



## Infant Questionnaire

### Personal Information

1. Child's full name: \_\_\_\_\_ Start Date: \_\_\_\_\_
2. Does your child go by any other names? \_\_\_\_\_
3. Child's birthday: \_\_\_\_\_
4. Any Allergies? \_\_\_\_\_

### Food

1. What kinds of foods does your child like to eat? \_\_\_\_\_  
\_\_\_\_\_
2. What kind of milk/formula does your child drink? \_\_\_\_\_  
How much at each feeding? \_\_\_\_\_ How often? \_\_\_\_\_
3. Does your child use a sippy cup or a bottle? \_\_\_\_\_
4. Does your child drink water or juice? \_\_\_\_\_
5. Does your child use a binkie? \_\_\_\_\_ Is it okay anytime? (If no, when?) \_\_\_\_\_

### Napping

1. How many naps does your child take each day? \_\_\_\_\_  
About what times? \_\_\_\_\_  
About how long? \_\_\_\_\_
2. Do you have any specific routine for getting him/her to sleep? \_\_\_\_\_  
\_\_\_\_\_
3. Is your child attached to anything (binkie, blanket, toy, etc) \_\_\_\_\_  
\_\_\_\_\_

### Miscellaneous

1. Does your child have any habits, likes or dislikes we should know about? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have any special techniques for calming down your child when he/she is upset? \_\_\_\_\_  
\_\_\_\_\_
3. Does your child particularly enjoy being in a bouncer, swing, or floor chair? \_\_\_\_\_  
\_\_\_\_\_
4. Is there something you are working on with your child that we can help you with? \_\_\_\_\_  
\_\_\_\_\_
5. Is there any other information that you feel would be helpful to us in getting to know your child? \_\_\_\_\_  
\_\_\_\_\_
6. Would you be interested in exchanging work in a specific area of expertise for childcare credit (e.g., plumbing, carpentry, landscaping, etc.)? If so, please specify.  
\_\_\_\_\_