

INFANT BEHAVIOR PROFILE

INSTRUCTIONS: Each item should be checked (X) only once.

2. EXAMINER

3. DATE OF EXAM.  
MO. DAY YEAR

ORIENTATION TO OBJECTS

12. COMMENTS

4. SPEED OF RESPONSE

1 <input type="checkbox"/> Very Slow: (Does not approach at all or takes a very long time)	2 <input type="checkbox"/>	3 <input type="checkbox"/> Approaches objects after looking at them briefly	4 <input type="checkbox"/>	5 <input type="checkbox"/> Very Fast: (Anticipates E's move(s))	6 <input type="checkbox"/> Varies Greatly
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5. INTENSITY OF RESPONSE

1 <input type="checkbox"/> Very Weak: (Does not look at or handle objects)	2 <input type="checkbox"/>	3 <input type="checkbox"/> Some manipulation of objects	4 <input type="checkbox"/>	5 <input type="checkbox"/> Very Strong: (Manipulates objects with considerable force)	6 <input type="checkbox"/> Varies Greatly
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6. DURATION OF RESPONSE

1 <input type="checkbox"/> Spends very short time with objects	2 <input type="checkbox"/>	3 <input type="checkbox"/> Spends moderate amount of time with objects	4 <input type="checkbox"/>	5 <input type="checkbox"/> Spends very long time with objects	6 <input type="checkbox"/> Varies Greatly
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7. PERSISTENCE IN PURSUIT

1 <input type="checkbox"/> Very Low: (Makes no attempt to get objects on his own)	2 <input type="checkbox"/>	3 <input type="checkbox"/> Makes several, brief attempts to get objects on his own	4 <input type="checkbox"/>	5 <input type="checkbox"/> Very High: (Makes vigorous and frequent attempts to get objects on his own)	6 <input type="checkbox"/> Varies Greatly
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ORIENTATION TO PERSONS

8. INTENSITY OF SOCIAL RESPONSE

1 <input type="checkbox"/> Very Weak: (Does not respond to initiation of social contact)	2 <input type="checkbox"/>	3 <input type="checkbox"/> As interested in social contact as in object manipulation	4 <input type="checkbox"/>	5 <input type="checkbox"/> Very Strong: "Over-reacts" to persons	6 <input type="checkbox"/> Varies Greatly
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9. NATURE OF SOCIAL RESPONSE: EXAMINER

1 <input type="checkbox"/> Avoiding	2 <input type="checkbox"/>	3 <input type="checkbox"/> Accepting	4 <input type="checkbox"/>	5 <input type="checkbox"/> Inviting	6 <input type="checkbox"/> Varies Greatly
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10. NATURE OF SOCIAL RESPONSE: MOTHER

1 <input type="checkbox"/> Ignoring	2 <input type="checkbox"/>	3 <input type="checkbox"/> Accepting	4 <input type="checkbox"/>	5 <input type="checkbox"/> Demanding	6 <input type="checkbox"/> Varies Greatly
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11. ACTIVITY LEVEL

1 <input type="checkbox"/> Hypoactive	2 <input type="checkbox"/>	3 <input type="checkbox"/> Responds appropriately to situations calling for activity	4 <input type="checkbox"/>	5 <input type="checkbox"/> Hyperactive	6 <input type="checkbox"/> Varies Greatly
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INFANT BEHAVIOR PROFILE

INSTRUCTIONS: If any of the above items are checked Not Normal or Not Adequate (X), or if Examiner is not confident in a rating, reasons should be given

14. EXAMINER	15. DATE OF EXAM		
	MO.	DAY	YEAR

CLINICAL IMPRESSION

23. COMMENTS

16. PHYSICAL DEVELOPMENT				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Advanced	Normal	Suspect	Abnormal	
17. MENTAL DEVELOPMENT				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Advanced	Normal	Suspect	Abnormal	
18. FINE MOTOR DEVELOPMENT				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Advanced	Normal	Suspect	Abnormal	
19. GROSS MOTOR DEVELOPMENT				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Advanced	Normal	Suspect	Abnormal	
20. SOCIAL-EMOTIONAL DEVELOPMENT				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Advanced	Normal	Suspect	Abnormal	

21. ADEQUACY OF EXAMINATION

1 <input type="checkbox"/>	2 <input type="checkbox"/>
Adequate	Not Adequate

22. SUMMARY STATEMENT (OPTIONAL)

MANUAL FOR  
INFANT BEHAVIOR PROFILE

(For Form PS-3, Revised January 1961)

THE COLLABORATIVE STUDY OF CEREBRAL PALSY AND  
OTHER NEUROLOGICAL AND SENSORY DISORDERS OF  
INFANCY AND CHILDHOOD

January 1961

MANUAL FOR INFANT BEHAVIOR PROFILE  
(PS-3, Rev. 1-61)

I. GENERAL.

- A. Purpose of the Infant Behavior Profile. To evaluate the qualitative aspects of a child's behavior as it is observed in the psychological examination, both during testing and free play.

This evaluation of how a child does things, rather than what he does might be thought of as one of several classes of signs, each of which contribute to the detection of abnormalities in behavior. The others are "passes" and "failures" on developmental tasks and the presence or absence of motor and sensory defects.

The value of behavioral ratings for the diagnosis of brain-damage in young children has been demonstrated in research by Honzik, Graham, Straus and H. Werner. We believe that behavioral signs are especially helpful in picking up the "suspects" or children with a minimal degree of brain-damage.

- B. Criteria for the Selection of the Dimensions of the Infant Behavior Profile. The dimensions included in the Infant Behavior Profile and summarized in a two page form were selected from proposals submitted by psychologists participating in the COLR Project and from research reported in current psychological literature. The dimensions were chosen on the basis of the following criteria:

1. Relevance to the objectives of the Collaborative Project, i.e. they had shown diagnostic value in differentiating between normal and definite or suspect brain-damaged children.
2. Appropriateness to the age at which psychological examinations take place.
3. Demonstrated consistency across infancy and preschool years so that we can use the same general dimensions at 42 months and 84 months. We should need only to adapt the specific descriptions of behavior for each point on the rating scale to the later ages when they are under study.
4. External anchoring points in behavior which can be elicited, observed and recorded during the psychological examination, thus eliminating reliance on the mother's report.

5. Independent parameters with scale points which can be easily interpreted and on which particular cases can be quickly rated.
  6. Satisfactory reliability when used by different examiners with different backgrounds, training, locations, and working with diverse populations of children (as demonstrated in the pretest phase).
- C. The Behavior Profile. The form provides a summary of the ratings for the major dimensions considered to be of diagnostic value. The aim of this form is to simplify the recording and coding of the behavioral data. The ratings from 1-5 represent degrees of manifestation of specified behavior, not judgement of abnormality or normality. Brain-damaged or "suspect" babies may score frequently on the extremes of some of these categories, but this might not hold for all areas. Conversely some "normal" babies might receive ratings of 1 or 5 on certain categories. The opportunity to express opinion on the normality of behavior and development is given at the end of the Profile in a section for clinical impressions.

The full description of the points on each scale is given in the manual. The actual rating sheet has only "cue" words at each extreme and at the mid-point of each scale. It is recognized that this will necessitate constant reference to the manual while the examiner is becoming familiar with the scale. It is felt, however, that with these cue words the rater will rather quickly commit the anchor points on each scale to memory and will then need only occasional reference to the manual.

- II. DIRECTIONS. Only one box should be checked with an (X) for each item. Column 6 "Varies greatly" should be checked only when behavior is extremely variable. If a child's development is considered atypical or the examiner is not confident about a given rating this should be explained under Comments.

III. ORIENTATION TO OBJECTS.

- A. Speed of Response-Item 4. The range is from "very slow" to "very fast". Evaluate the characteristic speed of reaction to all objects presented, such as the cubes, the ring on the string, the cup, the paper. Disregard in this rating temporary inhibition of behavior at the beginning of the testing session. "Approach" as it is used below is defined as leaning toward, reaching for, and/or accepting the objects presented.

1. When presented with objects either does not approach at all or takes a very long time.
  2. Approaches objects, but only after they have been in front of him for some time.
  3. Approaches objects after looking at them briefly.
  4. Quickly approaches presented objects.
  5. Very quickly approaches objects, often before the examiner has been able to put the object in the required position.
- B. Intensity of Response-Item 5. The range is from "very weak" to "very strong". The strength or force expended in response to objects is rated here. This may be observed in free play or when the child manipulates test objects such as the paper, string, bell, cup and cube, crayon and paper.
1. Does not look at or handle objects.
  2. When given objects, holds them, but does not play with or manipulate them.
  3. Some manipulation of objects.
  4. Plays with objects actively.
  5. Exerts considerable force in manipulating objects.
- C. Duration of Response-Item 6. The range is from "very short" to "very long." Try to evaluate here how much time the child spends with objects presented to him.
1. Attends to objects only very briefly; fleeting, momentary interest.
  2. Spends short time with objects; is easily distracted.
  3. Spends moderate amount of time with objects; is soon ready for another toy or activity.

