3 Year, 6 Months Child Health Examination Questionnaire (1)

→Please complete the back of this page as well.

Furigana			Date of Birth:		Family Makeup: Family members living with the child (excluding the child themselves)						
Child's Name			[Year] _____ [Month] __ [Day] __ (Child Number: ___)		Relation	Age	Relation	Age	Relation	Age	
Address	Otsu City (School District:) Do you have plans to move in the near future? (No ・ Yes)										
	TEL		TEL								
	Contact①	Father ・ Mother ・ Grandfather ・ Grandmother ・ Other ( )	Contact②	Father ・ Mother ・ Grandfather ・ Grandmother ・ Other ( )							

Attending Daycare/Preschool: Yes (Name of Childcare Facility: _____) / No

Birth Height: _____ cm

Birth Weight: _____ g

◆Please refer to your Maternal and Child Health Handbook (Boshi Techo), circle the applicable items, and fill in the parentheses when necessary.

A. Primary Care Doctor & Medical History	1.	Does your child have a primary care doctor or clinic?	1 Yes 2 No 3 Not sure
	2.	Does your child have a regular family dentist?	1 Yes 2 No 3 Not sure
	3.	Has your child ever had a serious illness?	1 No 2 Yes ( )
	4.	Has your child ever been treated at a hospital due to an accident or injury?	1 No 2 Yes ( )
B. Development	5.	Does your child try to dress or undress themselves?	1 Yes 2 No
	6.	Does your child engage in pretend play, such as playing house or superheroes?	1 Yes 2 No
	7.	Do you have any concerns regarding your child's speech or language development?	1 No 2 Yes (Delayed speech・Pronunciation・Social interaction・Other: _____)
	8.	Does your child use phrases using 2 or more words, such as "Go outside" or "Doggie sleeping"?	1 Yes (___ years ___ months old) 2 No
	9.	Do you have any concerns regarding your child's behavior?	1 No 2 Yes
C. Dietary Habits	10.	Does your child have set times for meals and snacks?	1 Yes 2 No
	11.	Do you have any concerns about picky eating or a small appetite?	1 No 2 Yes
	12.	Does your child frequently have sugary drinks (such as juice)?	1 No 2 Yes
D. Lifestyle Habits	13.	Does your child brush their teeth and wash their hands?	1 Yes 2 No
	14.	Does your child suck their thumb or use a pacifier?	1 No 2 Yes
	15.	Do you (parent/guardian) perform follow-up brushing of their teeth every day?	1 Parent/guardian performs follow-up brushing (Parent brushes after the child) 1 2 Only parent/guardian brushes (Child does not brush themselves) 2 3 Child brushes alone 3 4 Neither child nor parent brushes the child's teeth 4
	16.	Does your child spend two hours or more per day watching TV or using tablets/smartphones?	1 No 2 Yes
	17.	What time does your child usually wake up in the morning?	1 Before 5:00 AM 2 5:00 AM range 3 6:00 AM range 4 7:00 AM range 5 8:00 AM range 6 9:00 AM range 7 10:00 AM range 8 11:00 AM or later Select the most frequent time range
	18.	What time does your child usually go to sleep at night?	1 Before 6:00 PM 2 6:00 PM range 3 7:00 PM range 4 8:00 PM range 5 9:00 PM range 6 10:00 PM range 7 11:00 PM range 8 12:00 AM or later Select the most frequent time range
E. Childcare	19.	How have you been feeling lately (physically and mentally)?	1 Good 2 Fairly good 3 Neutral 4 Not very good 5 Not good
	20.	Do you have someone to talk to about daily childcare? Circle all that apply:	1 Spouse / Partner 2 Grandparents 3 Relatives (uncles, aunts, siblings) or neighbors 4 Friends 5 Family doctor or nurse 6 Public health nurse or midwife 7 Nursery or kindergarten teacher 8 Telephone consultation services 9 Internet / Online resources 10 Other ( ) 11 No one
	21.	Do you have any current concerns? Circle all that apply:	1 About my child 2 Relationship with spouse/partner 3 Relationship with parents/in-laws 4 Relationships with other children's parents 5 Other 6 No specific concerns

→Please complete the back of this page as well.

R8.1.14

3 Year, 6 Months Child Health Examination Questionnaire (2)

The items within this form are standardized questions used in health examinations nationwide.

1. Does the mother currently smoke? (Including e-cigarettes and heated tobacco products)	1 No 2 Yes (___ cigarettes per day)
2. Does the father (or partner) currently smoke? (Including e-cigarettes and heated tobacco products)	1 No 2 Yes (___ cigarettes per day)
3. Are you aware that most children between the ages of 3 and 4 will try to join in when invited to play by other children?	1 Yes 2 No
4. Do you have time to relax and enjoy being with your child?	1 Yes 2 No 3 Not sure
5. Do you ever feel that your child is difficult to raise?	1 No 2 Sometimes 3 Always
6. For those who answered "Always" or "Sometimes" to Question 5: Do you know of any methods or resources to help manage these difficulties?	1 Yes 2 No
7. Do the mother and father (or partner) cooperate in housework and childcare?	1 Very cooperative 2 Sometimes cooperative 3 Rarely 4 Not sure

8. In the past few months, have any of the following occurred in your home? (Multiple responses allowed)

1 Overly harsh discipline	1	Please circle all that apply
2 Hit the child emotionally/in anger	2	
3 Left the infant or young child home alone	3	
4 Did not provide meals for a long period of time	4	
5 Shouted or yelled at the child emotionally	5	
	6	None of the above apply

9. Are you aware of the local community playgroups or childcare support centers?	1 Yes 2 No
10. How do you feel about your current overall financial situation?	1 Very comfortable 2 Somewhat comfortable 3 Average 4 Somewhat difficult 5 Very difficult
11. Do you wish to continue raising your child in this area?	1 Yes 2 Somewhat yes 3 Not particularly 4 No

Please use the space below to write down any other concerns or topics you would like to discuss.