Kinderarztpraxis

Dr. Junge & Goecke

Parent Questionnaire — Preventive Check-Up U7

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 U7 check-up. This helps us better assess your child's development. Thank you for your support!

General Questions

1. My child attends a nursery, daycare centre, or is looked after by a childminder — ◯ Yes ◯ No
2. Which parent(s) have legal custody of the child? — ☐ Mother ☐ Father ☐ _____
3. Is one parent raising the child alone? — ◯ Yes ◯ No
4. How much time does your child spend daily in front of the TV, smartphone, console, or computer? _____
5. How much time does your child spend daily with books or audiobooks? _____

Social Skills

6. My child can play alone for a short time — ◯ Yes ◯ No
7. My child has difficulty separating from caregivers — ◯ Yes ◯ No
8. My child cries or screams for at least 15 minutes when separated — ◯ Yes ◯ No
9. My child is extremely easily startled — ◯ Yes ◯ No
10. My child has a panicky fear of many things — ◯ Yes ◯ No
    If yes, what things? _____
11. My child is very afraid of unfamiliar adults — ◯ Yes ◯ No
12. My child approaches almost every stranger — ◯ Yes ◯ No
13. My child would go off with a stranger after a very short time — ◯ Yes ◯ No
14. My child usually resists physical affection or does not want to be cuddled — ◯ Yes ◯ No
15. My child reacts with panic if something in their room is changed — ◯ Yes ◯ No
16. My child has no interest in other children — ◯ Yes ◯ No
17. My child is very restless and cannot sit still — ◯ Yes ◯ No
18. My child is sometimes very reckless and takes risks while playing — ◯ Yes ◯ No
19. My child seems to have no fear during dangerous activities — ◯ Yes ◯ No
20. My child has a tantrum every day — ◯ Yes ◯ No
21. My child frequently destroys objects — ◯ Yes ◯ No
22. My child often seems unaware of their surroundings (e.g., stares into space or doesn't respond) — ◯ Yes ◯ No
23. My child is very insensitive to pain — ◯ Yes ◯ No

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Gross and Fine Motor Skills

24. My child walks steadily and independently — ◯ Yes ◯ No
25. My child can climb stairs with more than three steps — ◯ Yes ◯ No
26. My child spontaneously scribbles on paper (e.g., spirals) — ◯ Yes ◯ No
27. My child can unwrap or open small objects — ◯ Yes ◯ No
28. My child stacks three or more blocks — ◯ Yes ◯ No
29. My child can eat with a spoon independently — ◯ Yes ◯ No

Eating Habits and Dental Care

30. My child usually has little appetite — ◯ Yes ◯ No
31. My child is underweight — ◯ Yes ◯ No
32. My child is extremely picky about food — ◯ Yes ◯ No
33. I brush my child’s teeth after meals — ◯ Yes ◯ No
34. My child uses fluoride toothpaste — ◯ Yes ◯ No
35. My child has already been to the dentist — ◯ Yes ◯ No

Sleep Habits

36. My child has difficulty falling asleep at least three times a week and lies awake for at least one hour — ◯ Yes ◯ No
37. My child wakes up at least once per night and then lies awake for at least one hour — ◯ Yes ◯ No
38. My child snores even when not ill — ◯ Yes ◯ No

Language

39. My child is growing up multilingual — ◯ Yes ◯ No
    If yes, which languages? _____
40. My child enjoys looking at picture books — ◯ Yes ◯ No
41. My child recognises and names pictures in a book — ◯ Yes ◯ No
42. My child speaks in single words and has a vocabulary of at least 10 words (not counting 'Mummy' and 'Daddy') — ◯ Yes ◯ No
43. My child combines two or more words (e.g., “Mummy come”) — ◯ Yes ◯ No
44. My child communicates their wants and refusals through gestures or speech (e.g., nodding, shaking their head, or saying no) — ◯ Yes ◯ No
45. My child points to three or more body parts (e.g., nose, mouth, and ears) when asked — ◯ Yes ◯ No
46. My child understands simple instructions — ◯ Yes ◯ No

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Vocabulary Assessment

47. Please tick all words your child uses themselves — not just repeats or understands. Words pronounced differently (e.g., “nana” instead of “banana”) can also be ticked. If your child uses a similar word (e.g., “kitty” for “cat”), write it next to the box. Every child develops their vocabulary differently, so your child may only use some of these words, or other words not listed here.

☐ apple	☐ away	☐ ball	☐ banana	☐ bathe	☐ bear	☐ bed	☐ biscuit
☐ boat	☐ book	☐ bread	☐ butter	☐ cake	☐ car	☐ cat	☐ chair
☐ clock	☐ cold	☐ cucumber	☐ door	☐ down	☐ draw	☐ duck	☐ dummy
☐ ear	☐ eat	☐ egg	☐ eye	☐ fish	☐ glasses	☐ grandpa	☐ hair
☐ hand	☐ hello	☐ horse	☐ jacket	☐ key	☐ light	☐ milk	☐ mine
☐ monkey	☐ mouse	☐ mouth	☐ no	☐ nose	☐ outside	☐ pants	☐ please
☐ rabbit	☐ shoes	☐ thank you	☐ train	☐ tree	☐ tummy	☐ water	☐ wet
☐ yes							

How many words were ticked?: _____