

5 歳児セルフチェック表

Parent Checklist 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 provide the following information.>

1 お子さんの健康状態や、子育てについてお聞きます。

Answer the following questions about your child's health conditions and your concerns about child-rearing.

① Does your child's kindergarten or daycare center provide health checkups?	Yes	No	A
② Do you have any concerns about your child's diet?	No	Yes	
③ Do you have any concerns about your child's physical development (height/weight/form)? → Please consult the growth chart in your Maternal and Child Health Handbook to see whether your child falls in the healthy range. (The chart is right before the immunization record.)	No	Yes	
④ Do you have any concerns about your child's posture or way of walking/running?	No	Yes	
⑤ Are you afraid that your child might have poor eyesight? (Please check your child's eyesight using the sheet enclosed.)	No	Yes	B
⑥ Are you afraid that your child might have a hearing problem? (Please complete the hearing test enclosed.)	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 physical/social skills and language development.

My child	Yes	No	C
① can skip.			
② can play on a swing without being pushed.			
③ can hop on one foot.			
④ can imitate you drawing a square.			
⑤ can defecate in the toilet by him/herself.			
⑥ can button/unbutton clothing.			
⑦ can play in groups.			
⑧ can tell who won in Rock Paper Scissors.			
⑨ can read his/her own name.			
⑩ can articulate/pronounce words clearly.			
⑪ can tell left from right.			
⑫ can wait for his/her turn.			
⑬ can enjoy hide-and-seek or tag following the 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 check the rows below to tell us how you feel about each statement.

(These are questions about concerns from the viewpoint of parents/caregivers)

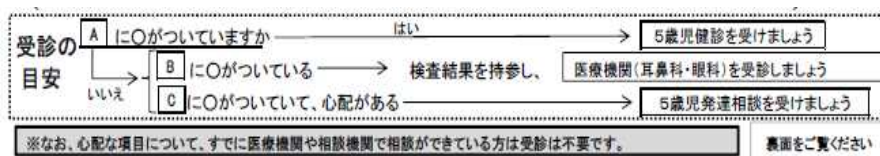
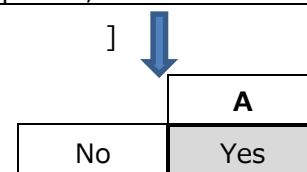
My child	I am	C		
		not worried	slightly worried	very worried
① is easily distracted by stimulation from outside.				
② does not understand me sometimes.				
③ cannot sit still.				
④ is restless. (hyperactive)				
⑤ tends to get in trouble with friends.				
⑥ tends to be short-tempered.				
⑦ doesn't pay attention to me when I tell him/her what to do or what not to do.				
⑧ does only what he/she likes.				
⑨ cannot play well with friends.				
⑩ often plays alone.				
⑪ tends to do things his/her own way				
⑫ is clumsy when using utensils like chopsticks and scissors.				
⑬ does not articulate/pronounce clearly.				
⑭ cannot express his/her feelings well.				
⑮ cannot understand other people's feelings well.				
⑯ does not listen or communicate well with others.				
⑰ gets easily confused by a change in daily routine.				

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? (about his/her health, development, behavior or child-rearing)

Topics you would like to discuss: [

]



- ① If you marked (checked) the shaded area of section **A**, it is recommended that you have your child go through the “Health Check for 5-year Olds (5 Sai-ji Kenshin).”
- ② If you marked the shaded area of section **B** but did not mark the shaded area of section **A**, it is recommended that you have your child consult an otolaryngologist/ophthalmologist.
- ③ If you marked the shaded area of section **C** but did not mark the shaded area of section **A**, it is recommended that you make an appointment for the “Developmental Consultation for 5-year Olds (5 Sai-ji Hattatsu Sodan).”

*If you are already consulting a specialist regarding your concerns, no additional consultation is required.

受診を希望されない場合は以下の記入は不要です

Only provide the following information if you wish to receive 5-year old health checkup.

★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。

※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) : ~ :

★Fill in the following and bring this form to the health center with the Maternal and Child Health Handbook on the day of the health checkup.

★Please call the health center of your ward in advance to make an appointment.

Your appointment date:(year / month / day , day of the week)
Time:(: ~ :)

ご家族 ※同居の方 を含みます Family (People who reside with the child)	家族の氏名 Name of family members	続柄 relationship	年齢等 date of birth / age	健康状態・治療中の 病気 Condition of health	職業、学校、幼稚園等 Occupation, school, kindergarten, daycare, etc.
		父 Father	year /month/ day / / () years old	良・治療中 Healthy/ Receiving treatment for ()	
		母 Mother	year /month/ day / / () years old	良・治療中 Healthy/ Receiving treatment for ()	
			year /month/ day / / () years old	良・治療中 Healthy/ Receiving treatment for ()	
			year /month/ day / / () years old	良・治療中 Healthy/ Receiving treatment for ()	
			year /month/ day / / () years old	良・治療中 Healthy/ Receiving treatment for ()	

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 attending the health check with the child?		母親・父親・祖父母・その他 () Mother / Father / Grandparent / Other ()	
Name of the child	Family name given name (Male / Female)	Date of birth	Year / month / day / /
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 daycare/kindergarten?		Yes / No (Name of the facility:)	

・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 (Circle the vaccinations your child has received.)

- ①BCG ② DPT-IPV (or DPT and Polio) ③MR (Measles and Rubella)
④ Haemophilus influenzae type B vaccine (Hib) ⑤ Pediatric pneumococcal vaccine
⑥ Chickenpox ⑦ Japanese 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 medical problems? (Include illnesses that have been cured.)

No / Yes

If yes, (Name of illness :)

(Name of the hospital/clinic :)

・通院中の病気 なし・あり (病名: 医療機関名:)

Is your child currently receiving medical treatment? No / Yes

If yes, (Name of illness :)

(Name of the hospital/clinic :)

・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

Health checks undergone: 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すか はい いいえ

Does he/she have friends around 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 and go to bed?

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

・家庭での食事やおやつ時間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 on a regular schedule? 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 ever visited the dentist? No / Yes

If yes, the visit was for (① treatment ② fluoride application ③ regular checkup)

・テレビやDVDをどのくらい見ますか 1日 () 時間

How long does he/she watch TV or other devices? () hour(s) a day

Health Centers in Sapporo City

Please contact the health center of your ward for appointments and inquiries.

名称 Name	郵便番号 Postal Code	所在地 Address	電話番号 Telephone Number
中央保健センター Chuo Health Center	060-0063	札幌市中央区大通西2丁目9 kita 1-jo Nishi 2-chome, Chuo-ku	011-205-3352
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