HAMILTON CO. PEDIATRIC DENTISTRY

How long has or was your child breast-feeding?	□ N/A	□ Less than 6 months	□ 6 – 11 months	□ 12 – 17 months	□ 18 – 23 months	□ 2 years or more
How long has or was your child bottle-feeding?	□ N/A	□ Less than 6 months	□ 6 – 11 months	□ 12 – 17 months	□ 18 – 23 months	□ 2 years or more

Does your child drink formula?..... □ Yes □ No If yes, type: _____
Does your child sleep with a bottle?..... □ Yes □ No If yes, contents: _____
Does your child use a sippy cup?..... □ Yes □ No If yes, when: _____

Child's age when first tooth appeared in mouth: _____

Has your child experienced teething problems? □ Yes □ No
If yes, please describe: _____

At what age did you begin brushing your child's teeth?	□ N/A	□ Less than 6 months	□ 6 – 11 months	□ 12 – 17 months	□ 18 – 23 months	□ 2 years or more
When did you begin using toothpaste? *(type:_____)*	□ N/A	□ Less than 6 months	□ 6 – 11 months	□ 12 – 17 months	□ 18 – 23 months	□ 2 years or more

Who is your child's primary care taker during the day? _____

Who is your child's primary care taker during the evening? _____