Questionnaire for the school entry health examination

The school doctor requires the information from questions 1–13 for the medical/developmental assessment in accordance with Section 11 of the Regulation for Public Primary Schools in Rhineland-Palatinate. The information serves as the basis for the interview and for determining the current level of development of your child. We request that you answer all these questions. Any uncertainties about individual questions can be clarified during the interview.

RheinlandPfalz
MINISTERIUM FÜR WISSENSCHAFT UND GESUNDHEIT

1. Family information

Completed on: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

	Child	Parent/Guardian 1 (e.g., father/mother)	Parent/Guardian 2 (e.g., father/mother)
Family name	_____	_____	_____
First name	_____	_____	_____
Gender	Male ☐ Female ☐ Nonbinary ☐	Male ☐ Female ☐ Nonbinary ☐	Male ☐ Female ☐ Nonbinary ☐

Date of birth ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Child's country of birth _____

Address _____

2. How has your child been cared for? Which childcare facilities has your child attended?

a) My child was cared for exclusively within the family until the age of _____ years and _____ months.

b) My child then attended the following childcare facilities: (Multiple answers possible)

Day nursery.....	☐	Preschool/nursery school.....	☐	Preschool for children with special needs.....	☐
Childminder/home daycare.	☐	Integrated nursery school.....	☐	No facility.....	☐

c) My child currently attends the following childcare facility:

Day nursery.....	☐	Preschool/nursery school.....	☐	Preschool for children with special needs.....	☐
Childminder/home daycare.	☐	Integrated nursery school.....	☐	No facility.....	☐

3. Which infectious diseases has your child had? (Multiple answers possible)

Chickenpox (varicella).....	☐	Mumps.....	☐	Salmonella.....	☐
Scarlet fever.....	☐	Rubella.....	☐	Lyme disease.....	☐
Slapped cheek syndrome (fifth disease).....	☐	Whooping cough (pertussis).....	☐	Meningitis.....	☐
Measles.....	☐	Hepatitis B.....	☐	Rotavirus.....	☐
Other.....	☐	Covid-19.....	☐	None.....	☐

If other, please specify _____

4. Which acute illnesses have occurred <u>in the past 12 months</u>? (Multiple answers possible)

Bronchitis.....	☐	Bladder/urinary tract infections	☐	Bout of pseudo-croup.....	☐
Sore throat/tonsillitis.....	☐	Pneumonia.....	☐	Seizure.....	☐
Middle ear infection.....	☐	Febrile convulsions.....	☐	Frequent infections.....	☐
Gastroenteritis.....	☐				
Other.....	☐			None.....	☐

If other, please specify _____

5. Has your child <u>ever</u> had the following illnesses or impairments diagnosed by a doctor? (Multiple answers possible) Please bring any supporting documentation with you.

Allergies.....	☐	Polyps (adenoids).....	☐	Seizures (epilepsy).....	☐
Neurodermatitis.....	☐	Spinal disorders.....	☐	Tumour/cancer.....	☐
Chronic bronchitis.....	☐	Thyroid disease.....	☐	Rheumatism	☐
Bronchial asthma.....	☐	Heart defects/diseases.....	☐	Autism.....	☐
Hay fever.....	☐	Diabetes mellitus.....	☐	Congenital impairment.....	☐
Food allergies.....	☐	Chronic urinary tract infections.	☐	Physical impairment.....	☐
Allergic skin rashes.....	☐	Attention deficit syndrome.....	☐	Intellectual impairment.....	☐
Other.....	☐	Mental illnesses.....	☐	None.....	☐

If other, please specify _____

6. Has your child had the following symptoms or impairments <u>in the past 12 months</u>? (Multiple answers possible)

Vision impairments.....	☐	Parasitic worm infection.	☐	Food intolerances.....	☐
Hearing impairments.....	☐	Overweight.....	☐	Motor restlessness / hyperactivity.....	☐
Speech problems.....	☐	Underweight.....	☐	Aggressiveness.....	☐
Developmental delays.....	☐	Frequent headaches.....	☐	Sleep disturbances.....	☐
Concentration disorder.....	☐	Frequent stomach aches.	☐	Frequent snoring (without infection)...	☐
Bed wetting.....	☐	Frequent leg pain.....	☐	Oral respiration / obstructed nasal respiration.....	☐
Faecal incontinence.....	☐	Anxiety.....	☐	Pronounced daytime sleepiness.....	☐
Other.....	☐			None.....	☐

If other, please specify _____

7. Which doctors or therapists has your child visited in the past 12 months? (Multiple answers possible)

Paediatrician.....	☐	Ophthalmologist.....	☐	Alternative practitioner.....	☐
General practitioner.....	☐	ENT doctor.....	☐	Child and adolescent psychiatrist.....	☐
Dentist	☐	Dermatologist	☐	Psychologist/Psychotherapist.....	☐
Orthodontist.....	☐	Urologist.....	☐	Surgeon/orthopaedist.....	☐
Other.....	☐	Paediatric cardiologist...	☐	None	☐

If other, please specify_____

8. Has your child ever had the following examinations or treatments? (Multiple answers possible)

		Detailed information (e.g. outpatient surgery: polyps)
Development diagnostics.....	☐	_____
Stay at a rehabilitation or cure centre	☐	_____
Allergy test.....	☐	_____
Outpatient surgery.....	☐	_____
Inpatient hospital treatment.....	☐	_____
No examinations/treatments.....	☐	

