1. Notes to the Person

Child's Last Name: ________________ First Name: ________________

Home Address: ________________ Telephone number: ________________

Sex: male ◯ female ◯ divers/other ◯ Date of birth: __ __ . __ __ . __ __ __ __

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/parent A's Last Name: ________________ First Name: ________________

Father/parent B's Last Name: ________________ First Name: ________________

Country of birth: **mother/parent A:** ________________ **father/parent B**: ________________

Nationality

of **mother/parent A:** German yes ◯ no ◯ other: ________________

of **father/parent B**: 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	Asthmatic bronchitis/Asthma	yes ◯	no ◯	don't know ◯
2.2	Congenital heart defect/heart disease	yes ◯	no ◯	don't know ◯
2.3	Convulsions (epileptic seizures)	yes ◯	no ◯	don't know ◯
2.4	other important illnesses/allergies/accidents	yes ◯	no ◯	don't know ◯

if yes, which: ________________

2.5	Does your child require medication regularly?	yes ◯	no ◯	don't know ◯

if yes, please list: ________________

2.6 Hospitalizations/surgery ________________ 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, in which most recent: ________________ _____

If at the moment your child is not cared for in a nursery school/ Kindergarten/ day care center, since when? month/year [ ] [ ]

4.2 Is your child currently 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/parent A	◯	single father/parent B	◯
Foster family	◯	relatives	◯	in an orphanage	◯

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

	Mother/parent A	Father/parent B
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/parent A	Father/parent B
No career training	◯	◯
Currently in training	◯	◯
Vocational Training completed	◯	◯
University Degree completed	◯	◯

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

	Mother/parent A	Father/parent B
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/vape? ☐ none ◯

5.7 How many hours per day does your child spend with electronic devices? (Electronic devices are e.g. TV, DVD, computer, tablet, smartphone, playstation and other)

Duration of occupation per day

not at all	◯
up to 1/2 hour	◯
up to 1 hour	◯
up to 2 hours	◯
up to 3 hours	◯
more than 3 hours	◯

My child has

its own TV	◯
its own other electronic device	◯
if yes, which: ___________________________	
no electronic device of its own	◯

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