1984 English

QUESTIONNAIRE ABOUT THE LIVING CONDITIONS

OF FAMILIES WITH CHILDREN IN THE NORDIC COUNTRIES

An investigation by the university clinics in Sweden, Denmark, Finland, Iceland and Norway.

Questionnaire about the living conditions for families with children in the Nordic countries.

The child's development, health and well-being is determined to a great extent by its family. To find out the situation of the children, it is therefore important to study the situation of the families. Our knowledge about the situation of families with children is pretty limited and we have hardly any idea about how the family themselves perceive their situation. What are the needs and problems when living in a family with children and what does society do to support them? The family's self-assessment of their situation is important and is the reason for this questionnaire.

This questionnaire is part of a research project in progress at the Nordic School of Public Health in Göteborg, where the aim is to assess mainly the situation for handicapped children. To be able to see what special concerns families with handicapped children have, we have to be able to compare with other families without handicapped children. This is the reason for putting questions to a number of randomly selected families covering all the Nordic countries and who have children aged 0-18 years. We hope that you will be able to take time to answer the questions in this questionnaire.

We would like to assure you that your confidentiality and anonymity will be maintained when the answers are returned to us, we delete all names and identifying data. Thereby no answer can be traced to any particular family.

The answers are processed by computer and will be presented in the form of tables. This method has been examined and accepted by Data Inspection.

Some practical details

The letter has been addressed to the guardian of ..... The answers to the questions should be given by the one who knows most about the child who has been named, but may be done in cooperation with spouse/partner and the child.

Some of the questions do not apply to all children, for example, small children are not employed, 17 year olds do not attend nursery schools etc. Just answer the questions which apply to your child.

Even if some questions appear rather intrasive, please remember that we are not out to pry into each individual's private life. We just wish to obtain a general picture of the situation of families with children and therefore these questions are important.

We thank you in advance for your valuable help in answering these questions and request you to return the completed questionnaire as quickly as possible. Please use the enclosed stamped-addressed envelope.

THE QUESTIONS ON THE FIRST PAGE PERTAIN TO THE CHILD IF NOTHING ELSE SPECIFIED

1 The child's year of birth? 19....

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2 Sex

___ Boy

___ Girl

---

3 What does the child do during the day? Tick one or several answers.

___ Stays at home

___ Stays with relatives, e.g. grandmother

___ Has a place in a family day nursery or stays with another family

___ Has a place in a day nursery

___ Has a place at a play centre

___ Attends kindergarten

___ Attends primary school

___ Attends secondary school

___ Special school/institution

___ Is in vocational training

___ Works

___ Unemployed

___ Other, what?

.....

---

4 Number of children 0-18 years at home in addition to the child in question?

..... Who are younger than 7 years
..... Who are 7-12 years
..... Who are 13-18 years

---

5 How many adults responsible for the child's upbringing and care are there in the household?

___ Two adults who share the daily parental responsibility

___ One adult who alone has the daily parental responsibility

___ Other parental situation

---

6 Are you the child's biological parent?

___ Yes

___ No

---

7 Has the parental situation changed after the child was born? (One or two boxes may be ticked)

___ No change

___ Yes, separation, divorce or death

___ Yes, one parent has joined the family unit

---

8 Where do you live?

___ A big town (including suburbs)

___ Town with more than 3,000 inhabitants

___ Rural or built-up area with less than 3,000 inhabitants

---

9 Your age?

___ - 24 years

___ 25 - 34 years

___ 35 - 44 years

___ 45 - years

---

10 Sex

___ Male

___ Female

---

11 Your education?

___ Elementary or primary school

___ Secondary modern school, college of adult education, up to 2 years senior high/secondary school education or equivalent

___ At least 3 years senior high/secondary school education

___ University or college education

___ Other school education, which?
.....

---

12 Are you presently employed or studying?

a) Employed?

___ Yes, full-time

___ Yes, part-time

___ No

b) Studying?

___ Yes, full-time

___ Yes, part-time

___ No

---

13 If your are employed.

How many hours do you work in a normal working week (not including household duties)? Include any extra hours or overtime.

..... hours/week

---

14 Would you like to work more than you do now?

___ Yes
___ No

---

15 Is the whole or part of your working time "unsocial hours" e.g. mornings/evenings, Saturdays and Sundays?

___ Yes
___ No

---

16 How long do you spend travelling to and from work? If you deliver/collect your child on the way, include the time taken.

Total time spent in travel/day..... minutes

---

17 If you are employed or were previously employed

Are/were you employed, self-employed on own or leased farm (including farm-hand) or in own business (including assistant)?

___ Employed

___ Farmer or farm-hand

___ Self-employed or assistant

If employed

What job/position do you have now/or had last?

.....____

Can you briefly describe your work

.....

.....____

QUESTIONS 18 - 26 PERTAIN TO ANY SPOUSE/PARTNER

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18 Age

___ - 24 years

___ 25 - 34 years

___ 35 - 44 years

___ 45 - years

---

19 Is your spouse/partner the child's biological parent?

___ Yes

___ No

---

21 Spouse's/partner's occupation?

___ Elementary or primary school

___ Secondary modern school, college of adult education, up to 2 years senior high/secondary school education or equivalent

___ At least 3 years senior high/secondary school education

___ University or college education

___ Other school education, which?

.....

---

21 Spouse's/partner's occupation?

a) Employed?

___ Yes, full-time

___ Yes, part-time

___ No

b) Studying?

___ Yes, full-time

___ Yes, part-time

___ No

---

22 If spouse/partner is employed

How many hours are spent at work in a normal working week (excluding household duties)? Include extra hours and overtime.

..... hours/week

---

23 Is the whole or part of the working time "unsocial hours" e.g. Saturdays and Sundays?

___ Yes
___ No

---

24 How long is the total travelling time for spouse/partner? If delivering/collecting the child this time should be included.

Total travelling time ..... minutes

---

17 If spouse/partner is at present or was previously employed

Is/was it as employed, self-employed on own or leased farm (including farm-hand) or in own business (including assistant)?

___ Employed

___ Farmer or farm-hand

___ Self-employed or assistant

If employed

What job/position (latest)?

.....

Briefly describe your work

.....

.....

26 Approximately how much money does the family have at its disposal in an average month? Add together your own, spouse's/partner's earnings, pensions and all other income also subtract tax (=disposable income).

State what benefits the family receives, recalculate this to show the sum received per month.

a) Disposable income in an average month (your own, spouse's/partner's and any child's living at home)

___ At most 2,500

___ 2,501 - 4,500

___ 4,501 - 6,500

___ 6,501 - 8,500

___ 8,501 - 10,500

___ 10,501 -

b) Benefits

___ Child benefit allowance?

___ Maintenance or advance maintenance payment?

___ Study allowance - funds?

___ Housing allowance?

___ Social assistance?

27 What are your expenses for an average month for supervision of the child (charges for nursery, play centre, private child minder etc)?

.....SEK/month

---

28 Approximately what are your nett expenses in an average month? Heating, water and electricity included (as well as interest after subtracting the tax deductable interest on mortgage repayments if you own your house or apartment).

___
___ - 1,000 SEK
___
___ 1,001 - 2,000
___
___ 2,001 - 3,000
___
___ 3,001 - 4,000
___
___ 4,001 -

---

29 Type of dwelling?

___
___ Apartment in a multi-family house
___
___ Detached/semi-detached house
___
___ Other type, what?
.....

---

30 Size of dwelling?

..... rooms and kitchen

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31 Does the child have its own bedroom?

___ Yes

___ No, the child shares bedroom with siblings

___ No, the child shares bedroom with parents

___ No, the child shares bedroom with another person

QUESTIONS 32 - 50 DEAL WITH USE OF THE HEALTH CARE SERVICES

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32 Have you, during the last 3 months, phoned any of the following because of the child?

Doctor?

___ Yes Number of times.....

___ No

Nurse?

___ Yes Number of times.....

___ No

Other health service personnel?

___ Yes Number of times.....

___ No

If other health service personnel: which one?

.....

---

33 Has the child been for a health check-up during the last 3 months to:

Child health services (doctor or nurse)?	___	Yes	Number of times.....
	___	No	
School health services (doctor or nurse)?	___	Yes	Number of times.....
	___	No	

---

34 Has the child visited or been visited by any of the following in the last 3 months? Health checks by the child health services and school health services were included in the last question and should not be included in this one.

District medical officer (general practitioner)?	___	Yes	Number of times.....
	___	No	
Specialist at a hospital or care centre (e.g. paediatrician or ear specialist?	___	Yes	Number of times.....
	___	No	
Private practising doctor?	___	Yes	Number of times.....
	___	No	
District nurse or nurse at district medical officer's clinic?	___	Yes	Number of times.....
	___	No	

Question 34 continues on the next page

34 cont

Nurse at a specialist (e.g. paediatric clinic)?	___	Yes	Number of times.....
	___	No	
Dentist, dental hygienist or equivalent?	___	Yes	Number of times.....
	___	No	
Physiotherapist?	___	Yes	Number of times.....
	___	No	
Other health care personnel, e.g. psychologist, social welfare officer?	___	Yes	Number of times.....
	___	No	
		Who.....	

---

35 Total number of visits by the doctor to the child during the last 3 months?

.....

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36 Number of visits by the doctor because of suspected acute illness in the child during the last 3 months?

.....

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37 Total number of visits by a nurse to the child during the last 3 months?

.....

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38 Number of visits by a nurse because of suspected acute illness in the child during the last 3 months?

.....

QUESTIONS 39 - 42 CONCERNS THE CHILD'S LATEST VISIT TO A DOCTOR

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39 Where did the child's latest medical consultation take place?

___ At the district medical officer's (general practitioner) clinic

___ At a specialist clinic

___ At a private practitioner's surgery

___ At the child health care centre

___ At the school health service

___ Other clinic, which?
.....

---

40 Has the child visit the same doctor at any time previously?

___ Yes

___ No

___ Don't know

---

41 Did the doctor give sufficient time to the child's problem?

___ Yes

___ No

___ Don't know

---

42 Did you feel you were given enough time for the child's problem at the last visit to the nurse?

___ Yes
___ No
___ Don't know

---

43 How important do you consider the different points to be when visiting the doctor because of children's health problems? For each point below show how important you consider it to be. The more important, the higher the number you tick.

	1	2	3	4	5	6	7
That the doctor is a specialist in peadiatrics	___	___	___	___	___	___	___
That the doctor is a specialist in that particular disease	___	___	___	___	___	___	___
That the doctor is easily accessible (short distance, no long queues or waiting)	___	___	___	___	___	___	___
That the doctor knows the child/the family	___	___	___	___	___	___	___
That the doctor is conversant in the child's mother tongue	___	___	___	___	___	___	___

---

44 Has the child been admitted to hospital during the last 12 months?

___ Yes Number of times.....
Total number of days.....

___ No

---

45 If the child has been in hospital during the last 12 months.

a) Was the child the last time admitted to

___ Paediatric clinic?

___ Children's ward in adult ward?

___ Adult ward?

b) Were you (the last time) allowed to stay with the child overnight?

___ Yes

___ No

___ Not applicable

c) Were you (the last time) allowed to visit the child as often as you wished?

___ Yes

___ No

---

46 How satisfied or dissatisfied are you with the contacts you have had with the health care services because of the child during the last 12 months?

___ Very dissatisfied

___ Moderately dissatisfied

___ Moderately satisfied

___ Very satisfied

If dissatisfied: what was the problem?.....

.....

.....

---

47 Have you or your spouse/partner at any time in the last 3 months been absent from work or studies because the child's illness or visits to the health care services with the child?

Myself

___ Yes Number of days.....

___ No

Spouse/partner

___ Yes Number of days.....

___ No

---

48 During the last 3 months has the child been absent from day nursery, child minder, kindergarten, school, work or similar, because of illness or visits to the health care services?

