



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 U11 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 has smoked occasionally	Yes	No
53. My child has had alcohol from time to time	Yes	No
54. My child causes us problems because they lie so often	Yes	No



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| 55. My child has stolen something of value at home or outside | Yes | No |
| 56. My child has stolen valuables at least five times | Yes | No |
| 57. My child has intentionally destroyed or damaged things that do not belong to them | Yes | No |
| 58. My child has run away from home | Yes | No |
| 59. My child shows other notable behaviour not described above: | | |

Language

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| 60. My child has a speech or language disorder | Yes | No |
| 61. My child stutters when very excited | Yes | No |
| 62. My child lisps | Yes | No |

Eating Habits and Dental Care

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| 63. My child usually has little appetite | Yes | No |
| 64. My child is very picky about food | Yes | No |
| 65. My child is constantly afraid of gaining weight | Yes | No |
| 66. My child has lost at least 7 kg due to their eating behaviour and is underweight | Yes | No |
| 67. My child is at least 10 kg overweight | Yes | No |
| 68. My child is sometimes teased because of their weight | Yes | No |
| 69. My child uses fluoride toothpaste | Yes | No |
| 70. My child visits the dentist regularly | Yes | No |

Sleep Habits

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| 71. My child has difficulty falling asleep and lies awake for more than one hour | Yes | No |
| 72. My child frequently wakes up at night and has difficulty falling back asleep | Yes | No |
| 73. My child has wet the bed more than once in the last 6 months | Yes | No |
| 74. My child has soiled themselves more than once in the last 6 months | Yes | No |