



INFANT/ TODDLER QUESTIONNAIRE

We want to provide the best possible care for your child. It would help us if you filled out this short questionnaire and return it to the office so that we may give it to your caregiver. All information is kept confidential.

CHILD'S NAME _____ BIRTHDATE _____

FEEDING

FEEDING PROBLEMS (If any exist)

Is your baby breast-fed or bottle-fed? Please advise _____
Does your child feed him/her self? Yes _____ No _____ Trying _____
Where is your baby during feeding? In your arms or sit in chair (please explain)

Use a spoon? Yes _____ No _____ Trying _____

Use a sippy cup/ bottle? Yes _____ No _____

Does she/he have good appetite? Yes _____ No _____

What are his/her favorite foods? Please advise _____

What foods does she/he dislike? Please advise _____

Is she/he allergic to any foods? Yes _____ No _____

If yes, please advise and **Complete Allergy Alert Form**

SLEEPING PATTERN

What is your child's usual nap times A.M. _____ P.M. _____

Does he/she sleep in their own room or bed? Yes _____ No _____

Has your child shown any kind of sleeping problems? Please explain _____

Favorite blanket or toy for bed _____

Does your child sleep on his/ her back or side? _____

Usual bedtime routine _____

Does she/he usually cry when going to sleep or waking up? Yes or No

If yes, how long? _____

Do you wish your child to sleep in a playpen or on a mat, Please advise _____

If you wish for your child to sleep in a playpen over the age of 18 months, please provide written permission as per our Playpen Policy.

TOILETING

Does your child have a regular bowel movement? _____

Is he/she potty training or trained? _____

Any toileting problems? _____

Diaper products to be used (parents provide) _____

OTHER INFORMATION

Child's favorite toys, interests and activities _____

Any fears or traumas _____

What kind of things frighten your child and how does he or she react? _____

How does your child react to strangers? _____

Forms of discipline used at home (please explain) _____

What does your child do when you leave the room? (Please explain) _____

SIGNATURE OF PARENT

DATE