Neuromedical Assessment

Relationship to the child:

☐ Mother ☐ Father ☐ Other:

Biological Child: ☐ Yes ☐ No

Birth History:

-Sex: ☐ Male or ☐ Female

-How old was [i_sub_name]'s mother, when [i_sub_name] was born? Years:_____

-How old were you when [i_sub_name] was born? Years:_____

-Mother's age at child's birth unknown ☐

-How old was [i_sub_name]'s father when [i_sub_name] was born? Years:_____

-Father's age at child's birth unknown ☐

-Was [i_sub_name] born early, late or on time? ☐ On time ☐ Early (how many weeks:_____) ☐ Late (how many weeks:_____)

-Gestational Age: _____

- Is [i_sub_name] a twin or multiple? ☐ Yes ☐ No

-Was [i_sub_name] born first, second, or third compared to their twin/triplets? ☐ 1st ☐ 2nd ☐ 3rd ☐ Unknown

-By the time they were one year old, were your twin/triplet children as alike as peas in a pod?

☐ As alike as two peas in a pod ☐ Usual sibling similarity ☐ Quite different

-Were they mixed up at that age? ☐ Yes very often ☐ Now and then ☐ Never

-In that case, by whom were they mixed up? (select all that apply) ☐ Parents ☐ Teachers ☐ Others

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-Do you know approximately how much [i_sub_name] weighed at birth? ☐ Yes ☐ No

Approximate weight at birth: _____ (kg)

-How would you characterize [i_sub_name]'s size at birth? ☐ Small ☐ Normal ☐ Large ☐ Don't Know

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-Do you know approximately what [i_sub_name]'s length was at birth? ☐ Yes ☐ No

Approximate length at birth:_____ (cm)

-How would you characterize [i_sub_name]'s length at birth? ☐ Small ☐ Normal ☐ Large ☐ Don't Know

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-Approximate head circumference at birth: _____ (cm)

-How would you characterize [i_sub_name]'s head circumference at birth? ☐ Small ☐ Normal ☐ Large ☐ Don't Know

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-Child's APGAR score at birth (1 Minute):

☐ 1	☐ 3	☐ 5	☐ 7	☐ 9
☐ 2	☐ 4	☐ 6	☐ 8	☐ 10
				☐ Unknown

-Child's APGAR score at birth (5 Minutes):

☐ 1	☐ 3	☐ 5	☐ 7	☐ 9
☐ 2	☐ 4	☐ 6	☐ 8	☐ 10
				☐ Unknown

-Did [i_sub_name]'s biological mother have a bad fever during pregnancy? ☐ Yes ☐ No ☐ Don't know

-Did you have a bad fever during pregnancy? ☐ Yes ☐ No ☐ Don't know

-Do you know the cause of the fever? ☐ Yes ☐ No

-If so please describe:_____

-Was [i_sub_name]'s biological mother hospitalized during pregnancy because she was very sick? ☐ Yes ☐ No ☐ Don't know

-Were you hospitalized during pregnancy because you were very sick? ☐ Yes ☐ No

-Were there any emergencies or problems during the delivery? ☐ Yes ☐ No

If so please describe: _____

-Was [i_sub_name] born in the hospital? ☐ Yes ☐ No ☐ Don't know

-Did he/she have to go to the hospital directly after birth? ☐ Yes ☐ No ☐ Don't know

-Did he/she have to stay in the hospital longer than normal after birth? ☐ Yes ☐ No ☐ Don't know

-Did [i_sub_name] cry right away when born? ☐ Yes ☐ No ☐ Don't know

-Did [i_sub_name] need a machine to breathe? ☐ No ☐ Yes, a ventilator ☐ Yes, a bag and mask ☐ Yes, other (describe) ☐ Don't Know

-Was [i_sub_name] admitted to a neonatal intensive care unit or pediatric high intensity unit? ☐ Yes ☐ No ☐ Don't know

At which hospital? _____

-Has [i_sub_name] ever been admitted to hospital other than at birth? ☐ Yes ☐ No ☐ Don't know

Describe (admitted for what, and when, etc):_____

At which hospital? _____

Hospitals: If other what hospital_____

1. Ahadi Medical Clinic	11. Bengo Medical Clinic	21. Coba Development Agency (Dzitsoni)	31. Giriama Mission Dispensary	41. Jah Glory Medical Clinic	51. Kaoyeni (Tinga) Medical Clinic	61. Kilifi Plantation Health Centre
2. Amani Family Medical Clinic	12. Bomani Dispensary	22. Dafina Medical Clinic	32. Gongoni Dispensary (Junju)	42. Jaribuni Dispensary	52. Karema Health Clinic	62. Kinarani Dispensary
3. Amani Medical Clinic (Mnarani)	13. Bombolulu Medical Clinic	23. Deteni Medical Clinic	33. Good Hope Medical Clinic	43. Jaribuni Medical Centre	53. Kavinautu Medical Clinic	63. Kisauni Medical Clinic
4. Amani Medical Clinic (Roka)	14. Bwagamoyo Dispensary	24. Dida Sdispensary	34. Gotani Dispensary	44. Jibana Health Centre	54. Kaya Medical Clinic	64. Kizingo Dispensary
5. Asena Medical Clinic (Tezo) Bahari Medical Clinic	15. Chalani Community Medical Clin(Kaloleni)	25. Dr. Said Clinic(Mtwapa)	35. Healing Balm Medical Clinic	45. Jila Medical Clinic	55. Khairat Medical Clinic	65. Kokotoni Self Help Medical Clinic
6. Bahari Muslim Medical Centre (mtwapa)	16. Chalani Medical Clinic(Kaloleni)	26. Dzikunze Dispensary	36. Huruma Med. Clinic (Mtwapa)	46. Joy Medical Clinic	56. Kibao Kiche Medical Clinic	66. Kombeni Dispensary
7. Bamba Health Centre	17. Chamalo Medical Clinic	27. Dzitsoni Medical Clinic	37. Huruma Medical Clinic (Bamba)	47. Kadaina Bamako Initiative Disp	57. Kibaoni Medical Clinic (Takaungu)	67. Lenga Dispensary
8. Bamba Medical Clinic (Bamba)	18. Chandani Medical Clinic	28. Furaha Medical Clinic	38. Imam Medical Clinic	48. Kaloleni Medical Clinic	58. Kikambala Catholic Dispensary	68. Maamba Dispensary
9. Barani Medical Clinic	19. Chonyi Health Care Service	29. Gambio Medical Clinic	39. Imani Medical Clinic	49. Kambe Kikomani Medical Clinic	59. Kikambala Medical Clinic	69. Mabati Medical Clinic
10. Bella Health Service	20. Chumani Medical Clinic	30. Ganze Dispensary	40. Immam Alibin Abtwalib	50. Kanamai Health Care Services	60. Kilifi District Hospital	70. Mahoza Health Care Services

Hospitals Continued:

71. Majengo Medical Clinic	82. Mirihini Dispensary	93. Mtondia Medical Clinic	104. Ngerenya Dispensary	115. Ruruma Chokwe Memorial	126. St Jane Med. Clinic	137. Tumaini Medical
72. Makanzani Dispensary (Kaloleni-Rabai)	83. Mission Union Clinic	94. Mtondia Medical Clinic (Kibaoni)	105. Noor Medical Clinic	116. Salama Medical Clinic	127. St. Annes Catholic	138. Tumaini Medical Clinic
73. Manarani dispensary	84. Miwani Community Health Centre	95. Mtwapa Dispensary	106. Nuru Medical Clinic (Mtwapa)	117. Sau Health Centre	128. St. Lukes Hospital	139. Tunza Medical Clinic
74. Mariakani Barracks Medical Centre	85. Mkangagani Medical Clinic	96. Mtwapa Highway Clinic	107. Pinglikani Dispensary	118. Seaside Medical Clinic	129. St. Nicholas Medical Clinic	140. Union Medical Clinic
75. Mariakani Health Centre	86. Mkanjuni Voroni Medical Clinic	97. Mtwapa Nursing Home (George)	108. Pumzika Medical Clinic	119. Shangia Medical Clinic	130. St. Theresa Catholic Clinic (Chasimba)	141. Upendo Medical Clinic (Roka)
76. Mariakani Medical Clinic	87. Msenangu Medical Clinic	98. Murachakwe Dispensary (Vitengeni Division)	109. Pwanic Maternity & Nursing Home	120. Shanzu Medical Centre	131. Sun N Sand Community Clinic	142. Upendo Medical Clinic Mariakan
77. Mariango Medical Clinic	88. Msumarini Medical Clinic	99. Mwananchi Medical Clinic	110. Rabai Health Centre	121. Shariani Medical Clinic	132. Super Medical Clinic	143. Utu Bora Medical Clinic (Maweni)
78. Matanomanne Medical Clinic	89. Mt Harmony Medical Clinic	100. Mwanzo Medical Clinic	111. Rayman Medical Clinic	122. Shaurimoyo Dispensary	133. Takaungu Dispensary	144. Uzima Medical Clinic
79. Matsangoni Dispensary	90. Mtaani Medical Clinic	101. Neema Health Service Center	112. Ribe Dispensary	123. Sokoke Medical Clinic (Kakanjuni)	134. Tezo Community Health Care	145. Vipingo Health Centre
80. Matsngoni Medical Clinic	91. Mtepeni Dispensary	102. Neema Medical Clinic (Kaloleni)	113. Rika Medical Clinic	124. Sokoke Medical Clinic (Kithegwani)	135. Tezo Medical Clinic	146. Vipingo Plantation Dispensary
81. Mgamboni Dispensary	92. Mtondia Bamako Clinic	103. New Mwema Medical Clinic	114. Rimba Family Medical Clinic	125. St Hannah Med. Clinic	136. Tsangatsini Dispensary	147. Vyambani Medical Centre (Mitangoni)

