



## CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian completing form \_\_\_\_\_  
Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____
	10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home?  Yes  No

If yes, what? \_\_\_\_\_

Is your child taking vitamins regularly at home? Yes  No

If yes, what? \_\_\_\_\_

List any known allergies to food or environment \_\_\_\_\_

Describe the allergic reaction \_\_\_\_\_

Does your child complain of feeling ill often?  Yes  No

Have you ever suspected your child of having seizures?  Yes  No

Describe your child's appetite \_\_\_\_\_

Does your child dislike any foods?  Yes  No If so, what? \_\_\_\_\_

What does your child usually eat for breakfast before arriving at the center? \_\_\_\_\_

How easily does your child fall asleep? \_\_\_\_\_

What is the usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

What is the usual naptime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Is the child completely toilet trained?  Yes  No

Does the child remain dry all night?  Yes  No

When did the child begin to walk alone? \_\_\_\_\_

Are other adults (not family) able to understand the child's speech? \_\_\_\_\_

Does your child have a regular playmate?  Yes  No Same Age  Yes  No

Older  Yes  No Younger  Yes  No

What is your child's favorite toy or activity at home? \_\_\_\_\_

Does your child have temper tantrums?  Yes  No

Does your child bite his nails?  Yes  No Twist his hair?  Yes  No

If you could describe your child in one word, what would it be? \_\_\_\_\_

Please list your child's strong points, such as happy, curious, loving, etc. \_\_\_\_\_

Is there anything else, medical or otherwise, that we need to know about your child? \_\_\_\_\_