JGZ Zuid-Holland West
Consultatiebureau voor kind en jeugd

Health Consultation group 7
Questionnaire for parents/carers

How is your child? This questionnaire is used for the health consultation of your child which will be held at school shortly. We would very much like to hear from you if there are any things we should consider during 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: ______

Questionnaire completed by: ☐ Mother ☐ Father

☐ Other, namely: ______ on (date): ______

Describe your child in a few words: ______

Are there any other children in the family? ☐ No ☐ Yes, namely:

	First name	Last name	M/F	Date of birth
1				
2				
3				
4				

Most days of the week my child lives:

- ☐ With father and mother (together)
- ☐ Alternately with father and mother (co-parents)
- ☐ With mother and her partner
- ☐ Only with the mother
- ☐ With father and his partner
- ☐ 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)
- ☐ Illness or hospitalization
- ☐ Divorce or a new partner
- ☐ Change of address
- ☐ Unemployment or financial problems
- ☐ Death of a member of the family or friend
- ☐ Other, namely: ______

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

☐ No ☐ Yes, because: ______

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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	☺	😐	☹	
Health	☺	😐	☹	
Vision and hearing	☺	😐	☹	
Eating	☺	😐	☹	
Sleeping	☺	😐	☹	
Exercising or sports	☺	😐	☹	
Playing (outside)	☺	😐	☹	
Urinating/defecating (day and night)	☺	😐	☹	
Learning	☺	😐	☹	
Makes contact with others	☺	😐	☹	

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

☐ No

☐ Yes, namely:

	Name practitioner:	Reason:
☐ GP/specialist		
☐ Physical therapist		
☐ Dietician		
☐ Alternative healer		
☐ Child-raising institute/ pedagogue		
☐ Psychologist		
☐ Youth care		
☐ Other, namely:		

Does your child use any medicine?

☐ No ☐ Yes, namely: ______

Did your child receive two vaccinations (DTP and BMR) at the age of 9?

☐ No ☐ Yes

If not, would you please explain why? ______

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

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 ☐ 1 to 2 hours ☐ 2 to 3 hours ☐ More than 3 hours

A national survey by the Trimbos Institute shows that experimenting with smoking and alcohol often starts at a young age. Do you have the impression that your child has begun to experiment?

☐ No ☐ Yes

Do you have any questions about your child's sexual development?

☐ No ☐ Yes

The following questions concern your child's behavior over the past 6 months. Please complete all questions as well as possible, even if you are not completely sure of when you consider the question to be odd. No answer is right or wrong.

My child...	Not true	Partly true	Absolutely true
1 Takes the feelings of others into consideration	☐	☐	☐
2 Is restless, overactive, moving a lot	☐	☐	☐
3 Often complains about headache, stomach ache or nausea	☐	☐	☐
4 Shares things easily with other children (e.g. toys, candy, pencils)	☐	☐	☐
5 Often has tantrums or outbursts of anger	☐	☐	☐
6 Is withdrawn, inclined to play by him-/herself	☐	☐	☐
7 Is obedient most of the time, usually does what grown-ups ask	☐	☐	☐
8 Has many worries, seems to be bothered by things	☐	☐	☐
9 Is very helpful when someone is injured, upset or feeling ill	☐	☐	☐
10 Is constantly wobbly or fiddling	☐	☐	☐
11 Has at least one good friend	☐	☐	☐
12 Often fights with other children or is bullying them	☐	☐	☐
13 Is often unhappy, down or in tears	☐	☐	☐
14 Is generally liked by other children	☐	☐	☐
15 Is easily distracted, has difficulty concentrating	☐	☐	☐
16 Is nervous or unable to let go in new situations, easily loses confidence	☐	☐	☐
17 Is nice to young children	☐	☐	☐
18 Lies of cheats a lot	☐	☐	☐
19 Is harassed of bullied by other children	☐	☐	☐
20 Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
21 Thinks before doing something	☐	☐	☐
22 Steals things at home, at school or in other places	☐	☐	☐
23 Can get along with adults better than with other children	☐	☐	☐
24 Is scared for many things, is afraid quickly	☐	☐	☐

25 Finishes assignments, is able to concentrate well

Do you think that, in general, your child has difficulties in one of the following areas:
emotions, concentration, behaviour or the ability to get along with other people?

No → Go to the next page

☐ Yes, minor difficulties ☐ Yes, clear difficulties ☐ Yes, severe difficulties

If your answer was 'Yes', please answer the following questions about these difficulties

How long have these difficulties been present?

☐ Less than a month ☐ 1-5 months ☐ 6-12 months ☐ More than a year

	Not at all	Only a bit	Rather	Very
Do the difficulties upset your child?	☐	☐	☐	☐
Do the difficulties disturb the daily life of your	☐	☐	☐	☐
child in the following areas?	☐	☐	☐	☐
At home	☐	☐	☐	☐
Friendships	☐	☐	☐	☐
Learning in the classroom	☐	☐	☐	☐
Activities during leisure time	☐	☐	☐	☐
Are the difficulties a burden on you or your family as a whole?	☐	☐	☐	☐

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

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

Do you have any indication that your child has (had) any negative sexual experience? ☐ No ☐ Yes

Do you have any further remarks or things we should consider? Please, note them down here:

Tip: *Information about the growth and development of children can be found on our website: www.jgzzhw.nl*