

Name:
Date of Birth:

U4

Dear Parents,

You now know your child very well. He or she has probably made significant developmental progress since the last checkup. You discover something new every day. But often your child will not show me everything they can do in a checkup situation: I therefore also have to rely on your observations and have therefore prepared a few questions. **Please circle the appropriate answer.**

How is your child fed? Breastfed Formula-fed

How many feedings does your child get per day?

What do you give regularly: Vigantol-Oil D-Fluorette

How long does your child sleep at night in one stretch? hours

Does your child react to noises / do they get startled? Yes No

Does your child turn its head towards a noise? Yes No

Does your child raise its head when you put them on their stomach? Yes No

How do they support themselves with their arms?



Does your child smile at you? Yes No

Do they hold eye contact for any length of time? Yes No

Does your child look at an object held in front of them? Yes No

Does your child observe their surroundings? Yes No

Do they put their hands in their mouth? Yes No

Do their hands play with each other, and does your child watch this game? Yes No

Does your child have different cries? For example, do you already recognize when your child is hungry based on the cry? Yes No

Is there anything that causes you concern?
If yes, what is it? No Yes