

# Survey: Bright Futures 1 Month Developmental Surveillance

**Description:** Bright Futures parental surveillance for 1 month visit

**Instructions:** Please answer these questions about your growing and developing baby

**Privacy level:** Any staff member

Does your baby look at you?	yes   no
Does your baby follow you with his/her eyes?	yes   no
Does your baby comfort him/herself by doing things such as bringing his/her hands to his/her mouth?	yes   no
Does your baby start to get fussy when he/she is bored?	yes   no
Does your baby calm when he/she is picked up or spoken to?	yes   no
Does your baby look briefly at objects?	yes   no
Does your baby make short sounds such as "ooh" and "ah"?	yes   no
Does your baby become alert when he/she hears unexpected sounds?	yes   no
Does your baby become quiet or turn when he/she hears your voice?	yes   no
Does your baby show signs he/she is sensitive to his/her surroundings (such as crying or startling) or need extra support to handle daily activities?	yes   no
Does your baby use different cries for hunger and tiredness?	yes   no
Does your baby move both arms and legs together?	yes   no
Can your baby hold his/her chin up when he/she is on his/her stomach?	yes   no
Does your baby open his/her fingers a little when at rest?	yes   no
Do you have specific concerns about your baby's development, learning, or behavior?	yes   no
If yes, please describe your concerns:	