

Survey: Bright Futures First Week Developmental Surveillance

Description: Bright Futures parental surveillance for first week visit

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

Privacy level: Any staff member

Does your baby stay awake for a short time to feed?	yes no
Does your baby make brief eye contact with an adult when held?	yes no
Does your baby cry when he/she is uncomfortable?	yes no
Does your baby calm to an adult's voice?	yes no
Does your baby lift and turn his/her head to the side briefly when he/she is on his/her tummy?	yes no
Does your baby move his/her arms and legs at the same time when startled?	yes no
Does your baby keep his/her hands in a fist?	yes no
Do you have specific concerns about your baby's development, learning, or behavior?	yes no
If yes, please describe your concerns:	