

GSC INTAKE QUESTIONS

Month Five

1. Date:
2. Name:
3. Child's Name:
4. Address:
5. Phone:
6. Email Address:
7. How were you referred?
8. Health Care Practitioner Name & Address:
9. Was your baby born full term (if not- how many weeks early were they born)?
10. Baby's Age (DOB):
11. Baby's Current Weight:
12. Baby's Weight at Birth:
13. Is your baby breastfed, bottle fed (formula), or both?
14. If breastfeeding, is that going well? Yes or No
15. Do you have any concerns with breastfeeding? Yes or No
16. If bottle feeding, is that going well? Yes or No
17. Do you have any concerns with your baby's feeding? Yes or No

[Please Refer to the Parent Feeding Handout if the Answer is No to Questions 14 or 16 or if you have any concerns with breast or bottle feeding]

18. Does your baby have any current medical issues? If Yes, please indicate what they are and if they are receiving treatment for them.

19. Do you currently have any support at home to help you while you work through your sleep plan?

20. These questions are regarding the Mother:

a. Are you able to sleep at night when your child is sleeping? Yes No

b. How is your appetite?

c. Are you having any troubling/scary thoughts? Yes No

21. Where is your baby currently sleeping?

22. What time is your baby going to bed?

23. How many times does your baby wake to feed at night? Has this increased recently?
How long do they nurse/how many ounces/ml do they eat at each feeding?

24. Have you noticed a recent increase in night wakings?

25. How many naps is your baby taking during the day? How long is each nap, on average?

26. Where is your baby napping during the day?

27. Do you find your baby has become distracted during feeding times recently? When did that start?

28. Is your baby rolling over? When did they start rolling over?

29. Has your baby's fussiness increased recently?

30. What things help calm your baby?

31. Tell me a little bit about your baby's personality.

32. Please give me a brief overview of the challenges you are currently facing with your baby regarding sleep:

33. What sleep goals do you hope to achieve while working with me during your sleep coaching process?