**Parental questionnaire for 1-month-old children (1 hónapos életkorban)**

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| --- | --- | --- | --- | --- | --- |
|  | Yes, regularly (often, mostly) | Seldom (rarely, occasionally) | Not yet |  | The health visitor's experience: Experienced/Did not experience |
| 1. Does he/she lift the head for a short time while lying on the belly, to later turn it onto both sides? |  |  |  |  |
| 2. Does he/she move all the four limbs with the same frequency? |  |  |  |  |
| 3. Does he/she shake to loud noises when calm? (door bang, key drop, sneeze etc.) |  |  |  |  |
| 4. Does he/she nictate in sharp light? (switched on lights, sunshine) |  |  |  |  |
| 5. Does his/her crying change according to reason (hunger, tiredness, pain etc.)? |  |  |  |  |
| 6. Does he/she calm down due to breast-feeding (feeding), rocking, singing, stroking? |  |  |  |  |
| 7. Does he/she show appropriate breast-feeding motivation or techniques when fed from a feeding bottle? (Does he/she open the mouth when the lips or their area are touched? Does he/she perform rhythmic sucking and swallowing movements when breast-fed?) Does food dribble from his/her mouth? Does he/she make signs of coughing? |  |  |  |  |
| 8. Is there a system developing in his/her daily routines? (Waking up, sleeping and eating almost regularly at the same time.) |  |  |  |  |