-How long did it take before [i_sub_name] was sucking? ☐ < 24 hours ☐ 1-2 days ☐ 3-4 days ☐ 5-10 days ☐ > 10 days ☐ Don't know

-Was [i_sub_name] yellow or jaundiced in the first few days of life? ☐ Yes ☐ No ☐ Don't know

-Did [i_sub_name] require treatment in the clinic for the jaundice?

☐ No ☐ Yes, lights (photo therapy) ☐ Yes, exchange transfusion ☐ Other treatment (Describe) ☐ Don't Know

-Did [i_sub_name] have seizures in the first month of life? ☐ Yes ☐ No ☐ Don't know

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Medical History:

-Has a doctor ever diagnosed [i_sub_name] with infection of the brain (for example, meningitis) ☐ Yes ☐ No ☐ Don't know

-Has a doctor ever diagnosed [i_sub_name] with a traumatic brain injury? ☐ Yes ☐ No ☐ Don't know

-Has a doctor ever diagnosed [i_sub_name] with HIV? ☐ Yes ☐ No ☐ Don't know

-Has a doctor ever diagnosed [i_sub_name] with malaria affecting his/her brain? ☐ Yes ☐ No ☐ Don't know

-Has [i_sub_name] had a near drowning incident? ☐ Yes ☐ No ☐ Don't know

-Does [i_sub_name] speak any words? ☐ Yes ☐ No

-At what age did [i_sub_name] speak their first words of meaning? [REPORT IN MONTHS] _____ (months)

-Does [i_sub_name] walk? ☐ Yes ☐ No

-At what age did [i_sub_name] take their first independent steps? [REPORT IN MONTHS]_____(months)

Neurological History:

-Does [i_sub_name] have any problems with memory or forgetting things that happened recently? (for example, where he/she puts things, items at the shop)

☐ Yes ☐ No ☐ Not Applicable

- Does [i_sub_name] have difficulty doing activities involving concentration and thinking? ☐ Yes ☐ No ☐ Not Applicable

-Does [i_sub_name] have any problems with their vision/eyesight, hearing, smell or taste? ☐ Yes ☐ No ☐ Don't know

Select all that apply: ☐ vision/eyesight ☐ hearing ☐ smell ☐ taste

-Does [i_sub_name] have any problems with swallowing food or drink? ☐ Yes ☐ No

-Have you noticed any weakness of his/her face? ☐ Yes ☐ No

-Does [i_sub_name] have any difficulty speaking words clearly? ☐ Yes ☐ No ☐ Not Applicable

-Does [i_sub_name] have any balance difficulty or unsteadiness when he/she walks? ☐ Yes ☐ No ☐ Not Applicable

-Does [i_sub_name] have any clumsiness or slowing of hand movements? ☐ Yes ☐ No

-Does [i_sub_name] have any numbness, loss of sensation, or tingling in their toes, feet, or fingertips? ☐ Yes ☐ No ☐ Don't know

-Does [i_sub_name] have any headaches? ☐ Yes ☐ No ☐ Don't know

-Does [i_sub_name] have any problems controlling bladder or bowel functions? If yes, ask details ☐ Yes ☐ No ☐ Not Applicable

-Did [i_sub_name] ever have seizures? ☐ Yes ☐ No ☐ Don't know

-Were they always associated with a fever? (Controls must be Yes) ☐ Yes ☐ No ☐ Don't know

-Did they start on one side of the body and transfer? Or were they all over the body? ☐ Focal ☐ Generalized ☐ Don't know

-Were they prolonged (greater than 15 minutes)? ☐ Yes ☐ No ☐ Don't know

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Family History

If the guardian is not the biological parent, ask about the biological mother/father

-How many pregnancies has [i_sub_name]'s mother had? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

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Family History

For the following questions, "you" refers to the child's biological mother.

-How many pregnancies have you had? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

-What number child is being seen today?_____

-How many siblings does this child have?_____

-How many siblings does this child have? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

-Has any other sibling had a similar condition to [i_sub_name]? ☐ Yes ☐ No

-Has any sibling had seizures? ☐ Yes ☐ No

-How many siblings have been diagnosed with a serious health condition? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please describe the condition for each child:

Interview questions stop here, and the remainder of the questions involve physical assessment. (MOTHER)

Anthropometrics:

-Is [i_sub_name]'s biological mother present for accurate measurement? ☐ Yes ☐ No

-Can the respondent provide an estimate of the mother's height in her absence? ☐ Yes ☐ No

-Biological mother's height (estimated): _____(cm)

-Biological mother's height: _____(cm)

-Please select if this is a measured or reported value ☐ Measured ☐ Reported

-Biological mother's head circumference: _____ (cm)

-Please select if this is a measured or reported value ☐ Measured ☐ Reported

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(FATHER)-Anthropometrics:

-Is [i_sub_name]'s biological father's present for accurate measurement? ☐ Yes ☐ No

-Can the respondent provide an estimate of the father's height in her absence? ☐ Yes ☐ No

-Biological father's height (estimated): _____(cm)

-Biological father's height: _____(cm)

-Please select if this is a measured or reported value ☐ Measured ☐ Reported

-Biological father's head circumference: _____ (cm)

-Please select if this is a measured or reported value ☐ Measured ☐ Reported

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CHILD-Anthropometrics:

-Height: _____cm

-Weight: _____kg

-BMI: _____

-Head Circumference: _____cm

- Mid upper arm circumference (MUAC) _____cm

Dysmorphias (Omit for controls)

- Craniofacial dysmorphia ☐ Yes ☐ No

- Dysmorphias: Check all that apply ☐ Abnormal skull shape ☐ Cleft upper lip ☐ Cleft palate ☐ Abnormal facies ☐ Other

-Type of cleft upper lip: ☐ Cleft hard palate ☐ Cleft soft palate ☐ Unable to assess

-Type of abnormal facies: ☐ Facial asymmetry ☐ Abnormal midface ☐ Coarse facial features ☐ Other

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Ocular Defects:

-Ocular defect present: ☐ Yes ☐ No ☐ Unable to access

-Type of ocular defect-check all that apply:

☐ Coloboma (iris missing) ☐ Cataract Microphthalmia ☐ Strabismus (cross-eyed) ☐ Hypotelorism (small distance between eyes) ☐ Hypertelorism (large distance between eyes) ☐ Other

-What other type of ocular defect?_____

Hearing/ear Defects:

-Hearing/ear defect present: ☐ Yes ☐ No ☐ Unable to access

-Type of hearing/ear defect- check all that apply:

☐ Sensorineural deafness ☐ Preauricular pit ☐ Preauricular skin tag ☐ Abnormality of the outer ear ☐ Other

-Type of abnormality of the outer ear: ☐ Abnormal location/position ☐ Unilateral deformity ☐ Bilateral deformity

-What other type of heaing/ear defect?_____

Skin Abnormalities:

-Skin Abnormalities: ☐ Yes ☐ No ☐ Unable to access

-Type of skin abnormality-check all that apply: ☐ Hyperpigmentation of the skin ☐ Hypopigmentation of the skin ☐ Capillary hemangiomas

☐ Telangiectasia ☐ Other

-Type of hyperpigmentation: ☐ Linear hyperpigmentation ☐ Cafe au lait macules (hypermelanotic macules) ☐ Mongolian blue spot

-Number of hypermelanotic macules: ☐ One spot ☐ Few spots (2 to 5) ☐ Multiple spots (more than 6)

-Hypomelanotic macule: ☐ Yes ☐ No

-What other type of skin abnormality?_____

Cardiac Defects:

-Does the child have a known cardiac defect? (Reported) ☐ Yes ☐ No ☐ Don't know

-Type of cardiac defect: check all that apply (reported): ☐ Atrial septal defect ☐ Ventricular septal defect ☐ Complete atrioventricular canal defect

☐ Coarctation of aorta ☐ Tetralogy of Fallot ☐ Cardiomyopathy ☐ Arrhythmia ☐ Other

-What other type of cardiac defect?_____

-Is a heart murmur present? (Assessed) ☐ Yes ☐ No ☐ Unable to access

-Are signs of cardiac failure present? (Assessed) ☐ Yes ☐ No ☐ Unable to access

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Musculoskeletal abnormality:

-Musculoskeletal abnormality: ☐ Yes ☐ No ☐ Unable to access

-Type of musculoskeletal abnormality-check all that apply:

☐ Camptodactyly (abnormal shape of finger or toe) ☐ Brachydactyly (shortened fingers or toes) ☐ Syndactyly (fused finger or toe)
☐ Polydactyly (too many fingers or toes) ☐ Oligodactyly (not enough fingers or toes) ☐ Scoliosis ☐ Talipes equinovarus (club foot) ☐ Spinal dysraphism
☐ Other

-What other type of musculoskeletal abnormality?_____

Genito-urinary abnormality (optional):

-Abnormal genitalia: ☐ Yes ☐ No ☐ Unable to access

-Please describe:_____

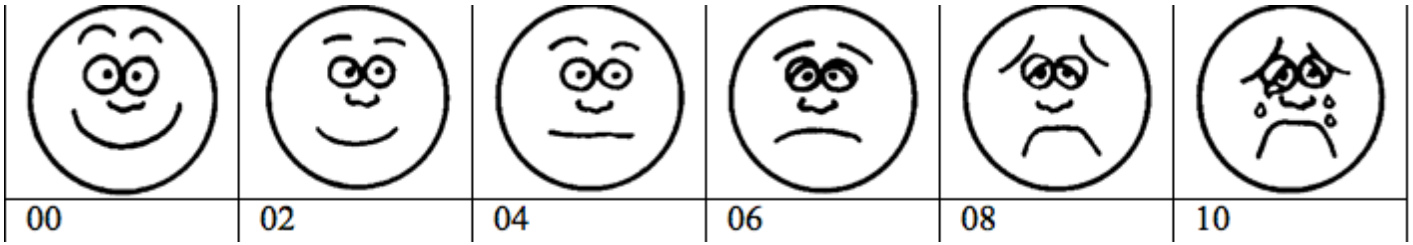
Sensation:

-Has [i_sub_name] ever had pain, burning, pins and needles or numbness in their hands or feet? ☐ Yes ☐ No ☐ Unable to access

-If "yes" please indicate where and tell us how it is NOW or how it USUALLY feels if the pain has gone away, using

the following scale:

Interviewer: enter the respondent's answers below in 8b-8e



-Right- Location of Symptoms: ☐None ☐ Feet (or hands) only ☐ Extends to ankles (or wrists) ☐ Extends above ankle (wrist) but not to knee (elbow)

☐ Extends to knees (or elbows) ☐ Extends above knees (or elbows)

-Right- Severity of Symptoms: ☐ 00 ☐ 02 ☐ 04 ☐ 06 ☐ 08 ☐ 10

-Left- Location of Symptoms: ☐ None ☐ Feet (or hands) only ☐ Extends to ankles (or wrists) ☐ Extends above ankle (wrist) but not to knee (elbow)

☐ Extends to knees (or elbows) ☐ Extends above knees (or elbows)

-Left- Severity of Symptoms: ☐ 00 ☐ 02 ☐ 04 ☐ 06 ☐ 08 ☐ 10

Motor:

-Muscle Bulk: ☐ Normal ☐ Diffuse atrophy ☐ Distal symmetric atrophy (e.g. feet/hands) ☐ Proximal symmetric atrophy (e.g. thighs/arms)

☐ Asymmetric atrophy ☐ Unable to evaluate or did not assess

-Involuntary movement (Observe face, trunk, limbs at rest): ☐ Not present ☐ Myoclonus ☐ Athetosis ☐ Chorea ☐ Hemiballismus ☐ Complex

-Involuntary movement site: ☐ Orofacial ☐ Neck ☐ Trunk ☐ Upper limbs/hands ☐ Lower limbs

-Muscle Tone: ☐ Normal ☐ Diffuse increase ☐ Increased in legs only ☐ Increased in one limb or on one side ☐ Decreased diffusely

☐ Decreased in legs only ☐ Decreased asymmetrically ☐ Other ☐ Unable to evaluate or did not assess

-What other type of muscle tone?_____

-Tone quality: ☐ Clasp-knife ☐ Leadpipe ☐ Cogwheel ☐ Other

Strength

Choices:

Normal

Mild - Weakness, able to offer resistance

Moderate - Moderate weakness, maintains posture against gravity but not resistance

Severe - Severe weakness, able to move with gravity eliminated

Flicker - Muscle flicker only

Absent - Absence of movement

NA - Unable to evaluate or did not assess

	Normal	Mild	Moderate	Severe	Flicker	Absent	N/A
Right leg proximal (hip flexors, knee extensors)	☐	☐	☐	☐	☐	☐	☐
Left leg proximal (hip flexors, knee extensors)	☐	☐	☐	☐	☐	☐	☐
Right leg distal (great toe extensors, foot dorsiflexors, foot plantar flexors)	☐	☐	☐	☐	☐	☐	☐
Left leg distal (great toe extensors, foot dorsiflexors, food plantar flexors)	☐	☐	☐	☐	☐	☐	☐
Right arm proximal (shoulder abductors, forearm flexors and extensors)	☐	☐	☐	☐	☐	☐	☐
Left arm proximal (shoulder abductors, forearm flexors and extensors)	☐	☐	☐	☐	☐	☐	☐
Right arm distal (finger spread, wrist extensors)	☐	☐	☐	☐	☐	☐	☐
Left arm distal (finder spread, wrist extensors)	☐	☐	☐	☐	☐	☐	☐

Gait:

-Gait Coordination: ☐ Normal ☐ Mild impairment (evident only on rapid turns or tandem) ☐ Moderate impairment (clear difficulty of unassisted gait)

☐ Severe impairment (walking only with assistance) ☐ Non-ambulatory ☐ Weakness precludes assessment of gait coordination

☐ Unable to evaluate or did not assess

-Gait Appearance: ☐ Normal ☐ Predominant abnormality is wide-based or weakness of foot dorsiflexors (neuropathic or "foot slapping")

☐ Predominant abnormality is bilateral spasticity (stiff "scissoring" gait) ☐ Predominant abnormality is hemiparetic gait ☐ Unable to walk

☐ Unable to determine or did not assess

Limb Coordination
Test:
a) rapid opposition the first and second fingers
b) rapid wrist rotation
c) rapid foot-tapping
Choices:
Normal
Mild - Mild slowness or clumsiness (compared to examiner, the movement is slightly slower, fatigues or breaks down earlier)
Moderate - Moderate slowness or clumsiness
Severe - Weakness precludes assessment
NA - Unable to determine or did not assess

	Normal	Mild	Moderate	Severe	N/A
Right upper extremity	☐	☐	☐	☐	☐
Left upper extremity	☐	☐	☐	☐	☐
Right lower extremity	☐	☐	☐	☐	☐
Left lower extremity	☐	☐	☐	☐	☐

Reflexes:

-Deep Tendon Reflexes: ☐ Normal ☐ Increased diffusely ☐ Increased in legs only ☐ Increased in one limb or on one side

☐ Decreased diffusely ☐ Decreased distally and symmetrically ☐ Decreased or absent ankle jerks only ☐ Decreased asymmetrically

