1. Notes to the Person

Child's Last Name: _____ First Name: _____

Sex: male ◯ female ◯ Date of birth: __ __ . __ __ . __ __ __ __

Citizenship(s): _____ Born in Germany: yes ◯ no ◯

Since when has your child lived in Germany (month/year)? ☐☐ ☐☐☐☐

Siblings younger than 18 years:

First Name	Year of birth	First Name	Year of birth
1. _____	__ __ __ __	4. _____	__ __ __ __
2. _____	__ __ __ __	5. _____	__ __ __ __
3. _____	__ __ __ __	6. _____	__ __ __ __

Please enter **the child's** parents (**only persons entitled**):

Mother's Last Name: _____ First Name: _____

Father's Last Name: _____ First Name: _____

Address: _____ Telephone: _____

Country of birth of **mother**: _____ of **father**: _____

Nationality

of **mother:** German yes ◯ no ◯ other: _____

of **father**: German yes ◯ no ◯ other: _____

Languages spoken in your family:

1. _____ 2. _____ 3. _____

Name of your pediatrician/family doctor: _____

2. Child's Health and Medical History:

2.1	Chicken pox	yes ◯	no ◯	don't know ◯
2.2	Asthmatic bronchitis/Asthma	yes ◯	no ◯	don't know ◯
2.3	Congenital heart defect/heart disease	yes ◯	no ◯	don't know ◯
2.4	Convulsions (epileptic seizures)	yes ◯	no ◯	don't know ◯
2.5	Does your child require medication regularly?	yes ◯	no ◯	don't know ◯
	if yes, please list:_____			
2.6	other important illnesses/accidents	yes ◯	no ◯	don't know ◯
	if yes, which illnesses/accidents:_____			
2.7	Hospitalizations	how often ☐	none ◯	don't know ◯

3. Development of Your Child

3.1.	Has your child ever		
	undergone physical therapy?	yes ◯	no ◯
	undergone occupational therapy?	yes ◯	no ◯
	been treated by a speech therapist?	yes ◯	no ◯
	been treated by psychologist/psychiatrist/family counseling?	yes ◯	no ◯
3.2.	Are you concerned about your child because of his or her		
	behaviour?	yes ◯	no ◯
	speech development?	yes ◯	no ◯
	concentration?	yes ◯	no ◯
	vision or hearing?	yes ◯	no ◯
3.3	Does your child wet its bed?	yes ◯	no ◯

4. Child care

4.1	**Since when** has your child been cared for at a nursery school/Kindergarten/day care center?	month / year ☐☐ ☐☐☐☐	never ◯
	if yes, most recent:_____		
4.2	Is your child at present or has it been cared for by day-care or other child care?	yes ◯	no ◯

5. Your Child's Living Environment

5.1 The child lives predominantly with his/her

Parents	◯	single mother	◯	single father	◯
Foster family	◯	relatives	◯	in a orphanage	◯

5.2 Education (highest level completed, please fill in for **both** parents!)

	Mother	Father
No school leaving certificate	◯	◯
Fewer than 10 years	◯	◯
Lower secondary (through grade 10)	◯	◯
Upper secondary (grades 11-12 or 13)	◯	◯

5.3 Career Training (highest level completed, please fill in for **both** parents!)

	Mother	Father
No career training	◯	◯
Currently in training	◯	◯
Vocational Training completed	◯	◯
University Degree completed	◯	◯

5.4 Employment (please fill in for **both** parents!)

	Mother	Father
Unemployed, because		
Cannot find job	◯	◯
All other reasons	◯	◯
Part time	◯	◯
Full time	◯	◯

5.5 What is the number of people living in your household (inculding the child who is to enter school)?

Adults: ☐ children under 18: ☐

5.6 How many people in this household smoke? ☐ none ◯

5.7 How many hours per day is your child occupied with electronic devices? (Electronic devices are e.g. TV, DVD, computer tablet, mobile phone playstation)

Duration of occupation per day		My child has	
not at all	◯		
up to 1 hour	◯	his own TV	◯
up to 2 hours	◯	his own other electronic device	◯
up to 3 hours	◯	no electronic device of his own	◯
more than 3 hours	◯		

Declaration of Consent

I have been informed that completion of section 5 ("Living environment") of this questionnaire is voluntary.
The collection and processing of all information contained herein is subject to the Public-Health Bureau Data-Protection regulation of June 1994.
This information is strictly confidential and will remain with the physician of the public pediatric health care service.
I agree that also information in section 5 ("Living environment") may be used **anonymously** (i.e. without names and addresses) for the monitoring, assessment, reporting and planning of public health.

Date .....

Signature .....
Parent or legal guardian