

SOEPpapers

on Multidisciplinary Panel Data Research

150

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**The German Socio-Economic Panel
as Reference Data Set**

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This series presents research findings based either directly on data from the German Socio-Economic Panel Study (SOEP) or using SOEP data as part of an internationally comparable data set (e.g. CNEF, ECHP, LIS, LWS, CHER/PACO). SOEP is a truly multidisciplinary household panel study covering a wide range of social and behavioral sciences: economics, sociology, psychology, survey methodology, econometrics and applied statistics, educational science, political science, public health, behavioral genetics, demography, geography, and sport science.

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The German Socio-Economic Panel as Reference Data Set

December 2008

by Thomas Siedler*, Jürgen Schupp**, C. Katharina Spiess**, and Gert G. Wagner***

Abstract This paper discusses how household panels in general—and the German Socio-Economic Panel (SOEP) in particular—can serve as reference data for researchers collecting datasets that do not represent the full universe of the population of interest (e.g., through clinical trials, intervention studies, laboratory and behavioural experiments, and cohort studies). We first discuss potential benefits of using questions similar to those in the SOEP for studies where researchers are interested in using the SOEP as reference data. We present a comprehensive list of SOEP core questions that we recommend researchers to consider when collecting their own data. We focus on seven topics: (1) demographic and parental characteristics; (2) labour market; (3) health; (4) personality, preferences, and subjective orientations; (5) subjective wellbeing; (6) political involvement and participation, and finally, a set of core questions for young children before they enter school. Of course the selection of a minimum set of questions depends on the research question. In this paper, we offer general advice for the selection of variables to researchers interested in comparing their own data with the SOEP.

Keywords: clinical trials, intervention studies, behavioural experiments, cohort studies, household panels, SOEP, reference data

JEL Classification: C81, C9, I11, I3

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1 Introduction

Researchers often collect their own data for use in planning and designing a research study. An important issue that arises for many of these datasets is the extent to which the sample represents the general population, or conversely, the extent to which it is selective (for example, by design or through choice-based sampling). Household panels might offer a useful reference point for such studies, thanks to their longitudinal character and the sampling of all household members—for example, the British Household Panel (BHPS), the new household panel *Understanding Society* in the United Kingdom and the German Socio-Economic Panel (SOEP).

This research note is addressed to researchers who are collecting their own datasets in Germany and are interested in comparing their sample with a representative sample of the German population. It aims to provide them with recommendations as to which questions to incorporate into their questionnaire in order to facilitate comparison with the German Socio-Economic Panel (SOEP), a large, ongoing representative longitudinal survey of the German population, families, and households.¹

This approach offers researchers several benefits:

- First, by asking participants similar questions to those in the SOEP, researchers can compare their sample with either a sub-sample drawn from the SOEP or with the whole SOEP as a representative sample of the German population. By comparing their sample with the SOEP on key socioeconomic dimensions, they can then determine how representative their own sample is.
- Second, in contrast to many of the scales and questionnaire instruments developed by psychologists, for instance, the SOEP questions are not

¹ For further information about the SOEP, see Wagner et al. (2007), and Haisken-DeNew and Frick (2005). For an outlook on the future of SOEP, see Anger et al. (2008a, b).

copyrighted and can be used by other researchers free of charge. Thus, the SOEP can be a valuable source for the design of new questionnaires.

- Third, the SOEP could also serve as a “control sample” for longitudinal intervention studies.

Section 2 discusses two recent examples of surveys using questions from a household panel when collecting their own data. Section 3 recommends selected SOEP questions for adults and children below school age. Section 4 concludes the paper. The appendix contains all questions in German, as well.

2 Two Recent Examples

Two recent studies exemplify the potential for using questions from a panel survey when researchers collect their own data. The first example is the study entitled “Chances of employment in a population of women and men after surgery of congenital heart disease: Gender-specific comparisons between patients and the general population” by Geyer, Norozi, Buchhorn, and Wessel (2008). The authors examine whether individuals aged 17-45 with operated congenital heart disease have adverse employment chances compared to people without heart problems. The authors compare their sample of patients (N=314; treatment group) with a sample drawn from the SOEP, which serves as a comparison group. The treatment group consisted of women and men who had a congenital heart disease and were operated on at the University Hospital of Göttingen. The authors conducted a face-to-face interview with patients using several SOEP questions.

The study by Ermisch, Gambetta, Laurie, Siedler, and Uhrig (2007) exemplifies how a panel survey can help in accessing the extent to which a particular sample is representative of the general population. Ermisch et al. (2007) integrate a new experimental trust design into a former sample of the British population and compare their trust sample with a sample from

the British Household Panel Survey (e.g., see Ermisch et al. 2007, Section 3.5: How representative is the sample?). By using a questionnaire similar to the BHPS, the authors are able to determine that their trust sample over-represents women, people who are retired, older, divorced, or separated.

The studies by Geyer et al. (2008) and Ermisch et al. (2007) show that household panel studies can serve as useful reference data for researchers collecting their own samples and can help to reveal the representativeness of their own collected data.

3 Recommended “SOEP Questions”

This section presents recommendations of selected SOEP questions aimed at measuring the life course of adults and young children. Over the years, the SOEP has asked many more questions, and we should point out that researchers are also free to use SOEP questions not recommended here.

Section 3.1 presents SOEP questions for adults in six different areas: (1) demographic and parental characteristics; (2) labour market; (3) health; (4) personality, preferences, and subjective orientations; (5) subjective wellbeing, and (6) political involvement and participation. Section 3.2 presents core questions for young children before they enter school. Section 3.3 gives some general recommendations. The final section concludes.

Our “selection” of questions and variables is steered by the main research purpose of the SOEP: describing the life course and the life span (cf. Anger et al. 2008a, b). Thus, time use, with a focus on gainful employment, is one of the most important aspects of SOEP’s survey program. In addition, the SOEP measures respondents’ personal goals and attitudes (as well as parents’ goals for their children) and the “outcomes” of time use (not just income, but also satisfaction with life). Values and attitudes that have little or nothing to do with

individuals' use of time are only covered to a minor extent (for example, political opinions and preferences with regard to the environment and environmental protection²).

Besides the survey instruments used with all adult SOEP respondents, which were introduced with the very first wave of SOEP in 1984, in 2003 the SOEP began distributing mother-child questionnaires. With these new questionnaires, it is possible to collect information from early childhood up to the child's entry into adulthood. These survey instruments are of particular interest for child-related research and research on intergenerational transmission (see, for example, Cawley and Spiess 2008; Coneus and Pfeiffer 2007 or Coneus and Spiess 2008). By linking these child-related data with the main SOEP survey, a variety of parental characteristics such as personality and health can be controlled for, and a broad set of family and household context variables can be used. Thus, these data provide a good source of information helping to explain human behavior from a life course perspective.

Up to now, three age-specific survey instruments have been developed in the SOEP: one questionnaire deals with children in their first year of life, a second one with children aged 2-3, and a third questionnaire, which has been in the field since 2008, deals with children aged 5-6. The SOEP plans to develop and implement further child-related questionnaires for children in primary and secondary school up to the age of early adulthood.³

² Note that the new household longitudinal survey *Understanding Society* aims at collecting detailed information on respondents' preferences towards the environment. For further information see: <http://www.iser.essex.ac.uk/>.

³ Suggestions for these questionnaires are especially welcome.

3.1 Questions on Adults Life

3.1.1 Demographic and Parents' Characteristics

The basic demographic variables collected in the SOEP and many other surveys are the following:

Your sex

male

female

Year of birth and month

Year

Month

Where did you live before German unification, 1989?

In East Germany (including East Berlin).....

In West Germany (included West-Berlin).....

Abroad.....

In which country were you born?

When did you come to Germany?

Year

What is your citizenship?

Is German your mother language?

Yes..... No.....

What is your marital status?

Married, living together with my spouse.....

Married, (permanently) separated from my spouse.....

Single.....

Divorced.....

Widowed.....

Are you in a serious/permanent relationship?

Yes..... No.....



Does your partner live in the same household?

Yes No

How many people currently live in your household, including children?

Persons

How many are 14 years and older?

Persons

How many are 18 years and older?

Persons

How many of those are ...

employed full-time

employed part-time

registered unemployed

enrolled in higher education/training/apprenticeship.....

retired

other

If you take a look at the total income of all household members: how high is the monthly household income today?

Please state the net monthly income, which means after deductions for taxes and social security. Please include regular income such as pensions, housing allowance, child allowance, grants for higher education support payments, etc.

If you do not know the exact amount, please estimate the amount per month.

euros per month

Are you currently enrolled in some sort of education? In other words, do you attend a school or educational institution, are you in an apprenticeship or are you enrolled in further education or training?

Yes..... No.....



What type of education or training is it?

General school:

Secondary general school (“Hauptschule”).....

Intermediate School (“Realschule”).....

Upper Secondary School (“Gymnasium”).....

Comprehensive School (“Gesamtschule”)

Evening Intermediate School (“Abendrealschule”).....

“Fachoberschule”

Vocational education:

- Primary vocational training year, vocational preparatory year (“Berufsgrundbildungsjahr, Berufsvorbereitungsjahr”).....
- Vocational school without apprenticeship.....
- Apprenticeship
- Full-time vocational school (“Berufsfachschule, Handelsschule”).....
- School for health care professions.....
- Trade and technical school (“Fachschule”, for example, “Meister- Technikerschule”)
- Education as public employee
- Other:

Higher Education:

- “Fachhochschule”.....
- University, other higher education institution
- Doctorate, doctorate programm, “Habilitation”

Please state type of degree and field of study:

Type of degree:

--

Field of study:

--

Are you receiving a scholarship for these studies?

If so, from what organization?

- No.
- Yes, BAföG.....
- Yes, other
- Other: _____

Further education (“Weiterbildung”)/ occupational retraining (“Umschulung”):

- Professional or vocational retraining (“Umschulung”)
- Further education in your profession.....
- Professional rehabilitation.....
- Further education in politics or general
- Other: _____

What type of school degree do you have?

- No degree, still attending school

School-leaving certificate in the Federal Republic of Germany / West Berlin:

- Secondary general school-leaving certificate (Volksschul- / Hauptschulabschluss)
- Intermediate school-leaving certificate (Mittlere Reife, Realschulabschluss)
- Fachhochschulreife, Abschluß Fachoberschule
- Upper secondary school-leaving certificate (Abitur, Hochschulreife)
- Other school-leaving certificate
- Left school without attaining school-leaving certificate

School degree in the German Democratic Republic:

- School-leaving certificate after 8 years of schooling (Abschluss 8. Klasse)
- School-leaving certificate after 10 years of schooling (Abschluss 10. Klasse)
- Upper secondary school-leaving certificate (Abitur, Hochschulreife)
- Other school-leaving certificate
- Left school without attaining school-leaving certificate

School-leaving certificate attained abroad:

Duration of schooling years,

in particular:

- Compulsory schooling without school-leaving certificate.....
- Compulsory schooling school-leaving certificate.....
- School-leaving certificate from secondary schooling.....

Did you complete school, vocational training, or university education?

Yes No

↓

What kind of degree was it?

→ Possible to tick more than one box.

- Apprenticeship
- Full-time vocational school
- Berufsfachschule, Handelsschule
- School for health care professions.....
- Trade and technical school for vocational education.....
- Training for public employees.....
- Fachhochschule
- University, technical university, other higher education institution
- Doctorate degree.....
- Other degree.....

	Father	Mother								
In what year was your father / mother born?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Does or did your father and/or mother have the German citizenship?

	Father	Mother
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>

What type of secondary school diploma/certificate do your parents have?

	Father	Mother
No school-leaving certificate	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school-leaving certificate (“Volksschulabschluss”), secondary general school-leaving certificate (“Hauptschulabschluss”) or an 8 th grade school-leaving certificate from East Germany	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school-leaving certificate (“Mittlere Reife”, “Realschulabschluss”) or an 10 th grade leaving degree from East Germany	<input type="checkbox"/>	<input type="checkbox"/>
Upper secondary school-leaving certificate as qualification for university studies (“Abitur” or “Hochschulreife”)	<input type="checkbox"/>	<input type="checkbox"/>
Another type of school-leaving certificate	<input type="checkbox"/>	<input type="checkbox"/>
Don’t know	<input type="checkbox"/>	<input type="checkbox"/>

Did your father and/or mother receive job training or an university degree?

	Father	Mother
Yes, job training	<input type="checkbox"/>	<input type="checkbox"/>
Yes, university or higher education degree	<input type="checkbox"/>	<input type="checkbox"/>
No finished training or degree	<input type="checkbox"/>	<input type="checkbox"/>
Don’t know	<input type="checkbox"/>	<input type="checkbox"/>

If applicable: **What occupation did your parents have when you were aged 15?**

Father

Mother

Does your father / mother belong to a church or other type of religious group?

	Father	Mother
Yes: member of the Catholic Church	<input type="checkbox"/>	<input type="checkbox"/>
member of the (German) protestant church	<input type="checkbox"/>	<input type="checkbox"/>
member of another Christian group	<input type="checkbox"/>	<input type="checkbox"/>
member of another type of religious group	<input type="checkbox"/>	<input type="checkbox"/>
No: no religious affiliation	<input type="checkbox"/>	<input type="checkbox"/>

3.1.2 Labour Market

The following questions are aimed at measuring key information about individuals' labor market behaviour.

Have you done any paid work during the last seven days, even if this work was only for an hour or just a few hours?

Please answer yes also if you normally would have worked in the last seven days, but did not do so due to holidays, sickness, bad weather, or other reasons.

Yes No

Are you currently on maternity leave or parental leave (“Elternzeit”)?

Yes, maternity leave

Yes, parental leave No

Are you officially registered as unemployed at the Employment office (“Arbeitsamt”)?

Yes No

Are you currently engaged in paid employment? Which of the following applies best to your employment status?

Pensioners with a job contract are considered employed.

Employed full-time

Employed part-time

In occupational/professional education or retraining

Marginally (“geringfügig”) or irregularly employed

Approaching retirement in part-time employment
with zero working hours

Doing compulsory military service

Doing community service as substitute for compulsory
military service (“Zivildienst”)/voluntary social year

Not employed

What is your current occupational status?

Please give the exact title. For example, do not write “clerk”, but “shipping clerk”; not “blue-collar worker”, but “machine metalworker”. If you are engaged in public employment, please give your official title, for example, “police chief” or “Studienrat”. If you are an apprentice or in vocational training, please state the profession associated with your training.

Please write the German term only! _____

Is this position the same as the profession for which you were educated or trained?

Yes Currently in education or training

No I have not been trained or educated for a particular profession

What type of education or training is usually necessary for this type of work?

- No completed vocational training/apprenticeship required
- Completed vocational training/apprenticeship required
- “Fachhochschule” school-leaving certificate required
- Completed degree from a university or other institution of higher education

What type of introduction or introductory training is usually necessary for this type of work?

- Only brief on-the-job training
- A longer period of in-house training
- Participation in special training or courses

Does the company in which you are employed belong to the public sector?

- Yes No

Which business or industry sector is your company or institution active in for the most part?

Please state the branch as exactly as possible, for example, not “industry”, but “electronics industry”; not “trade”, but “retail trade”; not “public service”, but “hospital”.

