

ICPSR 34312

## **Maternal Lifestyle Study in Four Sites in the United States, 1993-2011**

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Questionnaires for Phase II: M08 Medical Data,  
Neurological Examination

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THE EFFECTS OF MATERNAL LIFESTYLES ON INFANT OUTCOMES

Center Number





Screening Number











Visit Month

Birth Number

NEUROLOGICAL EXAM

This exam should be administered by a physician, nurse practitioner, or certified research nurse. It is recommended that it be completed as part of the general physical exam.

	Comments		Comments
1. State at Beginning of Exam (Select <u>one</u> only)	<b>NESTATE</b>	5. Hearing Response to Sound (Select <u>one</u> only)	<b>NEHEAR</b>
Awake and Alert	<input type="text"/>	Turns to soft sound bilaterally	<input type="text"/>
Awake and Irritable	<input type="text"/>	Turns to soft sound <u>only</u> on the left	<input type="text"/>
Drowsy	<input type="text"/>	Turns to soft sound <u>only</u> on the right	<input type="text"/>
Asleep	<input type="text"/>	No response to soft sound	<input type="text"/>
2. Head Shape and Contour (Select <u>one</u> only)	<b>NESHAPE</b>	6. Visual Behavior (Select <u>one</u> only)	<b>NENEVIS</b>
Normal	<input type="text"/>	Follows light or object	<input type="text"/>
Abnormal	<input type="text"/>	Does not follow light or object	<input type="text"/>
3. Facial Symmetry (Select <u>one</u> only)	<b>NEFASYM</b>	7. Pupils (Size and Reaction to Light) (Select <u>one</u> only)	<b>NEPUPIL</b>
Face Symmetric	<input type="text"/>	Equal, round and reactive	<input type="text"/>
Facial Palsy on Right	<input type="text"/>	Not equal, round and reactive	<input type="text"/>
Facial Palsy on Left	<input type="text"/>		
Facial Diplegia	<input type="text"/>		
4. Phonation (Select <u>one</u> only)	<b>NEPHON</b>		
Intelligible Words	<input type="text"/>		
Babbling/Cooing	<input type="text"/>		
Crying Only	<input type="text"/>		

THE EFFECTS OF MATERNAL LIFESTYLES ON INFANT OUTCOMES

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Center Number

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Screening Number

1	4	8	10	12	18	24	30	36
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Visit Month

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Birth Number

Comments

Comments

8. Eye Movements  
(Select all that apply)

- a. Full and Equal  NEFULL
- b. Esotropia on left  NEELEF
- c. Esotropia on right  NEERIG
- d. Alternating esotropia  NEEALT
- e. Exotropia  NEEEXT
- f. Nystagmus  NENYST
- g. Roving Eye Movements  NEROVI

9. Head and Neck Control  
(Select one only)  NECONTR

- Normal Head Control  1
- Abnormal but can hold head for extended period  2
- Poor head control but can hold head for short period  3
- No head control  4

10. Axis and Trunk Control  
(Select one only)  NEAXIS

- Sits independently well  1
- Sits independently briefly  2
- Sits tripod  3
- Sits with support  4
- Does not sit  5

11. Locomotor development  
(Select all that apply)

- a. Creeps (belly on floor)  NECREEP
- b. Crawls (belly off floor)  NECRAWL
- c. Stands unaided  NESTAND
- d. Walks supported  NESUPRT
- e. Walks unaided  NEUNRID

12. Prehensile Grasp and Reaching Behavior  
score the best hand (Select one only)  NEGRASP

- Pincer grasp (thumb & finger, palm free)  1
- Grasp with palm  2
- Raking without grasp  3
- No reaching behavior  4

13. Hand Preference (Select one only)  NEHAND

- No Preference, both hands  1
- Strongly right  2
- Strongly left  3

14. Abnormal Involuntary Movements  
(Select all that apply)

- a. None  NEABNON
- b. Choreoathetosis  NEABCHO
- c. Dystonia  NEDYSTO
- d. Tremor  NETREMO
- e. Other  NEABOTH

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Visit Month

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Birth Number

15. Tone

Comments

a. Right Upper Extermity **NETRUP**  
(Select one only)

- Normal  1
- Hypotonic  2
- Hypertonic  3

b. Left Upper Extermity **NETLUP**  
(Select one only)

- Normal  1
- Hypotonic  2
- Hypertonic  3

c. Right Lower Extermity **NETRLOW**  
(Select one only)

- Normal  1
- Hypotonic  2
- Hypertonic  3

d. Left Lower Extermity **NETLLOW**  
(Select one only)

- Normal  1
- Hypotonic  2
- Hypertonic  3

16. Deep Tendon Reflexes

a. Right Upper Extermity **NEDRUP**  
(Select one only)

- Normal  1
- Absent  2
- Hypoactive  3
- Increased  4
- Increased with clonus  5

Comments

b. Left Upper Extermity **NEDLUP**  
(Select one only)

- Normal  1
- Absent  2
- Hypoactive  3
- Increased  4
- Increased with clonus  5

c. Right Lower Extermity **NEDRLOW**  
(Select one only)

- Normal  1
- Absent  2
- Hypoactive  3
- Increased  4
- Increased with clonus  5

d. Left Lower Extermity **NEDLLOW**  
(Select one only)

- Normal  1
- Absent  2
- Hypoactive  3
- Increased  4
- Increased with clonus  5

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Visit Month

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Birth Number

Comments

17. Summary of Neurological Exam  
(Select one only)

NESUMM

Normal

1
---

Suspect

2
---

Abnormal

3
---

If abnormal, select all that apply

a. Decreased tone general

NETONO
--------

b. Monoplegia

NEMONO
--------

c. Spastic diplegia

NEDIPL
--------

d. Spastic triplegia

NETRIPL
---------

e. Left spastic hemiplegia

NELHEM
--------

f. Right spastic hemiplegia

NERHEM
--------

g. Spastic quadriplegia

NEQUAD
--------

h. Choreaathetosis

NECHORE
---------

i. Other

NEOTHER
---------

If yes, Specify: \_\_\_\_\_

Comments

18. Congenital Syndrome

NECONG

YES

NO

1
---

2
---

If yes, Specify: \_\_\_\_\_

19. Sensory Deficit

(Select all that apply)

a. None

NESNONE
---------

b. Visual

NESVISU
---------

c. Auditory

NESAUDI
---------

d. Tactile

NESTACT
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