

## SOEP Survey Papers

Series A – Survey Instruments (Erhebungsinstrumente)

SOEP – The German Socio-Economic Panel at DIW Berlin

2019

# SOEP-Core – 2016: Mother and Child (Newborns, with Reference to Variables)

SOEP Group

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.

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Series A – Survey Instruments (Erhebungsinstrumente)

Series B – Survey Reports (Methodenberichte)

Series C – Data Documentation (Datendokumentationen)

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The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.v34.

## Reading Aid

This representation of the questionnaire contains the same informations as the portal `paneldata.org`.

The diagram shows a questionnaire entry with the following components and labels:

- question number:** Q72
- question text:** Now we would like to know something about you personally. Were you born in Germany?
- interviewer instruction:** This refers to Germany or the Federal Republic of Germany or the German Democratic Republic in the national borders at the time of your birth.
- answer options:** Yes (1), No (2), No answer (-1)
- in blue: identifier for filter:** Q72;lsta1
- in blue: filter with condition:** LSTA1=2
- grey bar: open or numeric answer:** (indicated by a grey bar)
- in green: dataset name, variable name, variable label:** bio, I0013, born in Germany

Below the first question, there is a routing instruction: `Q72;lsta1 bio I0013 born in Germany`. Below the second question, there is another routing instruction: `Q73;lsta2 bio I0016 Country Of Birth`. A legend on the right explains that green text indicates the dataset name, variable name, and variable label.

Here, in addition to the *question number*, *question text*, *interviewer instructions*, and *answer options*, you find printed in green the *file name* and the *variable name* with the *variable label*, which contains information from the question. If you see rows of green lines below the answer option, the questionnaire defines several variables or informations are stored in more than one data set.

The *routing by filters* is depicted in blue. Each variable is preceded by an identifier (which generally contains the question number, marked here with a yellow dotted line), which is given, if the variable is used in filters in a subsequent question. Such filters are usually shown (as gatekeepers) at the beginning of the question.

This reading aid does not cover a few exceptional cases: If the filter (as gatekeeper) only affects one of several variables for a question, the filter is printed in blue behind the variable. There you will also find a "go to" command in the form `2 @ Q73`. Here, the questionnaire skips to question 73 if the variable results in value of 2.

Phrases that are not already translated in English are displayed in German and preceded by [de].

**0** Congratulations on your newborn child! The next generation is particularly important for “Living in Germany”. This short questionnaire is about children, they were born in 2015 or 2016. The questions refer to your personal experiences and the development of your newborn child. The questionnaires are only for mothers, because the questions are about pregnancy. Your participation is entirely voluntary. We therefore cordially request that - you allow our staff member to interview you - or you fill out the questionnaire independently.

Before handing in the questionnaire, please enter in accordance with the address log:

Household Number:

0:hnr bioagel hhnrakt current wave hh number

Completed by father:

Mother's first name

*Please print in capital letters.*

Person ID

0:mpnr bioagel persnr Never Changing Person ID Mother

**1** What's your newborn child's name?

Child's first name

*Please print in capital letters.*

Person ID

1:apnr bioagel persnr unchanging personal id of child

**2** In which year and month was your child born?

2015

2016

2:agebj bioagel birthy childs year of birth

Month

2:agebm bioagel birthm Child month of birth

**3** Where was your baby delivered?

At home

At the hospital

Elsewhere

3:aent bioagel delivpl place where birth took place

Was the baby delivered by caesarean section?

Yes

No

3:aent1 bioagel delivcs delivery by caesarean section

**4 In what week of pregnancy was your baby born?**

In the ... week

4:awoch bioagel birthpw pregnancy week of birth

**5 What did your baby weigh/measure at birth?**

Birth weight in grams

Height in centimeters

Head circumference in centimeters

5:agew bioagel weightb weight of child at birth in grams

5:agro bioagel heightb Height of child at birth in cm

5:akop bioagel circum head circumference of the child in cm

**6 Did you breastfeed your baby?**

Still breastfeeding

1

Breastfed only the first four weeks

2

No, did not breastfeed

3

6:astil1 bioagel breastf breast-feeding baby

I breastfed for a longer period: ... months

6:astil2 bioagel breastfm breast-feeding time in months

**7 During the first three months after your baby's birth, did your child experience health problems that necessitated a hospital stay?**

Yes

1

No

2

7:ages1 bioagel hospital3mb length of hospital stay in the first 3 months after birth in days

7:ages2 bioagel hospital3mb length of hospital stay in the first 3 months after birth in days

**8 After giving birth, the mother receives a "child health record" for medical check-ups (referred to as "U<sub>2</sub>" for the second check-up, "U<sub>3</sub>" for the third, etc.). Which was your child's last check-up?**

"U"

8:aunt bioagel lstmedex last medical examination

None of these check-ups were conducted

1

8:auntno bioagel lstmedex last medical examination

**9 Has your child been diagnosed with any delays, disorders, or disabilities?**

Yes, at the "U" check-up

1

Yes, at another check-up

2

No

3

9:astor bioagel disord child has confirmed disorders

**10 Has your child been diagnosed with any of the following developmental delays, disorders, or disabilities?**

Please mark all that apply.

sensory (sight, hearing)					1
motor functions (grasping, crawling, walking)					1
neurological disorders (including cramps)					1
speech (pronunciation, speech acquisition disorders)					1
regulatory system (inconsolable crying, ongoing sleeping or eating disorders)					1
chronic illness					1
physical disability					1
mental disability					1
other					1
10:astor1	bioagel	disord1	Disorder: Perception		
10:astor2	bioagel	disord2	Disorder: Motor Skills		
10:astor3	bioagel	disord3	Disorder: Nuerological Disorder		
10:astor4	bioagel	disord4	Disorder: Language		
10:astor5	bioagel	disord5	Disorder: Regulation		
10:astor6	bioagel	disord6	Disorder: Chronic Illness		
10:astor7	bioagel	disord7	Disorder: Physical Handicap		
10:astor8	bioagel	disord8	Disorder: Mental Handicap		
10:astor9	bioagel	disord9	Diorder: Other		

**11 Is the newborn your first, second, third, etc. child? (Please state)**

He/she is my ... child

11:aanx bioagel nchild newborn is 1st, 2nd, 3rd, etc. child

**12 Is the newborn your biological child?**

Yes  1

No  2

12:aleib bioagel biochild biological child

**13 Was your pregnancy more unplanned or more planned?**

More unplanned  1

More planned  2

Medically assisted pregnancy (hormone treatment, IVF)  3

13:aplan bioagel pregplan pregnancy planned/unplanned

**14 How were you feeling physically and mentally during the last third of your pregnancy and during the first three months after giving birth?**

	Very well	Well	Bad	Very bad
Physical State: In the last third of your pregnancy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Physical State: In the first three months after childbirth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Mental State: In the last third of your pregnancy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Mental State: In the first three months after childbirth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

14:abef1 bioagel feeling1 physical condition in the final third of the pregnancy  
 14:abef2 bioagel feeling2 physical condition in the first 3 months after birth  
 14:abef3 bioagel feeling3 mental state in the final third of the pregnancy  
 14:abef4 bioagel feeling4 mental state in the first 3 months after birth

**15** Life changes after the birth of a child. You experience new things and start to have new expectations for the future. To what extent do you agree with the following statements?

	Agree completely	Agree	Disagree	Disagree completely
My life has changed significantly	1	2	3	4
It gives me pleasure and happiness to raise my child	1	2	3	4
I often feel like I'm running out of energy	1	2	3	4
I am satisfied with my role as a mother	1	2	3	4
I often do not feel up to the new tasks and demands of being a mother	1	2	3	4
I am meeting new people and making new contacts through my child	1	2	3	4
I am suffering from being restricted to my role as a mother	1	2	3	4
It's important to me to show my child plenty of affection	1	2	3	4
I'm worried about my child's health	1	2	3	4
15:aver1 bioagel change1	circumstances in life have greatly changed			
15:aver2 bioagel change2	child provides happiness and joy			
15:aver3 bioagel change3	often close to running out of strength			
15:aver4 bioagel change4	very satisfied with the role of mother			
15:aver5 bioagel change5	often unable to cope with tasks/responsibilities			
15:aver6 bioagel change6	have made new contacts through the child			
15:aver7 bioagel change7	suffering from being limited to the role of mother			
15:aver8 bioagel change8	important to provide the child with much affection			
15:aver9 bioagel health	concerns about the child's health			

**16** Does the father live in the household?

- Yes 1
- No 2

16:avatt bioagel fathinhh father lives in household



**17 How much do you feel your partner helps you in looking after the child?**

Very much	1
Quite a bit	2
Not much	3
Not at all	4
Not applicable, no partner	5

17:aunt2 bioagel supportn supported by partner

**18 Are you the child's main caregiver?**

Yes	1
No	2

18:abet1 bioagel maincare mother is main caregiver

**19 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?**

Spouse / partner	1
Grandparents of the child	1
Older siblings	1
Other relatives	1
Paid caregiver (outside the home)	1
Nursery school (child care center)	1
Other (e.g., babysitter, neighbor)	1
No, nobody	1

19:asit1 bioagel care1h cared for by partner (in h/week)  
 19:asit2 bioagel care3h cared for by grandparents (in h/week)  
 19:asit3 bioagel care4h cared for by older siblings (in h/week)  
 19:asit4 bioagel care5h cared for by other relatives (in h/week)  
 19:asit5 bioagel care6h cared for in family day care (in h/week)  
 19:asit6 bioagel care8h cared for in creche/day nursery (in h/week)  
 19:asit7 bioagel care12h cared for by others (in h/week)  
 19:asitno bioagel care19 no others cared for, only mother

Hours [spouse / partner]	
Hours [grandparents]	
Hours [siblings]	
Hours [other relatives]	
Hours [family daycare provider]	
Hours [nursery school]	
Hours [other]	

19:astd1 bioagel care1h cared for by partner (in h/week)  
 19:astd2 bioagel care3h cared for by grandparents (in h/week)  
 19:astd3 bioagel care4h cared for by older siblings (in h/week)  
 19:astd4 bioagel care5h cared for by other relatives (in h/week)  
 19:astd5 bioagel care6h cared for in family day care (in h/week)  
 19:astd6 bioagel care8h cared for in creche/day nursery (in h/week)  
 19:astd7 bioagel care12h cared for by others (in h/week)

**20** What's your current impression of your child? To what extent do you agree with the following statements?

	Agree completely	Agree	Disagree	Disagree completely
My child is generally cheerful and happy	1	2	3	4
My child is easily irritated and cries a lot	1	2	3	4
My child is difficult to comfort when upset	1	2	3	4
My child is curious and active	1	2	3	4
My child tends to be shy	1	2	3	4

20:aakt1 bioagel temp1 child is generally happy and satisfied  
 20:aakt2 bioagel temp2 child is easily irritated and often cries  
 20:aakt3 bioagel temp3 child is hard to console  
 20:aakt4 bioagel temp4 child is curious and active  
 20:aakt5 bioagel temp5 child more reserved

**A** What date do we have today?

Day

Month

Hour

Minute

Interview form

A:form bioagel mode form of questioning

**Int** Interviewer:

List-number

Lfd ID

Account number: