

SOEP Survey Papers

Series A - Survey Instruments (Erhebungsinstrumente)

SOEP – The German Socio-Economic Panel Study at DIW Berlin

2014

SOEP 2012 – Survey Instruments 2012 (Wave 29) of the Socio-Economic Panel: Mother and Child Questionnaire (9-10-year-olds), Old Samples

TNS Infratest Sozialforschung

Running since 1984, the German Socio-Economic Panel Study (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing.

The SOEP Survey Papers is comprised of the following series:

Series A – Survey Instruments (Erhebungsinstrumente)

Series B – Survey Reports (Methodenberichte)

Series C – Data Documentations (Datendokumentationen)

Series D – Variable Descriptions and Coding

Series E – SOEPmonitors

Series F – SOEP Newsletters

Series G – General Issues and Teaching Materials

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Editors:

Prof. Dr. Gert G. Wagner, DIW Berlin and Technische Universität Berlin

Prof. Dr. Jürgen Schupp, DIW Berlin and Freie Universität Berlin

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Contact: DIW Berlin
SOEP
Mohrenstr. 58
10117 Berlin

Email: soepapers@diw.de

TNS INFRATEST SOZIALFORSCHUNG

**SOEP 2012 – SURVEY INSTRUMENTS 2012
(WAVE 29) OF THE SOCIO-ECONOMIC PANEL:
MOTHER AND CHILD QUESTIONNAIRE (9-10-
YEAR-OLDS), OLD SAMPLES**

Translation: Deborah A. Bowen

1 What's your child's name?*Please complete using block capitals.*First Name Person ID **2 In what year and month was your child born?**

	marked	not marked
2002	<input type="text" value="1"/>	<input type="text" value="0"/>

Month **3 Are you the child's mother or father?**

Yes, I am ...

Biological mother Biological father Adoptive/foster mother Adoptive/foster father No, he/she is my partner's child **4 Do you or other household members speak German with your child or another language as well?**German only Another language as well Another language only [other language]: **5 To what extent do the following secondary school-leaving certificates correspond to the ideal education you would like for your child?***Please answer on a scale from 1 to 7, where 1 means "not at all" and 7 means "completely"*

	Not at all 1	2	3	4	5	6	Com- pletely 7
Lower secondary school-leaving certificate (Hauptschulabschluss)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Upper secondary school-leaving certificate (Abitur)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>

6 How likely do you think it is that your child will obtain one of the following school-leaving qualifications?

Please answer on a scale from 1 to 7, where 1 means “not at all” and 7 meaning “completely”

	Out of the question 1	2	3	4	5	6	Completely 7
Lower secondary school-leaving certificate (Hauptschulabschluss)	1	2	3	4	5	6	7
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	1	2	3	4	5	6	7
Upper secondary school-leaving certificate (Abitur)	1	2	3	4	5	6	7

7 What school does/did your child attend in 2011/2012?

	marked	not marked
Elementary school (Grundschule)	1	0
Lower secondary school (Hauptschule)	1	0
Intermediate secondary school (Realschule)	1	0
Upper secondary school (Gymnasium)	1	0
Comprehensive school (Gesamtschule)	1	0
School with special pedagogic concept (Montessori, Waldorf)	1	0
School for children with learn difficulties (Förderschule, Sonderschule, Sprachheilschule)	1	0
Other school	1	0
[Other school]: <input type="text"/>		
When did the child start school?		
Month <input type="text"/>		
Year <input type="text"/>		

8 What was the child’s grade in the following two subjects on his/her last report card?

German [grade from 1 to 6]	<input type="text"/>		
Mathematics [grade from 1 to 6]	<input type="text"/>		
		marked	not marked
Does not apply, no grades on report card.	1	1	0

9 How do you make contact with the school?*Please mark all that apply!*

	marked	not marked
Attend parent evenings at the school on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
Attend parent-teacher conference days on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
Meet with teacher outside of parent-teacher conference days	<input type="checkbox"/>	<input type="checkbox"/>
Serve as a parent representative in the parent-teacher association	<input type="checkbox"/>	<input type="checkbox"/>
Provide support to teacher / school in other ways (school parties or school trips)	<input type="checkbox"/>	<input type="checkbox"/>
Member of booster club	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

10 To what extent do the following statements apply to your child? My child ...

	Applies completely	Applies partly	Does not apply	Does not apply at all	Don't know
likes to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gets along with his/her classmates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
thinks school is a waste of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does not take school seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps up in his/her classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not get along well with the teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
enjoys learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Where does your child do his/her homework most of the time? At home, at relative's/friend's home, in after-school care, or elsewhere?

At home	<input type="checkbox"/>
At relative's / friend's home	<input type="checkbox"/>
In after-school care	<input type="checkbox"/>
Elsewhere	<input type="checkbox"/>

12 How often do you or your partner help your child with his/her homework?

Daily	1
Several times a week	2
Less often	3
Never	4

13 How often does your child take part in the following leisure activities

	Daily	Every week	Every month	Less often	Never
Watching TV/DVD	1	2	3	4	5
Playing computer games	1	2	3	4	5
Surfing/chatting on the Internet	1	2	3	4	5
Listening to music	1	2	3	4	5
Playing music	1	2	3	4	5
Doing sports	1	2	3	4	5
Doing things with the family such as excursions, etc.	1	2	3	4	5
Dance, theater, etc.	1	2	3	4	5
Technical projects and construction	1	2	3	4	5
Painting, arts and crafts	1	2	3	4	5
Reading	1	2	3	4	5
Doing nothing, relaxing, dreaming	1	2	3	4	5
Spending time with friends	1	2	3	4	5
Going to church, religious events	1	2	3	4	5
Youth groups (e.g., Pathfinders, church youth groups, environmental groups, etc.)	1	2	3	4	5

14 Where and with whom does your child eat his/her meals? Please answer for normal weekdays and weekends.

	At home with the whole family	At home with part of the family	At home alone	Not at home (e.g., in school, after-school care, with friends/relatives, grandparents)	Is usually canceled
[during the week] breakfast	1	2	3	4	5
[during the week] lunch	1	2	3	4	5
[during the week] dinner	1	2	3	4	5
[saturdays] breakfast	1	2	3	4	5
[saturdays] lunch	1	2	3	4	5
[saturdays] dinner	1	2	3	4	5
[sundays] breakfast	1	2	3	4	5
[sundays] lunch	1	2	3	4	5
[sundays] dinner	1	2	3	4	5

15 How would you rank your child in comparison to other children of the same age? My child ...

The further to the left you make the X, the more the characteristic on the left side applies. The further to the right you make the X, the more the characteristic on the right side applies.

...is rather talkative	1	2	3	4	5	6	7	8	9	10	11	...is rather quiet
...is messy	1	2	3	4	5	6	7	8	9	10	11	... is neat
... is good-natured	1	2	3	4	5	6	7	8	9	10	11	... is irritable
... is disinterested	1	2	3	4	5	6	7	8	9	10	11	... is curious to learn
... is self-confident	1	2	3	4	5	6	7	8	9	10	11	... is insecure
... is withdrawn	1	2	3	4	5	6	7	8	9	10	11	... is outgoing
... is focused	1	2	3	4	5	6	7	8	9	10	11	... is easily distracted
... is disobedient	1	2	3	4	5	6	7	8	9	10	11	... is obedient
... is quick at learning new things	1	2	3	4	5	6	7	8	9	10	11	... needs more time
... is timid	1	2	3	4	5	6	7	8	9	10	11	... is fearless

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

Please mark all that apply!

	marked	not marked
Respiratory disease (Asthma, bronchitis or similar)	1	0
Allergies	1	0
Neurodermatitis	1	0
Vision impairment (e.g., crossed eyes)	1	0
Nutritional disorder	1	0
Motor impairment (impairments of the locomotor apparatus)	1	0
Other impairment or disorder	1	0
No, none of those	1	0
[Other disorders]:		

17 How would you describe your child's current state of health?

- Very good
Good
Satisfactory
Not so good
Bad

18 Did your child experience health problems in the last 12 months that necessitated a hospital stay?

- Yes
No

[Yes] ... days

19 Did you have to go to or call a doctor in the last 3 months because of your child's health problems?

- Yes
No

[Yes] ... times

20 Now to the subject circle of friend. How many close friends has your child? Can be children and adults

Number children:
Number adults:

21 To what extent do you agree with the following statements about your child? For each answer, think about your child's behavior in the last six months. The child ...

Please answer on a scale from 1 to 7, where 1 means "does not apply at all" and 7 means "applies completely"

	Does not apply at all 1	2	3	4	5	6	Applies com- pletely 7
is thoughtful	1	2	3	4	5	6	7
is restless, hyperactive, can't sit still long	1	2	3	4	5	6	7
likes to share with other children	1	2	3	4	5	6	7
often has tantrums, is short-tempered	1	2	3	4	5	6	7
is a loner, usually plays alone	1	2	3	4	5	6	7
is helpful when others are hurt, sick, or sad	1	2	3	4	5	6	7
is always fidgety	1	2	3	4	5	6	7
often fights with or picks on other children	1	2	3	4	5	6	7
is often unhappy or downcast, cries a lot	1	2	3	4	5	6	7
is generally well-liked by other children	1	2	3	4	5	6	7
is easily distracted, unfocused	1	2	3	4	5	6	7
is nervous or clingy in new situations, easily loses self-confidence	1	2	3	4	5	6	7
is often teased or picked on by others	1	2	3	4	5	6	7
often helps others of his/her own accord (parents, teachers, other children)	1	2	3	4	5	6	7
gets along better with adults than with children	1	2	3	4	5	6	7
has a lot of fears, gets scared easily	1	2	3	4	5	6	7
finishes what he/she starts, can concentrate for a long time	1	2	3	4	5	6	7
thinks before acting	1	2	3	4	5	6	7

22 Are you the child’s main caregiver?

Yes	1
No, another person is the main caregiver	2
No, another person shares equally with me in caregiving	3

23 If you think about a normal week, is there anybody else who regularly spends time looking after your child? If so, who is it and how many hours a week do they spend looking after the child?

Following persons:

	marked	not marked
Spouse / partner	1	0
Child’s father/mother (living outside the household)	1	0
Child’s grandparents	1	0
Older siblings	1	0
Other relatives	1	0
Childcare provide, au-pair	1	0
Other (babysitter, parents of the child’s friends, friends or neighbors)	1	0

Following institutions / organizations

	marked	not marked
School (classes, clubs, after-school groups)	1	0
After-school center	1	0
Social service organization	1	0
No, nobody	1	0

Hours [spouse / partner]	
Hours [father / mother]	
Hours [grandparents]	
Hours [siblings]	
Hours [other relatives]	
Hours [childcare provider / au pair]	
Hours [other]	
Hours [school]	
Hours [after-school daycare center]	
Hours [social service organization, centers, recreational organizations]	

24 Does your child get an allowance?

Yes	1
No	2

24;etg1=1

25 How much allowance does your child get?... Euros per week ... Euros per month **A** What's the date today?Day Month **B** How was the interview conducted?Oral Interview [Respondent completed the questionnaire him/herself] in the presence of the interviewer [Respondent completed the questionnaire him/herself] in the absence of the interviewer Partly as an oral interview, partly completed questionnaire him/herself **C** Duration of the interview:The oral (complete or partial) interview lasted ... minutes The respondent needed ... minutes to complete the questionnaire **D** Other notes: