

**Health Consultation group 2
 Questionnaire for parents/carers**



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

Date of birth: _____

Home telephone number: _____ Mobile: _____

E-mail: _____

Name of school: _____ Location: _____

Group: _____ Teacher: _____

Our GP is: _____

My child has visited the Children's Health Centre (JGZ) in: _____ (name municipality)

Describe your child in a few words: _____

Are there other children in the family?

No

Yes, namely:

	First name	name	M/F	Date of birth
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Most days of the week my child lives:

With father and mother (together)

With mother and her partner

With father and his partner

Alternately with father and mother (co-parents)

Only with the mother

Only with the father

Other (e.g. foster parents, another family or boarding school), namely: _____

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

- No Yes, namely:
- Changes in the family structure (birth, death, adoption, stepchildren)
 - Change of address
 - Death of a member of the family or friend
 - Illness or hospitalization
 - Divorce or a new partner
 - Unemployment or financial problems
 - Other, namely: _____

If so, do you think your child has difficulty with this?

- No Yes, because: _____

Development and health

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

Do you have any questions or concerns about this?

Feels good about him-/herself				<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Health				
Vision and hearing				
Eating				
Sleeping				
Exercising or sports				
Playing (outside)				
Feces/defecation				
Toilet-trained during daytime				
Toilet-trained at night				
Likes to go to school				
Is interested/inquiring				

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/specialist	_____	_____
<input type="checkbox"/> Physical therapist	_____	_____
<input type="checkbox"/> Speech therapist	_____	_____
<input type="checkbox"/> Dietician	_____	_____
<input type="checkbox"/> Alternative healer	_____	_____
<input type="checkbox"/> Child-raising institute/ pedagogue	_____	_____
<input type="checkbox"/> Psychologist	_____	_____
<input type="checkbox"/> Youth care	_____	_____
<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
- Does your child brush his/her teeth? Never Sometimes Yes, _____ times a day
- Does anyone brush the child's teeth afterwards? Never Sometimes Always
- Does your child have any check-ups at the dentist's? Never Once a year Twice a year
- Is your child well-rested in the morning? No Yes
- Does your child take swimming lessons? No Yes
- My child has swimming certificate A B C

How many hours per day does your child spend in front of a screen (tablet, (gaming) computer, TV or smartphone)?

- Less than 1 hour per day 2 to 3 hours per day
- 1 to 2 hours per day More than 3 hours per day

Upbringing

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

				Do you have any questions or concerns 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				_____
I enjoy being a parent				_____
I feel confident as a parent				_____
I feel I am being supported in the upbringing by my (ex) partner				_____

Young children learn to discover their own bodies and emotions; they learn the difference between boys and girls and may play games of a sexual nature. Do you have any questions or concerns about your child's sexual development or behaviour?

- No Yes, namely: _____
- _____
- _____
- _____

Please continue on the next page

Social environment

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

Do you have any questions or concerns about this?

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 in the family
involving psychiatry or addiction?

No

Yes

Does your child attend day care?

No

Yes, goes to:

Out-of-school care

Grandfather and/or grandmother

Child minder/host family

Other, namely: _____

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

Are there any topics you would like to discuss **without** your child present?

No Yes, namely:

Until next time at the JGZ Centre!