

QUESTIONNAIRE TO PARENTS

This is the joint preliminary information form of the Children's rehabilitation services' speech and occupational therapists and children's psychologists that is given to all the families needing our services for filling it in. The purpose of the form is to gain information about the child's development history and what the everyday life and overall situation of the family is like. The parents' view of their child and his or her activities is an important part of a child's evaluation. All information given will only be accessed by health care professionals who are bound to professional confidentiality.

Child's last name	Child's first name	Personal identity code
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Basic information

Home address	Postal code and city
Guardian's name	
Profession	Telephone number where they can be reached during the day
Guardian's name	
Profession	Telephone number where they can be reached during the day
Additional information regarding guardianship of the child	
Names and birth years of siblings	
Who belongs to the child's family?	
Native language/languages Finnish Swedish other or several (please specify)	
Child health clinic and the name of the nurse	
Day care locations or school and dates when started	
Name of nursery school teacher, nurse or teacher	
Is a special nursery teacher/special teacher involved in your child's affairs? No Yes	
Name	
Supportive measures at day care/school	

Early years

Were there any abnormalities during the pregnancy? If yes, please specify.	
Child's immediate health after birth	
Birth weight and height	Apgar points
At what age did the child learn to crawl on all fours, when? <div style="text-align: right;">Did not crawl</div>	

<p>Child walked without being supported</p> <p>at less than 12 months at 12 months at 18 months later, when?</p>
<p>Suckling, swallowing and transition to solid food</p> <p>no difficulties</p> <p>difficulties, please specify what kinds of difficulties</p>
<p>Baby babbled</p> <p>a lot a little not at all</p>
<p>Said his or her first words</p> <p>at less than 12 months at 12 months at 18 months at 24 months later, when?</p>
<p>Spoke using sentences at</p> <p>18 months 24 months 30 months later, when?</p>
<p>Handedness</p> <p>right handed left handed uses both hands equally well</p>
<p>What was your child like as a baby (e.g. easy to manage, difficult to calm down)?</p>
<p>Are there any difficulties in development or interaction abilities in your immediate family? (e.g. delayed speech development, stuttering, learning, perception or concentration difficulties)</p> <p>no</p> <p>yes, please specify what kinds of difficulties</p>
<p>Have there been any changes or crises in your immediate family that may affect your child?</p> <p>no</p> <p>yes, please specify</p>

Previous examinations

<p>Hearing examination</p> <p>no yes, where and when _____</p> <p>Any abnormalities detected, what kind?</p>
<p>Has your child often had ear infections?</p> <p>no</p> <p>yes, at what age and how often?</p>
<p>Eyesight examination</p> <p>no yes, where and when _____</p> <p>Any abnormalities detected, what kind?</p>
<p>Physical therapist</p> <p>no Yes, where and when?</p>
<p>Speech therapist</p> <p>no Yes, where and when?</p>
<p>Occupational therapist</p> <p>no Yes, where and when?</p>
<p>Psychologist</p> <p>no Yes, where and when?</p>
<p>Family counselling</p> <p>no Yes, where and when?</p>
<p>Specialised health care</p> <p>no Yes, where and when?</p>
<p>Child protection</p> <p>no Yes, where and when?</p>

Current situation

Reasons why you were directed to our services
How concerned are you regarding the issues which brought you to our services? 1= Not at all concerned, 10= Extremely concerned
1 2 3 4 5 6 7 8 9 10
What are your child's strengths? What is he or she interested in (e.g. favourite games to play)?
Do you have any concerns over your child's daily activities (getting dressed, morning and evening routines, eating, sleeping)
no yes, please specify
Do you have any concerns over your child's learning abilities or learning
no yes, please specify
Do you have any concerns over your child's motoric development
no yes, please specify
Do you have any concerns over your child's manual skills
no yes, please specify
Do you have any concerns over your child's ability to concentrate
no yes, please specify
Do you have any concerns over your child's speech development
no yes, please specify
Do you have any concerns over your child's sbility to express positive and negative emotions (such as anger, coping with disappointment, accepting rules at home, being excited)
no yes, please specify
Do you have any concerns over your child's peer relations
no yes, please specify

Challenging situations with the child

How often do you face challenging situations with the child (for example tantrums, defying of limits)?
Never Occasionally Weekly Daily Several times a day
How do you act in these challenging situations? (For example, I speak calmly, I raise my voice, I give the child a timeout)
How would you like to change your own actions when your child is behaving in a challenging manner? (For example, I would like to not yell, I would like to not pull his/her hair, I would like to not make threats)
Any other issue
no yes, please specify

Family resources

The following questions are aimed at charting the resources of your entire family and also your family's possible need of support, so that your family can receive the services you may need as early as possible.

How does your family spend its free time (e.g. hobbies, shared activities)?
How would you rate your family's resources at the moment on a scale of 0-5? 1= inadequate, 5= adequate
1 2 3 4 5
Does your family have a support network to help with daily life?
yes no
Are you particularly concerned about a family member's or close relative's
Coping skills or mental problems no yes
Intoxicant abuse no yes
Mental or physical abuse no yes

What kind of help and support are you hoping to get from our services?
Anything else you would like to add?

Signatures

<p>The information you have provided is confidential and only disclosed on legal grounds or with your permission. The information will be stored in Espoo's patient information system. The information recorded in the patient information system belongs to the patient register of Espoo's rehabilitation services for children which belongs to the common patient information register of the Hospital District of Helsinki and Uusimaa (HUS). The patient information of different units (such as Espoo's maternity and child health clinics, health centres and children's rehabilitation services) stored in the common register may be disclosed, without the guardian's consent, between the municipalities in the Hospital District of Helsinki and Uusimaa and health care units in the hospital district after the guardian has been informed of the common register and when there is a care relationship between the patient and the unit that needs the information.</p> <p>On the City of Espoo's website (www.espoo.fi/en-US/Eservices/Data_protection/Privacy_Notices) and at the locations providing rehabilitation services for children in Espoo, you can find a privacy notice that includes, for example, information on your right to receive information concerning your child or to have this information rectified.</p>	
Date and place	
Guardian's signature and name in block letters	Guardian's signature and name in block letters

Thank you for your answers!