

## 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? \_\_\_\_\_

