

# 1211<sup>2022</sup>

**SOEP** Survey Papers  
Series A – Survey Instruments (Erhebungsinstrumente)

## SOEP-Core – 2021: Mother and Child (Newborns)

infas

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 C – Data Documentation (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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# SOEP-Core – 2021: Mother and Child (Newborns)

infas

2022

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v38eu.

## Questionnaire

# Mother and Child

### Dear Participant,

The next generation is of utmost importance to the study "Living in Germany".

This short questionnaire is about children who were born in 2020 and 2021.

The questions deal with your personal experiences and the development of the child. Since some of the questions are about the pregnancy and the birth of the child, the questionnaire is usually completed by the biological mother. However, it can also be completed by another caregiver if appropriate to the case at hand.

Your participation is, of course, completely voluntary.

We cordially invite you to  
– provide our staff member with an interview,  
– or carefully complete the questionnaire yourself.

**Please answer all of the questions in this questionnaire in relation to the following child**  
(may also be filled out by Interviewer):

Child's first name:

<Vorname>

Birth date:

<Tag.Monat.Jahr>

**We also offer an online questionnaire as an alternative to the paper version.**


To complete the questionnaire online, please enter the following address into your Internet browser:

<LinkCAWI>

Your personal access code is:

<PWD-CAWI>

If you completed the questionnaire online, you don't need to return this printed questionnaire.

 If an interviewer is present, please enter:

--	--	--	--	--	--	--	--	--	--

LFD des Kindes

--	--	--	--	--	--	--	--	--	--

LFD der Mutter

--	--	--	--	--	--	--	--	--	--

Interviewernummer

**infas**

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7701/K-A-EN/2021

<Barcode>

<LFD/Personen-Nr>

## How should the questionnaire be filled out?

Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

*Example:*

Yes  ~~☒~~  
No  ☒

If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

*Example:*

Yes  ~~☒~~  
No  ~~☒~~

When filling out the questionnaire, please pay attention to the instructions for each question:

*Example:*

 Please select one answer only.

Sometimes you are asked to give numerical answers.  
Please enter your answer by aligning numbers to the right in the spaces provided:

*Example:*

Number: 




	1	5	0
--	---	---	---

If you should skip certain questions, there will be specific instructions:

*Example:*

Yes  → **Continue with question 11**

**Please make sure:**

-  that you fill out the questionnaire in black pen only.
-  that your answers are clearly legible.
-  and that your answers are inside the boxes.

**This makes our work much easier. Thank you very much!**

## Further information

If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.

You can call us during normal business hours at our toll-free number, 0800–6677876, or send us an e-mail at [LiD@infas.de](mailto:LiD@infas.de). We will respond to e-mails as quickly as possible. For more information on the study, please see the infas homepage at: [www.leben-in-deutschland.de](http://www.leben-in-deutschland.de)

 Please remember to answer the following questions solely with regard to the child whose name is listed on the cover of the questionnaire.

## 1 What is your relationship to the child: Are you the...?

biochild

 Please select one answer only.

- |  |                            |                            |
|--|----------------------------|----------------------------|
| Biological mother  | 1 <input type="checkbox"/> | → Continue with question 2 |
| Biological father  | 2 <input type="checkbox"/> |                            |
| In same-sex partnerships:<br>Second, social mother / second, social father | 3 <input type="checkbox"/> | → Continue with question 5 |
| Adoptive or foster mother / Adoptive or foster father                      | 4 <input type="checkbox"/> |                            |
| Stepmother / stepfather  | 5 <input type="checkbox"/> | → Continue with question 7 |
| Grandmother / grandfather / aunt / uncle                                   | 6 <input type="checkbox"/> |                            |
| None of the above, other relationship to the child                         | 7 <input type="checkbox"/> |                            |

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

feeling1  
feeling2  
feeling3  
feeling4

 Please select one answer only per line.

- | Physically...                                    | Very good                | Good                     | Bad                      | Very bad                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                        | 4                        |
| ... in the last third of my pregnancy            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... in the first three months after giving birth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mentally ...                                     |                          |                          |                          |                          |
| ... in the last third of my pregnancy            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... in the first three months after giving birth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3 Is the newborn baby your first, second, third, etc. child? Please specify:

nchild

He/she is my  child

## 4 Does the child's biological father live in this household?

fathinhh

- |     |                            |
|-----|----------------------------|
| Yes | 1 <input type="checkbox"/> |
| No  | 2 <input type="checkbox"/> |

## 5 Was the pregnancy / parenthood more or less planned, or was it more or less unplanned?

pregplan

- |                |                            |                            |
|----------------|----------------------------|----------------------------|
| More planned   | 1 <input type="checkbox"/> | → Continue with question 6 |
| More unplanned | 2 <input type="checkbox"/> | → Continue with question 7 |

## 6 How did you / the mother become pregnant?

pregmethod

- |   |                            |
|---|----------------------------|
| Naturally   | 1 <input type="checkbox"/> |
| With medical assistance (for example, through hormone treatment, IVF) | 2 <input type="checkbox"/> |
| Through the use of alternative methods, without medical assistance    | 3 <input type="checkbox"/> |

**7** Where was the baby delivered?

delivpl

At the hospital	2	<input type="checkbox"/>	→ Continue with question 8
At home	1	<input type="checkbox"/>	
Elsewhere	3	<input type="checkbox"/>	→ Continue with question 9

**8** Was the baby delivered by caesarean section?

delivcs

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

**9** At what week of pregnancy was the baby born?

birthpw

At week   .

**10** What did your baby weigh and measure at birth?

weightb  
heightb  
circum

Weight in grams

Length in centimeters

Head circumference in centimeters

**11** Was your baby breastfed, and if so, for how long?

breastf  
breastfm

Please select one answer only.

Baby is still being breastfed	1	<input type="checkbox"/>	
Only breastfed for the first four weeks	2	<input type="checkbox"/>	
Was breastfed for a longer period	3	<input type="checkbox"/>	→ please specify: for <input type="text"/> <input type="text"/> months
No, baby was not breastfed	4	<input type="checkbox"/>	

**12** Did your baby experience any serious health problems in the first three months after birth that necessitated a hospital stay?

ages1  
hospital3mb

Yes	1	<input type="checkbox"/>	→ please specify: for <input type="text"/> <input type="text"/> days
No	2	<input type="checkbox"/>	

**13** After giving birth, mothers are given a booklet called "Your Child's Medical Records" (Kinder-Untersuchungs-heft) to keep track of their baby's medical examinations (the second is referred to as "U2", the third as "U3", etc.). What was your baby's last medical examination?

lstmedex  
auntno

Baby has not had any of these medical examinations 1

**14** Have doctors found any indications of developmental delays, impairments, or disabilities in the child?

disord

Please select one answer only.

Yes, in the "U" examination	1	<input type="checkbox"/>	→ Continue with question 15
Yes, in a different examination	2	<input type="checkbox"/>	
No	3	<input type="checkbox"/>	→ Continue with question 16

**15** Which of the following developmental delays, impairments, or disabilities has your child been diagnosed with?

disord1  
disord2  
disord3  
disord4  
disord5  
disord6  
disord7  
disord8  
disord9

Please select all answers that apply.

1

- Sensory (vision, hearing)
- Motor skills (grasping, crawling, walking)
- Neurological disorders (seizures, spasms, cramps, etc.)
- Speech (articulation, speech acquisition disorder)
- Regulatory system (persistent crying, sleep or eating disorder)
- Chronic illness
- Physical disability
- Intellectual disability
- Other

**16** Life changes after the birth of a child. You have new experiences and your expectations about the future begin to change. To what extent do you agree with the following statements?

change1  
change2  
change3  
change4  
change5  
change6  
change7  
change8  
health

Please select one answer only per line.

Strongly agree    Agree    Disagree    Strongly disagree

- My life has changed significantly  <sup>1</sup>  <sup>2</sup>  <sup>3</sup>  <sup>4</sup>
- Raising my child brings me joy and happiness
- I often feel like I'm running out of energy
- I feel very satisfied in my role as a parent
- I often don't feel up to the new tasks and demands of parenthood
- I am meeting different people and making new acquaintances through my child
- I am having a hard time being restricted to my role as a parent
- Showing my child plenty of affection is important to me
- I'm worried about my child's health

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

maincare

- Yes  1
- No  2

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

supportn

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



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

asit1  
care1h

asit8  
care24h

asit2  
care3h

asit3  
care4h

asit4  
care5h

asit5  
care6h

asit6  
care8h

asit7  
care12h

care19

 Do not count hours when the person looking after the child is sleeping.

	Yes 1	Hours
Spouse / partner	<input type="checkbox"/> →	<input type="text"/>
Child's father / mother (if not your spouse / partner)	<input type="checkbox"/> →	<input type="text"/>
Child's grandparents	<input type="checkbox"/> →	<input type="text"/>
Child's older siblings	<input type="checkbox"/> →	<input type="text"/>
Other relatives	<input type="checkbox"/> →	<input type="text"/>
Home daycare provider (outside your home)	<input type="checkbox"/> →	<input type="text"/>
Nursery school / childcare center	<input type="checkbox"/> →	<input type="text"/>
Other (e.g., babysitter, neighbor)	<input type="checkbox"/> →	<input type="text"/>
No, nobody	<input type="checkbox"/>	

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

temp1  
temp2  
temp3  
temp4  
temp5

 Please select one answer only per line.

	Strongly agree 1	Agree 2	Disagree 3	Strongly disagree 4
My child is generally cheerful and happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child gets upset easily and cries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is difficult to comfort when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is curious and active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child tends to be shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**A** What is the sex of the child?

sex\_n

- |        |   |                          |
|--------|---|--------------------------|
| Male   | 1 | <input type="checkbox"/> |
| Female | 2 | <input type="checkbox"/> |
| Divers | 3 | <input type="checkbox"/> |

---

**B** When did you finish filling out the questionnaire?datt, datm  
datst, datmi

Date:          Time:   :    
Day      Month      Hour      Minute

---

**C** Approximately how long did it take you to complete this questionnaire?

dauer2

Minutes

---

**D** Were other persons present while you were filling out the questionnaire?anw1  
anw2  
anw3  
anw4

 Please select all answers that apply.

1

- |   |                          |
|---|--------------------------|
| Yes, spouse / partner                                     | <input type="checkbox"/> |
| Yes, other person who is living in the same household     | <input type="checkbox"/> |
| Yes, other person who does not live in the same household | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

} → Continue with question E  
→ End of questionnaire

---

**E** Did any of the aforementioned people bother you while you were filling out the questionnaire?

abl

- |     |   |                          |
|-----|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No  | 2 | <input type="checkbox"/> |

---

**Thank you for taking part.**

Please give the completed questionnaire to our interviewer or send it back to infas in the enclosed postage-paid envelope:

infas Institut für angewandte  
Sozialwissenschaft GmbH  
Postfach 24 01 01  
53154 Bonn

