

Child's Name:

Child's Date of Birth:

Interviewer's Name:

Parent/Guardian's Name:

Date of Interview:

Interviewee's Name:



ABOUT MY BABY/TODDLER

This questionnaire allows you to tell us about your baby or toddler – including the great things you want to share with us – and to identify any concerns that you currently have about them. This is not meant to be a checklist of all health problems, but a tool to help us learn more about the services that may be helpful for you.



Tell us about your family and circle of support.

What does your family do together for fun? What traditions do your family enjoy – for example, holidays or events?

Who does your family like to spend time with?


What makes your child happy? What does your child like to do?

How does your child like to move around or stay active?

Please answer every question by checking “yes” or “no”. If “yes”, then please indicate to what extent it impacts your child’s ability to participate in everyday activities. There are 15 items in this questionnaire.


I am concerned about my child's:

01. Movement, or how they move their body

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
- Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

02. Use of their hands and arms

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
- Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

03. Feeding or eating

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
- Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

04. Being dressed or undressed

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

COMMENTS:

05. Sleeping

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

COMMENTS:

06. Vision

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

COMMENTS:

07. Hearing


- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot


COMMENTS:

08. Responses to family members

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
- Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

08. Responses to other people

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
- Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

10. Responses to other babies or toddlers

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
- Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

11. Ability to let people know what they want through sounds, words, crying, or gestures

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
- Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

12. Behaviour (for example mood, irritability, being sensitive, or ability to calm)


- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

COMMENTS:

13. Having pain or discomfort

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

COMMENTS:

14. Playing or exploring their environment at home

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

COMMENTS:

15. Playing or exploring their environment outside the home, including childcare settings

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

COMMENTS:

Are there other things that concern you or that you would like to share? Please describe:

