

# Study of Estrogen Activity and Development – SEAD 1 Sonography

FORM#:

VER#:

SEAD ID#:

VISIT#:

DATE OF EXAM:   /   /      
(month) (day) (year)

COORDINATOR'S INITIALS:

RADIOLOGIST'S INITIALS:

TECHNOLOGIST'S INITIALS:

START TIME OF VISIT:   :    
(24-hour clock)

END TIME OF VISIT:   :    
(24-hour clock)

DATE OF BIRTH:   /   /      
(month) (day) (year)

TIME OF BIRTH:   :    
(24-hour clock)

SEX OF BABY: MALE ..... 1  
FEMALE ..... 2

FEEDING METHOD: BREAST ..... 1  
COW FORMULA ..... 2  
SOY FORMULA ..... 3

**AGE INTERVAL:**

- |                    |                 |                  |                    |
|--------------------|-----------------|------------------|--------------------|
| 0 – 48 HOURS.....1 | 1 MONTH .....5  | 5 MONTHS..... 8  | 9 MONTHS ..... 13  |
| 1 WEEK .....2      | 2 MONTHS .....6 | 6 MONTHS..... 10 | 10 MONTHS ..... 14 |
| 2 WEEKS.....3      | 3 MONTHS .....7 | 7 MONTHS..... 11 | 11 MONTHS ..... 15 |
| 3 WEEKS.....4      | 4 MONTHS .....8 | 8 MONTHS..... 12 | 12 MONTHS ..... 16 |

**ANTHROPOMETRIC MEASUREMENT:**

	1. Length	2. Weight	3. Head circumference
a. FIRST MEASUREMENT:	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)
b. SECOND MEASUREMENT:	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)
c. THIRD MEASUREMENT:	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> . <input type="text"/> (cm)

**BREAST**

4. Was a sonogram performed?

YES..... 1  
 NO..... [Q12]..... 2

[IF YES:]

	a. RIGHT BREAST BUD	b. LEFT BREAST BUD
5. Sagittal:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
6. Transverse:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
7. A-P:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
8. Dilated ducts present in breast tissue?	YES..... 1 NO ..... 2	YES..... 1 NO ..... 2
9. Cysts present in breast tissue?	YES..... 1 NO ..... [Q5b]..... 2	YES..... 1 NO ..... [Q13]..... 2
[IF YES:] 10. Number of cysts?	<input type="text"/> <input type="text"/> <input type="text"/> # OF CYSTS	<input type="text"/> <input type="text"/> <input type="text"/> # OF CYSTS
11. Size of largest cyst?	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) [GO TO Q5b]	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) [GO TO Q13]

[IF Q4 = NO:]

12. Reason for not performing sonogram:

RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 OTHER ..... 4

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED..... 7

**THYROID**

13. Was a sonogram performed?

YES..... 1  
 NO.....[Q17]..... 2

[IF YES:]

	a. RIGHT LOBE	b. LEFT LOBE
14. Sagittal:	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)
15. Transverse:	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)
16. A-P:	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) [GO TO Q14b]	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm) [GO TO Q18]

[IF Q13 = NO:]

17. Reason for not performing sonogram:

RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 OTHER ..... 4

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED..... 7

**KIDNEYS**

18. Was a sonogram performed?

YES..... 1  
 NO..... [Q20] ..... 2

[IF YES:]

	a. RIGHT KIDNEY	b. LEFT KIDNEY
19. Sagittal:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) [GO TO Q19b]	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) [GO TO Q21]

[IF Q18 = NO:]

20. Reason for not performing sonogram:

RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 OTHER ..... 4

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED..... 7

**THYMUS**

21. Was sonogram performed? YES..... 1  
 NO.....[Q26]..... 2

[IF YES:]

22. Was the thymus visualized? YES..... 1  
 NO.....[INSTRUCTION]..... 2

[IF Q22 = NO, FEMALES GO TO Q27, MALES GO TO Q46.]

