**Parental questionnaire for 2-month-old children (2 hónapos életkorban)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes, regularly (often, mostly) | Seldom (rarely, occasionally) | Not yet |  | The health visitor's experience: Experienced/Did not experience |
| 1. Does he/she turn the head to both sides when lying on the back?  |  |  |  |  |
| 2. Does he/she turn the head lifted to both sides when lying on the belly?  |  |  |  |  |
| 3. Is his/her attention caught by faces, toys at a distance of 25-30 cm from his/her?  |  |  |  |  |
| 4. Does he/she follow with the eyes a toy that slowly moves or passes in front of his/her face?  |  |  |  |  |
| 5. Is his/her attention caught by speech even if the speaker's face, close to him/her, cannot be seen? (E.g. he/she stops crying, or performs vivid movements with the limbs to any speech heard when calm.) |  |  |  |  |
| 6. Does he/she open the hands in fist? Does he/she stretch the fingers on both hands in the same way?  |  |  |  |  |
| 7. Does he/she catch sight of the hands when lying on the back?  |  |  |  |  |
| 8. Does he/she baby talk with the utterance of long vocal sounds? (E.g. ooo, aaa, giii, hemmm)  |  |  |  |  |
| 9. If you talk to him/her, does he/she respond with some babbling?  |  |  |  |  |
| 10. Does he/she react to a smile with a smile? (In other words does he/she smile back if you smile at him/her?)  |  |  |  |  |
| 11. If he/she catches sight of the mother's breast or the feeding bottle, does he/she give a sign that he/she is aware that it is feeding time? (E.g. he/she excitedly struggles and kicks, or crows anxiously?)  |  |  |  |  |
| 12. Does he/she sleep more at night than during daytime?  |  |  |  |  |