

ID #: _____

Date: _____

Interviewer: _____

Physical Exam

(Adapted with permission from MIND Institute's CHARGE Study: *Childhood Autism Risks from Genetics and the Environment*)

All descriptions and standards for physical measurements are from Handbook of Normal Physical Measurements by Judith Hall, Urula Froster-Iskenius, and Judith Allanson, published 1989. Measurements may come from actual measurements of the child or measurements from digital photographs. NE= Not Examined.

* indicates measurements taken from digital photograph

Head

- | | | | | |
|--------------------------|-----------|-----------|--------|----|
| 1. *Occiput: | Flat | Prominent | Normal | NE |
| 2. *Frontal Bossing: | | Yes | No | NE |
| 3. *Abnormal head shape: | | Yes | No | NE |
| | Describe: | | | |
| 4. Midface Hypoplasia: | | Yes | No | NE |
| 5. Facial Asymmetry: | | Yes | No | NE |
| 6. Head Circumference | | _____ cm | | NE |
| 7. Other/Comments: | _____ | | | |

Eyes (Optional Section)

- | | | | | | | |
|--------------------------------|--------|------------------|---------------|---------------------------|-----------------|------------|
| 8. * Inner Canthal Distance: | | _____ cm | | _____ % | | |
| 9. *Outer Canthal Distance: | | _____ cm | | _____ % | | |
| 10. *Interpupillary Distance: | | _____ cm | | _____ % | | |
| 11. *Palpebral Fissure Length: | Right: | _____ cm | Left: | _____ cm _____ % | | |
| 12. *Palpebral Fissure Slant: | Up | Down | Normal | Approximent Degree: _____ | | |
| 13. Strabismus: | | Yes | No | NE | | |
| 14. Nystagmus: | | Yes | No | NE | Vertical | Horizontal |
| 15. Pupillary Red Reflex: | | Yes | No | NE | | |
| 16. Epicanthal Folds: | | Yes | No | NE | | |
| 17. Prominent Eyes: | | Yes | No | NE | | |
| 18. Periorbital Fullness: | | Yes | No | NE | | |
| 19. Synophrys: | | Yes | No | NE | | |
| 20. Medial Eyebrow Flair: | | Yes | No | NE | | |
| 21. Ptosis: | | Yes | No | NE | | |
| 22. Colobomata: | | Yes | No | NE | | |
| 23. Corneal Opacity: | | Yes | No | NE | | |
| 24. Iris Patterning: | | Brushfield Spots | Lisch Nodules | Fine/Porous | Heterochromasia | |
| | | Stellate | Pale Blue | None | NE | |
| 25. Other/Comments: | _____ | | | | | |

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Ears (Optional Section)

26. *Ear Length: Right: _____ cm Left: _____ cm _____ %
27. *Ear Width: Right: _____ cm Left: _____ cm _____ %
28. *Ear Rotation: _____ degrees NE
29. *Ear Placement: High Low Normal NE
30. Preauricular Pits: Yes No NE Left Right Bilateral
31. Preauricular Tags: Yes No NE Left Right Bilateral
32. Absent Tragus: Yes No NE Left Right Bilateral
33. Ear Cupping: Yes No NE Left Right Bilateral
34. Ear Lobe: Free Attached Notches NE
35. Other/Comments: _____

Nose (Optional Section)

36. *Nasal Length: _____ cm _____ %
37. Nasal Root: Broad Narrow Normal NE
38. Nasal Bridge: Prominent Depressed Broad Normal NE
39. Nasal Tip: Flat Bifid Cleft Upturned Normal
40. Hypoplastic Nares: Yes No NE
41. Anteverted Nostrils: Yes No NE
42. Other/Comments: _____

Maxilla and Mandible (Optional Section)

43. Malar Hypoplasia: Yes No NE
44. Maxillary Hypoplasia: Yes No NE
45. Micrognathia: Yes No NE
46. Prognathia: Yes No NE
47. Other/Comments: _____

Mouth/Oral Region (Optional Section)

48. *Philtrum Length (at rest): _____ cm _____ %
49. Philtrum flat at rest : Yes No NE
50. High Arched Palate: Yes No NE
51. Bifid Uvula: Yes No NE
52. Prominent Lips: Yes No NE
53. Thin Upper Lip: Yes No NE
54. Downturned Corners Mouth: Yes No NE
55. Microglossia: Yes No NE
56. Macroglossia: Yes No NE
57. Enamel Hypoplasia: Yes No NE
58. Supernumerary Teeth: Yes No NE
59. Microdontia: Yes No NE
60. Fused Teeth: Yes No NE
61. Discolored/Mottled: Yes No NE
62. Other/Comments: _____

Neck, Thorax, Back

ID #: _____

63. Webbed Neck: Yes No NE
64. Supernumerary Nipples Yes No NE
65. Wide Spaced Nipples: Yes No NE
66. Pectus Excavatum: Yes No NE
67. Pectus Carinatum: Yes No NE
68. Scoliosis: Yes No NE
69. Kyphosis: Yes No NE
70. Sacral Dimple/Hair Tuft: Yes No NE
71. Other/Comments: _____

Limbs

72. *Hand Length: Right: _____ cm Left: _____ cm _____ %
73. *Third Finger Length: Right: _____ cm Left: _____ cm _____ %
74. *Index > 3rd finger Yes No NK
75. Foot Length: Right: _____ cm Left: _____ cm _____ %
76. Brachydactyly: Yes No NE RU LU RL LL
77. Clinodactyly: Yes No NE Site: _____
78. Polydactyly: Yes No NE Site: _____
79. Syndactyly: Yes No NE Site: _____
80. Camptodactyly: Yes No NE Site: _____
81. Single Palmar Crease: Yes No NE Right Left Bilateral
82. Nail Hypoplasia: Yes No NE RU LU RL LL
83. Prominent Finger Pads: Yes No NE Right Left Bilateral
84. Joint Limitations/Contractures: Yes No NE Site: _____
85. Joint Hyperextensibility: Yes No NE Site: _____
86. Other/Comments: _____

Skin, Hair

87. Edema of Hands or Feet: Yes No NE
88. Hypopigmentation: Yes No NE Distribution:
89. Hyperpigmentation: Yes No NE Distribution:
90. Café-au-lait: Yes No NE Number: _____
91. Axillary Freckling: Yes No NE
92. Ash Leaf Spots: Yes No NE
93. Shagreen Spots: Yes No NE
94. Neurofibromas: Yes No NE
95. Subcutaneous Nodules: Yes No NE
96. Eczema: Yes No NE
97. Low Frontal Hairline: Yes No NE
98. Low Posterior Hairline: Yes No NE
99. Absent Lashes or Eyebrows: Yes No NE
100. Hair Type: Fine Course Thick Fragile Kinky Curly
101. Other/Comments: _____

Cardiopulmonary

102. Cyanosis: Yes No NE

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103.Pallor: Yes No NE
 104.Pulses: Normal Decreased Bounding
 105.Heart Rate: Tachy Brady Normal NE Heart Rate: _____
 106.Blood Pressure: High Low Normal NE BP: _____
 107.Rhythm: Regular Irregularly Irregular Regularly Irregular
 108.Extra Heart Sounds: None Gallop Rub Other NE
 109.Murmur: Yes No NE Grade: I II III IV V VI Timing: _____
 110.Bruits: Yes No NE Site: _____
 111.Respiratory Rate: Normal Tachypnea Respiratory Rate: _____
 112.Adventitial sounds: Yes No NE
 113.Accessory Muscle Use: Yes No NE
 114. Other/Comments: _____

Abdomen

115.Tenderness Yes No NE
 116.Hepatomegally: Yes No NE
 117.Splenomegally: Yes No NE
 118. Other/Comments: _____

Genito-Urinary

119.Ambiguous Genitalia: Yes No NE
 120.Hypospadias: Yes No NE
 121.Micropenis: Yes No NE Length: _____cm _____%
 122.Cryptorchidism: Yes No NE Right Left Bilateral
 123.Macroorchidism: Yes No NE Volume: _____mL
 124.Anterior Anus: Yes No NE
 125. Other/Comments: _____

Neurological

126.Muscle tone:	Normal	Hypertonic	Hypotonic	Mixed	NE
127.DTR Biceps:	R _____	L _____	NE		
128.DTR Triceps:	R _____	L _____	NE		
129.DTR Patella:	R _____	L _____	NE		
130.DTR Ankle:	R _____	L _____	NE		
131.Strength RU:	1	2	3	4	5
132.Strength LU:	1	2	3	4	5
133.Strength RL:	1	2	3	4	5
134.Strength LL:	1	2	3	4	5
135.Extraocular Movements:	Normal	Abnormal	NE	Describe: _____	
136.Symmetry of Smile:	Normal	Abnormal	NE	Describe: _____	
137.Gait:	Normal	Abnormal	NE	Describe: _____	
138.Involuntary movements:	Yes	No	Abnormal	NE Describe: _____	
139. Other/Comments:	_____				

****DTR Description Score**
 0 Reflex absent
 1 Reflex small, less than normal; includes a trace response, or a response brought out only by reinforcement
 2 Reflex in lower half of normal range
 3 Reflex in upper half of normal range
 4 Reflex enhanced, more than normal; includes clonus if present, which optionally can be noted in an added verbal description of the reflex 4