



**So we can better understand our children’s living conditions, we would be glad if you could answer the following questions. Your answers are voluntary and subject to doctor-patient confidentiality. The data will be stored and further processed in an anonymised form. You can revoke your consent to the further processing of the data at any time with future effect. Answering the questions will have no influence on the result of the school doctor’s examination.**

**So we can better reflect the diversity of family arrangements, we have used the neutral formulations “parent 1”, “parent 2” (P for short) with the designations “male”, “female” and “non-binary” instead of “father” and “mother” in the survey below. Please select these according to your family situation and use them throughout.**

**Please tick: Parent (P) 1:    male  female  non-binary**   
**Parent (P) 2:            male  female  non-binary**

**What school-leaving qualification do you have?**

01

(Please only enter the highest degree for each parent)

**P 1   P 2**

“Hauptschule”, secondary school leaving qualification	<input type="checkbox"/>	<input type="checkbox"/>	1
“Realschule”, secondary school leaving qualification (GCSE/vocational)	<input type="checkbox"/>	<input type="checkbox"/>	2
Polytechnic secondary school (POS) leaving certificate	<input type="checkbox"/>	<input type="checkbox"/>	3
Advanced technical college/technical secondary school certificate	<input type="checkbox"/>	<input type="checkbox"/>	4
A-level (“gymnasium”, college/extended secondary, specialist qualification)	<input type="checkbox"/>	<input type="checkbox"/>	5
Other school-leaving certificate	<input type="checkbox"/>	<input type="checkbox"/>	6
School left without a certificate/did not receive schooling	<input type="checkbox"/>	<input type="checkbox"/>	7
Have not yet left school	<input type="checkbox"/>	<input type="checkbox"/>	8

**Have you completed vocational training?**

02

(Please only enter the highest certificate for each parent)

**P 1   P 2**

Apprenticeship (vocational/operational training)	<input type="checkbox"/>	<input type="checkbox"/>	1
Vocational school, commercial college (professional/academic training)	<input type="checkbox"/>	<input type="checkbox"/>	2
Technical college (e.g. master craftsman, technician, vocational/specialist)	<input type="checkbox"/>	<input type="checkbox"/>	3
University of applied sciences, engineering college	<input type="checkbox"/>	<input type="checkbox"/>	4
University	<input type="checkbox"/>	<input type="checkbox"/>	5
Other educational certificate	<input type="checkbox"/>	<input type="checkbox"/>	6
No vocational certificate and not in education	<input type="checkbox"/>	<input type="checkbox"/>	7
Still in education (apprentice, student)	<input type="checkbox"/>	<input type="checkbox"/>	8

**Which of the following best reflects your current state of employment?**

03

(Please enter for both parents)

**P 1 P 2**

- |                                                                                        |                          |                          |   |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|---|
| Not professionally employed (e.g. homemaker, student, pensioner)                       | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| Unemployed                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| Employed full time with support from unemployment benefit II (Hartz IV)                | <input type="checkbox"/> | <input type="checkbox"/> | 3 |
| Employed part time or by the hour with support from unemployment benefit II (Hartz IV) | <input type="checkbox"/> | <input type="checkbox"/> | 4 |
| Temporarily not in work (e.g. on parental leave)                                       | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| Employed part time or full time                                                        | <input type="checkbox"/> | <input type="checkbox"/> | 6 |
| Working full time                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | 7 |
| In training (e.g. apprentice)                                                          | <input type="checkbox"/> | <input type="checkbox"/> | 8 |

**With whom does the child live most of the time?**

**(independent of custody arrangements)**

04

(Please tick only one here) \* delete as appropriate

- |                                                                    |                          |   |
|--------------------------------------------------------------------|--------------------------|---|
| Biological parents                                                 | <input type="checkbox"/> | 1 |
| Biological mother and her spouse/partner/registered civil partner  | <input type="checkbox"/> | 2 |
| Biological father and his spouse/partner/registered civil partner* | <input type="checkbox"/> | 3 |
| Mother                                                             | <input type="checkbox"/> | 4 |
| Father                                                             | <input type="checkbox"/> | 5 |
| Grandparents or other relatives                                    | <input type="checkbox"/> | 6 |
| Foster/adoptive parents                                            | <input type="checkbox"/> | 7 |
| In a children's home                                               | <input type="checkbox"/> | 8 |
| Alternating between the separated parents                          | <input type="checkbox"/> | 9 |

**How many siblings does your child live with?**

05

This includes half-siblings, siblings from another marriage, adopted siblings and children of the spouse/life partner that live in the same household.

My child currently lives together with \_\_\_\_\_ siblings.