

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

Please indicate

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

Weight in kilograms

Height in centimeters

8. If you think about a normal week, are there any other people than you who take care of your child? If so, who are they, and how many hours per week are they responsible for childcare?

	yes	hours
spouse / partner	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
the child's father (if not a resident of the same household)	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
the child's grandparents	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
older brother / sister of the child	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
other relatives	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
babysitter ("Tagesmutter") outside the home	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
paid caregiver ("Betreuungsperson") comes into your home	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
nursery school (Krippe, Kindergarten, Kindertageseinrichtung)	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
other (friends, acquaintances, neighbors, etc.)	<input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/>
no, nobody	<input type="checkbox"/>	

9. How many times in the last 14 days have you or the main caregiver done the following activities together with your child?

	daily	several times per week	at least once a week	never
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singing children's songs with or to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking walks outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
painting or doing arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reading or telling stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
looking at picture books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going to the playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visiting other families with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going shopping with the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
watching television or videos with the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Is your child allowed to watch television or videos alone, without adult supervision?

yes

rarely, as an exception

no, never

11. How would you rank your child in comparison to other children of the same age?

☞ The further to the left you place your checkmark, the more the left-hand statement applies to your child.
The further to the right you place your checkmark, the more the right-hand statement applies to your child.

My child tends to ...

be shy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	be outgoing
be focused	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	be easily distracted
be obstinate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	be obedient
be quick at learning new things	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	need more time

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