

**Questionnaire for the visit to the JGZ
when your child is about 4 years 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: _____

Name school: _____ Location: _____

Describe your child in a few words: _____

Has your family undergone any major changes the past one year?

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

If yes, do you think your child is struggling with it?
 No Yes, because: _____

Development and health

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

Feels good about him-/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision and hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing (outside)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peeing and defecating/toilet-trained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is interested/inquiring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes contact with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaks intelligibly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any questions about this?

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?

<input type="checkbox"/> No	<input type="checkbox"/> 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.

Did your child have any check-ups at the dentist's? No 1x per year 2x per year

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

Upbringing

How are you doing as a mother or father?

I manage to provide basic care (e.g. safety, attention, food, clothing, hygiene, medical care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can handle my child's behavior well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I manage to bring up my child in a positive way (much rewarding, few punishments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy being a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident as a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am being supported in the upbringing by my (ex) partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any questions about this?

Social environment

What is your opinion about your social environment?

My family receives sufficient support (from family, friends, neighbours, professionals)

Do you have enough money for: food, swimming lessons, sports, shoes, clothes and the doctor Yes Sometimes Almost never

Does your family receive social benefits? No Yes, less than 3 years Yes, longer than 3 years

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:

After school care centre Child minder/host family Grandfather and/or grandmother

Other, namely _____

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

Tip: Information about the growth and development of young children can be found in the GroeiGids and on www.jgzzhw.nl.