



Questionnaire Elementary school 10/11 years

Name:

Date of birth:

Address:

Name of school/center:

Because you will not be present during the examination, we would like you to answer the following questions . At the end of the questionnaire you can indicate if you have any questions for us.

Please fill in the following:

Telephone number: _____

Mobile phone number: _____(father/mother)

In the future we would like to send a text message to remind you of the appointment.

If you have objections you can state that here objection

Email address: _____

General practitioner: _____

Permission statement

We would like to examine your child.

Do you give us permission? yes no

We would like to exchange information relevant to your child's learning process with the teacher(s)

Do you give us permission? yes no

If you move house, it is usual to send the known health information to the relevant municipal health service, section youth.

Do you give us permission? yes no

Date: _____ Signature parent/ provider: _____

1a. Does your child have regular (health) problems?

no yes,

If so, what kind of problems? More answers are possible

- stomach pain headache
 itch or skin irritation Shortness of breath, wheezing, coughing
 tiredness other problems, namely

Would you like an appointment about these problems?

no yes

De zorg voor 16 gemeenten in de regio Gelderland-Midden: Brandweer, GGD, RAV en GHOR.

b. Does your child use medication?

no yes, which and what for.....

c. Does your child regularly stay at home because of (physical) problems?

no yes

2a. Is your child receiving treatment from a GP, specialist, physiotherapist, alternative medicine, social worker, psychologist?

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If so, for what?

Who?

- eyes
- ears
- height
- weight
- movement
- speech
- learning and/or reading
- behavior, emotions and/or upbringing
- chronic disease (i.e. Diabetes /asthma)
- other problems, namely

b. Are you satisfied with the help you are receiving?

yes no, I still have questions about

3. In the last 5 years, has your child had :

a. a serious illness?

no yes, namely

b. hospital treatment?

no yes, namely

c. an accident or injury where treatment was needed?

no yes namely

4. Has your child had all his or her immunizations?

yes no, but this is a conscious choice no

5 a. How often does your child visit the dentist or dental hygienist?

twice a year or more once a year not every year never

b. How often does your child brush his or her teeth?

twice a day or more once a day not every day never

c. Has your child ever had a hole in it's teeth?

no yes

6.a. Does your child wet it's pants?

(nearly) never sometimes often

b. Does your child (partially)evacuate it's bowels in his or her pants during the day?

no yes

7. a. Does your child have problems with his or her sight? no yes

b. Do the (biological) parents wear glasses, contact lenses or have they had their eyes lasered?

yes, both parents yes, one parent no, neither parent

8. Has your daughter had her first monthly period?

does not apply no yes, date.....

9. What is the height of the child's biological parents?

(biological) father:cm

(biological) mother:cm

10a. Has your child or anyone in your family had a traumatic experience in the last 5 years (i.e. a death, divorce, a birth, unemployment, a parent with an illness, a new partner, financial problems)?

nee ja, which

b. Do you think that your child (still) has a problem with it?

no yes, how do you notice this

11a. In this questionnaire we asked after the health of your child. Do you ever have to economize on healthy food, sport, sleeping arrangements or medical health due to lack of money?

no yes

b. If so, would you like an appointment to talk about this?

no yes

12a. Do you have a question for the school medical officer or school nurse for which you would like an appointment (for example questions about diet, sleep, upbringing, physical problems, concentration, speech development, behavior, movement, back/posture, toilet training)

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b. What is your question?

(You can indicate if you would like to talk about your question without your child present, during the appointment.)

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Thank you for filling out the form. Would you please hand in this form and the filled in SDQ form to the teacher **within 1 week**. You can put the forms in the envelope. Please write the name of your child on the front.