☐ Unable to evaluate or did not assess

-Right: ☐ Plantar Response (Babinski) ☐ Flexor (down-going great toe) ☐ Extensor (up-going great toe) ☐ No response

☐ Unable to evaluate or did not assess

-Left: ☐ Plantar Response (Babinski) ☐ Flexor (down-going great toe) ☐ Extensor (up-going great toe) ☐ No response

☐ Unable to evaluate or did not assess

Cranial Nerves:

-Extraocular movements: ☐ Normal ☐ Limited in one eye ☐ Limited in both eyes ☐ Unable to evaluate or did not assess

-Smooth Pursuits: ☐ Normal ☐ Interrupted pursuits, frequent corrections ☐ Cannot perform pursuits or sustained nystagmus present

☐ Unable to evaluate or did not assess

-Accommodation Reflex: ☐ Normal ☐ Abnormal ☐ Unable to evaluate or did not assess

- Pupillary Light Reflex: ☐ Normal ☐ Abnormal ☐ Unable to evaluate or did not assess

-Facial Symmetry: ☐ Normal ☐ Mild asymmetry or equivocal weakness ☐ Definite paresis or palsy ☐ Unable to evaluate or did not assess

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Summary - select all that apply

-Lower motor neuron lesion: ☐ Yes ☐ No ☐ Uncertain

-Type of lower motor neuron lesion: ☐ Low-level myelopathy ☐ Peripheral nerve lesion ☐ Other

-Upper motor neuron lesion: ☐ Yes ☐ No ☐ Uncertain

-Type of upper motor neuron lesion: ☐ Upper-level myelopathy ☐ Ataxia ☐ Other

-Extra-pyramidal deficits: ☐ Yes ☐ No ☐ Uncertain

-Type of extra-pyramidal deficit: ☐ Dystonia ☐ Chorea ☐ Ataxia ☐ Other

-Generalized Hypotonia: ☐ Yes ☐ No ☐ Uncertain

DSM-V Diagnosis:

-Neurodevelopmental diagnosis (select all that apply): ☐ Intellectual disability ☐ Global developmental delay ☐ Communication disorders

☐ Autism spectrum disorders ☐ Attention deficit and hyperactivity disorder (ADHD) ☐ Specific learning disorders (eg dyslexia)

☐ Unspecified ☐ Neurodevelopmental Disorder ☐ None of the above

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Intellectual Disability:

-Source of diagnosis (select all that apply): ☐ Neuro-Database ☐ EARC diagnosis ☐ Neuro-clinic diagnosis ☐ Clinically assessed during appointment

Name of clinician who performed clinical assessment:_____

Communication Disorder:

-Source of diagnosis (select all that apply): ☐ Neuro-Database ☐ EARC diagnosis ☐ Neuro-clinic diagnosis ☐ Clinically assessed during appointment

Name of clinician who performed clinical assessment:_____

Autism Spectrum Disorder:

-Source of diagnosis (select all that apply): ☐ Neuro-Database ☐ EARC diagnosis ☐ Neuro-clinic diagnosis ☐ Clinically assessed during appointment

Name of clinician who performed clinical assessment:_____

ADHD:

-Source of diagnosis (select all that apply): ☐ Neuro-Database ☐ EARC diagnosis ☐ Neuro-clinic diagnosis ☐ Clinically assessed during appointment

Name of clinician who performed clinical assessment:_____

Specific Learning Disorder:

-Source of diagnosis (select all that apply): ☐ Neuro-Database ☐ EARC diagnosis ☐ Neuro-clinic diagnosis ☐ Clinically assessed during appointment

Name of clinician who performed clinical assessment:_____

Unspecified Neurodevelopmental Disorder:

-Source of diagnosis (select all that apply): ☐ Neuro-Database ☐ EARC diagnosis ☐ Neuro-clinic diagnosis ☐ Clinically assessed during appointment

Name of clinician who performed clinical assessment:_____

Additional Information:

-[Interviewer: Were there any other abnormalities noted during history or exam not covered above?] ☐ Yes ☐ No ☐ Uncertain

If yes, please describe:_____

-[Interviewer: Were there any issues that arose with either the history-taking or examination of the child (e.g. lack of co-operation, large amounts of missing information, etc.)?] ☐ Yes ☐ No ☐ Uncertain

If yes, please describe:_____