9. Which treatments or support has your child received? (Multiple answers possible)

Speech therapy / logopaedics.....	☐	Early support.....	☐	Remedial instruction.....	☐
Occupational therapy.....	☐	Integration support.....	☐	Psychotherapy.....	☐
Physical therapy.....	☐	Educational counselling.....	☐	Psychological counselling.....	☐
Orthodontic treatment.....	☐			Family assistance (SPFH).....	☐
Other.....	☐			None.....	☐

If other, please specify _____

What were the causes/reasons for the treatment and/or support? _____

Duration of treatment: _____

10. Has your child ever had accidents or poisonings that required medical treatment? (Multiple answers possible)

Accident at home.....	☐	Traffic accident.....	☐	Poisoning.....	☐
Accident in a childcare facility (e.g., nursery school).....	☐	Accident in another place (e.g., club, gymnasium).....	☐	None.....	☐

11. Has your child taken medication in the <u>past 12 months</u>?

Yes..... ☐ No..... ☐

If yes, due to:	**Regularly**	**As needed**	**Name of the medication**
Allergies.....	☐	☐	_____
Bronchial asthma.....	☐	☐	_____
Epilepsy (seizures)	☐	☐	_____
Hyperactivity.....	☐	☐	_____
Other chronic illnesses.....	☐	☐	_____

Does your child need to take any medications in school? Regularly..... ☐ As needed..... ☐ No..... ☐

Does your child need assistance taking medication in school? Yes... ☐ No.... ☐ No medication is taken in school ☐

12. Would you like to give us additional information about your child?

_____

_____

_____

_____

_____

13. Who answered the questionnaire? (Multiple answers possible)

Parent/guardian 1.....	☐	Grandmother....	☐	Foster mother.....	☐	Sibling of the child.....	☐
Parent/guardian 2.....	☐	Grandfather.....	☐	Foster father.....	☐	Other person.....	☐

Providing a response to questions 14–23 is voluntary.

These questions are used primarily for health reporting and support research on children's health. The school entry health examination and subsequent examinations or statements do not use this information. In case of doubt, you can also leave individual questions unanswered. This of course will not result in any disadvantages for you or your child.

14. How long was your child breastfed?

a) Not breastfed..... ☐ Less than 1 month..... ☐ 1-3 months..... ☐
4-6 months..... ☐ More than 6 months..... ☐ Unknown..... ☐

b) From ____ months of age, supplemental food was given (solid food and/or formula). Unknown..... ☐

15. With whom does the child live primarily? (Please tick only one box here)

With the biological parents..... ☐ With foster parents / adoptive parents..... ☐
With Parent/Guardian 1..... ☐ With other family members..... ☐
With Parent/Guardian 2..... ☐ With other persons..... ☐
In a stepfamily or patchwork family..... ☐ In an orphanage..... ☐
In a joint custody model (equally frequent with parents living in separate households)..... ☐

16. How many children live in your household? (Including the child entering school)

1 child ☐ 2 children ☐ 3 children ☐ 4 children ☐ More than 4 children ☐ _____ children.

17. Which languages are spoken in your home? (Multiple answers possible)

German..... ☐ Other languages..... ☐ Which? _____

18. In which country were you born? (Please answer for both parents/guardians)

Parent/Guardian 1 In Germany.... ☐ In another country..... ☐ In which? _____
Parent/Guardian 2 In Germany.... ☐ In another country..... ☐ In which? _____

19. What is your nationality? (Please answer for the child and both parents/guardians)

Child German ☐ Other / additional nationality ☐ Which? _____
Parent/Guardian 1 German ☐ Other / additional nationality ☐ Which? _____
Parent/Guardian 2 German ☐ Other / additional nationality ☐ Which? _____

20. Does anyone smoke in your household?

Never..... ☐ Occasionally..... ☐ Frequently..... ☐

21. What is your highest level of secondary education? (Please answer for both parents/guardians)

	Parent/Guardian 1	Parent/Guardian 2
Lower secondary education (Hauptschule/Volksschule).....	☐	☐
Upper secondary education (Realschule: Mittlere Reife).....	☐	☐
Upper secondary education for admission to a university of applied sciences (Fachoberschule).....	☐	☐
General university entrance qualification (Abitur).....	☐	☐
Other school-leaving qualification.....	☐	☐
Still attending school.....	☐	☐
Ended school without a school-leaving qualification.....	☐	☐
None of the above.....	☐	☐

22. Have you completed post-secondary education? If yes, what kind?

(Please mark only the highest level completed.)	Parent/Guardian 1	Parent/Guardian 2
Apprenticeship (professional training in a business).....	☐	☐
Vocational school, trade school (professional training in a school).....	☐	☐
Technical school (e.g., master tradesmen school, vocational or technical academy).....	☐	☐
University of applied sciences, school of engineering.....	☐	☐
University, college.....	☐	☐
Other degree.....	☐	☐
Still attending post-secondary education.....	☐	☐
No degree.....	☐	☐
None of the above.....	☐	☐

23. To what extent are you currently employed?

	Parent/Guardian 1	Parent/Guardian 2
Employed full-time.....	☐	☐
Partially employed (e.g. part-time employment, hourly employment)....	☐	☐
Currently unemployed.....	☐	☐