

**5 歳児セルフチェック表**  
**Self-check list for 5 year olds**

＜以下のことについてチェックしてみましょう＞

＜ Please check the following items below ＞

1 お子さんの健康状態や、子育てについてお聞きします。

Tell us about your child' s state of health and child-rearing ①~④A⑤⑥B

① Does your child have medical check-ups at kindergarten / nursery-school?	Yes	No
② Do you have any concerns regarding meals?	No	Yes
③ Do you have any concerns regarding your child' s physique (weight and height)? → Record your child' s body growth curve in the Maternal and Child Health Handbook (before the Immunization Records)	No	Yes
④ Do you have any concerns regarding your child' s posture or way of walking / running?	No	Yes
⑤ Do you worry that his/her eyesight is poor? (Make sure to complete the test on eyesight included in this envelope)	No	Yes
⑥ Do you worry that their hearing is poor? (Make sure to complete the test on hearing included in this envelope)	No	Yes

2 お子さんの発達について、はい、いいえのどちらかに○をつけてください。

(運動・社会性・ことばの発達についての質問です。)

Please mark either Yes or No about your child' s development

(Questions on exercise, sociality and language development)

C

	Yes	No
① Can skip		
② Can play with swings		
③ Can hop on one foot		
④ Can draw a square by looking at a model		
⑤ Can defecate by himself/herself		
⑥ Can hang the button by himself/herself		
⑦ Can play in groups		
⑧ Can say winning or losing of rock-paper-scissors		
⑨ Can read his/her own name		
⑩ Can pronounce words clearly		
⑪ Can say right and left exactly		
⑫ Can wait in order		
⑬ Can enjoy hide-and-seek or tag according to rules		

3 お子さんの様子に合う欄に○をつけてください。（保護者の方や保育者の方からみて、気になる様子についての質問です。）

Please mark the columns that matches your child's behavior

(Questions about concerns from the viewpoint of parents and nursery teachers) **C**

	Hardly worried at all	Slightly worried	Very worried
① Is easily distracted by stimulation from outside			
② Is difficult to convey an instruction by language			
③ Cannot sit still			
④ Is restless			
⑤ Tends to get in trouble with friends			
⑥ Tends to be short-tempered			
⑦ Doesn't pay attention to cautions			
⑧ Only does what he/she wants to do			
⑨ Cannot play well with friends			
⑩ Often plays alone			
⑪ Tends to do things by his/her own way			
⑫ Is clumsy to use scissors and/or chopsticks			
⑬ Has some troubles in pronunciation			
⑭ Cannot express his/her feelings well			
⑮ Cannot understand other people's feelings well			
⑯ Speaks unilaterally and cannot communicate each other			
⑰ Gets confused easily by a change in daily life			

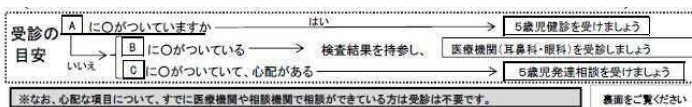
4 お子さんの様子やからだのこと、子育てについて相談したい事はありますか。いいえ はい

Do you have any concerns about your child? (ex. body, development, behavior or child-rearing)

**A**

No	Yes
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Content:



Criteria for checkup-up

- ① If you marked (checked) the bold-framed area of **A**, we recommend you to make a reservation of “The Health Check-up at 5year old (5 Sai-ji Kenshin)” .
- ② If you marked the bold-framed area of **B** but not marked **A**, we recommend you to visit a medical institution (otolaryngology/ophthalmology).
- ③ If you marked the bold-framed area of **C** but not marked **A**, we recommend you to make a reservation of “The Developmental consultation of 5year old (5 Sai-ji Hattatsu Sodan)” .

\*If you are already consulting a medical institution or a consultation agency regarding an item you are concerned about, no further consultation is required.

Please see the other side

受診を希望されない場合は以下の記入は不要です

Fill out only if you wish to undergo a health check-up.

★5歳児健診を受診される場合は、下記も記入してください。 お住まいの区の保健センターに電話予約が必要です。

Fill in the following when undergoing a health check-up at 5 years old (5 Sai-ji Kenshin), Prior phone-reservation is required at the health center of your ward.

※下記の枠内に記載の上、予約日当日に母子健康手帳と一緒に保健センターへお持ちください。

予約日 年 月 日 ( 曜日 ) : ~ : ←電話で聞いた予約日を記載しましょう。

Reservation date ( Y/ M/ D) day of the week( ) : ~ :

←Fill on the day you reserved by phone.

Please fill in the box below and bring this paper to the health center along with the Maternal

ご家族 ※同居の方 を含みます Family (all who live in the same household)	家族の氏名 Name of family members	続柄 relationship	年齢等 Age/ date of birth	健康状態・治療中の 病気 State of health	職業、学校、幼稚園等 Occupation,school, preschool and other
		父 Father	(y) / (m) / (d) / / yrs. old	良・治療中 Good/Under treatment ( )	
		母 Mother	(y) / (m) / (d) / / yrs. old	良・治療中 Good/Under treatment ( )	
			(y) / (m) / (d) / / yrs. old	良・治療中 Good/Under treatment ( )	
			(y) / (m) / (d) / / yrs. old	良・治療中 Good/Under treatment ( )	
			(y) / (m) / (d) / / yrs. old	良・治療中 Good/Under treatment ( )	

and Child Health Handbook on the day of reservation.

このアンケートに記入された方はどなたですか Who is completing this questionnaire?	母親・父親・その他 ( ) Mother / Father / Other ( )		
本日の健診、発達相談に同伴された方はどなたですか Who is the companion for today's check-up?	母親・父親・祖父母・その他 ( ) Mother / Father / GrandMo.Fa./ Other ( )		
Child's Name			Date of birth (y) / (m) / (d)
Sex	Male /		/ /
	Female		
住所 Address			
	Tel		E-mail

Nationality	
お子さんは保育園・幼稚園に通っていますか Is your child attending nursery-school or kindergarten?	Yes / No ( Nursery-school / Kindergarten)

・これまで受けた予防接種

- ① BCG ②四種混合 ③ポリオ ④MR (麻しん風しん混合ワクチン) ⑤ヒブ ⑥小児用肺炎球菌 ⑦水痘  
 ⑧日本脳炎 ⑨B型肝炎 ⑩その他【ロタ・おたふく・左記以外】

Immunization record

- ①BCG ② DPT-IPV ③MR (Measles and Rubella) combined vaccine  
 ④ Haemophilus Influenza Type B vaccine ⑤ Pediatric Pneumococcal Vaccine  
 ⑥ Chicken pox ⑦Japanese Encephalitis ⑧ Hepatitis B  
 ⑨ Rotavirus, Mumps, other ( )

・今までかかった病気 (治ったもの) なし・あり (病名: 医療機関名: )

Has your child had any illness? (Include the ones that have been cured.)

No / Yes

(Name of illness: )

(Name of the hospital: )

・通院中の病気 なし・あり (病名: 医療機関名: )

Does your child attend a hospital now? No / Yes

(Name of illness: )

(Name of the hospital: )

・これまでに受けた健診 4か月児健診・10か月児健診・1歳6か月児健診・3歳児健診

Check-ups undergone: health checkup at 4 months / 10 months / 18 months / 3 years

・どんな遊びが好きですか

What kind of play does he/she like? ( )

・同じ年齢くらいの遊び友達はいませんか はい いいえ

Does he/she play with friends of the same age? Yes / No

・起床・就寝時間を記入してください 起床 ( : ) 就寝 ( : )

What time does he/she wake up & go to bed?

Wakes up at ( : ) Goes to bed at ( : )

・家庭での食事やおやつのはだいたい決まっていますか 決まっている 決まっていない

Does he/she eat meals and snacks at home at a fixed time? Yes / No

・毎日歯を磨く習慣がありますか はい いいえ

Does he/she have a habit of brushing his/her teeth every day? Yes / No

・歯科医院に行ったことがありますか いいえ はい (①治療 ②フッ化物塗布 ③定期健診)

Has he/she been to a dental clinic? No / Yes

(① Treatment ②Fluoride application ③Regular check-up) ←

• テレビやDVDをどのくらい見ますか 1日 ( ) 時間  
 How long do they watch TV or DVDs? ( ) hour(s) per day

名称 Name	郵便番号 Postal Code	所在地 Address	電話番号 Tel
中央保健センター Chuo Health Center	060-0063	札幌市中央区南3条西11丁目 Minami 3-jo Nishi 11-chome, Chuo-ku	011-511-7223
北保健センター Kita Health Center	001-0025	札幌市北区北25条西6丁目 Kita 25-jo Nishi 6-chome, Kita-ku	011-757-1181
東保健センター Higashi Health Center	065-0010	札幌市東区北10条東7丁目 Kita 10-jo Higashi 7-chome, Higashi-ku	011-711-3211
白石保健センター Shiroishi Health Center	003-8612	札幌市白石区南郷通1丁目南8 Hongo-dori 3-chome Kita, Shiroishi-ku	011-862-1881
厚別保健センター Atsubetsu Health Center	004-8612	札幌市厚別区厚別中央1条5丁目 Atsubetsu Chuo 1-jo 5- chome, Atsubetsu-ku	011-895-1881
豊平保健センター Toyohira Health Center	062-8612	札幌市豊平区平岸6条10丁目 Hiragishi 6-jo 10-chome, Toyohira-ku	011-822-2472
清田保健センター Kiyota Health Center	004-8613	札幌市清田区平岡1条1丁目 Hiraoka 1-jo 1-chome, Kiyota-ku	011-889-2049
南保健センター Minami Health Center	005-0014	札幌市南区真駒内幸町1丁目 Saiwai-machi 1-chome, Makomanai, Minami-ku	011-581-5211
西保健センター Nishi Health Center	063-0812	札幌市西区琴似2条7丁目 Kotoni 2-jo 7-chome, Nishi- ku	011-621-4241
手稲保健センター Teine Health Center	006-8612	札幌市手稲区前田1条11丁目 Maeda 1-jo 11-chome, Teine-ku	011-681-1211