Please write the German term only! _____

Approximately how many people does the company employ as a whole?

- less than 5 people
- from 5 up to 10 people
- from 11 up to, but less than 20 people
- from 20 up to, but less than 100 people
- from 100 up to, but less than 200 people
- from 200 up to, but less than 2,000 people
- 2,000 or more people
- Not applicable, because I am self-employed without further employees

How high was your income from employment last month?

If you received extra income such as vacation pay or back pay, please do not include this. Please do not include overtime pay.

If you are self-employed: Please estimate your monthly income before and after tax.

Please fill in both:

- gross income, which means wages or salary before deduction of taxes and social security
- net income, which means the sum after deduction of taxes, social security, and unemployment and health insurance.

My income was: gross euros

 net euros

For Non-Employed Respondents

If someone offered you an appropriate position right now, could you start working within the next two weeks?

Yes

No.....

Have you actively looked for work within the last two weeks?

Yes

No.....

3.1.3 Health

Health status is important for several kinds of activities and preferences. We recommend collecting the following variables:

How would you describe your current health?

Very good.....

Good.....

Satisfactory.....

Poor.....

Bad.....

When you climb the stairs, i.e., go up several floors on foot, does your state of health affect you severely, slightly, or not at all?

Severely.....

Slightly.....

Not at all.....

What about your ability to do other tiring everyday tasks such as lifting something heavy or activities requiring agility: Does your state of health affect you severely, slightly, or not at all?

Severely.....

Slightly.....

Not at all.....

Please think about the last four weeks. How often did it occur within this period of time ...

	Always	Often	Some- times	Seldom	Never
• that you felt rushed or pressed for time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you felt run-down and melancholy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you felt relaxed and well-balanced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you expended a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you experienced severe physical pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that due to physical health problems you achieved less than you wanted to at work or in everyday tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- that due to mental health or emotional problems you achieved less than you wanted to at work or in everyday tasks?
- your carried out your work or everyday tasks less thoroughly than usual?

How tall are you?

If you don't know, please estimate.

cm

How much do you currently weight (in kilograms)?

If you don't know, please estimate.

kg

Are you legally classified as disabled or having a reduced ability to work for medical reasons?

Yes

What is the extent of your disability according to the most recent diagnosis?

No.

Are you naturally right-handed or left-handed?

Right-handed.....

Left-handed.....

Which hand do you actually write with?

Right hand

Left hand.....

In addition to these two questions, the SOEP collects (for a random subsample) physical measurements of hand grip strength (cf. Schupp 2007).

3.1.4 Personality, Preferences, and Subjective Orientations

Personal traits and preferences are important for describing individual differences in behavior (see, for example, Dohmen et al., 2006 and Dohmen et al., 2008). We recommend the following variables⁴:

I will now read to you a number of feelings. Please indicate for each feeling how often or seldom you experienced this feeling in the last four weeks.

How often have you felt ...	Very rarely	Rarely	Occasio- nally	Often	Very often
• angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your opinion on the following three statements?

Please tick one of the boxes for each statement.

	Totally agree	Agree slightly	Disagree slightly	Totally disagree
• On the whole you can trust people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nowadays one can't rely on anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If one is dealing with strangers, it is better to be careful before trusting them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you believe that most people ...

- would exploit you if they had the opportunity?
- Or would they try to be fair with you?

Would you say that most of the time, people ...

- try to be helpful?
- Or do they only act in their own interest?.....

⁴ For two ultra-short cognitive tests which we were applied in SOEP 2006, see Schupp et al. (2008).

In the SOEP, the following 15-item question version aims at eliciting respondents' personality traits through the "Big Five Inventory (BFI)".

Now a completely different subject: everyday actions. While our actions are influenced by our basic beliefs, there is very limited scientific knowledge available on this topic.

Below are different qualities that a person can have. You will probably find that some apply to you completely and that some do not apply to you at all. With others, you may be somewhere in between.

Please answer according to the following scale:

1 means "does not apply to me at all",

7 means "applies to me completely".

With values between 1 and 7, you can express where you lie between these two extremes.

I see myself as someone who	Does not apply to me at all					Applies to me completely	
	1	2	3	4	5	6	7
• does a thorough job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is communicative, talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is sometimes somewhat rude to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is original, comes up with new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• has a forgiving nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• tends to be lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is outgoing, sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• values artistic experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• gets nervous easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• does things effectively and efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is considerate and kind to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• has an active imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is relaxed, handles stress well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are aimed at measuring individuals' locus of control, which goes back to the work of Rotter (1966). In the SOEP, locus of control is surveyed with 10-items.

The following statements apply to different attitudes towards life and the future. To what degree do you personally agree with the following statements?

Please answer according to the following scale:

1 means: "disagree completely",

7 means: "agree completely".

	Disagree completely							Agree completely	
	1	2	3	4	5	6	7		
• How my life goes depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Compared to other people, I have not achieved what I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• What a person achieves in life is above all a question of fate or luck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If a person is socially or politically active, he/she can have an effect on social conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I frequently have the experience that other people have a controlling influence over my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• One has to work hard in order to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If I run up against difficulties in life, I often doubt my own abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The opportunities that I have in life are determined by the social conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Inborn abilities are more important than any efforts one can make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have little control over the things that happen in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe yourself:

Are you generally an impatient person, or someone who always shows great patience?

Please tick a box on the scale, where the value 0 means: "very impatient" and the value 10 means "very patient". You can use the values in between to make your estimate.

Very impatient											Very patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

How would you describe yourself:

Are you generally willing to take risks, or do you try to avoid risks?

Please tick a box on the scale, where the value 0 means: "risk averse" and the value 10 means "fully prepared to take risks". You can use the values in between to make your estimate.

Risk averse											Fully prepared to take risks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

How would you describe yourself:

Do you generally think things over for a long time before acting – in other words,

Are you not impulsive at all? Or do you generally act without thinking things over for long time – in other words, are you very impulsive?^

Please tick a box on the scale, where the value **0** means: “**not at all impulsive**” and the value **10** means “**very impulsive**”. You can use the values in between to make your estimate.

Not at all impulsive										Very impulsive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Different things can be important to different people. Are the following things currently important for you?

Very important, important, less important or not at all important?

	Very important	Important	Less important	Not at all important
• Being able to afford to buy something for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Being there for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Being self-fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Being successful in my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Owning a house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Having a happy marriage/relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Having children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Being politically and/or socially involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Seeing the world and/or travelling widely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do the following statements apply to you?

	Completely	More or less	Not so much	Not at all
When I think about the future, I’m actually quite optimistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don’t really enjoy my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things have gotten so complicated that I almost can’t manage anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.1.5 Subjective Wellbeing

Researchers working on subjective well-being (SWB) might be interested in collecting the following SOEP indicators. For a discussion on affective and cognitive components of SWB see Schimmack et al. (2008).

How satisfied are you today with the following areas of your life?

Please answer according to the following scale:

0 means “**totally unhappy**”,

10 means “**totally happy**”.

How satisfied are you with ...

	totally unhappy										totally happy									
• your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• (if employed) your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• (if working in household) your housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• your household income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• your personal income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• your place of dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• your free time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• (if you have small children) the child care available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• (if you do volunteer work) with your volunteer work in clubs, associations, or other special service organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the SOEP questionnaire, the question about satisfaction with life is generally asked at the end of the personal questionnaire. We recommend doing so in other studies as well, because the answer to this question depends—at least to a certain extent—on the context of this question.

In conclusion, we would like to ask you about your satisfaction with your life in general.

Please answer according to the following scale:

0 means “**completely dissatisfied**”, **10** means “**completely satisfied**”.

