

[5] 단순서식변경

Health checkup questionnaire for infants (for 9–12 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
Number completed	
5. 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	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



Accident preventative education

Yes ① No ②

1	Does the baby play with small objects such as peanuts, grapes, or buttons?	① ②
2	Have you ever had the baby ride on a baby walker?	① ②
3	Do you put hot drinks or food on the edge of the table?	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	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



Auditory sense

Yes ① No ②

1	Does the baby respond to the sound of calling names, telephone rings, human voice, etc.?	① ②
2	Is the baby cooing and babbling even when he/she is alone?	① ②
3	Does the baby follow to see where the sound is coming from?	① ②
4	Does the baby listen to you as a form of concentration when you are talking to him/her?	① ②
5	Does the baby make sounds resembling the sound of b, p, and m?	① ②



Oral health education

Yes ① No ②

1	Does the baby sleep with a feeding bottle in his/her mouth or while being breast-fed?	① ②
2	Are you training the baby to wean from a feeding bottle?	① ②
3	Do you think the baby has dental caries?	① ②
4	Does the baby have any tooth with white spots?	① ②
5	Do you think the oral hygiene of the baby is in good condition?	① ②
6	Do you brush the teeth of the baby regularly?	① ②



Nutrition education

1	How many times does the baby have supplementary food (baby food)? ① Once ② 2 times ③ 3 times ④ Over 4 times	① ② ③ ④
2	What kind of food do you feed the baby with as supplementary food (baby food)? (Please check all corresponding numbers if applicable.) ① Grain ② Vegetables ③ Fruit ④ Egg ⑤ Fish ⑥ Meat	① ② ③ ④ ⑤ ⑥
3	What are you currently feeding the baby with? (Please check all corresponding numbers if applicable.) ① Breast milk ② General powdered formula ③ Specialized powdered formula ④ Fresh milk ⑤ Fermented dairy products (Cheese/plain yogurt, etc.)	① ② ③ ④ ⑤
4	Have you ever fed the baby with the following food? (Please check all corresponding numbers if applicable.) ① Grain powder ② Honey ③ Salt or sugar ④ Not applicable	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.