

Dear parents,

The starting point of our study is the health of kindergarten age children. We are interested in the extent to which certain life circumstances in early childhood provide clues as to how children develop in terms of health before and after they start school. The following questions thus relate to the living situation of your **four-year-old child**. We are aware that this period was associated with a variety of restrictions due to the Covid pandemic. This also affected childcare in the day care centres. When answering the questions, please refer to the periods in which your child attended the **day care centre while it was operating normally**.

The questionnaire will take about 20 minutes to complete. Your answers to these questions should reflect your own opinion or situation – there are no right or wrong answers. Taking part in this survey is of course **voluntary and completely independent of the school admission examination**.

Preparation and instructions on how to complete the questionnaire:

- Before you start, please have your yellow child medical examination booklet to hand.
- It is advisable to fill in the questionnaire together with your partner, as you will be asked questions about both caregivers.
- Please sign the enclosed declaration of consent.
- Please fill in the enclosed questionnaire:

Please use a dark coloured pen (e.g. a ballpoint pen, fineliner or similar in blue/black)	
- Please put a cross in the round box next to your answer.	<input checked="" type="radio"/> yes <input type="radio"/> no
- If you want to change your answer, please black out the incorrect box and check the right answer.	<input checked="" type="radio"/> yes <input checked="" type="radio"/> no
- Please write numbers and text in the designated boxes or on the lines.	<u>  1  </u>   <u>  2  </u>   or <u>  ABC  </u>
- If you want to correct your answer in the number/text boxes, please cross it out and write the new answer next to or above it.	<del>1</del>   <del>2</del>   $\geq 4$ or <u>  ABC  </u> XYZ

Returning the questionnaire:

- Please place the completed questionnaire in the **small envelope** and seal it.
- Put the sealed small envelope into the **large envelope** along with the signed declaration of consent.
- Please hand in this large envelope (also sealed) on the day of your child's school admission examination or post it free of charge using the prepaid envelope ("postage payable by addressee")

For more information about our project, please see the enclosed study information sheet.

If you have any more questions, contact the study coordinator Dr Maria Girbig (Email: [maria.girbig@tu-dresden.de](mailto:maria.girbig@tu-dresden.de)).

We thank you very much for your support. We wish you all the best.

With best regards,



Prof. Dr. med. Andreas Seidler, MPH

Director of the Institute and Polyclinic of Occupational and Social Medicine (IPAS)



**Questions about the child**

<b>K1</b> Please state the month and year of your child's birth	__ __   __ __ __ __
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<b>K2</b> What is the gender of your child?	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> other
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<b>K3</b> Height and weight from U7a and U8 (Please enter the data from the yellow child medical examination booklet ("Kinderuntersuchungsheft"))															
<table border="1"> <thead> <tr> <th></th> <th>Month</th> <th>Year</th> <th>Height (cm)</th> <th>Weight (kg)</th> </tr> </thead> <tbody> <tr> <td>U7a:</td> <td> __ __ </td> <td> __ __ __ __ </td> <td> __ __ __ </td> <td> __ __   __ </td> </tr> <tr> <td>U8:</td> <td> __ __ </td> <td> __ __ __ __ </td> <td> __ __ __ </td> <td> __ __   __ </td> </tr> </tbody> </table>		Month	Year	Height (cm)	Weight (kg)	U7a:	__ __	__ __ __ __	__ __ __	__ __   __	U8:	__ __	__ __ __ __	__ __ __	__ __   __
	Month	Year	Height (cm)	Weight (kg)											
U7a:	__ __	__ __ __ __	__ __ __	__ __   __											
U8:	__ __	__ __ __ __	__ __ __	__ __   __											

When answering the following questions, please refer to the periods when the day care centre mostly operated normally.

**K7** Please think about your child at the age of 4: How would you describe your child's general state of health?

very good       good       fair       poor       very poor

**K9** Please describe your child's diet at the age of 4: Approximately how often did your child eat or drink the following foods/drinks at home in a typical month?

	never / very rarely	several times a month	weekly	several times a week	daily	several times a day
Water, <b>unsweetened</b> tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit juice (100% fruit content)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit juice with water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugary sweetened beverages (e.g. fruit drink, sweetened tea, iced tea, soft drinks / lemonade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raw fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit purée, smoothie, "Quetschie"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ready meals (e.g. pizza, burgers, sausages, chips, frozen meals / tinned food, nuggets, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet snacks (e.g. chocolate, fruit gums, sweets, ice cream, custard, biscuits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Savoury snacks (e.g. crisps, tortilla chips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**K10** Do you think that at the age of 4 your child was...

far too thin?       a bit too thin?       just the right weight?       a bit overweight?       overweight?

