

ADDITIONAL OBSERVATIONS

2. EXAMINED BY

3. DATE OF EXAM

MO. DAY YEAR

4. FACE

- Normal  
0
- Asymmetry  
1
- Mask-like  
2
- Hypermobile  
3
- Other (describe)  
8

5. MOUTH

- Normal  
0
- Open most of the time  
1
- Excessive drooling  
2
- Unusual movements  
3
- Other (Describe)  
8

6. HEARING

	RIGHT		LEFT	
	YES	NO	YES	NO
7. Responds to bell.....	<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 2
8. Responds to rattle.....	<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 2
9. Responds to high freq. con. (SSS) (optional).....	<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 2
10. Responds to low spoken voice (optional).....	<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 2
11. Responds to middle frequency consonants (KKK)..... (optional)	<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 2
12. Other (describe)			<input type="checkbox"/> 8	

13. EYES

		RIGHT	LEFT
Normal	Strabismus	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> Right 0	Nystagmus	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> Left 0	Epicanthic Fold	<input type="checkbox"/> 3	<input type="checkbox"/> 3

14. GRIP

		RIGHT	LEFT
Normal	Strong	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> Right 0	Weak, flaccid	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> Left 0	Absent	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	Other (describe)		<input type="checkbox"/> 8

15. COMPARATIVE FUNCTION OF ARMS AND HANDS

		RIGHT	LEFT
<input type="checkbox"/> No difference 0	Grasp more adept (cube)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> No difference 0	Prehension more adept (pellet)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> No difference 0	Used more predominantly	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	Other (Describe)		<input type="checkbox"/> 8

16. COMMENTS

ADDITIONAL OBSERVATIONS

18. EXAMINED BY

19. DATE OF EXAM.  
MO. DAY YEAR

20. UNUSUAL MUSCULAR MOVEMENTS OR POSTURAL ADJUSTMENTS

NONE  
 OX

- 1. Head not erect.....
- 2. Head unsteady.....
- 3. Athetoid movements of arms and hands.....
- 4. Backhanded use of hands.....
- 5. Hands consistently fisted.....
- 6. Tremors of hands.....
- 7. Consistent bilateral use of hands.....
- 8. Arms consistently extended and elevated.....
- 9. Shoulders and upper arms stiff, almost immobile.....
- 10. Tremors of legs.....
- 11. Scissoring of legs.....
- 12. Consistent flexing of knees, unable to put weight on feet.....
- 13. Other (*describe*).....

21. DEVIANT OR STEREOTYPED BEHAVIOR

NONE  
 OX

- 1. Excessive and persistent dropping.....
- 2. Excessive and persistent mouthing of toys.....
- 3. Excessive and persistent banging.....
- 4. Preoccupation with a toy (to the exclusion of others).....
- 5. Persistent transferring of toys from one hand to the other.....
- 6. Unusual and meaningless hand motions.....
- 7. Head rolling.....
- 8. Head banging.....
- 9. Rocking.....
- 10. Meaningless smiling and laughing.....
- 11. Excessive crying.....
- 12. Other (*describe*).....

22. OBVIOUS DEFECTS OR ANOMALIES

NONE  
 OX

- 1. Mongolism.....
- 2. Hydrocephalus.....
- 3. Microcephalus.....
- 4. Asymmetry of skull...
- 5. Very obese.....
- 6. Unusually small.....
- 7. Skin condition (*not diaper rash*).....
- 8. Other (*describe in detail*)...

23. COMMENTS

MANUAL FOR  
ADDITIONAL OBSERVATIONS

(For Form PS-4, Revised January 1961)

THE COLLABORATIVE STUDY OF CEREBRAL PALSY AND  
OTHER NEUROLOGICAL AND SENSORY DISORDERS OF  
INFANCY AND CHILDHOOD

January 1961

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 function 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. DIRECTIONS.

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. Hypermotility 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 14 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 14. 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 Function of Arms and Hands - Item 15. 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.
- G. Unusual Muscular Movement or Postural Adjustments - Item 20.
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, "wobblyness," 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 sidedness 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 exzema, skin rashes, unusual partial discolorations of the skin, but should not include diaper rash. Items 1-8.