

INFANTS & TODDLERS QUESTIONNAIRE

NAME OF CHILD:
DATE OF BIRTH:/
1. What comforts him/her the most? I.e. Cuddly, pacifier, food.
2. Is there any special way he/she likes to be held?
3. Does he/she like a bottle heated or cold?
4. What time are bottles given?
5. What foods does he/she like?



6.	What is his/her usual sleep routine?
7.	Is he/she allergic to any foods?
8.	Does he/she feed him/herself?
9.	Will he/she use a cup?
	Is there any further information that may help us in providing quality care fo child?