



## Early Childhood Parent Questionnaire

*Please provide us with some information regarding your child's development and life experiences.  
Your responses will be kept confidential.*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (born more than 3 weeks from due date?) \_\_\_\_\_

\*Please share your memories and any concerns present during:

a. Pregnancy

b. Birth process and newborn period

\*Please share highlights from your child's first year regarding:

a. Nursing, feeding, sleeping

b. Eye contact, smiling, interactions, babbling, crying

c. Crawling, creeping, sitting, standing, walking

\*Please share highlights from your child's first six years regarding:

- a. Speaking, social relationships, family, friends, preschool, kindergarten
  
- b. Any unexpected or sudden falls, emotional events, other major changes?
  
- c. Toilet training, bowel problems, enuresis (ages?)
  
- d. Any illnesses (ear infections/bronchitis/sinusitis/stomach ailments, etc.), fevers, surgeries, fussiness, sensitivities, vaccination reactions?

\*At the present time:

- a. How would you characterize your child's relationship to family members, friends, teachers, other authority figures?
  
- b. What do you see as your child's strengths and gifts?
  
- c. Do you see areas in which your child seems to be “stuck” or have gaps developmentally/educationally/behaviorally/socially?
  
- d. What further development do you wish to see in your child?

\*Medical status:

a. Medications taken (conventional and alternative) and for what conditions:

Currently:

In the past three years:

b. Illnesses, injuries or surgeries (and at what age):

c. Allergies:

\*Nutritional status:

a. Favorite foods and cravings:

b. Strongly disliked foods:

c. Typical breakfast, lunch, dinner and snacks:

d. Rhythm of eating meals and snacks:

e. Supplements taken:

\*Previous or current therapies (all types, including art/music/play therapies/physical therapy, etc.) and for what conditions:

\*Rhythms and activities (daily, weekly and/or monthly):

a. Amount and quality of sleep:

b. School activities:

c. Outside classes or tutoring:

d. Recreational activities, hobbies, travel, art, music, movement:

e. Media time and exposure:

f. Social network (siblings, extended family, friends...):

g. Spiritual life:

\*Any other comments, questions, or concerns: