Child development questionnaire

Department of Pediatrics, Ichinomiya Medical & Habilitation Center

Child’s Name: ( ) Age: ( ) years ( ) months Sex: ( Male / Female )

Medical record ID ( )

1. As a result of detailed examination by our team, if we are able to make a diagnosis for your child, can we tell the results of the diagnosis honestly?   
    ( Yes, No )
2. This question is for those who answered "Yes". In that case, would it be okay if your child is with you in the discussion?   
    ( Yes, No )
3. What concerns would you like to discuss today? 　Please answer briefly.
4. Has your child ever been diagnosed at other medical institution?   
    ( Yes, No )
5. This question is for those who answered "yes". If you don't mind, please answer the following.   
   Medical facility ( 　　　　　　　　　　　　　　　)   
   Diagnosis (　　　　　　　　　　　　　　　 )
6. I would like to ask you about your child. Please answer briefly.   
   Physical illness (　　　　　　　　　　　　　　　　　　　　 )   
   Personality ( 　　　　　　　　　　　　　　　　　　　　)   
   What does your child like? ( 　　　　　　　　　　　　　　　　　　　　)   
   What does your child dislike? (　　　　　　　　　　　　　　　　　　　　 )
7. About pregnancy and childbirth   
   Abnormalities in pregnancy 　(No/Yes) If yes ( )   
   Abnormalities in childbirth (No/Yes) If yes ( )   
   Asphyxia (No/Yes)   
   Jaundice (Yes/No) Jaundice treatment ( phototherapy / exchange transfusion )   
   Gestational age ( weeks and days )   
   Measurement at birth:   
   weight g , height cm ,   
   head circumference cm , chest circumference cm   
   Age of parents at childbirth ( Father yo, Mother yo )
8. I would like to ask you about development of your child   
   When did your child do for the first time? ( Answer 1 year old as 12 months)  
    social smile months , hold his/her head up months , roll over months ,   
    sit without support months , walk alone months , speak a word months ,   
    speak in two-word sentences months , shy with strangers months   
   Self care activity  
    Meal ( possible alone / partial assistance/full assistance )   
    Changing clothes ( possible alone/partial assistance/full assistance )   
    Urination ( possible alone/partial assistance/full assistance )   
    Defecation ( possible alone/partial assistance/full assistance )  
   Hypersensitivity: regarding the following five senses  
    Hypersensitivity to sound (e.g., dislikes the sound of a vacuum cleaner):   
    Hypersensitivity to vision (e.g., likes rotating objects):   
    Hypersensitivity to touch (e.g., likes certain towels):   
    Hypersensitivity to taste (e.g., dislikes certain foods) :   
    Sensitivity to odors (e.g. dislikes the smell of fried foods):   
   Dislikes exercise: If yes, please write in detail.   
    Not good at full-body exercise ( yes/no ) If yes:   
    Has clumsy with his/her hands ( yes/no ) If yes:
9. Development in infancy ( Please tell us about the situation up to the age of 1 )   
    Please circle yes or no that applies to your child   
   1. Had social smiles ( yes / no )   
   2. Had shyness with strangers ( yes / no )   
   3. Had crying at night or night terrors ( yes /no )   
   4. Had sleep problems ( yes / no )   
   5. Had dietary problems ( yes / no )   
   6. Was quiet and didn't need much help ( yes / no )  
   7. Was difficult to make eye contact ( yes / no )   
   8. Was difficult to respond when you call his/her name ( yes / no )   
   9. Has difficulty playing with others ( yes / no )   
   10. Didn’t like being cuddled ( yes / no )   
   11. Did not try to copy what you do ( yes / no )   
   12. Was not interested in toys ( yes / no )
10. Regarding early childhood development ( Please answer if ages 3 and older )   
    Please circle yes or no that applies to your child in early childhood.   
    1. Was difficult to make eye contact ( yes / no )   
    2. Was difficult to respond when you call his/her name ( yes / no )   
    3. Was hyperactive ( yes / no )   
    4. Often got lost ( yes / no )   
    5. Didn’t care even without parents ( yes / no )   
    6. Liked playing alone and did not play with other children ( yes / no )   
    7. Delayed speech onset ( yes / no )   
    8. Had stopped saying the words once spoken ( yes / no )  
    9. Often parroted (ecolalia) ( yes / no )  
    10. Had persistent pattern ( yes / no )  
    11.Had strange behavior ( yes / no )  
     Details: (　　　　　　　 　)
11. Regarding kindergartens and nursery schools .   
     Admission : 20 / / , Kindergarten / Nursery school, its name ( )  
    　1. She/He used to participate in group activities such as sports days ( yes / no )  
    　2. She/He often played with other children ( yes / no )   
     3. Teachers or daycare workers pointed out some problems ( yes / no )   
     　　Details: (　　　　　　　 　　　 　)
12. Please answer the following, if you have a school age child.   
     Does your child have problems with From when Specifics / Support  
     conversation (yes/no) 　　　　　　　　　　　　　　　　　　　　　  
     handwriting (yes/no) 　　　　　　　　　　　　　　　　　　　　　  
     reading (yes/no) 　　　　　　　　　　　　　　　　　　　　　  
     calculation (yes/no) 　　　　　　　　　　　　　　　　　　　　　  
     others (yes/no)　 　　　　　　　　　　　　　　　　　　　　　  
      
    Recent Report Cards ( Elementary School / Junior High School ; 　　grade　 semester)   
     Japanese ( ) Music ( )  
     Arithmetic /Mathematics ( ) Arts and Crafts ( )   
     Social studies ( ) Physical education ( )   
     Science ( ) Technology /Home economics ( )  
     English ( )
13. School life problems   
    　　　　　　　　　　　　　　　　Period 　　　 Details   
     School absenteeism (yes/no) 　 　~ 　　　 　　　　　　　　　　　　　  
     Domestic violence (yes/no)　　　 　 　~ 　　　 　　　　　　　　　　　　　  
     Got bullied (yes/no)　　　 　 　~ 　　　 　　　　　　　　　　　　　  
     Has trouble with teachers (yes/no) 　 　~
14. About your family ( Please circle the persons living with your child )   
     Father, Mother, Paternal grandfather, Paternal grandmother,  
     Maternal grandfather, Maternal grandmother   
     Brothers and sisters: ( ) Others: ( )   
     Have you ever had any problems at home ? (yes/no)  
    　(Parental discord, family illness, divorce, financial problems, others( ) )   
     If yes, please explain in detail.   
      
      
      
     Are there any complicated situations at home right now? (yes/no)   
     If yes, please explain in detail.