**Parental questionnaire for 4-year-old children (4 éves életkorban)**

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| --- | --- | --- | --- | --- | --- |
|  | Yes, regularly (often, mostly) | Seldom (rarely, occasionally) | Not yet |  | Health visitor's experience: Experienced deviation / Did not experience deviation |
| 1. Is he/she clearly right or left handed?  |  |  |  |  |
| 2. Can he/she stand on one leg for more than 6 seconds?  |  |  |  |  |
| 3. Can he/she name the basic colours? (red, yellow, green, blue, black, white)  |  |  |  |  |
| 4. Does he/she carry out simple whispered instructions? (E.g. ”Give me your hands.”, ”Take off your socks.”)  |  |  |  |  |
| 5. Does he/she enjoy listening to stories/tales? (In other words, is he/she interested in tales, does he/she understand them?)  |  |  |  |  |
| 6. Are the head, the body and the limbs recognizable in his/her human depictions?  |  |  |  |  |
| 7. Does he/she tell stories or tell about his/her experiences?  |  |  |  |  |
| 8. Can he/she play together with other children?  |  |  |  |  |
| 9. Does he/she pretend to cook, drive a car etc. for fun? (E.g. he/she cooks from pebbles and sand, mixes, stirs and pours, or pretends to steer the wheel of an imaginary car with the hands etc.)  |  |  |  |  |
| 10. Can he/she explain how he/she feels, or describe his/her mood? (E.g. sad, happy, frightened, angry, hungry, thirsty, sleepy, or feels something itching, painful, burning, stinging somewhere.)  |  |  |  |  |
| 11. Does he/she do the daily routines alone? (E.g. He/she cleans the teeth without assistance, washes the hand on his/her own with soap and water, then dries them with a towel. He/she can get dressed or change clothes, excluding buttoning, strapping or zip usage.)  |  |  |  |  |
| 12. Can he/she provide at least two of the following: first name, age, place of living (name of the town/city or village), family name? |  |  |  |  |