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 caring for your child.

Childhood diseases child has had:		Date
_____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._____
What is the allergic reaction?_____
Does your child complain of feeling ill often?_____
Have you ever suspected your child of having seizures?_____
Describe your child's appetite._____
Does your child dislike any foods? _____ 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 your child completely toilet trained? _____Yes _____No
Does your 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?_____ Same age_____ Older_____ Younger_____
What is your child's favorite toy or activity at home?_____
Does your child have temper tantrums?_____
Does your child bite his nails?_____ Twist his hair?_____
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? _____
_____

DEVELOPED BY THE FORMER DAY CARE/EARLY CHILDHOOD COMMITTEE OF YOUTH SERVICES ADVISORY COMMITTEES