

**Questionnaire for the visit to the JGZ when your child is about 2 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: \_\_\_\_\_

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 (makes small sentences with 2 words) |  |  |  |

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.

Did your child have any check-ups at the dentist's?  No  Yes

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:

\_\_\_\_\_

\_\_\_\_\_

Tip: Information about the growth and development of young children can be found in the GroeiGids and on our website: [www.jgzzhw.nl](http://www.jgzzhw.nl).