

BEHAVIORAL ONTOGENY TEST

Fetus ID: _____ - _____	Chip code/ear code _____	Postnatal day: _____
Date of evaluation: _____	Exposure: _____	Dose: _____

NEUROLOGICAL EVALUATION (Derrick 2004) (0: worst – 3/4: best) Weigh fetus at +1P: _____g

A- Posture

- | | |
|---|--------------------------------|
| 0 | Lays supine |
| 1 | Lays on side |
| 2 | Cannot maintain prone position |
| 3 | Prone position |

B- Righting reflex (10 tries)

	Nº times turns prone from supine _____rapid
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C- Tone

- | | |
|---|---|
| 0 | No increase in tone |
| 1 | Slight increase in tone when limb is moved |
| 2 | Marked increase in tone but limb is easily flexed |
| 3 | Increase in tone, passive movement difficult |
| 4 | Limb rigid in flexion or extension |

D- Circular motion (one minut)

- | | |
|---|---|
| 0 | No movement |
| 1 | Slight movement, slight jump |
| 2 | Good range of motion, maintains for 1or 2 steps occasional jump |
| 3 | Entire range of motion, at least 3 steps,rapid jumps |

E- Locomotion:

- | | Head | Forelimbs | Hindlimbs |
|---|--------------------------|-----------|-----------|
| 0 | No movement _____ | _____ | _____ |
| 1 | Slight movement _____ | _____ | _____ |
| 2 | Distinct movement, _____ | _____ | _____ |
| 3 | Rapid movement, _____ | _____ | _____ |

F- Intensity

- | | |
|---|-----------------------------|
| 0 | No movement |
| 1 | Slight activity |
| 2 | Distinct forceful movements |
| 3 | Rapid forceful movements |

G- Duration (observation for 1 minut)

- | | |
|---|--------------------|
| 0 | No movement |
| 1 | Activity <20 sec |
| 2 | Activity 20-40 sec |
| 3 | Activity >40 sec |

H- Lineal movement (1min, distance 15 cm)

	Nº of times crosses perpendicular line
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I- Shortest fore-hindpaw distance

	5 measurements (if pup walks in straight line)
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J- Sucking and swallowing

- | | |
|---|--|
| 0 | No movement of jaw, milks dribbles out completly |
| 1 | Some movement of jaw and neck, most of milk dribbles out |
| 2 | Definite suck and swallow, some milk in nose |
| 3 | Good suck and swallow, no milk in nose |

K- Head turning during feeding

- | | |
|---|---|
| 0 | No movement |
| 1 | Slight occasional movement of head |
| 2 | Distinct movement of head |
| 3 | Rapid forceful movements of head and body |

ODOUR TEST

Aversive response _____	(0-No,1-subtil, 2-low response, 3-correct)	Latency in aversive response _____ (seconds)
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