SOEP-Core – 2021: Mother and Child (2-3-year-olds)
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 Documentation (Datendokumentationen)
Series D – Variable Descriptions and Coding
Series E – SOEPmonitors
Series F – SOEP Newsletters
Series G – General Issues and Teaching Materials

The SOEP Survey Papers are available at http://www.diw.de/soepsurveypapers

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Please cite this paper as follows:

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ISSN: 2193-5580 (online)

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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.core.v38eu.
Dear Participant,

During their first few years, children go through a wide variety of developmental stages. This important phase of life is of crucial interest for scientific research.

This short questionnaire is about children who were born in 2018.

The questions deal with your personal experiences and the development of your child. The questions are answered by one of the parents or by another caregiver.

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

>Geburtsdatum>

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.
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: 150

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.
☞ 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. 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
1. Was your baby breastfed, and if so, for how long? 

Please select one answer only.

- Baby is still being breastfed
- Only breastfed for the first four weeks
- Was breastfed for a longer period → please specify: for [ ] months
- No, baby was not breastfed

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

Please select one answer only per line.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

- My child is generally cheerful and happy
- My child gets upset easily and cries a lot
- My child is difficult to comfort when upset
- My child is curious and active
- My child is communicative and likes to talk
- My child shows empathy when others are sad
- I am worried about my child’s health

3. Has your child experienced any serious health problems in the last 12 months that have necessitated a hospital stay?

Yes → please specify: for [ ] days
No

4. Has your child been diagnosed as having any of the following health conditions or impairments?

Please select all answers that apply.

- Asthma
- Chronic bronchitis
- Spastic / acute bronchitis
- Pseudocroup / croup syndrome
- Middle-ear inflammation
- Hay fever
- Neurodermatitis
- Vision impairment (e.g., far-sightedness, near-sightedness, misaligned eyes)
- Hearing impairment
- Eating disorder
- Motor impairment (disorder of the locomotor apparatus)
- Other impairments or disabilities
- No, none of the above
5 What is the child’s current weight and height?

Weight in kilograms

Height in centimeters

6 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?

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse / partner</td>
<td>[ ]</td>
</tr>
<tr>
<td>Child’s father / mother (if not your spouse / partner)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Child’s grandparents</td>
<td>[ ]</td>
</tr>
<tr>
<td>Child’s older siblings</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other relatives</td>
<td>[ ]</td>
</tr>
<tr>
<td>Home daycare provider (outside your home)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Nanny (in your home)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Nursery school / childcare center</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other (e.g., babysitter, neighbor)</td>
<td>[ ]</td>
</tr>
<tr>
<td>No, nobody</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
How many times in the last 14 days have you or the main caregiver engaged in the following activities with your child?

Please select one answer only per line.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day</th>
<th>Several times a week</th>
<th>At least once a week</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singing children’s songs (either to the child, or with the child)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking walks outdoors</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Painting or doing arts and crafts</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Reading or telling stories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking at picture books</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to the playground</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visiting other families with children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going shopping with the child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes
- Rarely, as an exception to the rule
- No, never

How would you describe your child in comparison to other children of the same age?

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

<table>
<thead>
<tr>
<th>My child ...</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>is withdrawn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>is focused</td>
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<td></td>
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<td></td>
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<tr>
<td>is defiant</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a fast learner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is timid</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
It's always a big event for parents when their child learns something new. Please tell us which of these things your child has learned.

Please select one answer only per line.

<table>
<thead>
<tr>
<th>Speaking</th>
<th>Yes</th>
<th>To some extent</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaks in full sentences (of four or more words)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Follows instructions five minutes after hearing them</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can say his/her first and last name when asked</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When listening to a story, pays attention for at least 15 minutes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Passes on simple messages to others, such as “dinner is ready”</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daily living skills</th>
<th>Yes</th>
<th>To some extent</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eats with a spoon, without help and without dripping</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Blows nose without help</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Uses the toilet to do “number two”</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Puts on pants and underpants the right way around</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Brushes teeth without help</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Movement</th>
<th>Yes</th>
<th>To some extent</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walks forwards down the stairs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Climbs jungle gyms and other high playground equipment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cuts paper with scissors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Paints/draws recognizable shapes on paper</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can hold a pencil correctly (not with a fist grip)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social relationships</th>
<th>Yes</th>
<th>To some extent</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plays games with other children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gets into role-playing games (“playing pretend”)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shows a special liking for particular playmates or friends</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is able to describe his/her feelings with words like “sad”, “happy”, “scared”</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Takes turns when playing games with others without being asked</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Do you and other household members just speak German with the child, or do you sometimes also speak another language besides German?

<table>
<thead>
<tr>
<th>Language</th>
<th>Yes</th>
<th>To some extent</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always German</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sometimes another language besides German</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Always another language</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
A What is the sex of the child?

- Male 1
- Female 2
- Divers 3

B When did you finish filling out the questionnaire?

- Date: [ ]
- Time: [ ]

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

- [ ] Minutes

D Were other persons present while you were filling out the questionnaire?

Please select all answers that apply.

- Yes, spouse / partner
- Yes, other person who is living in the same household
- Yes, other person who does not live in the same household

Continue with question E

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

- Yes 1
- No 2

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