EHS CB Child Comfort Level Survey

What time does your child usually take naps?

What is your child’s eating habits? (Do they self-feed? How do you hold your infant when bottle feeding?)

How do you comfort/calm your child?

Are there any food allergies of either parent that we should watch for in your child?

Names of important people and animals in your child’s life?

What kind of music does your child enjoy?

What words does your child use regularly?

What is your child’s favorite book and type of play?

Does your child have a nickname?

Is there anything that scares your child?

Is there any other important information about your child that you would like to share with me?

Diaper size: \_\_\_\_\_\_\_\_\_\_

Clothing size: \_\_\_\_\_\_\_\_\_\_

Shoe size: \_\_\_\_\_\_\_\_\_\_

Formula your child is on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Formula we use: Enfamil Gentlease