LIVING IN GERMANY

SURVEY 2004 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 2003 or 2004**. 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?

U☐ 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 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.....	☐ ⇨	
grandparents of the child	☐ ⇨	
older siblings.....	☐ ⇨	
other relatives	☐ ⇨	
family day care provider.....	☐ ⇨	
crèche (child care centre)	☐ ⇨	
other (e.g. babysitter, neighbour).....	☐ ⇨	

No, nobody..... ☐

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.	☐	☐	☐	☐
My child is generally happy and satisfied.	☐	☐	☐	☐
My child is easily irritated and cries frequently.	☐	☐	☐	☐
My child is difficult to console.....	☐	☐	☐	☐
My child is curious and active.	☐	☐	☐	☐

Listen- Nr.	Lfd. Nr.	Tag	Monat	Abrechnungs-Nummer	Unterschrift des Interviewers