How satisfied are you with your life, all things considered?

completely dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	completely satisfied
	0	1	2	3	4	5	6	7	8	9	10	

3.1.6 Political Involvement and Participation

Researchers working on involvement, citizenship and political participation might be interested in collecting the following information:

Which of the following activities do you take part in during your free time?

Please check how often you do each activity:

at least once a week, at least once a month, less often, never.

	At least once a week	At least once a month	Less often	Never
Going to cultural events (such as concerts, theater, lectures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the movies, pop music concerts, dancing, disco, sports events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing sports yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic or musical activities (playing music/singing, dancing, acting, painting, photography)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting with friends, relatives or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping out friends, relatives or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work in clubs or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in a citizens' group, political party, local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending church, religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a member of a church or religious community? If so, are you

- ...Catholic
- ...Protestant
- ...a member of a different Christian denomination
or religious community
- ...a member of an Islamic religious community
- ...a member of another religious community
- ...No, I am not a member of a religious community

Are you a member of one of the following organizations or unions?

- | | Yes | No |
|--|--------------------------|--------------------------|
| •...trade union? | <input type="checkbox"/> | <input type="checkbox"/> |
| •...professional body? | <input type="checkbox"/> | <input type="checkbox"/> |
| •...works or staff council at your place of work? | <input type="checkbox"/> | <input type="checkbox"/> |
| •...group or organization that supports the conservation
and protection of the environment and/or nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| •...club or similar organization? | <input type="checkbox"/> | <input type="checkbox"/> |

Generally speaking, how interested are you in politics?

- Very much.....
- Much

Not so much

Not at all.....

Many people in Germany lean towards one party in the long term, even if they occasionally vote for another party. Do you lean towards a particular party?

Yes

No.....

Which party do you lean toward?

SPD

CDU

CSU

FDP

Bündnis 90/Die Grünen.....

Die Linke/PDS/WASG

DVU/Republikaner/NPD.....

Other

And to what extent?

Very strongly.....

Rather strongly

Somewhat.....

Weakly

Very weakly

3.2 Mother-child questions

Researchers who are interested in child-related research might benefit from the following

SOEP mother-child questions⁵:

Sex of the child

male

female

**Birth year and birth month
of the child**
Year Month

In which week of the pregnancy was your child born?

In the week.

⁵ These questions cover general information provided by the mother about her child.

Irrespective of the age of the child, child health-related information can be covered by the following questions:

What is the current height and weight of your child?

Weight in kilograms

Height in centimeters.

Has your child been diagnosed by a doctor as having one of the following health condition or impairments?

- Respiratory problems (asthma, bronchitis, etc.)
- Middle-ear inflammation.....
- Neurodermatitis.....
- Vision impairment (e.g., crossed eyes).....
- Nutritional disorder
- Motor impairment (impairments of the locomotor apparatus).....
- Other impairment or disorder
- No, none of those

The *care situation* can be described as follows:

If you think about a normal week, are there any other people than you who take care of your child? If so, who are they, and how many hours per week are they responsible for children?

- **yes -> hours**
- spouse/partner ->
 - the child's father (if not a resident
in your household)..... ->
 - the child's grandparents..... ->
 - older brother/sister of the child..... ->
 - other relatives..... ->
 - family day care provider (outside the home)..... ->
 - paid care giver comes into your home..... ->
 - day care centre ->
 - others (friends, neighbors, etc.)..... ->
 - no, nobody..... ->

The questionnaires for mothers with children five to six years old include an instrument to measure the personality of a child. For this age group, personality measures could be used similarly to the “Big Five Measure” for adults (see Weinert et al. 2007: chapter 4).⁶

How do you rank your child in comparison to other children of the same age?

The further to the left you place your checkmark, the more the left-hand statement applies to your child.

quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talkative
messy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	orderly
sweet-tempered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	touchy
disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hungry for knowledge
self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lacks self-confidence
solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	outgoing
concentrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	easy distracted
defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	obedient
quick learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	needs more time
anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	calm

Often child related research questions refer to some kind of *child outcome*. However, outcome measures in early childhood are very age-sensitive. Thus potential outcome measures in the SOEP mother-child-questionnaires vary by age as well. For children two to three years of age, a measure of the child’s adaptive behavior is used, covering four skill dimensions: social skills, language skills, motor skills, and everyday life skills (for a more detailed description of this instrument, see Schmiade et al. 2008).

For parents, it is always a big event when their child learns something new. Please tell us what those new things are in the case of your child.

Talking:	Yes	To some extent	No
Understands brief instructions such as “go get your shoes”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms sentences with at least two words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in full sentences (with four or more words)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens attentively to a story for five minutes or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passes on simple message such as “dinner is ready”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday skills:			
Uses a spoon to eat, without assistance and without dripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁶ At younger ages, the personality is not yet developed enough to measure it with exactly this scale; thus a shorter scale with only four items is used.

Blows his/her nose without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses the toilet to do "number two"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts on pants and underpants the right way around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushes his/her teeth without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Movement:

Walks forwards down the stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opens doors with the door handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbs up playground climbing equipment and other high playground structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts paper with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paints/draws recognizable shapes on paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social relationships:

Calls familiar people by name; for example, says "mommy" and "daddy" or uses the father's first name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in games with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets involved in role-playing games ("playing pretend")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a special liking for particular playmates or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calls his/her own feelings by name, e.g. "sad", "happy", "scared"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Another child outcome measure for older children, aged five to six, is a modified scale of the Strength and Difficulties Questionnaire - SDQ Scale to measure the socio-emotional skills of a child (see Goodman 1997 for the original scale).

How do the following statements apply to your child ? (Please give the answers on the basis of the child's behavior over the last six months)

My child...

	Not true at allCertainly true						
is considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
often loses his/her temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is often unhappy, depressed, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

is generally liked by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
good attention span, finishes what he/she starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 General Recommendations

In many cases, even the recommended short version of the SOEP questionnaire will be too long and time-consuming. Then the question arises: what would be a meaningful short questionnaire? Of course, the selection of a minimum set of questions depends on the research question at hand. Nevertheless, we would recommend collecting the following basic information:

- gender, age, educational level, marital status, household type, number of persons living in the household, employment, occupational and health status. This information allows researchers to compare their own sample with the SOEP with respect to some basic socio-economic characteristics.
- basic demographic and socio-economic characteristics of parents: their age (or age at death), educational level and occupational status (at age 15 of the respondent/subject).
- religion or actual religious activity of parents as a potential indicator for early childhood socialization influences

- out of a battery of personal traits questions, we recommend asking about the “locus of control” since these questions are significantly related to various economic behaviors (see Schupp et al. 2008). In addition, the Big Five Inventory might be useful for researchers interested in collecting a measure for personality traits.⁷

Alternatively, researchers might have enough time and a large enough budget to conduct a relative long survey, lasting around 30-40 minutes. We would like to point out that in such circumstances it is possible to use a complete SOEP questionnaire. SOEP questionnaires are available online at <http://www.diw.de/deutsch/soep/26628.html>. The usage of the questionnaire (either the English or German version) is free of charge for academic research.

4 Conclusions

The use of selected SOEP variables in other studies (e.g., clinical trials, cohort studies, intervention studies, laboratory experiments) is an easy way of making those studies comparable with SOEP data and of using the SOEP—a representative sample of the entire German population—as a reference point (control sample).

While the SOEP questionnaire is an important component of the overall SOEP survey, we would like to point out that certain survey techniques such as the tracking rule in panel studies make it possible to follow not only cohort members but also their children (and grandchildren), spouses, and other related persons over time.

Thus, in addition to recommendations for which questions to incorporate into a particular survey, the SOEP survey group can also provide advice on other aspects of how to conduct a survey. For example, the SOEP survey group in Berlin and TNS Infratest Sozialforschung in Munich can help interested researchers with the layout of a particular questionnaire and the instrument design. The SOEP data is mainly collected in face-to-face

⁷ See page 16 for the 15-item BFI inventory in the SOEP.

interviews using completely standardized survey instruments (“paper and pencil,” PAPI), with the interviewer conducting an oral interview or the respondents filling out questionnaires themselves. In addition, the “Computer Assisted Personal Interview” (CAPI) method has been introduced gradually. The paper version (PAPI) is relatively easy to implement, whereas CAPI is a more complicated instrument design. Whether researchers aim at using some (core) questions of the SOEP and collecting data in a similar manner, or if they have ideas on how to improve the SOEP, we recommend early consultation with the SOEP survey group at DIW Berlin.⁸ Using SOEP questions is easy, but selecting the best questions for a given project is often more difficult. The SOEP survey group is more than happy to provide advice. For those considering the use of SOEP methods of data collection, a larger amount of consultation is necessary, and numerous practical issues must be considered, such as negotiations with the fieldwork organization and data preparation. The latter issue is important because the SOEP survey group at DIW Berlin cannot prepare additional data for other studies. Such a task goes far beyond the manpower of the SOEP group. So: if you want to utilize SOEP for your own study, the SOEP survey group is eager to help and give advice. But due to our finite staff capacities, consultations must be planned well in advance.

⁸ In rare cases, another study could theoretically introduce changes to SOEP, especially in the form of new questions or tests. Up to now, however, this has never occurred. It could happen only if there were an exceptionally strong scientific case for the change. The SOEP is part of a research infrastructure, and we should stress that changes in SOEP can be made only for the purposes of pure scientific research. Changes aimed at facilitating commercial research are contrary to the constitutional principles of SOEP, and therefore not possible.

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6 Appendix

The appendix reports all previous questions in German.

Fragen zum Leben der Eltern

Demographische und elterliche Charakteristika

Ihr Geschlecht

Männlich

Weiblich

Geburtsjahr und Geburtsmonat:

Geburtsjahr Monat

Wo haben Sie vor der deutschen Wiedervereinigung, also vor 1989, gewohnt?

In der DDR (einschließlich Berlin-Ost).....

In der Bundesrepublik (einschließlich Berlin-West)

Im Ausland.....

In welchem Land sind Sie geboren?

Wann sind Sie in die Bundesrepublik Deutschland gezogen?

Jahr

Welche Staatsangehörigkeit haben sie?

Ist Deutsch ihre Muttersprache?

Ja..... Nein.....

Was ist ihr Familienstand?

Verheiratet, mit Ehepartner zusammenlebend.....

Verheiratet, dauernd getrennt lebend.....

Ledig.....

Geschieden.....

Verwitwet.....

Haben Sie derzeit eine feste Partnerschaft?

Ja..... Nein.....

↓

Wohnt Ihr Partner/Ihre Partnerin hier im Haushalt?

Ja Nein

Wie viele Personen leben derzeit in Ihrem Haushalt, einschließlich Kindern?

Personen

Wie viele davon sind 14 Jahre und älter?

Personen

Wie viele davon sind 18 Jahre und älter?

Personen

Wie viele von diesen sind derzeit ...

in Vollzeit erwerbstätig

in Teilzeit erwerbstätig

arbeitslos gemeldet

in Schule/Studium/Ausbildung

in Rente/Pension

sonstiges

Wenn man mal alle Einkünfte zusammennimmt:

Wie hoch ist das monatliche Haushaltseinkommen aller Haushaltsmitglieder heute?

Bitte geben Sie den monatlichen Netto-Betrag an, also nach Abzug von Steuern und Sozialabgaben. Regelmäßige Zahlungen wie Renten, Wohngeld, Kindergeld, BAföG, Unterhaltszahlungen usw. rechnen Sie bitte dazu!

Falls nicht genau bekannt: Bitte schätzen Sie den monatlichen Betrag.

Euros im Monat

Sind sie derzeit in Ausbildung? Das heißt: Besuchen Sie eine Schule oder Hochschule, machen Sie eine Berufsausbildung oder nehmen Sie an einem Weiterbildungslehrgang teil?

Ja Nein

↓

Was für eine Ausbildung ist das? Das heißt: Besuchen Sie eine Schule oder Hochschule, machen Sie eine Berufsausbildung oder nehmen Sie an einem Weiterbildungslehrgang teil?

Allgemeinbildende Schule:

Hauptschule

Realschule

Gymnasium

Gesamtschule

Abendrealschule, Abendgymnasium

Fachoberschule

Berufliche Ausbildung:

- Berufsgrundbildungsjahr, Berufsvorbereitung
- Berufsschule ohne Lehre
- Lehre
- Berufsfachschule, Handelsschule
- Schule für Gesundheitswesen
- Fachschule (z.B. Meister-, Technikerschule)
- Beamtenausbildung
- Sonstiges

Hochschule:

- Fachhochschule
- Universität, sonstige Hochschule
- Doktor, Graduiertenprogramm, Habilitation

Bitte geben Sie Art des Abschlusses sowie Fachgebiet an:

Art des Abschlusses:

--

Fach:

--

Erhalten Sie für dieses Studium ein Stipendium?

Falls ja, von welcher Stelle?

- Nein
 - Ja, BAföG
 - Ja, Sonstiges
- und zwar: _____

Weiterbildung/Umschulung:

- Berufliche Umschulung
 - Berufliche Fortbildung
 - Berufliche Rehabilitation
 - Allgemeine oder politische Weiterbildung
 - Sonstiges:
- und zwar: _____

Welchen Schulabschluss haben Sie?

- Noch keinen Abschluss, gehe noch zur Schule

Schulabschluss in der Bundesrepublik Deutschland/Westberlin:

- Volksschul- / Hauptschulabschluss
- Mittlere Reife, Realschulabschluss
- Fachhochschulreife (Abschluss Fachoberschule)
- Abitur (Hochschulreife)
- Anderer Schulabschluss

Schule ohne Abschluss verlassen

Schulabschluss in der DDR:

Abschluss 8. Klasse

Abschluss 10. Klasse

Abitur (Hochschulreife)

Anderer Schulabschluss

Schule ohne Abschluss verlassen

Schulabschluss in einem anderen Land:

Dauer des Schulbesuchs Jahre,

und zwar:

Pflichtschule ohne Abschluss besucht

Abschluss einer Pflichtschule

Abschluss einer weiterführenden Schule

Haben Sie eine Berufsausbildung oder ein Studium abgeschlossen?

Ja Nein



Was für ein Ausbildungs- oder Studienabschluss ist das?

→ **Mehrfachnennungen möglich!**

Gewerbliche oder landwirtschaftliche Lehre

Kaufmännische oder sonstige Lehre

Berufsfachschule, Handelsschule

Schule des Gesundheitswesens

Fachschule (z.B. Meister-, Technikerschule)

Beamtenausbildung

Fachhochschule, Ingenieurschule

Universität, Hochschule

Doktor

Sonstiger Ausbildungsabschluss

In welchem Jahr wurde ihr Vater / Ihre Mutter geboren?

Vater

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Mutter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Ist Ihr Vater / Ihre Mutter in Deutschland geboren?

	Vater	Mutter
Ja.....	<input type="checkbox"/>	<input type="checkbox"/>
Nein.....	<input type="checkbox"/>	<input type="checkbox"/>

Welchen Schulabschluss hat Ihr Vater/Ihre Mutter erworben?

	Vater	Mutter
Keinen Schulabschluss.....	<input type="checkbox"/>	<input type="checkbox"/>
Volks- / Hauptschulabschluss (DDR: 8. Klasse POS).....	<input type="checkbox"/>	<input type="checkbox"/>
Mittlere Reife, Realschulabschluss (DDR: 10 Klasse POS).....	<input type="checkbox"/>	<input type="checkbox"/>
Abitur/Hochschulreife (DDR: EOS).....	<input type="checkbox"/>	<input type="checkbox"/>
Anderer Schulabschluss.....	<input type="checkbox"/>	<input type="checkbox"/>
Weiß nicht.....	<input type="checkbox"/>	<input type="checkbox"/>

Hat Ihr Vater / Ihre Mutter eine berufliche Ausbildung oder ein Studium abgeschlossen?

	Vater	Mutter
Ja, berufliche Ausbildung	<input type="checkbox"/>	<input type="checkbox"/>
Ja, Hochschulstudium	<input type="checkbox"/>	<input type="checkbox"/>
Nein, keine abgeschlossene Ausbildung	<input type="checkbox"/>	<input type="checkbox"/>
Weiß nicht	<input type="checkbox"/>	<input type="checkbox"/>

Falls zutreffend:

Welche berufliche Tätigkeit übte Ihr Vater / Ihre Mutter aus, als Sie selbst 15 Jahre alt waren?

Vater

Mutter

Gehören bzw. gehörten Ihr Vater / Ihre Mutter einer Kirche oder Religionsgemeinschaft an?

	Vater	Mutter
Ja, und zwar: der katholischen Kirche	<input type="checkbox"/>	<input type="checkbox"/>
der evangelischen Kirche	<input type="checkbox"/>	<input type="checkbox"/>
einer anderen christlichen Religionsgemeinschaft	<input type="checkbox"/>	<input type="checkbox"/>
einer anderen Religionsgemeinschaft	<input type="checkbox"/>	<input type="checkbox"/>
Nein, konfessionslos	<input type="checkbox"/>	<input type="checkbox"/>

Arbeitsmarkt

Haben Sie während der letzten 7 Tage irgendeine bezahlte Arbeit ausgeübt, auch wenn dies nur für eine Stunde oder für wenige Stunden war?

Bitte antworten Sie auch mit "Ja", wenn Sie in den letzten sieben Tagen normalerweise gearbeitet hätten, aber wegen Urlaub, Krankheit schlechtem Wetter oder anderen Gründen zeitweise abwesend waren.

Ja Nein

Sind Sie zur Zeit im Mutterschutz oder in der gesetzlich geregelten "Elternzeit"?

Ja, Mutterschutz

Ja, Elternzeit Nein

Sind Sie zurzeit beim Arbeitsamt arbeitslos gemeldet?

Ja Nein

Üben Sie derzeit eine Erwerbstätigkeit aus? Was trifft für Sie zu?

Rentner mit Arbeitsvertrag gelten hier als erwerbstätig.

- Voll erwerbstätig.....
- In Teilzeitbeschäftigung.....
- In betrieblicher Ausbildung / Lehre oder betrieblich Umschulung
- Geringfügig oder unregelmäßig erwerbstätig.....
- In Altersteilzeit mit Arbeitszeit Null
- Als Wehrpflichtiger beim Wehrdienst.....
- Zivildienstleistender / freiwilliges soziales Jahr.....
- Nicht erwerbstätig

Welche berufliche Tätigkeit üben Sie derzeit aus?

Bitte geben Sie die **genaue** Tätigkeitsbezeichnung an, also nicht "kaufmännische Angestellte" sondern "Speditionskauffrau", nicht "Arbeiter", sondern "Maschinenschlosser". Wenn Sie Beamter sind, geben Sie bitte Ihre Amtsbezeichnung an, z.B. "Polizeimeister", oder "Studienrat". Wenn Sie Auszubildender sind, geben Sie bitte Ihren Ausbildungsberuf an.

Bitte in Druckbuchstaben eintragen

Entspricht diese Tätigkeit Ihrem erlernten Beruf?

- Ja Derzeit in Ausbildung
- Nein..... Habe keinen Beruf erlernt

Welche Art von Ausbildung ist für diese Tätigkeit in der Regel erforderlich?

- Kein beruflicher Ausbildungsabschluss erforderlich.....
- Eine abgeschlossene Berufsausbildung erforderlich
- Eine abgeschlossene Fachhochschule erforderlich.....
- Ein abgeschlossenes Universitäts- oder Hochschulstudium

Welche Art von Einarbeitung in diese Tätigkeit ist in der Regel erforderlich?

- Nur eine kurze Einweisung am Arbeitsplatz
- Eine längere Einarbeitung im Betrieb
- Der Besuch von besonderen Lehrgängen

Gehört der Betrieb, in dem Sie arbeiten, zum öffentlichen Dienst?

- Ja Nein

In welchem Wirtschaftszweig / welcher Branche / welchem Dienstleistungsbereich ist das Unternehmen bzw. die Einrichtung überwiegend tätig?

Bitte geben Sie die genaue Bezeichnung an, z.B. nicht „Industrie sondern „Elektroindustrie“; nicht „handel“ sondern „Einzelhandel“; nicht „öffentlicher Dienst“, sondern „Krankenhaus“

Weniger gut.....
Schlecht.....

Wenn Sie Treppen steigen müssen, also mehrere Stockwerke zu Fuß hochgehen: Beeinträchtigt Sie dabei ihr Gesundheitszustand stark, ein wenig oder gar nicht?

Stark
Ein wenig
Gar nicht.....

Und wie sieht es mit anderen anstrengenden Tätigkeiten im Alltags aus, wo man z.B. etwas Schweres heben muss oder Beweglichkeit braucht: Beeinträchtigt Sie dabei Ihr Gesundheitszustand stark, ein wenig oder gar nicht?

Stark
Ein wenig
Gar nicht.....

Bitte denken Sie einmal an die letzten vier Wochen. Wie oft kam es in dieser Zeit vor...

	Immer	Oft	Manchmal	Fast nie	Nie
dass Sie sich gehetzt oder unter Zeitdruck fühlten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dass Sie sich niedergeschlagen oder trübsinnig fühlten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dass Sie sich ruhig und ausgeglichen fühlten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dass Sie jede Menge Energie verspürten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dass Sie starke körperliche Schmerzen hatten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dass Sie wegen gesundheitlicher Probleme körperlicher Art in ihrer Arbeit oder Ihren alltäglichen Beschäftigungen weniger geschafft haben als Sie eigentlich wollten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dass Sie wegen seelischer oder emotionaler Probleme in ihrer Arbeit oder Ihren alltäglichen Beschäftigungen - weniger geschafft haben als Sie eigentlich wollten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ihre Arbeit oder Tätigkeit weniger sorgfältig als sonst gemacht haben?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was ist ihre Körpergröße in cm?

Wenn Sie es nicht genau wissen, schätzen Sie bitte.

cm

Wieviel Kilogramm wiegen Sie gegenwärtig?

Wenn Sie es nicht genau wissen, schätzen Sie bitte.

kg

Sind Sie nach amtlicher Feststellung erwerbsgemindert oder schwerbehindert?

Ja

Wie hoch ist Ihre Erwerbsminderung oder Schwerbehinderung nach der letzten Feststellung?

Sind sie von Natur aus rechts- oder linkshänder?

Rechts-händer.....

Links-händer.....

Mit welcher Hand schreiben Sie?

Rechte Hand

Linke Hand.....

Lebenssituation, Präferenzen und Einstellungen

Ich lese Ihnen eine Reihe von Gefühlen vor. Geben Sie bitte jeweils an, wie häufig oder selten Sie dieses Gefühl in den letzten vier Wochen erlebt haben.

Wie oft haben Sie sich ...	sehr selten	selten	manch- mal	oft	sehr oft
• ärgerlich gefühlt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ängstlich gefühlt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• glücklich gefühlt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• traurig gefühlt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wie ist Ihre Meinung zu den folgenden Aussagen?

Kreuzen Sie bitte jeweils ein Kästchen an.

	Stimme voll zu	Stimme eher zu	Lehne eher ab	Lehne voll ab
Im Allgemeinen kann man den Menschen vertrauen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heutzutage kann man sich auf niemanden mehr verlassen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wenn man mit Fremden zu tun hat ist es besser, vorsichtig sein, bevor man ihnen vertraut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Glauben Sie, dass die meisten Menschen ...

- Sie ausnützen würden, falls sie eine Möglichkeit dazu hätten
- oder versuchen würden, Ihnen gegenüber fair zu sein?.....

Würden Sie sagen, dass die Leute die meiste Zeit ...

- versuchen, hilfsbereit zu sein?.....
- oder nur ihre eigenen Interessen verfolgen?

Nun etwas ganz anderes: Unsere alltäglichen Handlungen werden davon beeinflusst, welche Grundüberzeugungen wir haben. Darüber ist in der Wissenschaft wenig bekannt.

Hier sind unterschiedliche Eigenschaften, die eine Person haben kann. Wahrscheinlich werden einige Eigenschaften auf Sie persönlich voll zutreffen und andere überhaupt nicht. Bei wieder anderen sind Sie vielleicht unentschieden.

Antworten Sie bitte anhand der folgenden Skala:

Der Wert 1 bedeutet "trifft überhaupt nicht zu",

Der Wert 7 bedeutet "trifft voll zu".

Mit den Werten zwischen 1 und 7 können Sie Ihre Meinung abstimmen.

Ich bin jemand, der

	Trifft überhaupt nicht zu						Trifft voll zu
	1	2	3	4	5	6	7
• gründlich arbeitet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• kommunikativ, Gesprächig ist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• manchmal etwas grob zu anderen ist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• originell ist, neue Ideen einbringt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• sich oft Sorgen macht	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• verzeihen kann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• eher faul ist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• aus sich herausgehen kann, gesellig ist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• künstlerische, ästhetische Erfahrungen schätzt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• leicht nervös wird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Aufgaben wirksam und effizient erledigt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• zurückhaltend ist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• rücksichtsvoll und freundlich mit anderen umgeht	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• eine lebhaft Phantasie, Vorstellung hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• entspannt ist, mit Stress gut umgehen kann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Die folgenden Aussagen kennzeichnen verschiedene Einstellungen zum Leben und zur Zukunft. Bitte sagen Sie uns, inwieweit Sie jeweils zustimmen

Antworten Sie bitte anhand der folgenden Skala

Der Wert 1 bedeutet **“stimme überhaupt nicht zu”**,

Der Wert 7 bedeutet **“stimme voll zu”**.

Mit den Werten zwischen 1 und 7 können Sie Ihre Meinung abstimmen.

	Stimme überhaupt nicht zu						Stimme voll zu
	1	2	3	4	5	6	7
Wie mein Leben verläuft, hängt von mir selbst ab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Im Vergleich mit anderen habe ich nicht das erreicht, was ich verdient habe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was man im Leben erreicht, ist in erster Linie eine Frage von Schicksal oder Glück	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wenn man sich sozial oder politisch engagiert, kann man die sozialen Verhältnisse beeinflussen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich mache häufig die Erfahrung, dass andere über mein Leben bestimmen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erfolg muss man sich hart erarbeiten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wenn ich im Leben auf Schwierigkeiten stoße, zweifle ich oft an meinen Fähigkeiten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welche Möglichkeiten ich im Leben habe, wird von	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

den sozialen Umständen bestimmt

Wichtiger als alle Anstrengungen sind die Fähigkeiten die man mitbringt

Ich habe wenig Kontrolle über die Dinge, die in meinem Leben passieren

Wie schätzen Sie sich persönlich ein:

Sind Sie im Allgemeinen ein Mensch, der ungeduldig ist, oder der immer sehr viel Geduld aufbringt?

Bitte kreuzen Sie ein Kästchen auf der Skala an, wobei der Wert 0 bedeutet: **„sehr ungeduldig“** und der Wert 10: **„sehr geduldig“**. Mit den Werten dazwischen können Sie Ihre Einschätzung abstimmen.

Sehr ungeduldig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sehr geduldig
	0	1	2	3	4	5	6	7	8	9	10	

Wie schätzen Sie sich persönlich ein:

Sind Sie im Allgemeinen ein risikobereiter Mensch oder versuchen Sie, Risiken zu vermeiden?

Bitte kreuzen Sie ein Kästchen auf der Skala an, wobei der Wert 0 bedeutet: **„gar nicht risikobereit“** und der Wert 10: **„sehr risikobereit“**. Mit den Werten dazwischen können Sie Ihre Einschätzung abstimmen.

Gar nicht risikobereit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sehr risikobereit
	0	1	2	3	4	5	6	7	8	9	10	

Wie schätzen Sie sich persönlich ein:

Sind Sie im Allgemeinen ein Mensch, der lange überlegt und nachdenkt, bevor er handelt, also gar nicht impulsiv ist?

Oder sind Sie ein Mensch, der ohne lange zu überlegen handelt, also sehr impulsiv ist?

Bitte kreuzen Sie ein Kästchen auf der Skala an, wobei der Wert 0 bedeutet: **„gar nicht impulsiv“** und der Wert 10: **„sehr impulsiv“**. Mit den Werten dazwischen können Sie Ihre Einschätzung abstimmen

Gar nicht impulsiv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sehr impulsiv
	0	1	2	3	4	5	6	7	8	9	10	

Verschiedenen Menschen sind verschiedene Dinge wichtig. Sind für Sie persönlich die folgenden Dinge heute... sehr wichtig, wichtig, weniger wichtig oder ganz unwichtig?

	Sehr wichtig	Wichtig	Weniger wichtig	Ganz unwichtig
• Sich etwas leisten können	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Für andere da sein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sich selbst verwirklichen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Erfolg im Beruf haben	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ein eigenes Haus haben	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eine glückliche Ehe/Partnerschaft haben	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kinder haben	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Sich politisch, gesellschaftlich einsetzen
- Die Welt sehen, viele Reisen machen

Wie sehr stimmen die folgenden Aussagen für Sie persönlich?

	Stimmt ganz und gar	Stimmt eher	Stimmt eher nicht	Stimmt ganz und gar nicht
Wenn ich an die Zukunft denke, bin ich eigentlich sehr zuversichtlich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich fühle mich oft einsam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meine Arbeit macht mir eigentlich keine Freude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Die Verhältnisse sind so kompliziert geworden, dass ich mich fast nicht mehr zurecht finde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lebenssituation heute

Wie zufrieden sind Sie gegenwärtig mit den folgenden Bereichen Ihres Lebens?

Bitte kreuzen Sie für jeden Bereich auf der Skala einen Wert an:
 Wenn Sie ganz und gar **unzufrieden** sind, den Wert „0“,
 wenn Sie ganz und gar **zufrieden** sind, den Wert „10“.
 Wenn Sie **teils zufrieden / teils unzufrieden** sind, einen Wert dazwischen.

	ganz und gar unzufrieden										ganz und gar zufrieden
	0	1	2	3	4	5	6	7	8	9	10
mit Ihrer Gesundheit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(falls Sie erwerbstätig sind) mit Ihrer Arbeit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(falls Sie im Haushalt tätig sind) mit Ihrer Tätigkeit im Haushalt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mit dem Einkommen Ihres Haushalts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mit Ihrem persönlichen Einkommen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mit Ihrer Wohnung?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mit Ihrer Freizeit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(falls Sie Kinder im Vorschulalter haben) mit den vorhandenen Möglichkeiten der Kinderbetreuung?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mit Ihrem Familienleben?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(falls Sie ehrenamtlich tätig sind) mit Ihrer ehrenamtlichen Tätigkeit in Vereinen, Verbänden oder sozialen Diensten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Zum Schluss möchten wir Sie noch nach Ihrer Zufriedenheit mit Ihrem Leben insgesamt fragen.
 Antworten Sie bitte anhand der folgenden Skala, bei der "0" ganz und gar **unzufrieden**, "10" ganz und gar **zufrieden** bedeutet.

