

## 【Health checkups for Infants and small children】

Health checkups for infants and small children are medical examinations for infants and small children provided by municipalities based on Article 12 and 13 of the Maternal and Child Health Act.

Checkup age

1. Infant: Less than 1 year of age
2. Small child: From 1 year 6 months up to but not including 2 years of age (health checkup for 18-month olds)
3. Small child: 3 to 4 years old

Health checkup for 18-months olds

- ◎ Internal examinations are outsourced to medical institutions within the ward to be performed by their doctors.
- ◎ At the public health service center, dental checkups as well as consultation with public health nurse, nutritionist, dental hygienist and psychological counselor are available.

18-month olds are typically at a crucial stage of development, not only in terms of motor and linguistic skills but also in terms of social cognition and ego germ.

Based on such understanding and the understanding of individual differences in the speed of growth and development, the Public Health Service Center provides consultation on all issues concerned with child-rearing.

◎ Check Items

- Presence of any oral or dental diseases or abnormalities
- Physical development status
- Linguistic and mental development status
- Issues which may present problems to child-rearing

Reference

At around 18 months, children begin to develop “sense of independence”. This is the crucial period in which they begin to acquire ability and skills to live as a member of society, by observing their guardians and other people around as examples, they “learn languages”, “learn to express feelings through facial expression and gestures”, and “become able to walk” and “use tools”, etc.

They are full of curiosity and may also be mischievous. However, children grow by the continuous repetition of trials and errors. Guardians must watch out of any signs given out by their children, keep their eyes out for possible dangers and show the basics of daily living through demonstrative instructions on how to eat, clean teeth, change clothes and excrete, give them various experiences through playing, etc. At the same time, it is important that the guardians are there to support the child’s inherent strength to grow.

Please fill in the questionnaire and make sure to bring it with you when you come for the checkup.

## Health checkup for 18-months old questionnaire

Please answer the following questions about your child (circle as appropriate.)

- |  | Yes        | No      |
|--|------------|---------|
| 01. Can your child walk on his/her own?  | Yes        | No      |
| When did she/he start to walk?   | At         | Year(s) |
|  | Months-old |         |
| 02. Does your child point his/her finger at things he/she recognizes?                      | Yes        | No      |
| 03. Can your child answer to verbal instructions such as "can you bring me such and such?" | Yes        | No      |
| 04. Does your child speak meaningful words such as "Mama", "Papa"?                         | Yes        | No      |
| What words does she/he speak? [  |            | ]       |
| 05. Does your child climb the stairs when someone holds his/her hand and leads?            | Yes        | No      |
| 06. Does your child scribble with pencils, etc.?   | Yes        | No      |
| 07. Are you concerned that your child has a bad hearing?                                   | No         | Yes     |
| 08. Are you concerned that your child has bad eyesight or unpleasant look in his/her eyes? | No         | Yes     |
| 09. Does your child show interest in other people and children around?                     | Yes        | No      |
| 10. Does your child turn around when someone calls his/her name even from behind?          | Yes        | No      |
| 11. Do you feel that your child squirms a lot and move around too much?                    | No         | Yes     |
| 12. Do you ever feel that your eyes rarely meet?   | No         | Yes     |
| 13. Does your child play with toys (cars and dolls)?                                       | Yes        | No      |
| 14. Does your child imitate what adults do?  | Yes        | No      |
| 15. Is your child happy when you play with him/her?  | Yes        | No      |
| 16. Is your child irritable and often weep (stop breathing)?                               | No         | Yes     |
| 17. Do you see stiff clumsiness in the movements of your child's limbs?                    | No         | Yes     |
| 18. Your child goes to sleep at (_____) o'clock and wakes up at (_____) o'clock.           |            |         |
| 19. Is there anything that troubles you about your child's eating habits and appetite?     | No         | Yes     |
| 20. Is your child able to hold a glass to drink water from it?                             | Yes        | No      |
| 21. How many times a day does your child have meals and snacks?                            |            |         |

Meals: (\_\_\_\_\_) times      Snacks: (\_\_\_\_\_) times

22. Do you have set times for meals and snacks? Yes No
23. How much milk (cow milk and mother's milk) does your child drink?  
 Cow milk: ( ) ml Breast-feeding: ( ) times  
 Others: ( ) of ( ) ml
24. Does your child like to eat sweets (candies, chocolate, chewing gum etc)?  
 Never Sometimes Everyday  
 And drink juice, lactic-acid drinks and/or sports drink?  
 Never Sometimes Everyday
25. Does your child have a habit of falling asleep while breast-feeding or drinking milk from a baby bottle?  
 No Yes
26. Do you check inside your child's mouth (the condition of teeth and gums) more than once a week?  
 Yes No
27. Do you have a family dentist decided for your child? Yes No
28. Do you use group nursery facility (a nursery school, etc.) No Yes  
 Where is the facility? ( )
29. Does your child play outside? /times a week
30. If you have any concerns or things you'd like to talk to us about, please write them down.  
 [ ]
31. How is your health and feelings? Please circle all applicable.  
 Good Get tired easily Irritable  
 Can't sleep Have no appetite Not good  
 Other ( )
32. How many times do you eat in a day?  
 Meals: ( ) times Snacks: ( ) times
33. Is there anybody supporting you with the child-raring?  
 Spouse Friends Own family Spouse's family  
 Neighbor Private services Nursery school/kindergarten  
 Others ( )

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