



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? _____ Handle cup and spoon? _____

Current feeding schedule: _____

Schedule has been in use for: Days _____ Weeks _____ Months _____

Any special feeding problems? _____

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 the p.m.? _____

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

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? _____ Other? _____

Is baby's skin highly sensitive? _____ Frequent diaper rash? _____

Are bowel movements regular? _____ How many per day? _____ What time? _____

Is diarrhea or constipation a problem? _____

If yes, please explain: _____

Has toilet training been attempted? _____

HEALTH

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

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 you child of having seizures? _____

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? _____ 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