Kinderarztpraxis

Dr. Junge & Goecke

Parent Questionnaire — Preventive Check-Up U10

Child's name	
Date of birth	

Dear parents, we kindly ask you to complete this questionnaire in advance and send it to us by email, or bring it to the U10 check-up. This helps us better assess your child's development. Thank you for your support!

General Questions

1. My child attends school — ◯ Yes ◯ No
   If yes, which school and year? _____
2. Which parent(s) have legal custody of the child? — ☐ Mother ☐ Father ☐ _____
3. Is one parent raising the child alone? — ◯ Yes ◯ No
4. My child has siblings — ◯ Yes ◯ No
   If yes, how many? _____
5. How much time does your child spend daily in front of the TV, smartphone, console, or computer? _____
6. How much time does your child spend daily with books or audiobooks? _____
7. How much time does your child spend daily doing sport or physical activity? _____
8. My child has difficulties with schoolwork — ◯ Yes ◯ No

Health

9. There is a family history of thyroid conditions — ◯ Yes ◯ No
10. My child has visited a doctor for headaches — ◯ Yes ◯ No
11. My child has migraines — ◯ Yes ◯ No
12. My child has asthma symptoms or chronic bronchitis — ◯ Yes ◯ No
13. My child sometimes has nervous tics (e.g., blinking tic, winking tic) — ◯ Yes ◯ No

Social Skills

14. My child often argues with us — ◯ Yes ◯ No
15. My child cannot follow rules — ◯ Yes ◯ No
16. My child shows oppositional behaviour more frequently than peers — ◯ Yes ◯ No
17. My child has been excluded from school, a day trip, or an overnight trip because of their behaviour — ◯ Yes ◯ No
18. My child sometimes skips school — ◯ Yes ◯ No
19. My child has a strong fear of going to school — ◯ Yes ◯ No
20. My child argues with their siblings almost every day — ◯ Yes ◯ No
21. These arguments also involve serious injuries, bullying, or threats — ◯ Yes ◯ No

22. My child is afraid of other children — ◯ Yes ◯ No
23. My child has no contact at all with other children or young people — ◯ Yes ◯ No
24. My child is frequently teased, hit, or bullied by other children or young people — ◯ Yes ◯ No
25. My child sometimes gets into fights with other children or young people — ◯ Yes ◯ No
26. These fights have also led to serious injuries — ◯ Yes ◯ No
27. My child frequently changes friends — ◯ Yes ◯ No
28. My child often refuses to speak to adults, even when directly asked something — ◯ Yes ◯ No
29. My child refuses to stay at friends' or relatives' homes during the day — ◯ Yes ◯ No

Behavioural Concerns

30. My child is easily distracted and inattentive at school — ◯ Yes ◯ No
31. My child is very easily distracted and inattentive while doing homework — ◯ Yes ◯ No
32. My child is very easily distracted and inattentive during board games — ◯ Yes ◯ No
33. My child is very restless and cannot sit still at school — ◯ Yes ◯ No
34. My child is very restless and cannot sit still while doing homework — ◯ Yes ◯ No
35. My child is very restless and cannot sit still during board games — ◯ Yes ◯ No
36. My child is often reckless near traffic — ◯ Yes ◯ No
37. My child is often impulsive, reckless, and takes risks while playing — ◯ Yes ◯ No
38. My child is often very hasty and impulsive when completing tasks at school or at home — ◯ Yes ◯ No
39. My child is anxious and worries a lot about future events (e.g., tests, unpleasant tasks) — ◯ Yes ◯ No
40. My child has a tantrum almost every day — ◯ Yes ◯ No
41. My child sometimes becomes "ill" from sheer excitement — ◯ Yes ◯ No
42. My child has a panicky fear of many things — ◯ Yes ◯ No

    If yes, what things? _____

43. My child is excessively tidy — ◯ Yes ◯ No
44. My child washes their hands frequently even when they are already clean — ◯ Yes ◯ No
45. My child repeatedly checks certain things several times within a few minutes (e.g., whether the window is closed) — ◯ Yes ◯ No
46. My child bites or picks at their nails so severely that they frequently bleed or the nail bed is partially exposed — ◯ Yes ◯ No
47. My child is sad or low for at least three hours at least once a week — ◯ Yes ◯ No
48. My child's mood is usually out of proportion to what triggered it — ◯ Yes ◯ No
49. It is very difficult to distract my child when they are sad — ◯ Yes ◯ No
50. My child has been sad or low continuously for at least two weeks — ◯ Yes ◯ No
51. My child has seriously thought about taking their own life — ◯ Yes ◯ No
52. My child causes us problems because they lie so often — ◯ Yes ◯ No
53. My child has stolen something of value at home or outside — ◯ Yes ◯ No
54. My child has stolen valuables at least five times — ◯ Yes ◯ No

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55. My child has intentionally destroyed or damaged things that do not belong to them ◯ Yes ◯ No
56. My child has run away from home ◯ Yes ◯ No
57. My child shows other notable behaviour not described above:

Language

58. My child has a speech or language disorder ◯ Yes ◯ No
59. My child stutters when very excited ◯ Yes ◯ No
60. My child lisps ◯ Yes ◯ No

Eating Habits and Dental Care

61. My child usually has little appetite ◯ Yes ◯ No
62. My child is very picky about food ◯ Yes ◯ No
63. My child is constantly afraid of gaining weight ◯ Yes ◯ No
64. My child has lost at least 7 kg due to their eating behaviour and is underweight ◯ Yes ◯ No
65. My child is at least 10 kg overweight ◯ Yes ◯ No
66. My child is sometimes teased because of their weight ◯ Yes ◯ No
67. My child uses fluoride toothpaste ◯ Yes ◯ No
68. My child visits the dentist regularly ◯ Yes ◯ No

Sleep Habits

69. My child has difficulty falling asleep and lies awake for more than one hour ◯ Yes ◯ No
70. My child frequently wakes up at night and has difficulty falling back asleep ◯ Yes ◯ No
71. My child has wet the bed more than once in the last 6 months ◯ Yes ◯ No
72. My child has soiled themselves more than once in the last 6 months ◯ Yes ◯ No