

All About Me Questionnaire

We want to take good care of you here at The University of Vermont Children's Hospital. To do that, it would help to know a few things about you. Please complete the following questionnaire with your mom or dad and bring it with you when you come to the hospital.

Name? _____

Birthday & Age? _____

Family & Where I Live? _____

Pets? _____

Favorite Foods? _____

Best Friend? _____

Favorite Sport? _____

Favorite Activity/Toy? _____

Favorite Movie? _____

Favorite Book? _____