Wie zufrieden sind Sie gegenwärtig, alles in allem, mit Ihrem Leben?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
ganz und gar unzufrieden					ganz und gar zufrieden					

Einstellungen, Meinungen Partizipation

Welche der folgenden Tätigkeiten üben Sie in Ihrer freien Zeit aus?

Geben Sie bitte zu jeder Tätigkeit an, wie oft Sie das machen:
 jede Woche, jeden Monat, seltener oder nie?

	Jede Woche	Jeden Monat	Seltener	Nie
Besuch von kulturellen Veranstaltungen, z.B. Konzerten, Theater, Vorträgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinobesuch, Besuch von Popkonzerten, Tanzveranstaltungen, Discos, Sportveranstaltungen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aktiver Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Künstlerische und musische Tätigkeiten (Musizieren, Tanzen, Theater, Malen, Fotografieren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geselligkeit mit Freunden, Verwandten oder Nachbarn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mithelfen, wenn bei Freunden, Verwandten oder Nachbarn etwas zu tun ist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ehrenamtliche Tätigkeiten in Vereinen, Verbänden oder sozialen Diensten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beteiligung in Bürgerinitiativen, in Parteien, in der Kommunalpolitik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kirchgang, Besuch religiöser Veranstaltungen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gehören Sie einer Kirche oder Religionsgemeinschaft an?

Wenn ja, sind Sie

- ...katholisch.....
- ...evangelisch
- ...Mitglied einer anderen christlichen Religionsgemeinschaft
- ...Mitglied einer islamischen Religionsgemeinschaft.....
- ...Mitglied einer anderen Religionsgemeinschaft.....
- ...Nein, konfessionslos.....

Sind Sie ein Mitglied in einer der folgenden Organisationen bzw. Verbände?

- | | Ja | Nein |
|---|--------------------------|--------------------------|
| •...in einer Gewerkschaft? | <input type="checkbox"/> | <input type="checkbox"/> |
| •...in einem Berufsverband? | <input type="checkbox"/> | <input type="checkbox"/> |
| •...im Betriebs- oder Personalrat der Firma oder Behörde,
in der Sie arbeiten? | <input type="checkbox"/> | <input type="checkbox"/> |

In der

Woche

Wie groß und schwer war Ihr Kind zum Zeitpunkt der Geburt?

Geburtsgewicht in Gramm

Körpergröße in cm

Ist von einem Arzt bei Ihrem Kind einmal eine der folgenden Erkrankungen oder Störungen festgestellt worden??

- Atemwegserkrankungen (Asthma, Bronchitis, etc.).....
- Mittelohrentzündung.....
- Neurodermitis
- Fehlsichtigkeit (z.B. Schielen)
- Ernährungsstörungen.....
- Störungen der Motorik, des Bewegungsapparates.....
- Sonstige Störungen / Behinderungen
- Nein, nichts davon.....

Wenn Sie einmal an eine normale Woche denken:

Gibt es außer Ihnen andere Personen, die die Betreuung des Kindes zeitweise übernehmen? Wenn ja, welche Personen sind das und wie viele Stunden pro Woche übernehmen sie die Betreuung?

- **Ja -> Stunden**
- (Ehe) Partner ->
 - Vater des Kindes (falls nicht im Haushalt)..... ->
 - Großeltern des Kindes..... ->
 - Ältere Geschwister des Kindes..... ->
 - Andere Verwandte..... ->
 - Tagesmutter (außer Haus) ->
 - Kinderfrau (in ihrem Haus) ->
 - Kindergarten, Kindertageseinrichtung, Hort ->
 - Andere (z.B. Babysitter, Nachbarn) ->
 - Nein, niemand ->

Wie würden Sie Ihr Kind im Vergleich zu Kindern gleichen Alters beurteilen?

Je weiter links Sie Ihr Kreuz machen, um so mehr trifft die linke Eigenschaft zu, je weiter rechts Sie Ihr Kreuz machen, um so mehr trifft die rechte Eigenschaft zu!

	Mein Kind ...										
ist eher gesprächig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist eher still
ist unordentlich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist ordentlich
ist gutmütig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist leicht reizbar
ist wenig interessiert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist wissensdurstig
hat selbstvertrauen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist unsicher
ist zurückgezogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist kontaktfreudig
ist konzentriert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist leicht ablenkbar
ist trotzig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ist folgsam

begreift schnell braucht mehr zeit
 ist ängstlich ist unängstlich

Für Eltern ist es immer ein großes Erlebnis, wenn das Kind schon wieder etwas Neues kann.

Bitte geben Sie an, welche Dinge das bei Ihrem Kind sind.

Sprechen:	Ja	Teilweise	Nein
Versteht kurze Anweisungen, wie z.B. "hole deine Schuhe"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bildet Sätze mit mindestens zwei Wörtern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spricht in ganzen Sätzen (mit vier oder mehr Wörtern)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hört einer Geschichte 5 Minuten oder länger aufmerksam zu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Überbringt einfache Nachrichten wie z.B "Essen ist fertig"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alltagsfertigkeiten:

Isst selbständig mit dem Löffel, ohne zu kleckern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putzt sich selbst die Nase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benützt für "großes Geschäft" die Toilette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zieht sich Hosen und Unterhosen selbst richtig herum an	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putzt sich selbst die Zähne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bewegung:

Läuft Treppen vorwärts hinunter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Öffnet Türen mit Türklinke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klettert auf Klettergerüste und andere hohe Spielgeräte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schneidet mit einer Schere Papier durch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malt auf Papier erkennbare Formen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Soziale Beziehungen:

Nennt vertraute Personen beim Namen; sagt z.B. "Mama", "Papa" oder verwendet den Vornamen des Vaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nimmt an Spielen mit anderen Kindern teil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beschäftigt sich mit Rollenspielen ("tun als ob")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zeigt eine Vorliebe für bestimmte Spielgefährten oder Freunde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benennt eigene Gefühle, z.B. "traurig", "freuen", "Angst"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inwieweit treffen die folgenden Aussagen auf ihr Kind zu?

Bitte berücksichtigen Sie bei der Antwort das Verhalten Ihres Kindes in den letzten sechs Monaten.

Mein Kind...

	Trifft überhaupt nicht zu						Trifft voll zu
ist rücksichtsvoll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
teilt gerne mit anderen Kindern (Süßigkeiten, Spielzeug, Buntstifte usw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ist unruhig, überaktiv, kann nicht lange stillsitzen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ist ein Einzelgänger, spielt meist alleine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ist hilfsbereit, wenn andere verletzt, krank oder betrübt sind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ist ständig zappelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
streitet sich oft mit anderen Kindern oder schickaniert sie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ist oft unglücklich oder niedergeschlagen, weint häufig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ist im Allgemeinen bei anderen Kindern beliebt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ist leicht ablenkbar, unkonzentriert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ist nervös oder anklammernd in neuen Situationen; verliert leicht das Selbstvertrauen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wird oft von anderen gehänselt oder schikaniert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hilft anderen oft freiwillig (Eltern, Erziehern anderen Kindern)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kommt besser mit Erwachsenen aus als mit anderen Kindern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hat viele Ängste; fürchtet sich leicht	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
führt Aufgaben zu Ende; kann sich lange konzentrieren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>