

Is your child on a special diet?

Are there any feeding problems (excessive fussiness, spitting up, colic); any dental or gum problems that affect feeding?

- What do you do for these problems?

### **Elimination Pattern**

What are your child's toileting habits (diaper, toilet trained—day only or day and night, use of word to communicate urination or defecation, potty chair, regular toilet, other routines)?

What is your child's usual pattern of elimination (bowel movements)?

Do you have any concerns about elimination (bedwetting, constipation, diarrhea)?

- What do you do for these problems?

Have you ever noticed that your child sweats a lot?

### **Sleep/Rest Pattern**

What is your child's usual hour of sleep and awakening?

What is your child's schedule for naps; length of naps?

Is there a special routine before sleeping (bottle, drink of water, bedtime story, night light, favorite blanket or toy, prayers)?

Is there a special routine during sleep time, such as waking to go to the bathroom?

What type of bed does your child sleep in?

Does your child have a separate room or share a room; if shares, with whom?