



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 know 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
- Aggressive
- Assertive
- Cautious
- Curious
- Sensitive
- Determined
- Serious
- Fearful
- Stubborn
- Friendly
- Quiet
- Rebellious
- 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