[IF YES:]

23. Sagittal:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
24. Transverse:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
25. A-P:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) [GO TO Q27]

[IF Q21 = NO:]

26. Reason for not performing sonogram: RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 OTHER ..... 4

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED..... 7

[QUESTIONS 27-45b ARE FOR FEMALES ONLY. MALES GO TO QUESTION 46.]

[QUESTIONS 27-45b ARE FOR FEMALES ONLY. MALES GO TO QUESTION 46.]

**UTERUS**

27. Was the sonogram performed? YES..... 1  
 NO.....[Q35]..... 2

[IF YES:]

28. Sagittal:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
29. Transverse:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
30. A-P:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)

31. Endometrial stripe visible? YES..... 1  
 NO..... 2

32. Shape of the uterus: FUNDUS > CERVIX ..... 1  
 FUNDUS = CERVIX ..... 2  
 FUNDUS < CERVIX ..... 3

33. Duplication anomaly suspected? YES..... 1  
 NO..... 2

34. Was the bladder? FULL ..... [Q36a]..... 1  
 PARTIAL FULL ..... [Q36a]..... 2

[IF Q27 = NO:]  
 35. Reason for not performing sonogram: RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 BLADDER EMPTY..... 4  
 OTHER ..... 5

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED ..... 7

**OVARIES**

**A. Right Ovary**

36a. Was the sonogram performed?

YES..... 1  
 NO.....[Q45a]..... 2

[IF YES:]

37a. Visualized?

YES..... 1  
 NO.....[Q36b]..... 2

[IF YES:]

<p>38a. Sagittal:</p>	<p>1. <input type="text"/> . <input type="text"/> (cm)                  2. <input type="text"/> . <input type="text"/> (cm)                  3. <input type="text"/> . <input type="text"/> (cm)</p>
<p>39a. Transverse:</p>	<p>1. <input type="text"/> . <input type="text"/> (cm)                  2. <input type="text"/> . <input type="text"/> (cm)                  3. <input type="text"/> . <input type="text"/> (cm)</p>
<p>40a. A-P:</p>	<p>1. <input type="text"/> . <input type="text"/> (cm)                  2. <input type="text"/> . <input type="text"/> (cm)                  3. <input type="text"/> . <input type="text"/> (cm)</p>

41a. Cysts (follicles >1cm) present?

YES..... 1  
 NO.....[Q36b]..... 2

[IF YES:]

42a. Number of cysts?

# OF CYSTS

[RECORD 5 LARGEST:]	43a. SIZE	44a. COMPLEXITY
01. CYST 1:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX..... 2 [IF NO MORE, GO TO Q36b]
02. CYST 2:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX..... 2 [IF NO MORE, GO TO Q36b]
03. CYST 3:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX..... 2 [IF NO MORE, GO TO Q36b]
04. CYST 4:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX..... 2 [IF NO MORE, GO TO Q36b]
05. CYST 5:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX..... 2 [IF NO MORE, GO TO Q36b]

[IF Q36a = NO:]

45a. Reason for not performing sonogram:

RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 BLADDER EMPTY..... 4  
 OTHER ..... 5

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED..... 7



**B. Left Ovary**

36b. Was the sonogram performed?

YES..... 1  
 NO.....[Q45b]..... 2

[IF YES:]

37b. Visualized?

YES..... 1  
 NO.....[Q65]..... 2

[IF YES:]

<p>38b. Sagittal:</p>	<p>1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)                  2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)                  3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)</p>
<p>39b. Transverse:</p>	<p>1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)                  2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)                  3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)</p>
<p>40b. A-P:</p>	<p>1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)                  2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)                  3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)</p>

41. Cysts (follicles >1cm) present?

YES ..... 1  
 NO.....[Q65].....2

[IF YES:]

42b. Number of cysts?

# OF CYSTS

[RECORD 5 LARGEST:]	43b. SIZE	44b. COMPLEXITY
01. CYST 1:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX.....2 [IF NO MORE, GO TO Q65]
02. CYST 2:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX.....2 [IF NO MORE, GO TO Q65]
03. CYST 3:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX.....2 [IF NO MORE, GO TO Q65]
04. CYST 4:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX.....2 [IF NO MORE, GO TO Q65]
05. CYST 5:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (cm)	SIMPLE ..... 1 COMPLEX.....2 [IF NO MORE, GO TO Q65]

[IF Q36B = NO:]

45b. Reason for not performing sonogram:

RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 BLADDER EMPTY..... 4  
 OTHER ..... 5

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED..... 7

[QUESTIONS 46-64 ARE FOR MALES ONLY. FEMALES, GO TO QUESTION 65.]

[QUESTIONS 46-64 ARE FOR MALES ONLY. FEMALES, GO TO QUESTION 65.]

**TESTES**

46. Was the sonogram performed? YES.....1  
 NO.....[Q51].....2

[IF YES:]

	a. RIGHT TESTIS	b. LEFT TESTIS
47. Position of testis:	UNDESCENDED..... 1 INGUINAL..... 2 SCROTAL..... 3	UNDESCENDED.....1 INGUINAL .....2 SCROTAL .....3
48. Sagittal:	1. [ ][ ] . [ ][ ] (cm) 2. [ ][ ] . [ ][ ] (cm) 3. [ ][ ] . [ ][ ] (cm)	1. [ ][ ] . [ ][ ] (cm) 2. [ ][ ] . [ ][ ] (cm) 3. [ ][ ] . [ ][ ] (cm)
49. Transverse:	1. [ ][ ] . [ ][ ] (cm) 2. [ ][ ] . [ ][ ] (cm) 3. [ ][ ] . [ ][ ] (cm)	1. [ ][ ] . [ ][ ] (cm) 2. [ ][ ] . [ ][ ] (cm) 3. [ ][ ] . [ ][ ] (cm)
50. A-P:	1. [ ][ ] . [ ][ ] (cm) 2. [ ][ ] . [ ][ ] (cm) 3. [ ][ ] . [ ][ ] (cm) [GO TO Q47b]	1. [ ][ ] . [ ][ ] (cm) 2. [ ][ ] . [ ][ ] (cm) 3. [ ][ ] . [ ][ ] (cm) [GO TO Q52]

[IF Q46 = NO:]

51. Reason for not performing sonogram:

RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 OTHER ..... 4

SPECIFY \_\_\_\_\_ [ ][ ]

CAREGIVER REFUSED..... 7

**PROSTATE**

52. Was the sonogram performed through the bladder? YES..... 1  
 NO.....[Q58]..... 2

[IF YES:]

53. Was the prostate visualized? YES..... 1  
 NO.....[Q59]..... 2

[IF YES:]

54. Sagittal:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
55. Transverse:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
56. A-P:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)

57. Was the bladder? FULL .....[Q59] ..... 1  
 PARTIAL FULL .....[Q59] ..... 2

[IF Q52 = NO:]

58. Reason for not performing sonogram:  
 RAN OUT OF TIME ..... 1  
 BABY UNCOOPERATIVE ..... 2  
 INSTRUMENT FAILURE ..... 3  
 BLADDER EMPTY ..... 4  
 OTHER ..... 5

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED ..... 7

59. Was the sonogram performed through the perineum?

YES..... 1  
NO.....[Q64]..... 2

[IF YES:]

60. Was it visualized?

YES..... 1  
NO.....[Q65]..... 2

[IF YES:]

61. Sagittal:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
62. Transverse:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm)
63. A-P:	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 2. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) 3. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (cm) [GO TO Q65]

[IF Q59 = NO:]

64. Reason for not performing sonogram:

RAN OUT OF TIME ..... 1  
BABY UNCOOPERATIVE ..... 2  
INSTRUMENT FAILURE ..... 3  
OTHER ..... 5

SPECIFY \_\_\_\_\_

CAREGIVER REFUSED ..... 7

65. Were there any problems with the exam?

YES..... 1  
NO .....[END]..... 2

[IF YES:]

66. Please specify:

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