**K11** Please take a moment to remember a typical day in the week for your 4-year-old child: Approximately how much time did your child spend outdoors on a typical weekday? Please include **all** periods of outdoor physical activity throughout the day (including commuting times to/from day care, incl. outdoor physical activity at the day care centre).

roughly      |\_\_| hour(s)      |\_\_|\_\_| minutes

**K12** On a typical weekend day, how much time did your child play outdoors at the age of 4? Please include **all** periods of outdoor physical activity throughout the day.

roughly      |\_\_| hour(s)      |\_\_|\_\_| minutes

**K13** At age the age of 4, how long did your child usually watch TV/videos/DVDs or play computer games each day (including on smartphone and tablet)? Please check one answer per line.

	Not at all	Less than 30 min. a day	30 min. to 1 hour a day	About 1-2 hours a day	About 2-3 hours a day	More than 3 hours a day
on weekdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturdays/Sundays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions K14-K19 relate to different areas of your child's life when they were 4 years old. Please check the answer that best applies to your child.

**K14** Physical Well-being

When my child was 4 years old...

	Never	Seldom	Sometimes	Often	All the time
... my child felt ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child had a headache or tummyache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child was tired and worn-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt strong and full of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**K15** Emotional Well-being

When my child was 4 years old...

	Never	Seldom	Sometimes	Often	All the time
... my child had fun and laughed a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child didn't feel much like doing anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt scared or unsure of itself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K16 Self-esteem					
When my child was <u>4 years old</u> ...	Never	Seldom	Sometimes	Often	All the time
... my child was proud of herself/himself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt on top of the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt pleased with herself/himself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child had lots of good ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K17 Family					
When my child was <u>4 years old</u> ...	Never	Seldom	Sometimes	Often	All the time
... my child got on well with us as parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt fine at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... we quarrelled at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt that I was bossing her/him around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K18 Social Contacts					
When my child was <u>4 years old</u> ...	Never	Seldom	Sometimes	Often	All the time
... my child played with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child was liked by other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child got along well with her/his friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child felt different from other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K19 Kindergarten					
When my child was <u>4 years old</u> ...	Never	Seldom	Sometimes	Often	All the time
... my child coped well with the assignments set in kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child enjoyed kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child looked forward to kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my child made lots of mistakes when doing minor assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions about the parents\*

In the following, we would like to know a little more about your child's family situation and about you as the main caregivers. These questions also refer to the period when your child was 4 years old.

**Please note:** There are many different family constellations. Children do not always live with their biological parents. We want to address the children's two most important caregivers, which is why the term "parents\*" is used in a wider sense. The terms "mother\*" and "father\*" thus not only refer to the child's natural parent, but also to the two most important caregivers who have a "parental role". This can include new partners of the natural parents, as well as relatives, foster parents or adoptive parents. And of course it also includes same-sex parent couples. If you are a single parent, please ignore the questions about the other parent.

Please indicate which caregivers are referred to by the terms "mother\*" and "father\*":

<b>Mother*:</b> (e.g. "biological mother", "new life partner of the father", "foster mother", ...) _____ Gender: <input type="radio"/> male <input type="radio"/> female <input type="radio"/> other	<b>Father*:</b> (e.g. "biological father", "new life partner of the mother", "co-mother", ...) _____ Gender: <input type="radio"/> male <input type="radio"/> female <input type="radio"/> other
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When answering the following questions, please refer to the periods when the day care centre mostly operated normally.

E1 Who did your child mainly live with <u>at the age of 4</u> ?			
<input type="radio"/> parents*	<input type="radio"/> single mother*	<input type="radio"/> single father*	<input type="radio"/> alternating between mother* and father* (if they live separately)
<input type="radio"/> relatives	<input type="radio"/> adoptive family	<input type="radio"/> foster family	<input type="radio"/> in a home
<input type="radio"/> other close caregiver(s), namely: _____			

E2 Were you born in Germany?	
mother* <input type="radio"/> yes <input type="radio"/> no, in another country: _____	father* <input type="radio"/> yes <input type="radio"/> no, in another country: _____

If you were born in a country other than Germany, please answer question E3, if not, continue to E4.

