

KiddieKlub

Infant Information Questionnaire

Name of Child: _____

Date of Birth: _____

Male or Female (circle one)

What does your child prefer to be called? (nickname) _____

Mother's name _____

Father's name _____

1. Does your child use a pacifier? When?

2. When does your child usually sleep? For how long?

3. How do you put your child to sleep? (sing, rock, rub back, etc)

4. Do you feed your child breast milk or formula (what kind)?

5. Please describe their typical feeding schedule:

6. Does your child have a blanket, stuffed animal, favorite song or another item to sooth them?

7. Is your child...(Check all that apply)
 - Rolling over belly to back
 - Rolling over back to belly
 - Crawling
 - Sitting up alone
 - Walking

8. Does your child have a nickname?
9. How much tummy time would you like your child to have?
10. Please check which stationary toys can your child use? (children may not use swings, mamaroos, or bouncy seats once they are sitting unassisted or have reached six months of age)
- Sit and Reach Seat
 - Swing/MamaRoo
 - Bouncy Seat
 - Jumping Horse/Exersaucers
- (Check all that apply)
11. How does your child prefer to be held? (forward facing, on the belly, cradled, etc.?)
12. Please describe your child's personality.
13. Is there any other information you would like to share with us that would help us in caring for your child?