

SOEP Survey Papers

Series A – Survey Instruments (Erhebungsinstrumente)

SOEP – The German Socio-Economic Panel at DIW Berlin

2019

SOEP-Core – 2017: Mother and Child (2-3-year-olds, 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

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Editors:

Dr. Jan Goebel, DIW Berlin

Prof. Dr. Stefan Liebig, DIW Berlin and Universität Bielefeld

Dr. David Richter, DIW Berlin

Prof. Dr. Carsten Schröder, DIW Berlin and Freie Universität Berlin

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

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DIW Berlin

German Socio-Economic Panel (SOEP)

Mohrenstr. 58

10117 Berlin

Germany

soeppapers@diw.de

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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 illustrates the structure of a questionnaire question. It shows a sequence of elements: a question number (Q72), question text, interviewer instruction, answer options (Yes, No, No answer), and a routing instruction (Q72;LSTA1=2). Below the routing instruction, there are two rows of variables: one for 'born in Germany' and one for 'Country Of Birth'. Each variable row includes a dataset name (bio), a variable name (I0013, I0016), and a variable label (born in Germany, Country Of Birth). A legend indicates that green text represents the dataset name, variable name, and variable label. A grey bar is shown below the routing instruction, indicating an open or numeric answer.

question number	question text
Q72	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 bio I0013 born in Germany
in blue: filter with condition	Q72;LSTA1=2
grey bar: open or numeric answer	Q73;lsta2 bio I0016 Country Of Birth

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].

Intro The first years of a child's life are characterized by variety of development steps. Recent research is particularly interested in this important lifespan. This short questionnaire is about children, they were born in 2014. The questions refer to your personal experiences and the development of your newborn child.

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.

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

Household ID

0:hnr bioagel hhnrakt current wave hh number

Mother's first name

Please complete in block capitals

Person ID

1 What's your child's name?

Child's first name

Please print in capital letters.

Person ID

2 Birth date and sex of your child

Day

Month

Year

2:bgebm bioagel birthy childs year of birth

2:bgebj bioagel birthm Child month of birth

...

Male

Female

2:bsex bioagel sex Child gender

3 Did you breastfeed your baby? If so, how long?

Breastfed only the first four weeks.

No, did not breastfeed

3:bstil1 bioagel breastf breast-feeding baby

I breastfed for a longer period: ... months

3:bstil2 bioagel breastfm breast-feeding time in months

4 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 is communicative and likes to talk	1	2	3	4
My child shows empathy when others are sad	1	2	3	4
I'm worried about my child's health	1	2	3	4

- 4:bakt1 bioagel temp1 child is generally happy and satisfied
- 4:bakt2 bioagel temp2 child is easily irritated and often cries
- 4:bakt3 bioagel temp3 child is hard to console
- 4:bakt4 bioagel temp4 child is curious and active
- 4:bakt5 bioagel temp6 child communicative and talkative
- 4:bakt6 bioagel temp7 child shows empathy when others are sad
- 4:bakt7 bioagel health concerns about the childs health

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

- Yes 1
- No 2

- 5:bges1 bioagel hospital12m length of hospital stay in the last 12 months in days [Yes], ... days
- 5:bges2 bioagel hospital12m length of hospital stay in the last 12 months in days

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

Please mark all that apply.

Asthma	1
Chronic bronchitis	1
Spastic / acute bronchitis	1
Pseudocroup / Croup syndrome	1
Middle-ear inflammation	1
Hay fever	1
Neurodermatitis	1
Vision impairment (e.g., far-sightedness, near-sightedness, crossed eyes)	1
Hearing impairment	1
Nutritional disorder	1
Motor impairment (disorder of the locomotor apparatus)	1
Other impairment or disorder	1
No, none of the above	1

6:bstor01	bioagel	ill11	asthma
6:bstor02	bioagel	ill12	chronic bronchitis
6:bstor03	bioagel	ill13	spastic / acute bronchitis
6:bstor04	bioagel	ill14	pseudocroup / croup syndrome
6:bstor05	bioagel	ill2	middle-ear inflammation
6:bstor06	bioagel	ill31	hayfever
6:bstor07	bioagel	ill4	neurodermatitis
6:bstor08	bioagel	ill5	vision impairment
6:bstor09	bioagel	ill6	hearing impairment
6:bstor10	bioagel	ill7	nutritional disorders
6:bstor11	bioagel	ill8	motor impairment
6:bstor12	bioagel	ill9	other impairments or disorders
6:bstor14	bioagel	illno	No Confirmed Disorder

7 What is your child's current height and weight?

Weight in kilograms

Height in centimeters

7:bgew	bioagel	weight	childs weight in kg
7:bgro	bioagel	height	Child - Height In Cm

8 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
The child's father (if not a resident of the same household)	1
The child's grandparents	1
Older siblings of the child	1
Other relatives	1
Paid caregiver (outside the home)	1
Paid caregiver (comes into your home)	1
Nursery school (creche, kindergarten)	1
Other (friends, acquaintances, neighbors, etc.)	1
No, nobody	1

8:bsit1	bioagel	care1h	cared for by partner (in h/week)
8:bsit2	bioagel	care2h	cared for by childs father (if not resident of same household) (in h/week)

8:bsit3	bioagel	care3h	cared for by grandparents (in h/week)
8:bsit4	bioagel	care4h	cared for by older siblings (in h/week)
8:bsit5	bioagel	care5h	cared for by other relatives (in h/week)
8:bsit6	bioagel	care6h	cared for in family day care (in h/week)
8:bsit7	bioagel	care7h	cared for by babysitter (in h/week)
8:bsit8	bioagel	care8h	cared for in creche/day nursery (in h/week)
8:bsit9	bioagel	care12h	cared for by others (in h/week)
8:bsitno	bioagel	care19	no others cared for, only mother
Hours [spouse / partner]			
Hours [father]			
Hours [grandparents]			
Hours [siblings]			
Hours [other relatives]			
Hours [paid caregiver outside home]			
Hours [paid caregiver inside home]			
Hours [nursery school]			
Hours [other]			
8:bstd1	bioagel	care1h	cared for by partner (in h/week)
8:bstd2	bioagel	care2h	cared for by child's father (if not resident of same household) (in h/week)
8:bstd3	bioagel	care3h	cared for by grandparents (in h/week)
8:bstd4	bioagel	care4h	cared for by older siblings (in h/week)
8:bstd5	bioagel	care5h	cared for by other relatives (in h/week)
8:bstd6	bioagel	care6h	cared for in family day care (in h/week)
8:bstd7	bioagel	care7h	cared for by babysitter (in h/week)
8:bstd8	bioagel	care8h	cared for in creche/day nursery (in h/week)
8:bstd9	bioagel	care12h	cared for by others (in h/week)

9 How many times in the last 14 days have you or the main caregiver engaged in the following activities with your child?

	Daily	Several times a week	At least once a week	Not at all
Singing children's songs with or to the child	1	2	3	4
Walking outside in the fresh air	1	2	3	4
Painting or doing arts and crafts	1	2	3	4
Reading or telling stories	1	2	3	4
Looking at picture books	1	2	3	4
Going to the playground	1	2	3	4
Visiting other families with children	1	2	3	4
Going shopping with the child	1	2	3	4
Watching television or videos with the child	1	2	3	4
9:baktiv1	bioagel	activ1	singing children songs to/with child (times during last 14 days)	
9:baktiv2	bioagel	activ2	taking walks outdoors (no. of times during last 14 days)	
9:baktiv3	bioagel	activ3	painting or doing arts and crafts (times during last 14 days)	
9:baktiv4	bioagel	activ4	reading/telling stories (in german) (times during last 14 days)	

9:baktiv5	bioagel	activ5	looking at picture books (times during last 14 days)
9:baktiv6	bioagel	activ6	going to playground (no. of times during last 14 days)
9:baktiv7	bioagel	activ7	visiting other families with children (times during last 14 days)
9:baktiv8	bioagel	activ8	going shopping with child (no. of times during last 14 days)
9:baktiv9	bioagel	activ9	watching television/videos with child (times during last 14 days)

