

## m-ADBB SCALE (v23)

MATTHEY, ČRNČEC, & GUEDENEY (2005)

(Derived from the Full ADDBB Scale: Guedeney & Fermanian, 2001)

Reference as: Matthey, S., Črnčec, R., & Guedeney, A. (2005). *The Modified ADDBB Scale (m-ADBB)*.  
Unpublished scale: Sydney South West Area Health Service, Sydney, Australia.

DATE:                                  INFANT'S AGE:                                  INFANT'S NAME:

EXAMINER:

Each item is rated according to the following categories:

Satisfactory  
Possible problem  
Definite problem

*This scale is best rated by the clinician / observer on the basis of his/her observations during the clinical interview. The clinician / observer should try and socially engage the infant by smiling, chatting & touching him/her.*

*The rating is based on whether the infant demonstrates a given behaviour during the examination – except for eye contact and relationship, which are rated only with reference to the infant's behaviour towards the clinician / observer.*

*Don't rate any item if the infant spends nearly all the consult crying or is distressed.*

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### 1. FACIAL EXPRESSION: TOWARDS ANYONE

Assess the extent of facial expressiveness throughout the examination. Do not include crying or reactions to aversive/painful procedures (eg. oral examination) as a sign of facial expressiveness.

- Satisfactory: Facial expressiveness is clearly observed on several occasions, and is either all positive (eg. smiling), or there is a reasonable range of positive and negative (eg. grimacing) expressiveness.
- Possible problem: Expressiveness is less clear, although there is a reasonable suggestion of this (positive or negative), or expressiveness is exclusively negative.
- Definite problem: There are only hints of expressiveness, expressiveness is ambiguous or absent; face appears fixed, frozen, or 'sad' for the whole period.

### 2. EYE CONTACT: TOWARDS CLINICIAN / OBSERVER ONLY

Assess the nature of eye contact towards the clinician or any other unfamiliar person. As a rough 'rule of thumb', moderate eye contact means around two seconds; brief eye contact means about a second; and elusive or vague means less than a second.

- Satisfactory: At least one episode of moderate duration eye contact together with several episodes of brief eye contact.
- Possible problem: Only two brief eye contact episodes, or just one moderate episode.
- Definite problem: Only one brief eye contact episode, or eye contact is vague, elusive or completely absent.

If scored as a possible or definite problem, is this behaviour different towards the parent and the clinician?

- Yes, different    -No, not different    -Didn't assess   Describe: \_\_\_\_\_

### 3. VOCALISATIONS: TOWARDS ANYONE

*Assess the amount of vocalisation, crying, and whimpering throughout the examination.*

- Satisfactory:** Several obvious, brief vocalisations, or one or two long vocalisations (note: vocalisations may be positive or negative but do not include cries or whimpers).
- Possible problem:** Only one or two obvious, brief vocalisations (see note above); or if none of these, at least some screaming, crying or substantial whimpers (but not only in response to painful/aversive stimuli like an injection or tongue depressor).
- Definite problem:** Ambiguous vocalisations (eg., weak whimpers, sighs or raspy sounds); screaming or crying only in response to painful/aversive stimuli; or there is a total absence of vocalisation.

### 4. ACTIVITY: TOWARDS ANYONE

*Assess head, torso, and limb movement of the infant without taking into account hands and fingers activity, both spontaneously and in response to unpleasant stimulation.*

- Satisfactory:** At least a moderate level of activity (not just in response to unpleasant stimulation).
- Possible problem:** Reduced level of activity, or moderate level of activity occurs just in response to unpleasant stimulation.
- Definite problem:** Very reduced level of activity regardless of the stimulation.

### 5. RELATIONSHIP: TOWARDS CLINICIAN / OBSERVER ONLY

*Assess the infant's ability to engage in a relationship with the clinician or any other unfamiliar person. Relationship is assessed through the infant's visual contact and interaction with the clinician / observer.*

- Satisfactory:** Relationship at least moderately evident – either positive or negative
- Possible problem:** Relationship seems tenuous or doubtful, or only seems to be evident when the infant is crying, struggling etc.
- Definite problem:** No relationship evident – either positive or negative.

If scored as a possible or definite problem, is this behaviour different towards the parent and the clinician?

-Yes, different -No, not different -Didn't assess Describe: \_\_\_\_\_

### **CLINICIAN / OBSERVER CHARACTERISTICS**

- Makes a good attempt to engage infant (much smiling, talking to the infant)
- Makes a fair attempt to engage infant (some smiling, talking to the infant)
- Makes a limited attempt to engage infant (little smiling, talking to the infant)

### **INFANT CHARACTERISTICS**

- Infant appears to be tired
  - Infant appears to be distressed throughout the consultation
  - Other. *Specify:* \_\_\_\_\_
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**SUMMARY:** # Satisfactory: \_\_\_\_\_ # Possible Problems: \_\_\_\_\_ # Definite Problems: \_\_\_\_\_