

LIVING IN GERMANY

SURVEY 2003 ON THE SOCIAL SITUATION OF HOUSEHOLDS

Questionnaire: "Mother and Child"

Belated congratulations on the birth of your child! The next generation is particularly important for the study "Living in Germany". This short questionnaire deals with children that were **born in 2002 or 2003**. Our questions deal with your personal experiences and the development of the child. As this also involves the pregnancy, the questionnaire is aimed solely at mothers.

Your cooperation is voluntary.

However, we would like to ask you that:

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

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

Household Number

Individual Number

First name of the mother

Please print in block capital.

First name of the child

1. What is the name of your new-born child?

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

Month

Year 200_

3. At which location did the delivery take place?

- At home
- In hospital
- Elsewhere

4. In which week of the pregnancy was your child born?

In the . week

5. How big and how heavy was your baby at the time of the birth?

- Birth weight in grams
- Height in cm
- Head circumference in cm

6. After the birth, one receives a “child examination book” for medical check-ups (check-up 2, check-up 3, etc.). Which was the last examination that took place?

No examinations have taken place

7. Have any of the following delays, disorders or disabilities been identified?

Please check all that apply.

Yes:

- sensory (sight, hearing)
- motor functions (grabbing, crawling, walking).....
- neurological disorders (including convulsions)
- speech (pronunciation, speech acquisition disorders)...
- regulatory system (inconsolable crying, continuous sleeping or eating disorders)
- chronic illness
- physical disability
- mental disability
- No, none of the above

8. During the first three months after the birth, how often did you seek medical assistance due to your child having health problems?

times *(If you can no longer remember the exact figure, then please estimate it)*

None

9. During the first three months after the birth, did your child suffer from serious health problems that required a visit to hospital?

Yes..... ⇒ days

No

10. Which child is the newborn?

It is the child.

11. Is the child your own biological child?

Yes.....
↓

No →

Please proceed to question 14!

12. Was your pregnancy more unplanned or more planned?

More unplanned.....

More planned.....

Took place through medical assistance
(*hormone treatment, IVF*)

13. What was your physical and mental state during the last third of your pregnancy, during the birth and during the first three months after the birth?

Very good Good Bad Very Bad

Physical State:

In the last third of your pregnancy

In the first three months after the birth

Mental State:

In the last third of your pregnancy

In the first three months after the birth

14. The circumstances in your life change through the birth of a child.

**One discovers new things and develops new expectations for the future.
To what extent do you agree with the following statements?**

Agree completely Agree slightly Disagree slightly Disagree completely

The circumstances in my life have changed markedly.....

Raising my child provides me with happiness.

I often feel I have not strength or energy.....

My role as a mother is very satisfying for me.....

I often do not feel up to the new tasks and demands.

Through my child I am meeting other people and making new contacts..

I am suffering from being restricted to my role as a mother.

Giving my child much affection is very important to me.....

15. Does the father live in the household?

Yes.....

No

16. How strongly do you feel you are supported by your partner in looking after the child?

Very strongly.....

Strongly.....

Not very

Not at all.....

Not applicable, no partner.....

17. Are you yourself the person who provides the most care for the child?

Yes.....

No

18. Please consider a normal week.

Is there anybody else who, for a time, takes over the responsibility of looking after the child? If yes, who are they and for how many hours a week do they look after the child?

	Yes	Hours	
spouse/ partner.....	<input type="checkbox"/> ⇒	<input type="text"/>	
grandparents of the child	<input type="checkbox"/> ⇒	<input type="text"/>	
older siblings.....	<input type="checkbox"/> ⇒	<input type="text"/>	
other relatives	<input type="checkbox"/> ⇒	<input type="text"/>	
family day care provider.....	<input type="checkbox"/> ⇒	<input type="text"/>	
crèche (child care centre)	<input type="checkbox"/> ⇒	<input type="text"/>	
other (e.g. babysitter, neighbour).....	<input type="checkbox"/> ⇒	<input type="text"/>	No, nobody..... <input type="checkbox"/>

19. How do you see your child today?

To what extent do the following statements apply?

	Applies fully	Applies more	Applies less	Does not apply at all
My child's health concerns me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is generally happy and satisfied.....	<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 console.....	<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"/>

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Listen- Nr.

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Lfd. Nr.

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Tag

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Monat

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Abrechnungs-Nummer

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Unterschrift des Interviewers