SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2017: Mother and Child (Newborns, with Reference to Variables)

SOEP Group
Running since 1984, the German Socio-Economic Panel (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 Documentation (Datendokumentationen)
Series D – Variable Descriptions and Coding
Series E – SOEPmonitors
Series F – SOEP Newsletters
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SOEP Group

2019

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 information as the portal paneldata.org.

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].

Q72 Now we would like to know something about you personally. Were you born in Germany?

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.

Yes 1
No 2
No answer -1

Q72;LSTA1 bio l0013 born in Germany

Q72;LSTA1=2

Q73 What country were you born in?

Please enter the current name!

Q73;lsta2 bio l0016 Country Of Birth
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 2016 or 2017. 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:

<table>
<thead>
<tr>
<th>Household ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:hnr</td>
</tr>
<tr>
<td>0:hnr</td>
</tr>
<tr>
<td>0:hnr</td>
</tr>
<tr>
<td>0:hhnrakt</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Completed by father: | 1 |
|----------------------|

| Completed by father: | 1 |
|----------------------|

<table>
<thead>
<tr>
<th>Mother’s first name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please complete in block capitals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. person</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:mpnr</td>
</tr>
</tbody>
</table>

| Completed by father: | 1 |
|----------------------|

| Completed by father: | 1 |
|----------------------|

<table>
<thead>
<tr>
<th>Child’s first name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please print in capital letters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:apnr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:apnr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth date and sex of your child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
</tr>
<tr>
<td>Month</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2:agebm</td>
</tr>
<tr>
<td>2:agebm</td>
</tr>
<tr>
<td>2:agebj</td>
</tr>
<tr>
<td>2:agebj</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2016</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2017</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2:asex</td>
</tr>
<tr>
<td>2:asex</td>
</tr>
</tbody>
</table>
Where was your baby delivered?

1. At home
2. At the hospital
3. Elsewhere

Was the baby delivered by caesarean section?

1. Yes
2. No

In what week of pregnancy was your baby born?

In the ... week

What did your baby weigh/measure at birth?

Birth weight in grams
Height in centimeters
Head circumference in centimeters

Did you breastfeed your baby?

1. Still breastfeeding
2. Breastfed only the first four weeks
3. No, did not breastfeed

I breastfed for a longer period: ... months

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

1. Yes
2. No
8 After giving birth, the mother receives a “child health record” for medical check-ups (referred to as “U2” for the second check-up, “U3” for the third, etc.). Which was your child’s last check-up?

“U”

8:aunt  bhmuki  bhm1_08_01
8:aunt  bioagel  lstmedex  last medical examination

None of these check-ups where conducted  1

8:aunt  bhmuki  bhm1_08_02
8:aunt  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

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  bhmuki  bhm1_10_01
10:astor1  bioagel  disord1  Disorder: Perception
10:astor2  bhmuki  bhm1_10_02
10:astor2  bioagel  disord2  Disorder: Motor Skills
10:astor3  bhmuki  bhm1_10_03
10:astor3  bioagel  disord3  Disorder: Nuerological Disorder
10:astor4  bhmuki  bhm1_10_04
10:astor4  bioagel  disord4  Disorder: Language
10:astor5  bhmuki  bhm1_10_05
10:astor5  bioagel  disord5  Disorder: Regulation
10:astor6  bhmuki  bhm1_10_06
10:astor6  bioagel  disord6  Disorder: Chronic Illness
10:astor7  bhmuki  bhm1_10_07
10:astor7  bioagel  disord7  Disorder: Physical Handicap
10:astor8  bhmuki  bhm1_10_08
10:astor8  bioagel  disord8  Disorder: Mental Handicap
10:astor9  bhmuki  bhm1_10_09
10:astor9  bioagel  disord9  Disorder: Other
Is the newborn your first, second, third, etc. child? (Please state)
He/she is my ... child

Is the newborn your biological child?
Yes
No

Was your pregnancy more unplanned or more planned?
More unplanned
More planned
Medically assisted pregnancy (hormone treatment, IVF)

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

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?
<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree completely</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>My life has changed significantly</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It gives me pleasure and happiness to raise my child</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I often feel like I’m running out of energy</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I am satisfied with my role as a mother</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I often do not feel up to the new tasks and demands of being a mother</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I am meeting new people and making new contacts through my child</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I am suffering from being restricted to my role as a mother</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It’s important to me to show my child plenty of affection</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I’m worried about my child’s health</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

- 15:aver1 bhmuki bhm1_15_01 circumstances in life have greatly changed
- 15:aver1 bioagel change1 child provides happiness and joy
- 15:aver2 bhmuki bhm1_15_02
- 15:aver2 bioagel change2
- 15:aver3 bhmuki bhm1_15_03
- 15:aver3 bioagel change3 often close to running out of strength
- 15:aver4 bhmuki bhm1_15_04
- 15:aver4 bioagel change4 very satisfied with the role of mother
- 15:aver5 bhmuki bhm1_15_05 often unable to cope with tasks/responsibilities
- 15:aver6 bhmuki bhm1_15_06
- 15:aver6 bioagel change5 have made new contacts through the child
- 15:aver7 bhmuki bhm1_15_07
- 15:aver7 bioagel change6 suffering from being limited to the role of mother
- 15:aver8 bhmuki bhm1_15_08
- 15:aver8 bioagel change7 important to provide the child with much affection
- 15:aver9 bhmuki bhm1_15_09
- 15:aver9 bioagel health concerns about the child’s health
16. Does the father live in the household?
   Yes  1
   No   2

16:avat  bhmuki  bhm1_16
16:avat  bioagel  fatinhh  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  bhmuki  bhm1_17
17:aunt2  bioagel  suppartn  supported by partner

18. Are you the child's main caregiver?
   Yes  1
   No   2

18:abet1  bhmuki  bhm1_18
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  bhmuki  bhm1_19_01
cared for by partner (in h/week)
19:asit1  bioagel  care1h
cared for by partner (in h/week)
19:asit2  bhmuki  bhm1_19_03
cared for by grandparents (in h/week)
19:asit2  bioagel  care3h
cared for by grandparents (in h/week)
19:asit3  bhmuki  bhm1_19_05
cared for by older siblings (in h/week)
19:asit3  bioagel  care4h
cared for by older siblings (in h/week)
19:asit4  bhmuki  bhm1_19_07
cared for by other relatives (in h/week)
19:asit4  bioagel  care5h
cared for by other relatives (in h/week)
19:asit5  bhmuki  bhm1_19_09
cared for in family day care (in h/week)
19:asit5  bioagel  care6h
cared for in family day care (in h/week)
19:asit6  bhmuki  bhm1_19_11
cared for in creche/day nursery (in h/week)
19:asit6  bioagel  care8h
cared for in creche/day nursery (in h/week)
19:asit7  bhmuki  bhm1_19_13
cared for by others (in h/week)
19:asit7  bioagel  care12h
cared for by others (in h/week)
19:asitno bhmuki  bhm1_19_15
no others cared for, only mother
19:asitno bioagel  care19
**What’s your current impression of your child? To what extent do you agree with the following statements?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree completely</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is generally cheerful and happy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child is easily irritated and cries a lot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child is difficult to comfort when upset</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child is curious and active</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child tends to be shy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

|(variables) |
cared for by partner (in h/week)  
cared for by grandparents (in h/week)  
cared for by older siblings (in h/week)  
cared for by other relatives (in h/week)  
cared for in family day care (in h/week)  
cared for in creche/day nursery (in h/week)  
cared for by others (in h/week)
A. What date do we have today?

Day
Month
Hour
Minute

Interview form
Adatt bhmuki bhm1tagin
Adatm bhmuki bhm1monin
Adatm bioagel age Age Of Child At Time Of Survey
Adatst bhmuki bhm1stin
Adatmi bhmuki bhm1minin
Aform bhmuki bhm1inta
Aform bioagel mode form of questionning

Int Interviewer:
List-number
Lfd ID
Account number: