



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 U8 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 separate from caregivers	Yes	No
7. My child understands game rules	Yes	No
8. My child engages in role play with other children	Yes	No
9. My child knows their own name	Yes	No

Gross and Fine Motor Skills

10. My child can dress themselves	Yes	No
11. My child can ride a tricycle, balance bike, or scooter	Yes	No
12. My child can ride a bicycle	Yes	No
13. My child can run	Yes	No
14. My child can undo buttons	Yes	No
15. My child can stand on one leg	Yes	No
16. My child can hop	Yes	No
17. My child can balance	Yes	No
18. My child can walk on tiptoes and heels	Yes	No

Language

19. My child uses multi-word sentences and says 'I'	Yes	No
20. My child tells stories	Yes	No
21. My child expresses themselves clearly	Yes	No

**Eating Habits and Dental Care**

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| 22. My child uses fluoride toothpaste | Yes | No |
| 23. My child has already been to the dentist | Yes | No |

Sleep Habits

- | | | |
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| 24. My child snores even when not ill | Yes | No |
| 25. My child stays dry during the day and at night | Yes | No |

For Practice Staff Use Only

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|-------------------------|---|----|
| 26. Hearing test | Yes | No |
| 27. Stereo vision test | Yes | No |
| 28. Visual acuity chart | Yes | No |
| 29. Colours | Yes | No |
| 30. Drawing | Yes, right-handed
Yes, left-handed
No | |
| 31. Number sense | Yes | No |
| 32. Numbers | Yes | No |
| 33. Articulation | Yes | No |