10 Is your child allowed to watch television or videos alone, without adult supervision?

Yes	<input type="checkbox"/>
Rarely, as an exception	<input type="checkbox"/>
No, never	<input type="checkbox"/>

10:btv1 bioagel tvyn child allowed to watch television or videos alone

10:btv2 bioagel tvhrs child watches video/tv alone (in h/week)

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

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 shy	<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"/>	is rather outgoing
is rather focused	<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"/>	is rather easily to distract
is rather disobedient	<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"/>	is rather obedient
rather understands quickly	<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

11:bvergl1	bioagel	char1a	child tends to be shy / outgoing
11:bvergl2	bioagel	char2	child tends to be focused / easily distracted
11:bvergl3	bioagel	char3	child tends to be obstinate / obedient
11:bvergl4	bioagel	char4	child tends to be quick to learn new things / to need more time

12 For parents, it is always a big event when their child learns something new. Please tell us what those new things were in your child's case.

Speaking:

	Yes	Partly	No
Speaks in full sentences (with four or more words)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions, five minutes after hearing them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can state his/her first and last name if someone asks for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens attentively to a story for 15 minutes or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passes on simple messages such as "dinner is ready"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12:bspr3	bioagel	spch3	child speaks in full sentences (at least four words)
12:bspr6	bioagel	spch6	child follows instructions (heard five minutes before)
12:bspr7	bioagel	spch7	child knows first and lastname
12:bspr4	bioagel	spch8	child can listen attentively to stories
12:bspr5	bioagel	spch5	child can relate simple messages

Everyday skills:

	Yes	Partly	No
Uses a spoon to eat, without assistance and without dripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Put 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"/>

12:ball1	bioagel	skll1	child eats with spoon without making a mess
12:ball2	bioagel	skll2	child blows nose without assistance
12:ball3	bioagel	skll3	child uses toilet to do number two
12:ball4	bioagel	skll4	child puts on pants and underpants forwards
12:ball5	bioagel	skll5	child brushes teeth without assistance

Movement:

	Yes	Partly	No
Walks forwards down the stairs	1	2	3
Climbs up playground climbing equipment and other high playground structures	1	2	3
Cuts paper with scissors	1	2	3
Paints/draws recognizable shapes on paper	1	2	3
Can hold a pencil correctly	1	2	3
12:bbew1	bioagel	mvmn1	child walks forwards down the stairs
12:bbew3	bioagel	mvmn3	child climbs jungle gyms and other high playground equipment
12:bbew4	bioagel	mvmn4	child uses scissors to cut paper
12:bbew5	bioagel	mvmn5	child paints / draws recognizable shapes on paper
12:bbew7	bioagel	mvmn6	child can hold pen in the right way (not nist)

Social relationships

	Yes	Partly	No
Participates in games with other children	1	2	3
Gets involved in role-playing games ("playing pretend")	1	2	3
Shows a special liking for particular playmates or friends	1	2	3
Is able to name his/her own feelings, e.g., "sad", "happy", "scared"	1	2	3
Takes turns when playing playing without being asked.	1	2	3
12:bsoz2	bioagel	sclr2	child plays games with other children
12:bsoz3	bioagel	sclr3	child participates in role-playing games
12:bsoz4	bioagel	sclr4	child shows particular liking for certain playmates or friends
12:bsoz5	bioagel	sclr5	child calls his/her own feelings by name, e.g. sad, happy, scared
12:bsoz7	bioagel	sclr6	child changes while playing (without asking)

13 Do you or other household members speak only German to your child, or do you also speak another language to him/her?

German only	1
Another language as well	2
Only another language	3

13:bdtsch1 bioagel language language spoken with child

Other language:

A What date do we have today?

Day
Month
Hour
Minute

A:datm bioage age Age Of Child At Time Of Survey

Interview form

A:form bioage mode form of questioning

Int Interviewer:

List ID
Lfd ID
Account number