

HISTORY OF BIRTH

What was the child's gestational age at birth? _____ weeks

Birth weight _____ lbs _____ oz Birth length _____ inches

Was your child's birth at home, in a birthing center, or in a hospital? (circle one)

Was the birth considered medical or midwife? (circle one)

What was the duration of the labour and birth? _____ hours

Was the child born cephalic (head first) or breech (feet first)? (circle one)

Were there any complications? **Yes** **No** If Yes, please explain: _____

Please circle any assistance which was used during the birth

Forceps

Vacuum extraction

C-section

Episiotomy

Was labour spontaneous or induced? (circle one)

Were medications or epidurals given to the mother during birth? **Yes** **No**

If Yes, what was given? _____

APGAR score: at birth _____/10 after 5 minutes _____/10

GROWTH AND DEVELOPMENT

Was the infant alert and responsive within 12 hours of delivery? **Yes** **No**

If No, please explain: _____

| | | |
|----------------------------|------------------------|------------------------|
| At what age did the child: | Respond to sound _____ | Follow an object _____ |
| | Hold up head _____ | Vocalize _____ |
| | Sit unassisted _____ | Teethe _____ |
| | Crawl _____ | Walk _____ |

Do you consider the child's sleeping pattern normal? **Yes** **No**

If No, please explain: _____

How many bowel movements does your child have per day? _____

Did your child experience colic as an infant? **Yes** **No**