Finnish Institute for Health and Welfare

Background information questionnaire for a health examination for a four-month-old child's parents

Basic information on the child and the family

Child's first name	Child's last name
Child's personal identity code	Child's mother tongues
Other languages spoken in the family	
Family's preferred language: ☐ Finnish ☐ Swedish ☐ Sámi ☐ other, please specify (need for an interpreter) _____	

Parents'/guardians' information

First name	Last name
Telephone number where you can be reached during the day	
First name	Last name
Telephone number where you can be reached during the day	

Child's family

The child lives	
☐ with both parents only	☐ with the other parent sometimes
☐ mainly with one of the parent	☐ never with the other parent
☐ with the other parent 50% of the time	☐ other living arrangement
Who has custody of the child?	
Changes in the family structure	
☐ no changes	☐ other, please specify
☐ separation/divorce	_____
☐ new relationship/marriage	
Meeting and alternating residence arrangements if parents live separately	
Does your child have biological siblings? ☐ No ☐ Yes, how many? _____	Does your child have other siblings? ☐ No ☐ Yes, how many? _____
Siblings' names and years of birth?	
Other persons belonging to the family or the same household	

Child's health and wellbeing

How is your child's health?
☐ good ☐ moderate ☐ poor

Does your child have any long-term symptoms, illnesses or injuries?
☐ No ☐ Yes, please specify _____

Does your child continuously or occasionally use any medicines?
☐ No ☐ Yes, please specify _____

Are there any illnesses, developmental delays or learning difficulties in your family (parents, grandparents, biological siblings)?
☐ No ☐ Yes, which and who has them? _____

Has your child been in an accident requiring a visit to a physician, public health nurse or nurse?
☐ No ☐ Yes, please specify _____

Do you think your home is safe for children?
☐ Yes ☐ No

Do you think the area surrounding your home is safe for children?
☐ Yes ☐ No

Have you noticed any behaviour that worries you?
☐ No ☐ If yes, what?

The child and the family's health habits

My child sleeps well and sufficiently
☐ Yes ☐ No

My child's sleep already has a rhythm compared to waking hours
☐ Yes ☐ No

My child usually falls asleep easily
☐ Yes ☐ No

Is your family physically active
☐ daily ☐ less often than weekly
☐ a few times per week ☐ never

Breastfeeding and vitamin D

Does your child get breast milk?
☐ fully breastfed ☐ partly breastfed ☐ not breastfed ☐ unknown

If your child is partly breastfed or not breastfed at all, what is the substitute for breast milk?

Does your child get a vitamin D supplement
☐ daily ☐ sometimes ☐ never

Family diet

Our family's diet is
☐ omnivorous diet ☐ vegetarian diet
☐ other diet _____

What is good about your family's eating habits?

What about your family's eating habits should be improved?

Child's oral health

Is the child's oral health

☐ good ☐ moderate ☐ poor

Does your child use a pacifier

☐ Yes ☐ No

Tobacco and substance use by adults in the family

Substance screening form for maternity and child health clinics

Use of nicotine products: summary of what, how many per day?

Alcohol: AUDIT score (both/all parents)

Drugs and medicines: summary what, how much?

Is your child exposed to tobacco smoke?

☐ daily ☐ sometimes ☐ never

Information on the family's wellbeing

How does your family spend time together?

Our family

☐ tends to give encouragement and positive feedback

☐ makes everyone feel safe, and usually the atmosphere is peaceful

☐ tends to share what has happened during the day

☐ has agreed on rules together

☐ eat a meal together every day

Do you feel that you need help in matters related to the upbringing of your child or everyday life in the family?

☐ yes

☐ no

☐ we already receive help, from whom and what kind of help? _____

☐ we have received help in the past, from whom and what kind of help? _____

Family concerns or issues taking up resources that affect your child's wellbeing

Have there recently been changes in your family's everyday life that affect the family's resources and raise concerns?

If you wish, you may tell us more

Who can provide support for your family's everyday life if necessary?

☐ grandparents

☐ former spouse

☐ neighbours

☐ friends

☐ others

☐ no one

If you wish, you may tell us more

What about your child delights you?
What are your family’s strengths?
Any wishes for the health examination?
The following persons have participated in filling in the form