

The aim of this questionnaire is to compile information on a child's developmental history and daily life. As the guardian(s), your opinion on the child and their activities is an important part of the assessment. The information you provide will only be handled by healthcare professionals, who are bound by professional secrecy.

1 Contact information	Child's name	Identity number
	Address, post code and town or city	
	Mother's name	Tel.
	Address (if different from the child's)	Occupation
	Father's name	Tel.
	Address (if different from the child's)	Occupation
	Custody Joint custody Sole custody Other guardian, who?	
	Names of siblings and years of birth	
	Other people living in the family (stepsiblings, other adults, etc.)	
	Languages spoken in the family Finnish Swedish Other, which?	
2 Daycare / school	Child's current form of care Home Club Daycare centre Family daycare Other, which?	
	At what age did the child start daycare?	
	Name of care centre, group and contact person	
	Contact information of school and teacher	
	Daycare's / school's support measures	

3 Child's early stages and development	Was there something unusual or concerning about the pregnancy or birth? No Yes, what?						
	Child's condition after birth Good Unusual, how?			Weight at birth and Apgar scores			
	Were there any concerns about the baby? No Yes, what kind of concerns?						
	How was the child's breast feeding and eating during infancy? Ordinary Otherwise, how?						
	Has dribbling continued after infancy?						
	How much did the child make sounds and babble as a baby? A lot To some extent Little						
	First words yr. mo.		First sentences yr. mo.		The child sat without support yr. mo.	The child learned to crawl yr. mo.	The child learned to walk yr. mo.
	The child is right-handed left-handed handedness not yet established						
	Does the child have any basic disease or disability (e.g., heart condition, cleft palate, allergy)? No Yes, what?						
	Has the child been otherwise sick, which diseases and when (e.g., ear infections, asthma, head- or stomach ache)? Seldom Often						
	Does the child receive regular or recurring treatment? No Yes, what?						
	4 Developmental problems in the immediate family	Have there been any developmental problems or special difficulties in the family or between close relatives, who has had....? delayed speech development specific language impairment stuttering a reading and writing problem learning difficulty motor-coordination difficulty concentration difficulty something else, what?					
Have there been changes or crises in the family or between close relatives that affect the child's life (e.g., divorce, severe disease, death)? No Yes, what?							
5 Monitoring the child's development and support measures	Earlier and current examinations and rehabilitation (e.g., speech, occupational, nutritional and physiotherapy, psychologist, school preparation test, family counselling clinic, specialized care). When, where and name of therapist or equivalent?						
	Has your family had any other support measures? No Yes, what?						

6 Child's daily activities	How does the child behave when eating?
	How does the child behave when being dressed?
	How does the child fall asleep and sleep?
	How do changes of activities function?
	How does the child react to separation (e.g., staying in daycare)?
	How does the child express different emotions (e.g., happiness, anger, fear)?
	How does the child play (what do they play, concentration, does the game change often, duration of play, etc.)?
	Who does the child play with and how do the games go?
	What are your child's or family's interests or hobbies (e.g., games, toys, music, drawing, outdoor activities, ball games, cycling)?

	How much time does the child spend interacting with the TV / video games / computer?	
	What are the child's physical-exercise skills (e.g., stairs, climbing, swinging, cycling, swimming)?	
	How does the child act in a group (e.g., daycare, home yard, park)?	
	What is the child's character like (e.g., what are the child's strengths, what do they enjoy, what do they avoid)?	
7 Present situation	Reasons why you sought our services	
	How big is your worry about your child on a scale of 1 – 10? (1 = not worried, 10 = very worried) 1 2 3 4 5 6 7 8 9 10	
	What kind of help and support do you wish your child and family to receive?	
	How would you rate your family's current resources on a scale of 0 – 5? (0 = insufficient, 5 = sufficient) 1 2 3 4 5	
	Does your family have a support network to help you in your daily life?	
8 Date and signature	Date	Signature

The information on the form is stored in the patient register of the Vaasa Healthcare Centre. The patient register of the Vaasa Healthcare Centre is part of the Vaasa Hospital District's joint patient information register (section 9 of the Health Care Act). The Vaasa Healthcare Centre is the registrar of patient information and records created in the course of its operations.

The data in the register shall be kept confidential. Patient data may only be processed by persons involved in the patient's care or related tasks within or on behalf of the relevant functional unit.

The Patient Register Privacy Statement can be found at www.vaasa.fi under the keywords: **Customer and Patient Information Rights**