

Health checkup questionnaire for infants (for 4–6 months old)

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. Was the baby born prematurely? ① Yes (Expected date of confinement: _____ Year _____ Month _____ Day) ② No

4. Please check the vaccinations completed so far. (Please indicate the frequency of the corresponding box.)

	BCG	Hepatitis B	DPT	Poliomyelitis (polio)	Pneumococcus	Haemophilus B
Numbers completed						



Vision

Yes ① No ②

1	Is your baby able to make good eye contact?	① ②
2	Does the position of the pupil of the baby seem strange? (Are the eyes gathering inward or outward even without focusing?)	① ②
3	Are the baby's pupils unclear?	① ②
4	Does any of your family members have an eye-related genetic disorder?	① ②



Education for prevention of sudden infant death syndrome

Yes ① No ②

1	Do you have the baby sleep with his/her face down?	① ②
2	Is the bed or mattress of the baby fluffy?	① ②
3	Do parents sleep on the same bed (or mattress, etc.) with the baby?	① ②
4	Do you help the baby play with his/her abdomen down to the floor and head up when the baby is awake?	① ②
5	Are there any smokers among the family members living with the baby or the person the baby frequently gets in contact with?	① ②
6	Is there any person who smokes inside of your home (including balcony)?	① ②
7	Is there any person who smokes inside of the car that the baby rides in?	① ②



Auditory sense

Yes ① No ②

1	Does the baby show responses to loud noises such as waking up, being startled, changing facial expression, etc.?	① ②
2	Does the baby seem to calm down or stop moving to listen to the sound when a familiar voice is talking?	① ②
3	Is the baby able to make various sounds (squeaking, guffawing, screaming in high tones, etc.)?	① ②
4	Has the baby been hospitalized in a newborn intensive care unit (NICU) over 5 days after his or her birth?	① ②
5	Did the baby receive a hearing screening test in the newborn period?	① ②
6	If you answer "yes" to question 5, was the test result good (passed for both ears or no abnormality)? (If the answer to question 5 is "No", please skip this question.)	① ②



Accident preventative education

Yes ① No ②

1	Where do you install the car seat when you have the baby in a car? ① Front seat ② Rear seats (If you do not have a car seat or a car ③)	① ② ③
2	Do you install the car seat for the baby to face the rear? (If you do not have a car seat or a car ③)	① ② ③
3	Have you ever left your baby alone on an adult's bed or a sofa even if for a second?	① ②
4	Have you ever left your baby sit alone in a basin, bathtub, or restroom even if for a second?	① ②
5	Have you ever consumed a hot drink while holding the baby?	① ②



Nutrition education

1 Common	What food do you mainly feed your baby? ① Only breast milk (Questions 2–4, 10) ② Only powdered formula (Questions 5–10) ③ Mixture of breast milk and powdered formula (Questions 2–10)	① ② ③
2 Breast milk	Until when will you keep feeding your baby with breast milk? ① 6–11 months old ② 12–23 months old ③ Over 24 months old ④ I don't know.	① ② ③ ④
3 Breast milk	What kind of problems do you have that hinder you from continuing breast-feeding? ① Amount of breast milk ② The number of breast-feeding instances ③ The way of breast-feeding ④ Breast-feeding in the nighttime ⑤ Others ⑥ No problem	① ② ③ ④ ⑤ ⑥
4 Breast milk	Which of the following does the mother of the baby consume? ① Caffeinated drinks ② Alcoholic drinks ③ Cigarettes ④ Drugs ⑤ Not applicable	① ② ③ ④ ⑤
5 Powdered formula	How much formula does the baby have in a day? ① Less than 500 mL ② 500–999 mL ③ More than 1,000 mL	① ② ③
6 Powdered formula	Do you use boiled and cooled water when you make the formula? ① Yes ② No	① ②
7 Powdered formula	How do you warm up the formula made in advance? ① Water bath ② Microwave ③ Others	① ② ③
8 Powdered formula	How did you choose the powered formula currently being provided to the baby? ① Selected by the guardian ② Recommended by a doctor	① ②
9 Powdered formula	What do you do with the leftover formula? ① Save it for another time ② Discard it	① ②
10 Common	When do you plan to start weaning and providing supplementary meals for an infant (baby food)? ① Already started before the baby became 4 months old. ② 4–6 months old ③ After 6 months old ④ I don't know.	① ② ③ ④

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