

# Living in Germany

Survey 2005  
on the social situation  
of households

## Questionnaire: „Your Child at the Age of 2-3 Years“

In first few years of life, children go through a great variety of developmental stages. This important life phase is of great interest for scientific research. The following short questionnaire deals with children **born in the year 2002**. The questions are about your personal experiences and the child's development.

Your participation is voluntary.

However, we would like to request that you either:

- allow our representative to carry out this interview, or
- carefully fill out the questionnaire booklet yourself.

**Before handing in please enter in accordance with the address log:**

Household Number

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First name of the mother:

*Please print in block capital*

Individual No.:

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1. What is the name of your child?

First name of the child:

Individual No.:

*Please print in block capital*

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2. In what year and month was your child born?

2002 .....

Month: ..... 

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3. How do you view your child today?  
To what extent do you agree with  
the following statements about your child?

Aggree completely    Aggree slightly    Disagree slightly    Disagree completely

My child is usually happy and content .....	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
My child is easily irritated and cries frequently .....	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
My child is difficult to comfort when crying .....	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
My child is curious and active .....	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
My child is communicative and likes to talk .....	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
My child shows empathy when others are sad .....	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
I am worried about my child's health .....	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

4. Did your child experience health problems in the last 12 months that necessitated a hospital stay?

Yes .....  ⇒         days  
 No .....

5. Did you have to go to or call a doctor in the last 3 months because of your child's health problems?

Yes .....  ⇒        times  
 No .....

6. Has your child been diagnosed by a doctor as having one of the following health conditions or impairments?

*Please check all items that apply!*

Asthma .....   
 Chronic bronchitis .....   
 Spastic / acute bronchitis .....   
 Pseudocroup / Croup syndrome .....   
 Middle-ear inflammation .....   
 Hay fever .....   
 Neurodermatitis .....   
 Vision impairment (e.g. crossed eyes) .....   
 Hearing impairment .....   
 Nutritional disorder .....   
 Motor impairment (impairments of the locomotor apparatus) .....   
 Other impairment or disorder .....   
 No, none of those .....

Please indicate

7. What is the current height and weight of your child?

Weight in kilograms .....    
 Height in centimeters .....



12. For parents, it is always a big event when their child learns something new. Please tell us what those new things in the case of your child.

yes to some extent no

**Talking:**

- Understands brief instructions such as "go get your shoes" .....  .....  .....
- Forms sentences with at least two words .....  .....  .....
- Speaks in full sentences (with four or more words) .....  .....  .....
- Listens attentively to a story for five minutes or longer .....  .....  .....
- Passes on simple messages such as "dinner is ready" .....  .....  .....

**Everyday skills**

- Uses a spoon to eat, without assistance and without dripping .....  .....  .....
- Blows his/her nose without assistance .....  .....  .....
- Uses the toilet to do "number two" .....  .....  .....
- Puts on pants and underpants the right way around .....  .....  .....
- Brushes his/her teeth without assistance .....  .....  .....

**Movement:**

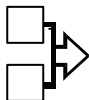
- Walks forwards down the stairs .....  .....  .....
- Opens doors with the door handle .....  .....  .....
- Climbs up playground climbing equipment and other high playground structures .....  .....  .....
- Cuts paper with scissors .....  .....  .....
- Paints/draws recognizable shapes on paper .....  .....  .....

**Social relationships:**

- Calls familiar people by name; for example, says "mommy" and "daddy" or uses the father's first name .....  .....  .....
- Participates in games with other children .....  .....  .....
- Gets involved in role-playing games ("playing pretend") .....  .....  .....
- Shows a special liking for particular playmates or friends .....  .....  .....
- Calls his/her own feelings by name, e.g. "sad", "happy", "scared" .....  .....  .....

13. Do you or other members of your household speak only German to your child, or do you also speak another language to him/her?

only German .....

another language as well .....  

only another language .....

this is:

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List no. ser. no. day month pay-off no.

signature of the interviewer