Kinderarztpraxis

Dr. Junge & Goecke

Parent Questionnaire — Preventive Check-Up U7a

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 U7a check-up. This helps us better assess your child's development. Thank you for your support!

General Questions

1. My child attends a daycare centre — ◯ 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 stay with familiar people for a few hours — ◯ Yes ◯ No
7. My child engages in role play with other children — ◯ Yes ◯ No
8. My child helps around the house and imitates adults — ◯ Yes ◯ No
9. My child engages in imaginative play (e.g., a stick becomes a sword, dolls are fed) — ◯ Yes ◯ No
10. My child plays with other children for 5–10 minutes, talking and sharing objects — ◯ Yes ◯ No

Gross and Fine Motor Skills

11. My child jumps with both feet off the bottom step — ◯ Yes ◯ No
12. My child can climb stairs using alternating feet — ◯ Yes ◯ No
13. My child runs with arm swing — ◯ Yes ◯ No
14. My child navigates around obstacles — ◯ Yes ◯ No
15. My child can stop suddenly — ◯ Yes ◯ No
16. My child rides a balance bike — ◯ Yes ◯ No
17. My child eats with a spoon and fork with little spilling — ◯ Yes ◯ No
18. My child drinks from a cup — ◯ Yes ◯ No
19. My child can pull their trousers down and up (e.g., on the toilet) — ◯ Yes ◯ No
20. My child scribbles and draws with pens, still using a whole-hand grip — ◯ Yes ◯ No
21. My child turns book pages using a pincer grip — ◯ Yes ◯ No
22. My child can unwrap or unpack small objects — ◯ Yes ◯ No

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Eating Habits and Dental Care

23. My child uses fluoride toothpaste ◯ Yes ◯ No
24. My child has already been to the dentist ◯ Yes ◯ No

Sleep Habits

25. My child snores even when not ill ◯ Yes ◯ No

Language

26. My child is growing up multilingual ◯ Yes ◯ No
    If yes, which languages? _____
27. My child speaks sentences of 3–5 words ◯ Yes ◯ No
28. My child uses their own name ◯ Yes ◯ No
29. My child enjoys being read to ◯ Yes ◯ No
30. My child enjoys nursery rhymes and asks to hear them again ◯ Yes ◯ No

Vocabulary Assessment

31. 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.

☐ animal	☐ away	☐ birthday	☐ bucket	☐ buy	☐ carpet	☐ chocolate
☐ clean	☐ cloud	☐ cook	☐ cupboard	☐ cut	☐ dirty	☐ ear
☐ fast	☐ find	☐ finger	☐ fly	☐ full	☐ gift	☐ girl
☐ glass	☐ head	☐ heavy	☐ jump	☐ kind	☐ lamp	☐ laugh
☐ lie down	☐ light	☐ listen	☐ live	☐ look for	☐ meadow	☐ meat
☐ must	☐ neck	☐ need	☐ new	☐ now	☐ outside	☐ paper
☐ pencil	☐ quiet	☐ read aloud	☐ room	☐ run	☐ sand	☐ say
☐ see	☐ sharp	☐ shoe	☐ small	☐ soft	☐ soup	☐ stairs
☐ stand	☐ stone	☐ street	☐ sun	☐ swim	☐ table	☐ taste
☐ tired	☐ today	☐ toe	☐ together	☐ tomato	☐ tongue	☐ tooth
☐ towel	☐ umbrella	☐ wait	☐ warm	☐ wash	☐ water	☐ wet
☐ with	☐ work					

How many words were ticked?: _____

32. My child uses word combinations of two or more words (e.g., “Mummy book”) ◯ Yes ◯ No
33. Please select the option that best describes what your child says

☐ Cat there	or	☐ There is a cat
☐ Mummy shopping	or	☐ Mummy is shopping
☐ Mine	or	☐ That is mine
☐ Mummy cook	or	☐ Mummy cooks
☐ Many car	or	☐ Many cars
☐ Many flower	or	☐ Many flowers
☐ Not eat apple	or	☐ I don’t want to eat an apple

34. My child uses the conjunction “and” (e.g., I’ll get the book and you read to me) ◯ Yes ◯ No

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35. My child uses the words "my" and "mine" correctly (e.g., my room) ◯ Yes ◯ No
36. My child uses the question word "How" (e.g., how does the game work?) ◯ Yes ◯ No
37. My child uses the question word "What" (e.g., what have you got there?) ◯ Yes ◯ No
38. My child uses the question word "Where" (e.g., where is my ball?) ◯ Yes ◯ No
39. My child uses the question word "Where to" (e.g., where is Daddy going?) ◯ Yes ◯ No
40. My child retells short stories or fairy tales based on pictures ◯ Yes ◯ No

For Practice Staff Use Only

41. Language: Vocabulary (V)

42. Language: Grammar (G)

43. Language: Total score = V + (G × 6)

44. Stereo vision test ◯ Yes ◯ No
45. Visual acuity chart ◯ Yes ◯ No