Temperament Questionnaire

Infants 4-12 months

*If both parents are participating, please do separate questionnaires on your child; a combined questionnaire will skew the profile results. Additionally, don’t discuss questions while filling out the questionnaire or change answers based on how your partner answered a question. Questionnaire needs to be returned at least 48 hours before your appointment time or by Friday afternoon for a Monday appointment.*

WHEN COMPLETED, PLEASE RETURN BY EMAIL OR FAX BACK TO: (415) 590-2330

CHILD’S NAME:

CHILD’S DOB AND GENDER:

NAME OF PARENT COMPLETING QUESTIONNAIRE:

SIBLINGS AND AGE:

These questions are used to develop a temperamental profile for your infant, which will be helpful in understanding his/her areas of strengths and challenges. Please reflect on each behavior described in the following questionnaire by rating your infant on a scale of 1 - 5.

1) SENSITIVITY

The amount of stimulation (lights, sounds, touch, etc.) needed to produce a reaction in your infant.

Much stimulation needed Little stimulation needed

1 2 3 4 5

2) ACTIVITY LEVEL

Your infant's level of physical activity (moving, kicking, waving arms, etc.) when sleeping, crying, lying in the crib, or reacting to childcare procedures (diapering, dressing, bathing, feeding, etc.).

Low High

1 2 3 4 5

3) GENERAL INTENSITY

The intensity of your infant's expression of likes and dislikes in reaction to people, toys, or childcare procedures.

Mild Intense

1 2 3 4 5

4) FRUSTRATION TOLERANCE

The length of time your infant will keep at an activity (grasping objects, watching, eating, attempting to move, etc.).

Long periods Short periods

1 2 3 4 5

5) ADAPTABILITY

The speed with which your infant adjusts to changes, transitions, new people/things or childcare procedures.

Fast adjusting Slow

1 2 3 4 5

6) REGULARITY

The consistency in the pattern of your infant's hunger, sleep, and activity cycles.

Very regular Very irregular

1 2 3 4 5

7) SOOTHABILITY

How easily your infant can be distracted or calmed when fussing or crying.

Easily and quickly calmed Hard or slow to calm

1 2 3 4 5

For each item below, describe your infant's recent or current behavior by selecting the appropriate number on the following scale:

1) almost never 2) rarely 3) usually does not 4) usually does 5) frequently 6) almost always

Write n/a (not applicable) for any item that has not occurred, or does not yet apply to your child.

*\*Note that more than 4 n/a answers will not allow the profile to be scored.*

\_\_\_1. Your infant's period of greatest physical activity comes at the same time of day.

\_\_\_2. Your infant is fussy on going to sleep (frowns, cries, fusses, etc.).

\_\_\_3. Your infant can be distracted from fussing or squirming during a childcare procedure by talking or singing.

\_\_\_4. Your infant stiffens and fusses when placed in car seat or stroller.

\_\_\_5. Your infant lies still during procedures like nail cutting.

\_\_\_6. Your infant accepts right away any changes in place or position while nursing or bottle-feeding.

\_\_\_7. Your infant reacts (startle, wiggle, laugh, cry, etc.) even to a gentle touch.

\_\_\_8. Your infant's hungry cries can be stopped for over a minute by a pacifier, distraction, being picked up, etc.

\_\_\_9. Your infant plays continuously for more than ten minutes at a time with a favorite toy.

\_\_\_10. Your infant nurses or takes bottle feedings quietly, with only mild expressions of like or dislike.

\_\_\_11. Your infant stiffens when being diapered or dressed.

\_\_\_12. Your infant wants and takes feedings at about the same time (within one hour) from day to day.

\_\_\_13. Your infant is shy (turns away or clings to you) on meeting another person or child for the first time.

\_\_\_14. Your infant continues to fuss during diaper change in spite of efforts to distract him/ her.

\_\_\_15. Your infant moves around a lot (kicks, grabs, squirms, etc.) during diapering and dressing.

\_\_\_16. Your infant's time of waking in the morning varies by one hour or more.

\_\_\_17. Your infant makes happy sounds (coos, smiles, laughs, etc.) when being diapered or dressed.

\_\_\_18. Your infant is calm in the bath and his/her like or dislike is mildly expressed (smiles or frowns).

\_\_\_19. Your infant goes back to sleep in less than two minutes after being awakened at night or during nap.

\_\_\_20. Your infant lies still and doesn’t move much when playing with toys.

\_\_\_21. Your infant resists (stiffens and fusses, etc.) when being dried after a bath.

\_\_\_22. Your infant persists for many minutes when working on a new skill (grasping for an object, trying to move, etc.).

\_\_\_23. Your infant lies still when asleep and wakes up in the same place.

\_\_\_24. Your infant's fussy period occurs at about the same time of day (morning, afternoon, or evening).

\_\_\_25. Your infant reacts mildly (quiet or no response) to meeting familiar people.

\_\_\_26. Your infant is pleasant (coos, smiles, etc.) during procedures like hair brushing or face washing.

\_\_\_27. Your infant continues to cry in spite of several minutes of soothing.

\_\_\_28. Your infant greets a new toy with a loud voice and a lot of expression of feeling (whether positive or negative).

\_\_\_29. Your infant shows much bodily movement (kicks, waves arms, etc.) when crying.

\_\_\_30. Your infant's initial reaction at home when approached by strangers is acceptance.

\_\_\_31. Your infant wants daytime naps at differing times (over one hour difference) from day to day.

\_\_\_32. Your infant cries when left to play alone.

\_\_\_33. Your infant's daytime naps are about the same length from day to day (less than 30 minute difference).

\_\_\_34. Your infant moves about much during feedings (squirms, kicks, grabs, etc.).

\_\_\_35. Your infant reacts (stares or startles) to sudden changes in lighting.

\_\_\_36. Your infant indicates discomfort (fusses or squirms, etc.) when he/she has a poopy diaper.

\_\_\_37. Your infant plays with a toy for under a minute and then looks for another toy or activity.

\_\_\_38. Your infant stiffens when picked up and held.

\_\_\_39. Your infant amuses self for 30 minutes or more in his/her crib or Pack ‘n Play.

\_\_\_40. Your infant appears bothered (cries, squirms, etc.) when first put down in a different place.

\_\_\_41. Your infant gets tired about the same time each evening (within 30 minutes).

\_\_\_42. Your infant plays quietly and calmly with rattles, mobiles, and other toys (little cooing or other sounds).

\_\_\_43. Your infant cries when the stroller or car stops.

\_\_\_44. Your infant wants an extra feeding at a different time each day (more than one hour difference).

\_\_\_45. Your infant's initial reaction to seeing doctor is acceptance (smiles, coos, etc.).

\_\_\_46. Your infant accepts nail cutting without protest (circle n/a if only cut when child is asleep).

Please provide a brief description of your questions and/or concerns regarding your infant’s temperament and behavior: