

CHILD'S HEALTH QUESTIONNAIRE Continued

Background Information

Please list the other children in the household. First name (last name only if different)

1. _____ Age _____ 3. _____ Age _____
2. _____ Age _____ 4. _____ Age _____

Language(s) spoken at home: _____

Has your child been in a child care arrangement before?

Yes No

If your child has been cared for by family members or others (e.g. a neighbour); please describe experience: _____

If your child has had group play experience, please describe how often your child attended, and your child's experiences: _____

Health and Developmental History

Describe any difficulties or serious illnesses at birth, if any: _____

Describe your child's general health (e.g. recurrent colds, ear infections, stomach-aches, etc.) _____

Are there presently any serious medical problems?

Yes No

If your child is taking any medication, what medication and what is it for: _____

Has your child ever been to a dentist?

Yes No

Does your child have any dental problems: _____

Describe how your child communicates: _____

How would you describe your child's emotional, physical and social growth, and development: _____