

Health checkup questionnaire for infants (for 30–36 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 child: Year Month Day		2. Birth weight: ■ ■ kg (round off to the nearest tenth)							
3. Please check the vaccinations completed so far. (Please indicate the frequency of the corresponding box.)									
	BCG	Hepatitis B	DPT	Poliomyelitis (polio)	Pneumococcus	Haemophilus B	Measles, mumps, rubella	Chickenpox	Japanese encephalitis
Numbers completed									
4. 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	Does your baby have difficulty in making eye contact, or do his/her pupils falter?	①	②
2	Does the baby turn his/her head and turn sideways to see forward (objects in front of him/her) or does he/she look with his/her head tilted?	①	②
3	Does your baby read a book / watch TV / see things at a very close distance or frown to see?	①	②
4	Does the visual acuity of each eye of your child seem different when comparing each eye when you make him/her to see as covering each eye?	①	②



Auditory sense

Yes ① No ②

1	Does the number of words the child can speak continuously increase?	①	②
2	Is the child able to speak by connecting two clauses? (e.g., “Give them all.”, “Read me books.”, etc.)	①	②
3	Does the child turn up the TV volume louder than other people do?	①	②
4	Is the child able to use words that include consonants such as k, t, p, g, etc.?	①	②
5	Has the child infected with acute otitis media several times? (more than 4 times in 6 months, more than 6 times in 1 year)	①	②



Accident preventative education

Yes ① No ②

1	Does your child play on the road where cars are passing by?	①	②
2	Are there safety devices for the child in the stairways, windows, and balcony areas?	①	②
3	Do you keep matches or lighters out of reach of children?	①	②
4	Have you ever left your child alone in a car?	①	②
5	Do you keep electronic appliances that might hurt the child, such as electrical cords, outlets, etc., out of reach of children?	①	②
6	Do you keep drugs, chemical agents (bleach, detergent, etc.), and sharp objects out of reach of children?	①	②
7	How do you have your child seated in a car? ① Using a car seat ② Using a booster seat ③ Fastening a seat belt ④ Just seated without any equipment	① ③	② ④



Electronic media

Yes ① No ②

1	Is the TV or Internet available for use in the room where the child sleeps?	①	②
2	Do you have your own rules in your home about the use of the TV, Internet, or smartphones?	①	②
3	Do you know what kind of applications or video games the child use frequently?	①	②
4	Do you join your child when he/she uses a smartphone or the Internet or watch TV, movie, videos, etc.?	①	②
5	Does the child use a smartphone while lying down on his/her back or abdomen?	①	②



Nutrition education

1	How is the appetite of the child? ① Good ② Middle ③ Bad	①	②	③		
2	How many times does your child have a meal? ① Once ② 2 times ③ 3 times ④ Over 4 times	①	②	③	④	
3	How many times does your child have a snack? ① Once ② 2 times ③ Over 3 times	①	②	③		
4	How many days in a week does the child have a meal with the family? ① 1–2 days ② 3–4 days ③ More than 5 days	①	②	③		
5	How many times does your child drink fresh milk? ① He/she does not drink at all. ② Less than 200 mL ③ 200–499 mL ④ 500–999 mL ⑤ Over 1,000 mL	①	②	③	④	⑤
6	Does the child eat a lot of sweet food? (e.g.: candy, snack, cake, fruit juice, sugar-added beverage, etc.) ① Yes ② No	①	②			
7	Have you ever restricted certain food to the child because of worries related to allergic reactions? ① Yes ② No	①	②			
8	Does your child perform vigorous physical activities (playing, exercise, etc.) for over 1 hour a day? ① Yes ② No	①	②			

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