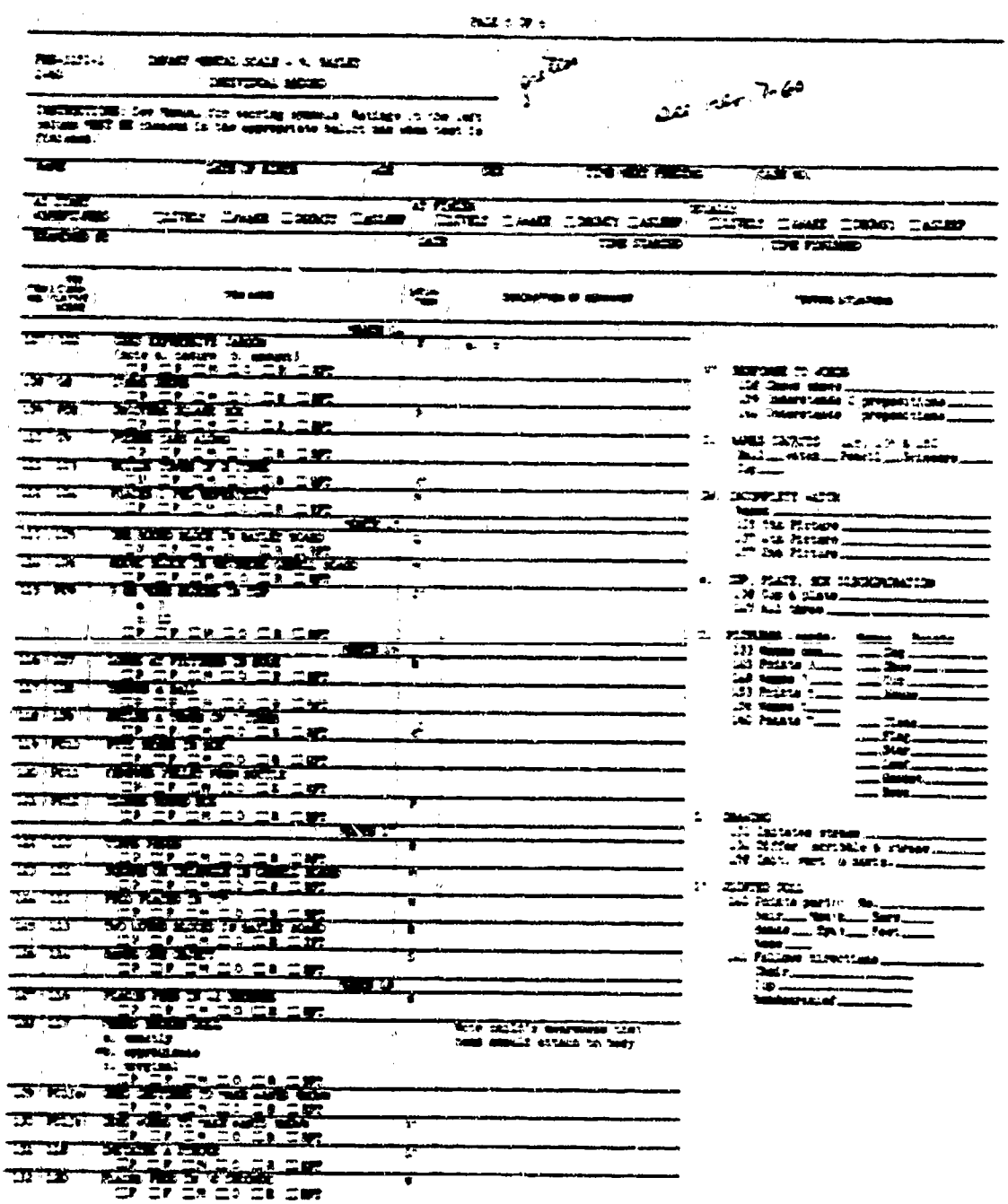
PAGE [illegible] OF [illegible] PAGES
PS-1











Preliminary
Rev. 7/62
PROJECT: COLP RESEARCH FORM OF BAYLEY SCALES OF MOTOR DEVELOPMENT

1. PATIENT IDENTIFICATION

[illegible] Study [illegible] 51-2
COLR-[illegible]-61

2. NAME	3. DATE OF BIRTH (MO / DAY / YEAR)	4. AGE	5. SEX [ ] MALE 1 [ ] FEMALE 2	6. EXAMINED BY	7. DATE (MO / DAY / YEAR)

[illegible]

8. NO.	9. ITEM NAME	10. ITEM SCORES	11. COMMENTS
	MONTH 1		
1	CRAWLING MOVEMENTS		
2	POSTURAL ADJUSTMENT WHEN HELD TO SHOULDER		
3	LIFTS HEAD AT SHOULDER		
4	LATERAL HEAD MOVEMENTS		
5	RETAINS RED RING		
	MONTH 2		
6	ARM THRUSTS IN PLAY		
7	LEG THRUSTS IN PLAY		
8	HEAD ERECT—VERTICAL		
	MONTH 3		
9	DORSAL SUSPENSION—LIFTS HEAD		
10	HEAD ERECT AND STEADY		
11	TURNS FROM SIDE TO BACK		
	MONTH 4		
12	PRONE—ELEVATES SELF BY ARMS		
13	SITS WITH SUPPORT		
14	HANDS PREDOMINANTLY OPEN		
15	HOLDS HEAD STEADY		
16	CUBE: PALMAR		
	MONTH 5		
17	SITS WITH SLIGHT SUPPORT		
18	TURNS FROM BACK TO SIDE		
19	PARTIAL THUMB OPPOSITION (RADIAL-PALMAR)		
20	EFFORT TO SIT		
	MONTH 6		
21	HEAD BALANCED		
22	SITS ALONE MOMENTARILY		
23	PULLS TO SITTING POSITION		

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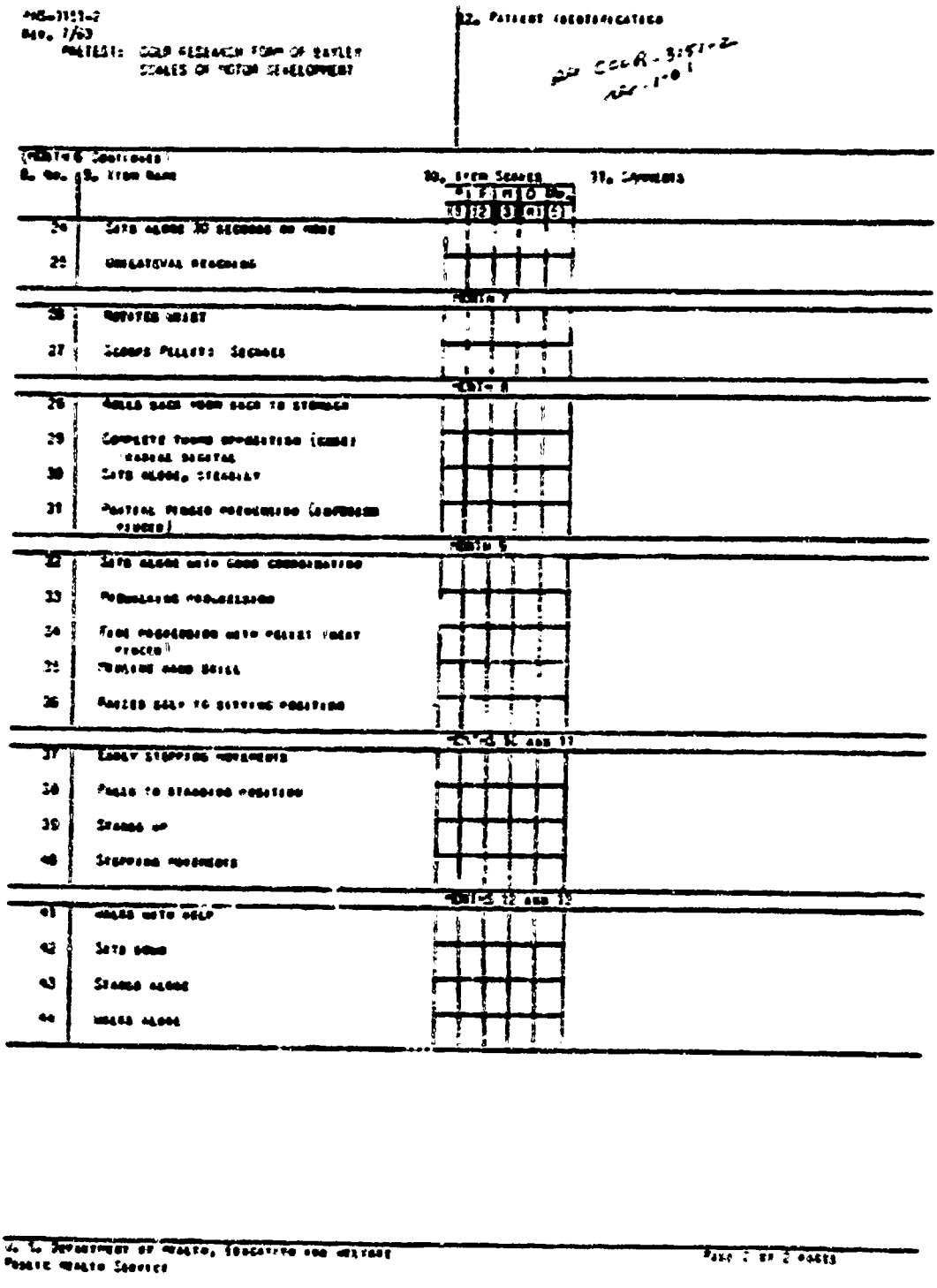

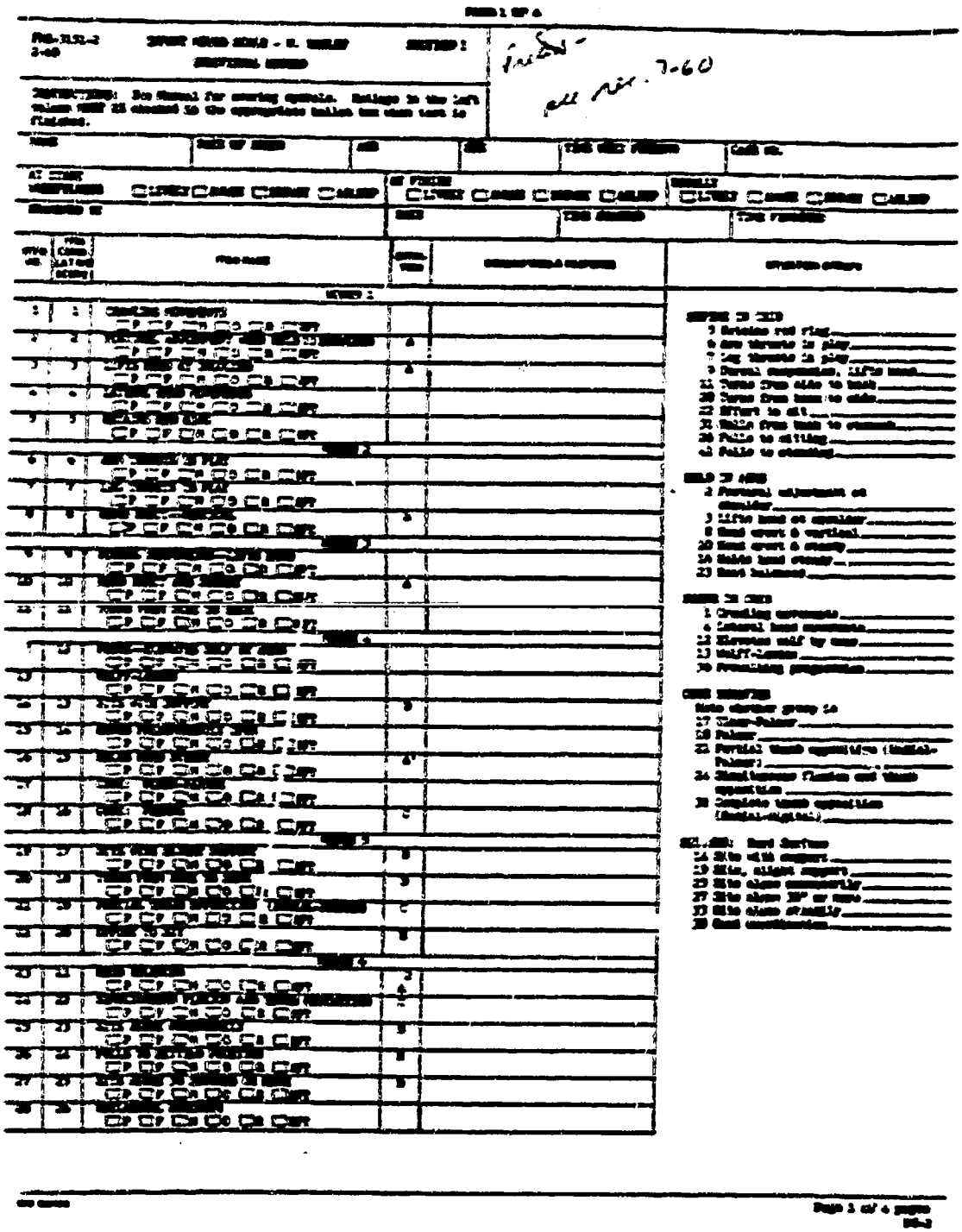

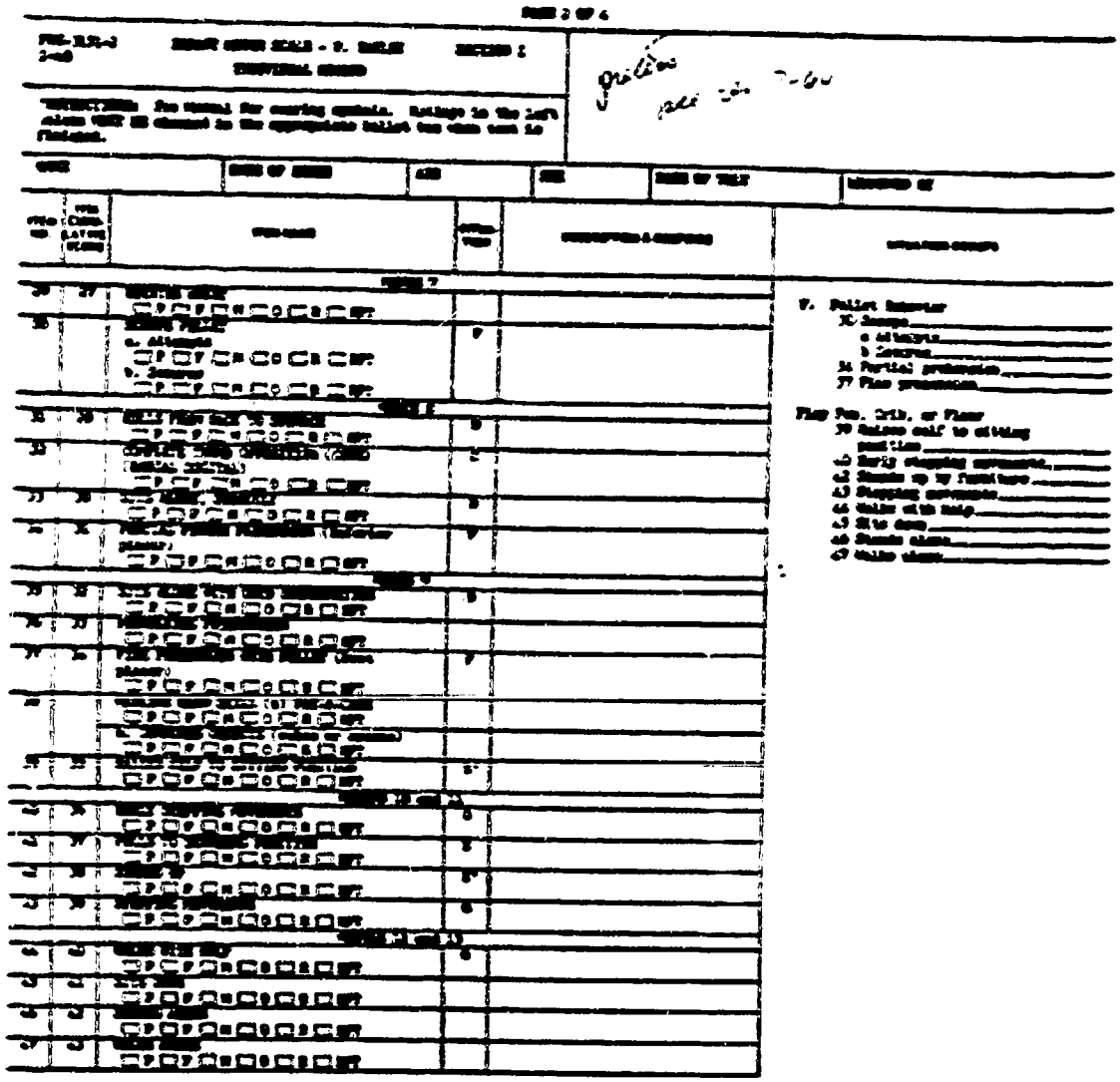

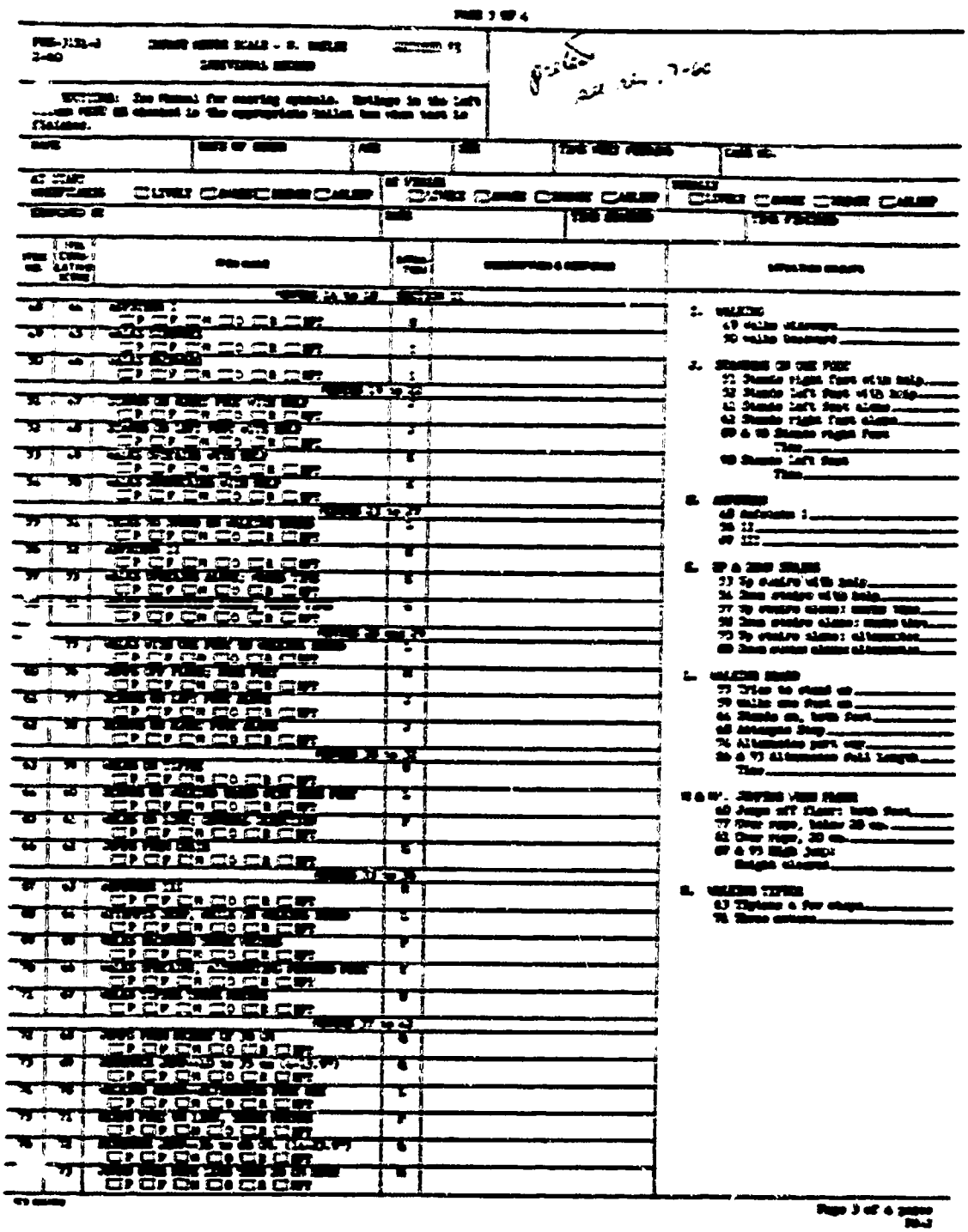

[illegible] SCALE - 9 HOLES SECTION II

INDIVIDUAL RECORD

INSTRUCTIONS: See manual for scoring symbols. Entries in the left and right columns should be recorded in the appropriate blanks one week later in practice.

NAME	DATE OF BIRTH	AGE	SEX	DATE OF TEST	EXAMINED BY

ITEM NO.	PTS. CORRECT (RATING SCORE)		SCORE PTS.	DESCRIPTION & RESPONSE	SCORING AREAS
		Carried at 10:54			

Pilot

PHS-3151-7
Rev. 7-68

PRETEST: ADDITIONAL OBSERVATIONS ON THE INFANT BEHAVIOR PROFILE

1. PERSON IDENTIFICATION

See CHA-3151-7 Rev. 1-69

HEARING:

2. ☐ RESPONSE TO BELL
3. ☐ RESPONSE TO RATTLE
4. ☐ RESPONSE TO HIGH FREQUENCY STIMULATION (BELL)
5. ☐ RESPONSE TO LOW-PITCHED VOICE
6. ☐ OTHER (Describe) _____

7. EYES:

☐ 0 ABNORMALITY ☐ 1 EPICANTHIC FOLDS
☐ 2 OTHER (Describe) _____

8. FACE:

☐ 0 NO ABNORMALITY ☐ 1 HYPOMOBILE
☐ 2 HYPERMOBILE
☐ 3 ASYMMETRY
☐ 4 OTHER (Describe) _____

9. MOUTH:

☐ 0 NORMAL ☐ 1 LAXITY (Describe) _____
☐ 2 EXCESSIVE SALIVATION
☐ 3 OTHER (Describe) _____

10. SKIN:

☐ 0 NORMALITY ☐ 1 MOTTLED
☐ 2 TENSE
☐ 3 PALE, PLACID

COORDINATIVE FUNCTION OF EXTREMITIES:

11. ARMS AND HANDS ☐ 0 NO DIFFICULTY ☐ 1 LEFT MORE ADEPT ☐ 2 RIGHT MORE ADEPT
12. LEGS AND FEET ☐ 0 NO DIFFICULTY ☐ 1 LEFT MORE ADEPT ☐ 2 RIGHT MORE ADEPT

13. MOBILITY:

☐ 0 NO ABNORMALITY ☐ 1 DISCOORDINATED MOVEMENTS (Describe) _____
☐ 2 INCOORDINATED WITH VOLUNTARY MOVEMENT
☐ 3 OTHER (Describe) _____

PHS-3151-2
Rev. 7-68

PRETEST: ADDITIONAL OBSERVATIONS ON THE INFANT BEHAVIOR PROFILE

14. PATIENT IDENTIFICATION

SELECTIVE BEHAVIOR:

	ABSENT	MILD	EXCESSIVE
15. Irritability	0	1	2
16. Fearfulness	0	1	2
17. Sociability	0	1	2
18. Preoccupation with one toy	0	1	2
19. Impulsivity	0	1	2

OBVIOUS DEFECTS OR ANOMALIES:

20. ☐ Microcephalic
21. ☐ Hydrocephalic
22. ☐ Asymmetry of the skull
23. ☐ Abnormalities of ears or earlobes
24. ☐ Deformities of trunk, back or any extremities
25. ☐ Extreme elongation of fingers
26. ☐ Unusually short, stubby fingers
27. ☐ Supernumerary nipples
28. ☐ Obesity
29. ☐ Excessive weight
30. ☐ Postural imbalance
31. ☐ Discolorations under skin parts
32. ☐ Unusual coloration of fingernails
33. ☐ Lines in upper palm creases
34. ☐ Unusual palm distribution or lack of palm
35. ☐ Scoliosis
36. ☐ Other (Describe) _____

37. COMMENTS:

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PAGE 2 OF 2 PAGES

PHS-3151-4
REV. 7-68

PROTEST: MATERNAL BEHAVIOR IN TESTING SITUATION

1. PATIENT IDENTIFICATION

2. DATE

3. DATE
MO | DAY | YEAR

4. ESTIMATE (CHILD)
MO | DAY | YEAR

5. EXPRESSION OF AFFECTION (BEHAVIOR)
CHILD 1 | 2 | BOTH 3 | 4 | OTHER-DESCRIBE/EXPLAIN 5

6. EXPRESSION OF AFFECTION (VERBAL)
NEGATIVE 1 | 2 | BOTH 3 | 4 | EXTRANEOUS 5

7. EVALUATION OF CHILD (what MOTHER SAYS about CHILD)
CRITICAL 1 | 2 | ACCEPTING 3 | 4 | EXPECTING 5

8. PHYSICAL HANDLING OF CHILD (CARESS)
GENTLE 1 | 2 | BOTH/SOMETIMES 3 | 4 | ROUGH/ROUGHLY 5

9. ENCOURAGEMENT OF CHILD (DURING ACTUAL TESTING)
TO PERSEVERE 1 | 2 | DISCOURAGE 3 | 4 | DISCOURAGING 5

10. RESPONSIVENESS TO CHILD'S PHYSICAL NEEDS
UNRESPONSIVE 1 | 2 | RESPONSIVE 3 | 4 | OVER 5

11. VERBALIZED ATTITUDE TOWARD CHILD'S TEST PERFORMANCE
INDIFFERENT 1 | 2 | APPROVING 3 | 4 | DISAPPROVING 5

12. MOTHER'S FOCUS OF ATTENTION DURING EXAMINATION
CHILD 1 | 2 | EITHER 3 | 4 | SELF 5

13. CHILD'S APPEARANCE
DIRTY 1 | 2 | APPROPRIATE 3 | 4 | OVER 5

14. REMARKS:

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PUBLIC HEALTH SERVICE

(PHS REV. 7-68)

PHS-3131-3
Rev. 7/69

12. Patient Identification

PREMATURE INFANT BEHAVIOR PROFILE
(For use with CCRN project)

Emotional Expressions	1	2	3	4	5	Comments
15. Laughing	Rarely		Occasionally		Very often	
16. Crying	Rarely		Occasionally		Very often	
18. Consistency of Behavior	Rarely consistent		Some consistency		Consistent	
Organic Rating						
16. Postural (well-being)	Very poor		Adequate		Very good	
17. Physical (motor)	Very poor		Adequate		Very good	
14. Social	Very poor		Adequate		Very good	
19. Intellectual	Very poor		Adequate		Very good	

20. Prominent Impressions: ☐ Anxious ☐ Fearful ☐ Aggressive

- ☐ Brain-Damage
- ☐ General Mental Retardation
- ☐ Emotional Disturbance
- ☐ Autism
- ☐ Other (specify)
- ☐ Undecided

21. Adequacy of Examiner: ☐ Adequate ☐ Not Adequate (specify)

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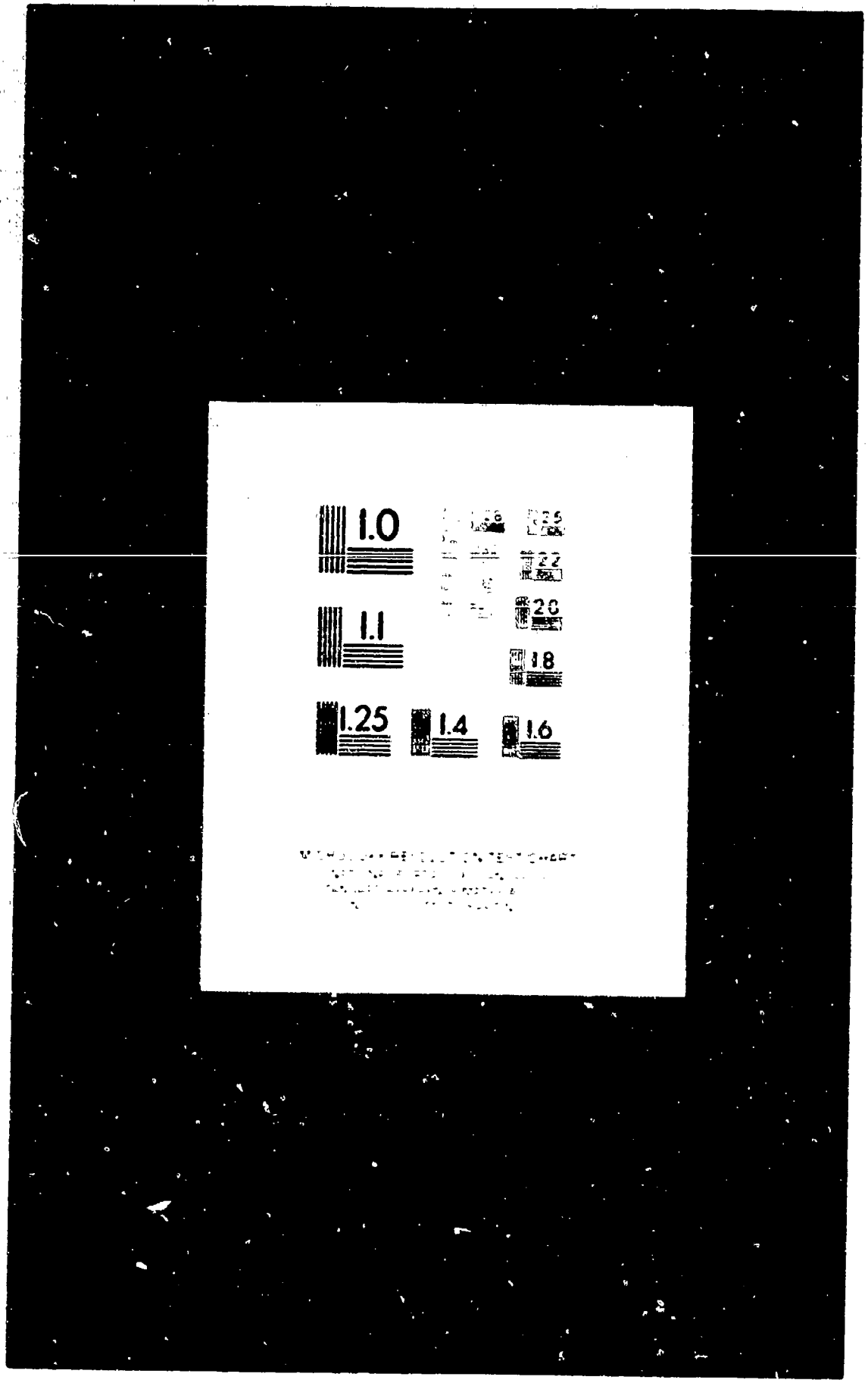
II.H.136

PS-1-5


1.0
1.1
1.25
1.4
1.6
2.2
2.0
1.8

CONTINUED ON NEXT FICHE