

Does your child sleep with someone or alone (e.g., sibling, parent, other person)?

What is your child's favorite sleeping position?

Are there any sleeping problems (falling asleep, waking during night, nightmares, sleep walking)?

Are there any problems in awakening and getting ready in the morning?

- What do you do for these problems?

Activity/Exercise Pattern

What is your child's schedule during the day (preschool, daycare center, regular school, extracurricular activities)?

What are your child's favorite activities or toys (both active and quiet interests)?

What is your child's usual television-viewing schedule at home?

What are your child's favorite programs?

Are there any television restrictions?

Does your child have any illness or disabilities that limit activity? If so, how?

What are your child's usual habits and schedule for bathing (bath in tub or shower, sponge bath, shampoo)?

What are your child's dental habits (brushing, flossing, fluoride supplements or rinses, favorite toothpaste); schedule of daily dental care?

Does your child need help with dressing or grooming, such as hair combing?

Are there any problems with these patterns (dislike of or refusal to