

Additional file 1

5 week preventive child health examination

Date: Birth date: Examination by: Doctor Midwife Nurse

Mother's name: Child's name:

Who is accompanies the child:

The birth

Birth weight: Born in week:
Birth complications: yes no Comment:
Neonatal complications: yes no Comment:
Conversation with the parents about the pregnancy, birth and new-born period: yes no
Comment:

Family and social conditions

Parents living together: yes no Comment:
Parents healthy: yes no Comment:
Conversation about mental well-being: yes no
 The mother, problems: yes no Comment:
 The father, problems: yes no Comment:
No. siblings: , healthy yes no Comment:
Conversation about social conditions: (parents' jobs, economy, accommodation, social benefits) yes no
Comment:
Relationships with grandparents: yes no Elaborate:
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Conversation about network: (relation to siblings, family, friends, colleagues, neighbours) yes no
Comment:
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Current

Regulation of the child:

Problems with breastfeeding: yes no Comment:
Problems with sleep: yes no Comment:
Problems with circadian rhythm: yes no Comment:
Problems with crying: yes no Comment:
Illness/health issues since birth: yes no Comment:
Do the mother/parents experience problems in their care of the child?
yes no Comment:
Contact with the health nurse: yes no Comment:

Health examination

Head measurement: Weight: Length: Weight gain pr. Week:
(100-400 g +/- for both boys and girls)

Observation of collaboration, autonomy and responsiveness:

Mother-child:

Did you observe?	Yes /no	Positive	Negative
Cooperation			
Autonomy			
Responsiveness			

Comments:

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Father-child (or other companion):

Did you observe?	Yes /no	Positive	Negative
Cooperation			
Autonomy			
Responsiveness			

Comments:

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Was something worrying?

Physical examination:

Normal interaction with the child: yes no Comment:
(The child listens and fixates its eyes briefly)

Overall normal assessment: yes no Comment:
(Casual, comfortable with calm, symmetrical movements.
Reflexes, tonus. Lifting the head from abdominal position.
Crying with variation)

Normal eye pupils, red eye reflex: yes no Comment:

Normal skull, mouth, skin, neck: yes no Comment:

Normal heart/lung stethoscopy: yes no Comment:

Normal hip joints: yes no Comment:

Normal genitals: yes no Comment:

Additional info:

Overall assessment

Short resume of important findings:

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Follow up before next preventive child health examination:

Consultation-control Home visiting nurse Specialist/hospital
Social services Other effort No extra effort needed

Comment:

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