

## Study of Estrogen Activity and Development – SEAD 2 Physical Examination and Ballard Markers

FORM#:

VER#:

SEAD ID#:

VISIT#:

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

COORDINATOR'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)

EXAM SITE: HUP NURSERY .....1  
 FAMILY PRACTICE .....2  
 MARKET STREET .....3  
 UNIVERSITY CITY.....4  
 COBB'S CREEK.....5  
 SOUTH PHILADELPHIA .....6  
 COATESVILLE .....7  
 KENNETT SQUARE .....8  
 NORTH HILLS.....9  
 WEST CHESTER.....10  
 WEST GROVE .....11  
 CHADD'S FORD .....12  
 OTHER.....13  
 SPECIFY: \_\_\_\_\_

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

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

AGE INTERVAL: 0-48 HOURS..... 1  
 1 WEEK .....2  
 2 WEEKS.....3  
 3 WEEKS.....4  
 1 MONTH.....5  
 3 MONTHS .....6  
 6 MONTHS .....7

**ANTHROPOMETRIC MEASUREMENT:**

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

**BREAST:**

	a. RIGHT BREAST	b. LEFT BREAST
4. Record appearance of the areola:	FLAT ..... 1 STIPPLED ..... 2 RAISED ..... 3 FULL ..... 4	FLAT ..... 1 STIPPLED ..... 2 RAISED ..... 3 FULL ..... 4
5. Is there a breast bud?	YES ..... 1 NO ..... [Q9a] ..... 2	YES ..... 1 NO ..... [Q9b] ..... 2
[IF YES:] 6. Record size of breast bud with beads:	1st: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 2nd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 3rd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm)	1st: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 2nd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm) 3rd: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (mm)
7. Were all 3 measurements taken?	YES ..... [Q9a] ..... 1 NO ..... 2	YES ..... [Q9b] ..... 1 NO ..... 2
[IF NO:] 8. Record reason:	CAREGIVER REFUSED ..... 1 OTHER ..... 2 SPECIFY:  _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CAREGIVER REFUSED ..... 1 OTHER ..... 2 SPECIFY:  _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Is adipose tissue palpable?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

10. Secretions from breast observed? YES ..... 1  
NO ..... [Q12] ..... 2

[IF YES:]  
11. Was breast secretion sample collected? YES ..... 1  
NO ..... 2

**ASK PARENT:**

12. Have you ever seen any discharge from  
[INFANT'S NAME]'s breast since (he/she)  
was born?

YES..... 1  
NO .....[INSTRUCTION 1]..... 2  
REFUSED.....[INSTRUCTION 1]..... 7  
DON'T KNOW.....[INSTRUCTION 1]..... 8

**INSTRUCTION 1:**

[IF MALE, SKIP TO Q15. IF FEMALE, SKIP TO Q21.]

[IF YES:]

13. How many times since birth have you seen  
breast discharge?

#TIMES  
[DK=98]

14. How old was [INFANT'S NAME] when you  
last saw the discharge?

#OF  
[DK=98,  
GO TO INSTRUCTION 2]

HOURS..... 1  
DAYS ..... 2  
WEEKS ..... 3  
MONTHS ..... 4

**INSTRUCTION 2:**

[QUESTIONS 15-20 ARE FOR MALES ONLY. FEMALES SKIP TO Q21.]

[QUESTIONS 15-20 ARE FOR MALES ONLY. FEMALES SKIP TO Q21.]

**TESTES AND SCROTUM:**

	a. RIGHT SIDE	b. LEFT SIDE
15. Record appearance of the testis:	RETRACTILE ..... 1 DESCENDING ..... 2 DOWN ..... 3 PENDULOUS ..... 4	RETRACTILE ..... 1 DESCENDING ..... 2 DOWN ..... 3 PENDULOUS ..... 4
16. Was testis measured?	YES ..... 1 NO ..... [Q18a] ..... 2	YES ..... 1 NO ..... [Q18b] ..... 2
[IF YES:] 17. Record size using beads:	<input type="text"/> . <input type="text"/> (cm <sup>3</sup> ) [GO TO Q19a]	<input type="text"/> . <input type="text"/> (cm <sup>3</sup> ) [GO TO Q19b]
[IF NO:] 18. Reason for not measuring testis?	HYDROCELE PRESENT ..... 1 CAREGIVER REFUSED ..... 2 OTHER ..... 3 SPECIFY: _____ <input type="text"/> <input type="text"/> <input type="text"/>	HYDROCELE PRESENT ..... 1 CAREGIVER REFUSED ..... 2 OTHER ..... 3 SPECIFY: _____ <input type="text"/> <input type="text"/> <input type="text"/>
19. Record appearance of scrotum:	RARE RUGAE ..... 1 FEW RUGAE ..... 2 GOOD RUGAE ..... 3 DEEP RUGAE ..... 4	RARE RUGAE ..... 1 FEW RUGAE ..... 2 GOOD RUGAE ..... 3 DEEP RUGAE ..... 4
20. Cremasteric reflex:	PRESENT ..... 1 ABSENT ..... 2 [GO TO Q15b]	PRESENT ..... 1 ABSENT ..... 2

[QUESTIONS 21-34 ARE FOR FEMALES ONLY. MALES SKIP TO PAGE 6, QUESTION Q35]

**PREPUCE AND LABIA:**

21. Was prepuce and labia observed? YES..... 1  
NO .....[Q24]..... 2

[IF YES:]  
22. Record appearance of prepuce: PROMINENT ..... 1  
NOT PROMINENT ..... 2

23. Record appearance of labia: ENLARGED MINORA ..... 1  
MAJORA AND MINORA EQUALLY PROMINENT ... 2  
MAJORA LARGE, MINORA SMALL ..... 3  
MAJORA COVER CLITORIS AND MINORA ..... 4

[IF NO:]  
24. Record reason: CAREGIVER REFUSED ..... 1  
OTHER ..... 2  
SPECIFY:  
\_\_\_\_\_

**VAGINAL DISCHARGE CHARACTERISTICS:**

25. Is there vaginal discharge? YES..... 1  
NO .....[Q30]..... 2
- [IF YES:]
26. Amount of discharge: MOIST ..... 1  
SCANT ..... 2  
MODERATE ..... 3  
COPIOUS ..... 4
27. Appearance of discharge: MILKY ..... 1  
MUCOID ..... 2  
INSUFFICIENT QUANTITY ..... 3
28. Viscosity of discharge: THICK ..... 1  
THIN ..... 2  
INSUFFICIENT QUANTITY ..... 3
29. Was blood observed in the vaginal discharge? YES..... 1  
NO ..... 2
30. Was a vaginal smear collected? YES.....[Q32]..... 1  
NO ..... 2
- [IF NO:]
31. Reason for not collecting vaginal smear? CAREGIVER REFUSED ..... 1  
OTHER ..... 2  
SPECIFY:

\_\_\_\_\_

**ASK PARENT:**

32. Have you ever seen any bloody streaks or spots, or pink discharge from [INFANT'S NAME]'s vagina since she was born? YES..... 1  
NO .....[Q35]..... 2  
REFUSED.....[Q35]..... 7

[IF YES:]

33. How many times since birth have you seen this discharge?     
#TIMES  
[DK=98]

34. How old was [INFANT'S NAME] when you last saw the discharge?     
#OF  
[DK=98,  
GO TO Q35]

- HOURS ..... 1  
DAYS ..... 2  
WEEKS ..... 3

MONTHS ..... 4

[QUESTIONS 35-37 ARE FOR BOTH MALES AND FEMALES:]

35. Were pictures or videotape taken of exam?	PHOTOS.....	1
	VIDEO.....	2
	NEITHER .....	3

36. Were there any problems with the exam?	YES.....	1
	NO ..... [END, RECORD RESULTS] .....	2

[IF YES:]

37. Please specify:

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**[IF SPECIMENS COLLECTED, RECORD RESULTS ON RESULTS FORM.]**