Kinderarztpraxis

Dr. Junge & Goecke

Parent Questionnaire — Preventive Check-Up U9

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 U9 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

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Eating Habits and Dental Care

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

Sleep Habits

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

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