

Kinder- & Jugendärztin
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Questions Prevention U8/U9

Name, Surname: _____ Date of Birth: _____

	yes/mostly	no/sometimes
Do you have bedtime rituals?		
Does your child fall asleep independently?		
Does your child sleep through the night?		
Does your child suck the thumb or dummy/pacifier?		

Are you satisfied with your child's eating behavior?		
Is your child's bowel movement normal and regular?		
Is your child dry during day?		
Is your child dry during night?		

Does your child enjoy attending day care?		
Are the nursery school teachers satisfied with your child's development?		
Does your child play with other peers?		
Does your child play continuously and persistently?		
Does your child change toys frequently?		
Can your child keep himself busy on his own?		
Does your child play age-appropriate board games?		
Can your child lose at times?		
Does your child respect boundaries?		

Does your child have an age-appropriate awareness of danger?		
Does your child have exaggerated fears?		
Can your child swing independently?		
Can your child ride a bike?		
Can your child tie a knot?		
Can your child close snaps and zippers?		
Can your child retell things he or she has experienced?		

Time on TV/Media per day -> less than 1h 1-3h more than 3h

Are you satisfied with your child's development?		
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Thank you!!

Date: