

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 current living situation of your child.

The questionnaire will take about 15 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 daycare health 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-colored pen (e.g. a ballpoint pen, fine liner, 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 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.	1 2 <u>3</u> <u>4</u> 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 post this using the large pre-paid addressed envelope.

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

If you have any more questions, contact the study coordinator for Berlin, Mr. Jeffrey Butler, (E-Mail: jeffrey.butler@tu-dresden.de).

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

As a token of our appreciation, we will be holding a drawing among all the parents who fill out the questionnaire. The winner will receive a year's pass for their family that is valid in the Berlin Zoo, the Aquarium, and the "Tierpark".

With best regards,



Prof. Dr. med. Andreas Seidler, MPH

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

FUNDED BY



Bundesministerium
für Gesundheit

Questions about the child

K1 Please state the month and year of your child's birth	__ __ __ __ __ __
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K2 Is your child a boy or a girl?	<input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse
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K3 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:	__ __	__ __ __ __	__ __ __	__ __ , __											

K4 How would you describe your child's general state of health?
<input type="radio"/> very good <input type="radio"/> good <input type="radio"/> fair <input type="radio"/> poor <input type="radio"/> very poor

K5 Please describe your child's diet; Approximately how often does your child eat or drink the following foods/drinks <u>at home</u> in a <u>typical month</u> ?						
	never / very rarely	several times a month	weekly	several times a week	daily	several times a day
Water, unsweetened 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 drinks, 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"/>

K6 Do you think that <u>4</u> your child is...					
<input type="radio"/> far too thin?	<input type="radio"/> a bit too thin?	<input type="radio"/> just the right weight?	<input type="radio"/> a bit overweight?	<input type="radio"/> overweight?	

K7 Please take a moment to remember a <u>typical day in the week</u> in the last month: Approximately how much time did your child spend <u>outdoors</u> on a typical weekday? <i>Please include all periods of outdoor physical activity throughout the day (including commuting times to/from daycare, incl. outdoor physical activity at the daycare centre).</i>		
roughly	__ hour(s)	__ __ minutes

K8 On a <u>typical weekend</u> day, how much time does your <u>child play outdoors</u> ? <i>Please include all periods of outdoor physical activity throughout the day.</i>		
roughly	__ hour(s)	__ __ minutes

K9 How long does your child <u>usually</u> watch TV/videos/DVDs or play computer games each day (including on smartphone and tablet)? <i>Please check one answer per line.</i>						
	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 K10-K15 relate to different areas of your child's life.

Please check the answer that best applies to your child.

K10 physical well-being					
<i>In the last week...</i>	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 stomach ache	<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"/>

K11 emotional well-being					
<i>In the last week...</i>	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"/>

K12 self-esteem					
<i>In the last week...</i>	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"/>

K13 Family					
<i>In the last week...</i>	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 quarreled 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"/>

K14 Social Contacts					
<i>In the last week...</i>	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"/>

K15 Kindergarten					
<i>In the last week...</i>	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 you as the main caregivers.

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 parents 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*":

mother*: <ul style="list-style-type: none"> <input type="radio"/> biological mother <input type="radio"/> new life partner of the father <input type="radio"/> foster mother <input type="radio"/> co-mother <input type="radio"/> someone else: _____ 	father*: <ul style="list-style-type: none"> <input type="radio"/> biological father <input type="radio"/> new life partner of the mother <input type="radio"/> foster mother <input type="radio"/> co-father <input type="radio"/> someone else: _____
sex: <input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse	sex: <input type="radio"/> male <input type="radio"/> female <input type="radio"/> diverse

E1 Who does your child mainly live with?			
<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 is your highest school-leaving qualification?		
<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 is your highest vocational qualification?		
<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 is your work situation?		
<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 question (E7), 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).

E7 In a <u>typical</u> week, how much time do you spend on sports, fitness, or other physical activities in your daily life?			
Mother*:	__ __ hour(s), __ __ minutes per week	Father*:	__ __ hour(s), __ __ minutes per week

E8 Do you smoke (including e-cigarettes)?	yes, every day yes, occasionally no		
	mother*	<input type="radio"/>	<input type="radio"/>
father*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

E9 How often do you drink 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 alcoholic drinks do 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?					
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

Who filled out the questionnaire? Mother* Father* someone else, namely: _____

Thank you very much for your support!