

## Child Settling Information

Child's name:

Date of birth:

Does your child have a bottle?                      yes/no

- What time/s?
  
- The bottle contains:  
(No juice bottles please)

Formula  
Soy milk

Breast milk  
Water

Cow's milk  
Other

Does your child have a dummy?                      yes/no

- at rest time only?
- at other times?
- does it have a special name?

Does your child have a comforter?    Yes/no  
e.g. soft toy, blanket etc.

- does it have a special name?

How many daytime sleeps does your child have and at what time/s?

How do you usually settle your child to sleep?

Any other information we should know?