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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?

