

Interviewer: _____

Date: _____

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: | _____ | | | |
| 8. Height | _____ inches/ | _____ cm | 9. Weight | _____ lb/_____ kg |

Eyes (Optional Section)

- | | | | | | |
|--------------------------------|------------------|----------------|-------------|---------------------------|------------|
| 10. * Inner Canthal Distance: | _____ cm | _____ % | | | |
| 11. *Outer Canthal Distance: | _____ cm | _____ % | | | |
| 12. *Interpupillary Distance: | _____ cm | _____ % | | | |
| 13. *Palpebral Fissure Length: | Right: _____ cm | Left: _____ cm | _____ % | | |
| 14. *Palpebral Fissure Slant: | Up | Down | Normal | Approximent Degree: _____ | |
| 15. Strabismus: | Yes | No | NE | | |
| 16. Nystagmus: | Yes | No | NE | Vertical | Horizontal |
| 17. Pupillary Red Reflex: | Yes | No | NE | | |
| 18. Epicanthal Folds: | Yes | No | NE | | |
| 19. Prominent Eyes: | Yes | No | NE | | |
| 20. Periorbital Fullness: | Yes | No | NE | | |
| 21. Synophrys: | Yes | No | NE | | |
| 22. Medial Eyebrow Flair: | Yes | No | NE | | |
| 23. Ptosis: | Yes | No | NE | | |
| 24. Colobomata: | Yes | No | NE | | |
| 25. Corneal Opacity: | Yes | No | NE | | |
| 26. Iris Patterning: | Brushfield Spots | Lisch Nodules | Fine/Porous | Heterochromasia | |
| | Stellate | Pale Blue | None | NE | |
| 27. Other/Comments: | _____ | | | | |

Ears (Optional Section)

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

Nose (Optional Section)

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

Maxilla and Mandible (Optional Section)

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

Mouth/Oral Region (Optional Section)

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

Neck, Thorax, Back

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

Limbs

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

Skin, Hair

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

Cardiopulmonary

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

Abdomen

117. Tenderness: Yes No NE
 118. Hepatomegally: Yes No NE
 119. Splenomegally: Yes No NE
 120. Other/Comments: _____

Genito-Urinary

121. Ambiguous Genitali: Yes No NE
 122. Hypospadias: Yes No NE
 123. Micropenis: Yes No NE Length: _____ cm _____ %
 124. Cryptorchidism: Yes No NE Right Left Bilateral
 125. Macroorchidism: Yes No NE Volume: _____ mL
 126. Anterior Anus: Yes No NE
 127. Other/Comments: _____

Neurological

	Normal	Hypertonic	Hypotonic	Mixed	NE
128. Muscle tone:					
129. DTR Biceps:	R _____	L _____	NE		
130. DTR Triceps:	R _____	L _____	NE		
131. DTR Patella:	R _____	L _____	NE		
132. DTR Ankle:	R _____	L _____	NE		
133. Strength RU:	1 2	3 4	5		
134. Strength LU:	1 2	3 4	5		
135. Strength RL:	1 2	3 4	5		
136. Strength LL:	1 2	3 4	5		
137. Extraocular Movements:	Normal	Abnormal	NE	Describe: _____	
138. Symmetry of Smile:	Normal	Abnormal	NE	Describe: _____	
139. Gait:	Normal	Abnormal	NE	Describe: _____	
140. Involuntary movements:	Yes No	Abnormal	NE	Describe: _____	
141. 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