

10] 단순서식변경

Health checkup questionnaire for infants (For 66~71 months)

Subject name		Resident registration number		Telephone of guardian	
Name of guardian		Relationship to the subject		E-mail address	

The purpose of a health checkup for infants is to check on their normal growth and development rather than detecting particular ailments. Have you understood the purpose of the checkup?

Yes ☐ No ☐

1. Date of birth of child: Year      Month      Day			2. Birth weight: ■ ■ kg (round off to the nearest tenth)						
3. Please check the vaccinations completed so far. (Please indicate the frequency of the corresponding box.)									
	BCG	Hepatitis B	DPT	Poliomyelitis (polio)	Pneumococcus	Haemophilus B	Measles, mumps, rubella	Chickenpox	Japanese encephalitis
Numbers completed									
4. Has your baby been diagnosed with a development problem, or does he/she have a disease currently undergoing treatment?									
① Yes ② No      If you answer "yes," what is the specific diagnosis? _____									

**Vision**

Yes ①
No ②

1	Does the position of the pupil of the baby seem strange?	①	②
2	Does the baby turn his/her head and turn sideways to see forward (objects in front of him/her) or does he/she look with his/her head tilted?	①	②
3	Does your baby read a book / watch TV / see things at a very close distance or frown to see?	①	②
4	Does the visual acuity of each eye of your child seem different when comparing each eye when you make him/her to see as covering each eye?	①	②

**Auditory sense**

Yes ①
No ②

1	Is the child able to pronounce the majority of the vowels and consonants correctly?	①	②
2	Does the child understand well when being told in a small voice?	①	②
3	Does the child easily communicate with other people verbally?	①	②
4	Is the child able to repeat exactly what an adult says?	①	②
5	Is there any relative or parent who has a hearing impairment since childhood?	①	②

**Accident preventative education**

Yes ①
No ②

1	Does the child always wear a helmet and joint protection equipment when riding a bicycle, wearing inline skates, etc.?	①	②
2	Has the child ever crossed the road alone?	①	②
3	Do you put your child in a booster seat and fasten his/her seat belt when you take him for a ride in a car?(If you do not have a car ③)	①	② ③
4	Does the child know the phone number to report to in case of fire?	①	②
5	Do you allow the child to play in a playground alone for you to perform other activities?	①	②

**Preschool readiness education**

Yes ①
No ②

1	Is the child able to distinguish the good and bad behaviors by him/herself?	①	②
2	Is the child able to wait for things he/she wants to do, to eat, and to have?	①	②
3	Does the child play along with other kids well? (e.g.: Is the child able to make compromises when playing with his/her friends?)	①	②
4	Is the child able to sit at one place during a lesson in a nursery or kindergarten?	①	②
5	Is the child able to follow the instructions of an adult and rules provided by parents or teachers?	①	②
6	Is it hard for the child to separate from his/her parents when going to kindergarten?	①	②
7	Is the child able to manage to go to a toilet by him/herself?	①	②
8	Is the child able to ask for help from other people when necessary?	①	②
9	Does the child wake up and go to bed at a regular time?	①	②

**Nutrition education**

1	Does the child tend to have his/her breakfast? ① Yes ② Not every day but generally ③ No	①	②	③
2	How many dinners does the family have together in a week? ① 1~2 times ② 3~4 times ③ More than 5 times	①	②	③
3	Does the child often eat dairy products containing calcium (such as milk, plain yogurt, cheese, etc.)? ① Yes ② No	①		②
4	When does the child have a snack? ① He/she does not have a snack. ② Between meals ① Before going to bed or late at night ④ Whenever he/she wants	①	②	③ ④
5	What kind of food does he/she mainly eat as a snack? (Please check all corresponding numbers if applicable.) ① Sugar-added beverage (e.g.: Carbonated drink, sports drink, kids' drink, etc.) ② Greasy, sweet, or salty food (e.g.: Fast food, precooked food, etc.) ③ Not applicable	①	②	③
6	Does your child perform vigorous physical activities (playing, exercise, etc.) for over 1 hour a day? ① Yes ② No	①		②

\* If you receive a health checkup exceeding the predetermined number, the corresponding cost will be retrieved from you as unjust enrichment.