

About your child

Does your child have a pacifier? YES or NO

Do you warm his/her bottles? YES or NO

How do you put your child to sleep? _____

If your child eats cereal, do you mix it with formula or water? _____

Do you wake your child to feed him/her? YES or NO

Do you wake your child to change him/her? YES or NO

Mother's name and birthday (M/D) _____

Father's name and birthday (M/D) _____

Mother's occupation _____

Father's occupation _____

Any other family members who live in the home and their birthday (M/D)

Do you have any pets? Include names!

What type of activities do you enjoy together as a family?

Is there something you do as a family daily/weekly?