4. Spends fairly long time with objects; turns eventually to new toy or activity.
5. Spends very long time with objects; does not turn to new toy or activity unless examiner intervenes.

There will probably be a high correlation between ratings of intensity and duration in the normal child. However, among "suspect" or "abnormal" children, there may be a discrepancy in ratings on these two scales. For example, the overly impulsive child who pounces on toys with great forcefulness, but drops them after a few moments, might be rated "5" on intensity and "1" on duration. On the other hand, the very lethargic child who listlessly holds objects for a long period without manipulation, might be rated "2" on intensity, but "5" on duration.

D. Persistence in Pursuit-Item 7. The range is from "very low" to "very high." Evaluate the attempts the child makes to get at objects presented out of his reach or in the search for objects hidden by the examiner. On the Mental Scale this can be observed when the child reaches for cubes, for the ring on the string, when he attempts to secure the pellet or three cubes, when he uncovers toys or unwraps cubes. On the Motor Scale this might be observed in the child's prewalking progression toward a toy out of reach, in attempts to raise himself to a sitting position or to pull himself to a standing position in the playpen. It can also be observed in free play whenever the child makes an effort to overcome the "laws of gravity and inertia".

1. Makes no attempt to get objects.
2. Makes one or two attempts, then gives up.
3. Makes several brief attempts (2-3), but gives up when he encounters difficulty.
4. Makes frequent attempts (4-5) to reach his goal; does not give up easily.
5. Makes very frequent and vigorous attempts to obtain an object; the examiner is forced to terminate the effort.

IV. ORIENTATION TO PERSONS. Rate the following three dimensions on the basis of the child's behavior to his mother, the examiner (and observer, if present). Base the evaluation on characteristic behavior during

the examination period, both in testing and free play. Pay special attention to the child's behavior on tasks in which social responses are called for, such as frolic play, peek-a-boo, pat-a-cake, imitation of what the examiner has demonstrated to the child, play with the mirror.

In evaluating the child's social response consider:

the child's approach: shrinks, freezes, turns away, turns to, comes close, waves, nods, reaches, stretches out

the child's vocalizations: fusses, cries, talks

the child's facial expressions: watches, frowns, brightens, smiles, laughs

the child's willingness to enter into games: offers toys, imitates examiner, pats and kisses mirror.

A. Intensity of Social Response-Item 8. The range is from "very weak" to "very strong"

1. Does not respond in any observable way when one tries to initiate social contact.
2. Responds only to direct approach, otherwise shows no interest in persons.
3. Seems as interested in persons as in objects; shifts readily from object manipulation to social response and vice versa.
4. Behavior seems to be strongly affected by awareness of persons; seems more interested in persons than objects.
5. Is so "wrapped up" in reacting to persons that he shows little or no interest in the manipulation of toys.

B. Nature of Social Response: Examiner-Item 9. The range is from "avoiding" to "inviting"

1. Avoids: draws back, turns to mother, becomes easily upset at sight of or handling by examiner.



2. Hesitates: is somewhat apprehensive at approach of examiner; is slow in giving some social response; smiles at examiner only rarely.
3. Accepts: is somewhat passive, but responds appropriately to most test situations; does not make an active contribution to the interaction.
4. Friendly: responds easily to most test situations with an interested expression and a broad smile. Enjoys social interaction. May watch examiner with interest and curiosity.
5. Invites: not only enjoys the social situation, but tries to instigate social contacts by looking and smiling at the examiner, inviting playful interaction.

C. Nature of Social Response; Mother-Item 10. The range is from "ignoring" to "demanding"

1. Ignores mother during free play; rejects any assistance from her during test situation. Actively resists contact with mother.
2. Hesitates; seems ambivalent about mother's actions. Seems reluctant to cooperate in certain tests as if they were customarily forbidden at home.
3. Accepts: responds adequately to administrations or assistance from mother. During motor tests and free play moves freely, coming to and going away from mother, without distress.
4. Enjoys contacts with mother occurring during testing, in a give and take that tends to facilitate test procedures.
5. Demands, clings to mother, reaching out to her constantly and demanding attention or contact with her.

V. ACTIVITY LEVEL-ITEM 11. The range is from "hypoactive" to "hyperactive."

The activity level can be observed during sedentary tasks on the mental tests, during motor tasks and free play. Base ratings on frequency of shifts in position, movements of head, trunk and extremities.

1. Hypoactive: stays quietly in one place and shows no self-initiated movement

2. Little activity; seldom moves and only for brief periods
3. Responds appropriately in situations calling for activity
4. Much activity; in action a good deal of time
5. Hyperactive; constantly in motion, cannot be quieted for sedentary tasks.

VI. CLINICAL IMPRESSIONS. Indicate here whether you consider the child Advanced, Normal, Suspect (Borderline) or Abnormal (Severely Retarded) in any of the areas of development listed below. State the basis for your evaluation in the space provided for comments.

Very often a mother will volunteer the information that her baby was premature, giving birth weight and degree of prematurity. No account should be taken of this knowledge that the baby was premature in making the judgment of "Normal", "Suspect", or "Abnormal", i.e. the baby should be rated strictly according to eight month norms without allowance made for prematurity. Thus, if the baby is said to be two months premature and he tests up to the norms for six months only, he should be rated as "suspect" or "abnormal" (depending on the individual performance) instead of "Normal, considering the fact that he was two months premature."

A. Physical Development-Item 16.

1. Advanced: Big, robust, bouncing baby. Taller, heavier and/or more mature looking than most babies this age.
2. "Normal": Healthy, thriving baby. No obvious or apparent handicap(s).
3. Suspect: Mild to moderate limitation in one or several areas of physical development.
4. Abnormal: Severely handicapped in one or several areas of physical development.

B. Mental Development-Item 17.

1. Advanced: Passes most test items on mental scale in range from 11 to 14 months.
2. "Normal": Passes most test items on mental scale in range from 7 to 10 months.

3. Suspect (Borderline); Fails a number of 5-7 month items on mental scale.
4. Abnormal (Severely retarded): Fails items below 5 months on the mental scale.

C. Fine Motor Development-Item 18.

1. Advanced: Movements graceful, well-integrated and controlled. Passes fine motor items in 9 and 10 month range.
2. "Normal": Some superfluous movements, but shows evidence of control most of the time. Passes fine motor items in 7 and 8 month range.
3. Suspect: Quality of coordination poor but some control. Fails a number of fine motor items in 5 and 6 month range. (Note that a suspect can be checked on basis of poor quality of coordination even if test items are passed.)
4. Abnormal: Extremely awkward, uncontrolled, undirected movements. Fails to pass fine motor items below 5 months.

D. Gross Motor Development-Item 19.

1. Advanced: Movements graceful, well-integrated and controlled. Walks alone, stands alone. Passes gross motor items in range from 10 to 12 months.
2. "Normal": Some superfluous movements, but shows evidence of control most of the time. Passes gross motor items in 7 to 9 month range.
3. Suspect: Some superfluous movements, but shows evidence of control most of the time. Fails a number of gross motor movement items in 5 and 6 month range. (Note that a suspect can be checked on the basis of poor quality of coordination, even if test items are passed.)
4. Extremely awkward, uncontrolled, undirected movements. Fails gross motor items below 5 months.

E. Social-Emotional Development-Item 20.

1. Advanced: Shows variety of responses and flexibility in adjusting to changing test situations. Is interested, eager, not easily upset by stressful situations.

2. "Normal": Appropriate response to most test-situations, including moderately negative reactions to strange situation. Recovers equanimity readily.
3. Suspect: Immature behavior, associated with younger infant. Easily upset or bland, unreactive behavior. Little discrimination in behavior toward objects and toward persons.
4. Abnormal: Extreme emotional expressions. Fixed or stereotyped behavior predominant throughout most of testing situation. Does not seem to recognize changes in "climate" about him.

VII. ADEQUACY OF EXAMINATION-ITEM 21.

If you consider the examination "not adequate", state your reasons in the room provided for comments.

VIII. SUMMARY STATEMENT-ITEM 22.

Give here a general statement about the child's behavior if you think it necessary for the interpretation of the test results. This summary statement is optional.