



INFANT/TODDLER HEALTH AND DEVELOPMENT QUESTIONNAIRE

Child's Full Name: _____

Date of Birth: _____ Sex: _____

Please answer the questions on this form.
We feel this information will help us be more effective in caring for your child.

NOURISHMENT

Type of food your child eats: Strained [] Junior [] Table []

How has child been fed? Held in Lap [] High Chair [] Other []

Does your child use a bottle? Yes [] No [] Handle cup & spoon? Yes [] No []

Current feeding schedule: _____

Schedule has been in use for: Days [] Weeks [] Months []

Any special feeding problems? Yes [] No []

SLEEPING HABITS

How does child wake? Active [] Sluggish [] Crying [] Happy [] Fussy []

How does child sleep? Heavy [] Light [] Restless []

What time does child get up in the a.m.? _____ Go to bed in p.m.? _____

What is your child's nap pattern? a.m. nap time _____ p.m. nap time _____

Do you have a bedtime routine with your child? Yes [] No []

Rocking [] Singing [] Stories [] Talking [] Other []

DIAPERING/TOILETING

Does your child use: Diapers [] Potty Seat [] Special Toilet Seat [] Regular Toilet Seat []

Do you use: Disposable Diapers [] Cloth Diapers [] Training Pants []

Are plastic pants used? Always [] Sometimes [] Never []

Do you use: Oil [] Powder [] Others []

Is baby's skin highly sensitive? Yes [] No [] Frequent diaper rash? Yes [] No []

Are bowel movements regular? Yes [] No [] How many per day? _____ What time? _____

Is diarrhea or constipation a problem? Yes [] No []

Has toilet training been attempted? Yes [] No []

HEALTH

Is your child taking over-the-counter or prescribed medication regularly at home?

Yes No

If yes, what?

Is your child taking vitamins regularly at home? Yes No

If yes, what?

List any known allergies to food or environment.

What is the allergic reaction?

How is this treated?

Have you ever suspected your child of having seizures?

Yes No

What was the cause?

How was this treated?

How do you consider your child's physical development?

Normal Advanced Lagging

Comments:

SOCIAL/EMOTIONAL

Check the words that best describe your child's temperament or personality.

Affectionate

Serious

Aggressive

Fearful

Assertive

Stubborn

Cautious

Friendly

Curious

Quiet

Sensitive

Rebellious

Determined

Sense of Humor

Does your child use:

a pacifier

suck thumb

security object

When does your child use them?

Does your child have a "fussy" time?

Yes No

When?

How is this handled?

Does your child use special or unusual words/names for objects, places or people?

Is there anything else, medical or otherwise, that we need to know about your child?

Signature of Custodial Parent/Legal Guardian

Date