

# Observation of Infant Neurobehavior

Page 1 of 3

**Name of the Infant:** \_\_\_\_\_

**Name of the Observer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Where was the infant observed?

- a. In incubator/ crib alone
- b. During routine caretaking (.i.e. feeding; diaper change)
- c. During medical procedure (i.e. changing tubes; lines, etc)
- d. During aversive medical procedure (i.e. heel stick, inserting catheter, etc.)
- e. With parent (in parent's arms; in incubator; other \_\_\_\_\_).

## Initial Observation:

a. Physiological signs (breathing rate / effort; color of skin; other signs)

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b. Motor tone / Quality of motor movement

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c. State / State Change

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d. Interactive Behavior (Looking; Listening; Responding to Touch)

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e1. Signs of Stress (*Appendix 2*)

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e2. Signs of Self Soothing (*Appendix 1*)

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Page 2 of 3

**During Observation: Describe behavior and changes in behavior on each level:**

## Caretaking

a. Physiological signs (breathing rate / effort; color of skin; other signs)

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b. Motor tone / Quality of motor movement

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c. State / State Change

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d. Interactive Behavior (Looking; Listening; Responding to Touch)

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e1. Signs of Stress (*Appendix 2*)

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e2. Signs of Self Soothing (*Appendix 1*)

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## Feeding

a. Physiological signs (breathing rate / effort; color of skin; other signs)

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b. Motor tone / Quality of motor movement

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c. State / State Change

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