



Questionnaire

Name of parent or carer	
Phone Number	
Email Address	
Home Address	
Name & Age of Baby	
How many weeks gestation was baby born at?	
Does baby have any medical issues?	

Is baby formula, breast,
or combi fed?

Is baby feeding well
and healthy weight?

Is baby weaned?

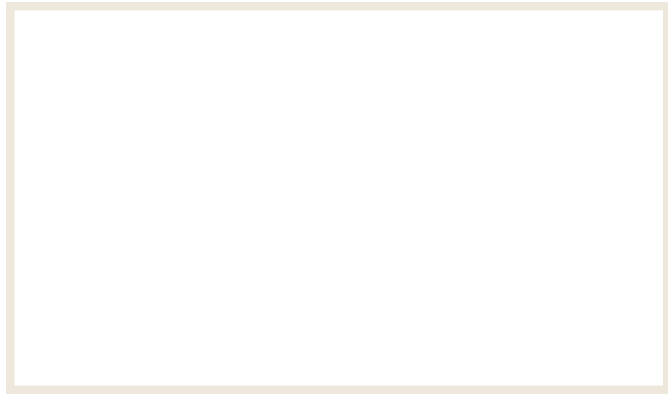
Is baby sleeping in
their own room?

Describe the sleep
problem

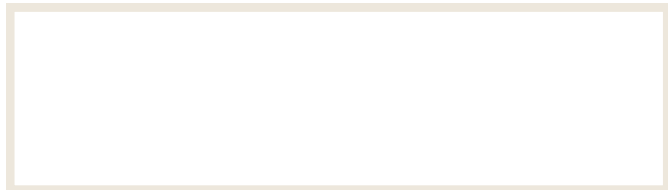
When did this
begin?

Describe baby's sleep
environment

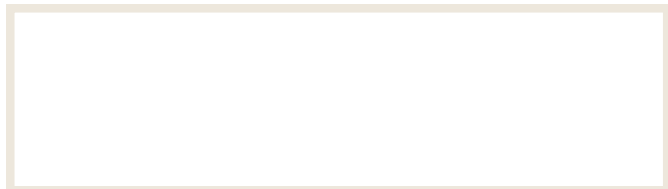
Briefly describe your bedtime routine



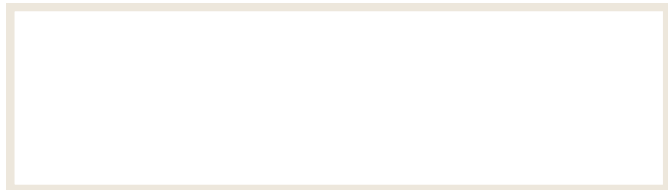
How does your baby go to sleep? (ie. Rocked, fed, independently)



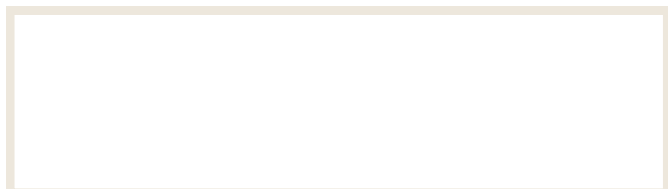
What sleep strategies have you tried so far??



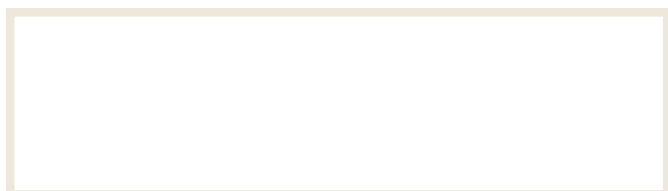
How long did you try them for?



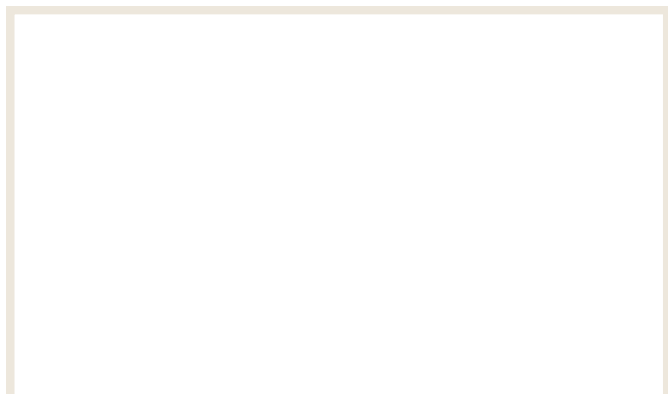
What was the outcome?



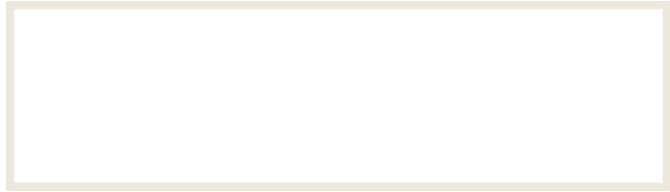
How would you describe your parenting style?



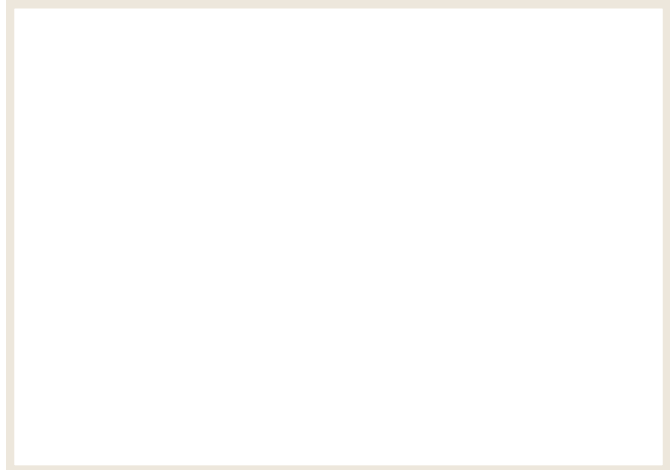
What are your goals?



How did you hear about us?



Do you have any concerns about sleep training or a change in routine?



Anything else you think I should know?

