

**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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have enough money for: food, swimming lessons, sports, shoes, clothes and the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your family receive social benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.