



Medical Faculty Carl Gustav Carus / Institute and Polyclinic of Occupational and Social

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/blac	:k)
- Please put a cross in the round box next to your answer.	⊗ yes • O no
 If you want to change your answer, please black out the incorrect box and check the right answer. 	● yes ⊗ no
- Please write numbers and text in the designated boxes or on the lines.	<u>1 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 34 or <u>ABC</u> XYZ

Returning the questionnaire:

- Please place the completed guestionnaire 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@tudresden.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,

FUNDED BY

Bundesministerium für Gesundheit

Prof. Dr. med. Andreas Seidler, MPH

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

Ouestions about the child

K1	Please state the month and	year of your child's birth		_	
K2	Is your child a boy or a girl?		O male	O female (O diverse
K3	Height and weight from U7a a	and U8 (Please enter the data fr	om the yellow child medica	l examination booklet	
	("Kinderuntersuchungsheft"))				
	Month	Year	Height (cm)	Weight	(kg)
U7a:		_			,
U8:	_				,

K4	How would you d	escribe your child's gene	ral state of health?		
	O very good	Q good	O fair	O poor	O very poor



K5





Institute Inst	<u>home</u> in a <u>typical</u>	month?								
rarely month weekdy a week daily times a d rout juce (100% fruit content) O O O O O O O O O O Fruit juce (100% fruit content) O O O O O O O O O O O O O O O O O O					severa	al				
Water, unsweetened tee O O O O O O O O O O O O O O O O O O O			n	ever / very	times	а		several times	5	several
Fruit juice (100% fruit content) Fruit juice with water Sugary sweetned beverages (e.g. fruit drinks. Sweetned tea, iced tea, soft drinks/lemonade) Cooked vegetables Raw fruits and vegetables Raw fruits an				rarely	month	h	weekly	a week	daily	times a day
Fruit juice with water Sugary sweetened beverages (e.g. fruit drinks, Sugary sweetened beverages (e.g. drinks, Sugary sweetened beverages (e.g. fruit drinks, Sugary sweetened beverages (e.g. drinks, Sugary sweetened bevery sweetened b	Water, unsweetened tea			0	O		O	0	O	0
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K6		s. tortilla chips.	.etc)	0	O		0	0	O	0
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on weekdays O O O O O Saturdays/Sundays O O O O O 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 In the last week In wy child felt ill In wy child had a headache or stomach ache In wy child was tired and worn out In wy child felt strong and full of energy In the last week In wy child felt strong and full of energy In the last week In wy child felt strong and full of energy In the last week In wy child felt strong and full of energy In the last week In wy child had a fun and laughed a lot In the last week In wy child had fun and laughed a lot In wy child didn't feel much like doing anything In wy child felt alone		Not at all	Less than 30	min. 30 n	nin. to 1	Ab	out 1-2	About 2-3 hou	urs N	1ore than 3
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K10 physical well-being In the last week Never Seldom Sometimes Often All the time In the last week O O O O O O O O O O O O O O O O O			•	ld's life.						
In the last week Never Seldom Sometimes Often All the time my child felt ill O <td></td> <td></td> <td>o your child.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			o your child.							
my child felt ill my child had a headache or stomach ache my child had a headache or stomach ache my child was tired and worn out my child felt strong and full of energy K11 emotional well-being In the last week		g					ı			
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my child felt strong and full of energy Color Col	my child had a headac	he or stomach	ache			O	O	0	O	O
K11 emotional well-being In the last week Never Seldom Sometimes Often All the time my child had fun and laughed a lot O O O O my child didn't feel much like doing anything O O O O my child felt alone O O O O	my child was tired and	worn out				O	O	•	O	0
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my child didn't feel much like doing anything O O O O O O O O O O O O O O O O O O	In the last week				1	Never	Seldom	Sometimes	Often	All the time
my child felt alone OOOOOO						O	O	O	O	0
	my child had fun and la	augned a lot				_			_	
	-		nything			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
my child felt scared or unsure of itself OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	my child didn't feel mu		nything							
	my child didn't feel mu my child felt alone	ich like doing ar								

Please describe your child's diet: Approximately how often does your child eat or drink the following foods/drinks at



mother*

since (year) |



Medical Faculty Car	rl Gustav Carus	s / Institute and Polyclinic	of Occupational and	d Social Med	dicine (IPA	S)			
K12 self-est	eem								
In the last week	• • • • • • • • • • • • • • • • • • • •				Never	Seldom	Sometimes	Often	All the time
my child was	s proud of h	erself/himself			O	O	•	C	O
my child felt					O	0	0	O	O
•	•	h herself/himself			O	O	•	O	O
my child hac	lots of goo	d ideas			O	0	O	0	0
K13 Family						_			
In the last week	•••				Never	Seldom	Sometimes	Often	All the time
		n us as parents			O	O	•	O	O
my child felt		ie			O	O	•	O	O
we quarreled					0	0	0	0	0
my child felt	that I was b	ossing her/him arou	nd		O	O	•	O	O
	Contacts					_		,	
In the last week					Never	Seldom	Sometimes	Often	All the time
my child play					O	O	•	O	O
my child was					0	0	0	0	0
		with her/his friends			O	O	0	O	O
my child felt	different fro	om other children			O	0	•	O	O
K15 Kinderg	garten								
In the last week					Never	Seldom	Sometimes	Often	All the time
		n the assignments set	in kindergarter	1	O	O	•	O	O
my child enjo		~			0	O	0	O	O
		l to kindergarten istakes when doing r			<u> </u>	0	<u> </u>	<u> </u>	O O
to address the "mother*" and have a "paren	e children's d "father*" t atal role". Th of course, it	any different family of two most important of thus not only refer to his can include new p also includes same-s	caregivers, whic the child's natu partners of the	h is why t ural parer natural pa	he term nts but a arents, a	"parents*" Ilso to the s well as re	is used in a w two most impo elatives, foster	ider sens ortant ca parents	e. The terms regivers who , or adoptive
Please indicat	e which car	egivers are referred t	o by the terms	"mother*	" and "fa	ther*":			
mother*:	O biologic			father*		O biologica	al father		
	_	partner of the father	-			_	partner of the	mother	
	O foster m	•				• foster m		mounci	
	O co-moth					• co-fathe			
		ne else:					e else:		
sex:	O male	• female	Q diverse	sex:		O male	• female		diverse
JCA.	Thate	• Terriale	J diverse	JCA.		Thate	• Terriale		diverse
E1 Who do	oes your chi	ld mainly live with?							
O parents*		single mother*	O single	e father*			lternating betv er* (if they live		
• relatives		adoptive family	O foste	er family			er (ir triey live ra home	separau	=1y)
		, namely:							
E2 Were	you born in	Germany?							
		no, in another countr	7/.	father*	t 0.11	es O no,	in another co	ıntn <i>ı</i> :	
mourer	yes O	no, in another countr	у.	iau lei '	J y	es J 110,	iii aiiUtiiEf CO	ui iti y.	
				-					
		other than Germany,	·	question E	3, if not, (continue to	E4.		
E3 Since w	men nave yo	ou mainly lived in Ger	many?						

father*

since (year) |__|__|__|







	g qualification <u>?</u>		
	ne school-leaving qualification per person.	mother*	father
secondary school ("Hauptschule") / prima		0	O
secondary school ("Realschule") ("Mittlere		0	<u>O</u>
echnical college ("Fachoberschule"), "Fach		O	0
grammar school ("Gymnasium"), higher ed	ducation entrance qualification	O	0
another qualification		0	0
no school-leaving qualification		0	O
don't know		0	O
5 What is your highest vocational qu	alification?		
	one vocational qualification per person.	mother*	father ³
apprenticeship (vocational-in-company tra		0	O
ocational school, business school (vocational		0	O
echnical college (e.g. master technician s		0	C
university of applied sciences, engineering		0	O
iniversity hospital, higher education instit		0	O
no vocational qualification		0	O
lon't know		0	C
		<u>'</u>	
6 What is your work situation?		1	C .1
	k only one answer per person.	mother*	father
ull-time work (at least 30 hours per week		0	0
part-time work (less than 30 hours per we	PEK)	O O	0
on leave (maternity leave, parental leave)		_	
oupil or student		<u>O</u>	O
nousewife/househusband		O	O
etired (including early retirement / invalic		<u>O</u>	<u>O</u>
unemployed, for less than one year (SGB		0	0
unemployed, for more than one year (SGE	3 11)	0	<u> </u>
		0	
permanently unable to work (SGB XII)			
other, namely: or the following question (E7), please think o	f sports, fitness, and physical activity in your daily life that cause		ght increa
ther, namely:	g, ball sports, jogging, cycling, swimming, aerobics, rowing, bad o you spend on sports, fitness, or other physical activities is inutes per week Father*: _ hour(s), _ yes, every day yes, occasions: mother* O O	se at least a slig Iminton, includ In your daily life Iminutes per	ght increa ling physic
ther, namely:	o you spend on sports, fitness, or other physical activities in inutes per week Father*: _ hour(s), _ yes, every day yes, occasion.	se at least a slig Iminton, includ In your daily life Iminutes per	e? week
ther, namely:	yes, every day yes, occasions? mother* mother* mother* mother* father* mother* mother*	se at least a slig Iminton, includ n your daily life minutes per conally	e? week
ther, namely:	yes, every day yes, occasions with the father* O you spend on sports, fitness, or other physical activities is inutes per week Father*: hour(s),	se at least a slig Iminton, includ n your daily life minutes per conally	e? week
ther, namely:	yes, every day yes, occasions? mother* mother* mother* mother* father* mother* mother*	se at least a slig Iminton, includ n your daily lift minutes per onally 1.02 liters (= 2 c	ght increading physical physic
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Thank you very much for your support!