___ Yes Number of days.....

___ No

---

49 Does the child have any long-term illness or handicap, for example a complaint which, to a marked degree, affected the child's daily life for at least 3 months during the last year?

___ Yes Which illness or handicap

___ No .....

---

50 Approximately how big expense has the child's illness been for you during the last 3 months? Include only the expenses where you have not received reimbursement.

Medicine and the like ___ .....SEK

Aids, e.g. spectacles, wheelchair ___ .....SEK

Visits to the doctor ___ .....SEK

Travel ___ .....SEK

Lost income ___ .....SEK

Other expenses, which? ..... ___ .....SEK

No expenses because of illness during the last 3 months ___

---

51 Does the child do any of the following? NB! One alternative in each row should be ticked.

		Never	One or several times annually	monthly	weekly
a)	Goes to the cinema, theatre or sports arrangements	___ ___	___ ___	___ ___	___ ___
b)	Reads books (other than school books)	___ ___	___ ___	___ ___	___ ___
c)	Visits or is visited by friends	___ ___	___ ___	___ ___	___ ___
d)	Plays musical instrument	___ ___	___ ___	___ ___	___ ___
e)	Takes part in sport	___ ___	___ ___	___ ___	___ ___
f)	Is occupied with a hobby of some kind	___ ___	___ ___	___ ___	___ ___
g)	Is active in organizations	___ ___	___ ___	___ ___	___ ___
h)	Listens to music	___ ___	___ ___	___ ___	___ ___
i)	Other activities (give examples below)	___ ___	___ ___	___ ___	___ ___

.....

52 A list is given below of qualities paired as opposites. Mark with a cross in the square which corresponds to your opinion on how the child is, compared with children of the same age.

Big (for his/her age)	___	___	___	___	___	___	___	Small (for his/her age)

The lower the number you cross, the more applicable the quality at the left is. The higher the number, the more the quality to the right applies. A tick at number 4 means that neither of them is predominant.

Write quickly your first impression - don't think too long. In your opinion he/she is now:

Dependent	___	___	___	___	___	___	___	Independent
Passive	___	___	___	___	___	___	___	Active
Lonely	___	___	___	___	___	___	___	Not lonely
Restless	___	___	___	___	___	___	___	Calm, stable
Depressed	___	___	___	___	___	___	___	Happy
Anxious	___	___	___	___	___	___	___	Confident

53 How well does the child get on in kindergarten/ school/work

___ Very well
___ Well
___ Less well
___ Don't know

---

54 Has the child had a late school start or had to repeat any class?

___ Yes
___ No

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55 Does the child receive special teaching in school: in class or clinic?

___ Yes
___ No

If yes: how many hours/week? .....hours/week

---

56 Is the child ~~mobbed~~?

___ Often
___ Now and again
___ Seldom/never
___ Don't know

---

57 How often do you and your child do the following together? NB! One alternative for each row should be ticked.

	Never	One or several times annually	monthly	weekly	Not relevant
	___	___	___	___	___
Play? Play games?	___	___	___	___	___
Go to the cinema,					
theatre or sports	___	___	___	___	___
arrangements?	___	___	___	___	___
	___	___	___	___	___
Do homework?	___	___	___	___	___
	___	___	___	___	___
Read books?	___	___	___	___	___
	___	___	___	___	___
Go for walks?	___	___	___	___	___
	___	___	___	___	___
Work at a hobby?	___	___	___	___	___
Do something else?	___	___	___	___	___
(Give examples below)	___	___	___	___	___

.....

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58 <u>If you are alone</u>.

How often does the child see the other parent?

Approximately ..... times/month or

approximately ..... times/year

---

59 How do you solve your need for occasional child minding?

___ Neighbours/friends/acquaintances

___ Relatives

___ Other supervision alternative: which?

.....

___ Cannot get childminder

___ Do not need child minder

---

60 Are your chances of getting an occasional child-minder satisfactory?

___ Yes

___ No

---

61 Do you feel that you get the help and assistance with home and child that you need?

___ Yes

___ No

If yes: who gives you the help? Put one or ticks.

___ Spouse

___ The children

___ Relatives

___ Friends/acquaintances

___ Society

___ Other

Question 61 continues on the next page

61 cont

If no: in what way would you like to be helped and assisted with housework and the child?

.....
.....
.....
.....
.....
.....

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62 How much help do you consider that you receive with everyday problems about the child's health, upbringing etc? Tick only one alternative!

		Not very much help	Quite a lot of help	All kinds of help
a)	People who in their professional capacity/in their work, help the child (doctor, nurse, social welfare officer, nursery school personnel etc)	___	___	___
b)	People who belong to your circle of acquaintances; relatives or colleagues?	___	___	___

---

63 Do you participate in any of the following recrational activities? NB! One alternative in each row should be ticked!

	Never	One or several times annually	monthly	weekly
Go to the cinema, theatre, concert, museum, exhibition or sports arrangements, go out to eat or dance	___	___	___	___
Visit or receive a visit from relatives or friends	___	___	___	___
Participate in study circles or courses	___	___	___	___
Games, sports or exercise	___	___	___	___
Participate in organizational activities, attend political or trades union meetings	___	___	___	___
Other activities (give examples below)	___	___	___	___

.....

64 If you are married/cohabiting.

Does your spouse/partner participate in the following recreational activities? NB! One alternative in every row should be ticked!

	Never	One or several times annually	monthly	weekly
Go to the cinema, theatre, concert, museum, exhibition or sports arrangements, go out to eat or dance	___	___	___	___
	___	___	___	___
Visit or receive a visit from relatives or friends	___	___	___	___
	___	___	___	___
Participate in study circles or courses	___	___	___	___
	___	___	___	___
~~Games, sports or exercise~~	___	___	___	___
	___	___	___	___
Participate in organizational activities, attend political or trades union meetings	___	___	___	___
	___	___	___	___
Other activities (give examples below)	___	___	___	___
	___	___	___	___

.....

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65 To what extent do you have the opportunity together with your spouse/partner of participating in different leisure-time activities outside the home without the children?

Never	One or several times per year	One or several times a month	One or several times a week
___	___	___	___
___	___	___	___

---

66 Has the family been on any holiday during the last 12 months?

Within the country

___ Yes

___ No

Abroad

___ Yes

___ No

---

67 During the last few years have you held office in an association or organization?

___ Yes

___ No

---

68 Have you at any time since you had children, had contact with a person in a responsible position to safeguard your child's or family's rights?

___ Yes

___ No

___ Don't remember

---

69 Have you at any time since you had children been in contact with anyone in a responsible position who was able to influence a decision on an issue of public interest?

___ Yes

___ No

___ Don't remember

---

70 Have you, the child or the child's siblings any or some of the following complaints? Tick only if it pertains to every or every other week!

	You?	The child?	The child's siblings?
Tummy trouble	___	___	___
Headache	___	___	___
Sleeplessness	___	___	___
Dizziness	___	___	___
Backache	___	___	___
Loss of appetite	___	___	___
Long-term illness or handicap	___	___	___
No complaints	___	___	___
The child has no siblings			___

---

71 Have you been on the sick-list at any time during the last 12 months?

___ Yes How long? .....weeks

___ No

---

72 Has your spouse/partner been on the sick-list at any time during the last 12 months?

___ Yes How long? .....weeks

___ No

---

73 How satisfied or dissatisfied are you with your life concerning:

	Very satisfied	Moderately satisfied	Neither satisfied nor dissatisfied	Moderately dissatisfied	Very dissatisfied
Work?	___	___	___	___	___
Economy?	___	___	___	___	___
Health?	___	___	___	___	___
Family situation?	___	___	___	___	___
Contact with friends and acquaintances?	___	___	___	___	___

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74 The questionnaire has been answered

together with mother/ father of the child	___ Yes	___ No
together with the child	___ Yes	___ No

Other important information or comments:.....

.....

.....

Please make sure you have not forgotten to answer any of the questions. Put the questionnaire in the addressed envelope and post as quickly as possible.

Once again, thank you for your help!

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