E3 Since when have you mainly lived in Germany?	
mother* since (year)  __ __ __ __	father* since (year)  __ __ __ __

E4 What was your highest school-leaving qualification <u>when your child was 4 years old?</u>		
<i>Please indicate only one school-leaving qualification per person.</i>		
	mother*	father*
secondary school ("Hauptschule") / primary school	<input type="radio"/>	<input type="radio"/>
secondary school ("Realschule") ("Mittlere Reife" qualification)	<input type="radio"/>	<input type="radio"/>
technical college ("Fachoberschule"), "Fachhochschulreife" qualification	<input type="radio"/>	<input type="radio"/>
grammar school ("Gymnasium"), higher education entrance qualification	<input type="radio"/>	<input type="radio"/>
another qualification	<input type="radio"/>	<input type="radio"/>
no school-leaving qualification	<input type="radio"/>	<input type="radio"/>
don't know	<input type="radio"/>	<input type="radio"/>

E5 What was your highest vocational qualification <u>when your child was 4 years old?</u>		
<i>Please indicate only one vocational qualification per person.</i>		
	mother*	father*
apprenticeship (vocational-in-company training)	<input type="radio"/>	<input type="radio"/>
vocational school, business school (vocational-school training)	<input type="radio"/>	<input type="radio"/>
technical college (e.g. master technician school, vocational or technical academy)	<input type="radio"/>	<input type="radio"/>
university of applied sciences, engineering school	<input type="radio"/>	<input type="radio"/>
university hospital, higher education institution	<input type="radio"/>	<input type="radio"/>
no vocational qualification	<input type="radio"/>	<input type="radio"/>
don't know	<input type="radio"/>	<input type="radio"/>

E6 What was your work situation <u>when your child was 4 years old?</u>		
<i>Please check only one answer per person.</i>		
	mother*	father*
full-time work (at least 30 hours per week)	<input type="radio"/>	<input type="radio"/>
part-time work (less than 30 hours per week)	<input type="radio"/>	<input type="radio"/>
on leave (maternity leave, parental leave)	<input type="radio"/>	<input type="radio"/>
pupil or student	<input type="radio"/>	<input type="radio"/>
housewife/househusband	<input type="radio"/>	<input type="radio"/>
retired (including early retirement / invalidity pension)	<input type="radio"/>	<input type="radio"/>
unemployed, for less than one year (SGB I)	<input type="radio"/>	<input type="radio"/>
unemployed, for more than one year (SGB II)	<input type="radio"/>	<input type="radio"/>
permanently unable to work (SGB XII)	<input type="radio"/>	<input type="radio"/>
other, namely: _____	<input type="radio"/>	<input type="radio"/>

For the following two questions (E10, E11), please think of sports, fitness and physical activity in your daily life that cause at least a **slight increase in respiratory or heart rate** (e.g. (Nordic) walking, ball sports, jogging, cycling, swimming, aerobics, rowing, badminton, including physical activity to get from A to B).

E11 In a <u>typical</u> week, how much time did you spend on sports, fitness or other physical activities in your daily life <u>when your child was 4 years old?</u>			
Mother*:	__ __  hour(s),  __ __  minutes per week	Father*:	__ __  hour(s),  __ __  minutes per week

E12 Did you smoke when <u>your child was 4 years old</u> (including e-cigarettes)?	yes, every day			yes, occasionally			no		
	mother*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
father*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

One glass of alcohol equals: 0.33 litres of beer / 0.25 litres of wine or sparkling wine / 0.02 litres (= 2 cl) spirits

E13 <u>When your child was 4 years old:</u> How often did you have a drink containing alcohol?					
mother*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
father*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	never	monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
How many standard drinks containing alcohol did you have on a typical day when drinking?					
mother*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
father*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often did you have 6 or more drinks on one occasion <u>when your child was 4 years old?</u>					
mother*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
father*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	never	less than monthly	monthly	weekly	daily or almost daily

### Questions about the Covid-19 pandemic

The following questions refer to **all phases of the Covid pandemic**. Overall, which applied most?

P3 How stressful were the Covid 19-related restrictions for you as a family? Please check as appropriate!										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10	
(not stressful)					(extremely stressful)					

Who filled in the questionnaire? \_\_\_\_\_ (e.g. mother, father, foster mother, etc.)

Thank you very much for your support!