

Questionnaire for the visit to the JGZ when your child is about 18 months old.



How is your child? In this questionnaire you can indicate the things that are going well and the things that worry you or have questions about. Please, complete this form and bring it with you to the consultation.

My child's name is: _____ Boy Girl

Home telephone number: _____ Mobile: _____

E-mail: _____

Our GP is: _____

Describe your child in a few words: _____

Has your family undergone any major changes since the last visit to the JGZ Centre?

- No Yes, namely:
 - Birth of (half) brother or (half) sister:

Name: _____ Date of birth: _____
 - Extension of the family (adoption, foster child, stepparent, stepbrothers or -sisters).

When involving a child or children:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____
 - Change of address
 - Death of a member of the family or friend
 - Illness or hospitalization
 - Divorce or separation
 - Unemployment or financial problems
 - Problems within the family
 - Other, namely: _____

Development and health

How is your child doing? Please, encircle the smiley which is most applicable.

Feels good about him-/herself			
Health			
Eating			
Sleeping			
Exercising or sports			
Peeing and defecating			
Is interested/inquiring			
Makes contact with others			
Starts talking (says more words than mama and dada)			

Do you have any questions about this?

Does your child understand that a pee belongs in a potty or on the toilet? No Yes

What language is spoken at home?

Dutch Other language/languages, namely: _____

Does your child see a doctor or practitioner? If so, who and for what reason?

No

Yes, namely:

Name practitioner	Reason
<input type="checkbox"/> GP	_____
<input type="checkbox"/> Specialist	_____
<input type="checkbox"/> Physical therapist	_____
<input type="checkbox"/> Speech therapist	_____
<input type="checkbox"/> Child-raising institute/ Pedagogue	_____
<input type="checkbox"/> Dietician	_____
<input type="checkbox"/> Alternative healer	_____
<input type="checkbox"/> Other, namely:	_____

Does your child use any medicine? No Yes, namely: _____



Does your child receive any vitamin D? No Sometimes Every day

Do you brush your child's teeth? No Yes, _____ times a day.

Does your child suck its thumb or on a pacifier? No Yes

Upbringing

How are you doing as a mother or father? Please, encircle the smiley which is most applicable.

				Do you have any questions about this?
I manage to provide basic care (e.g. safety, attention, food, clothing, hygiene, medical care)				_____
I can handle my child's behavior well				_____
I manage to bring up my child in a positive way (much rewarding, few punishments)				_____
I enjoy being a parent				_____
I feel confident as a parent				_____
I feel I am being supported in the upbringing by my (ex) partner				_____

Social environment

What is your opinion about your social environment? Please, encircle the smiley which is most applicable.

My family circumstances are well enough (e.g. living, work, money, health)				_____
My family receives sufficient support (from family, friends, neighbours, professionals)				_____

Is there smoking in front of your child? No Yes

Are there any problems involving alcohol or another addiction? No Yes

Does your child attend day care? No Yes, goes to:

<input type="checkbox"/> Day-care centre	<input type="checkbox"/> Child minder/host family	<input type="checkbox"/> Grandfather and/or grandmother
<input type="checkbox"/> Playgroup	<input type="checkbox"/> Playgroup with early childhood education	<input type="checkbox"/> Other, namely: _____

Do you have any further questions or things you would like to discuss? Please, note them down here:
