

# GETTING TO KNOW YOUR INFANT



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## DAILY INFORMATION

Was your infant born:  Premature  Full Term Birth Weight: \_\_\_\_\_  
Was your infant born:  At Home  At a Hospital  
How is your infant's general mood? \_\_\_\_\_  
Does your infant use a pacifier?  Yes  No When? \_\_\_\_\_  
How do you put your infant to sleep? (Crib, Rocked, Back patted, etc) \_\_\_\_\_  
Does your infant nap:  As Needed  At Scheduled Times AM: \_\_\_\_\_ PM: \_\_\_\_\_  
For nap, my infant needs a:  Nuk  Sleep Sac  Other \_\_\_\_\_  
How does your infant communicate? \_\_\_\_\_  
Please make any special or important notes below:  
\_\_\_\_\_  
\_\_\_\_\_

## RELATIONSHIPS, FAMILY, CUSTOMS, AND SOCIAL / EMOTIONAL INFORMATION

What are your infant's favorite toys and/or activities?  
\_\_\_\_\_  
How does your infant interact with others?  
\_\_\_\_\_  
Is there anything your infant dislikes?  
\_\_\_\_\_  
What are some effective ways for comforting your infant?  
\_\_\_\_\_  
Are there any other languages spoken at home other than English?  
\_\_\_\_\_  
Are there any cultural or special customs or traditions that your family celebrates at home?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature Relationship to Infant Date