

1213²⁰²²

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Mother and Child (5-6-year-olds)

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.

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:

infas, 2022. SOEP-Core – 2021: Mother and Child (5-6-year-olds). SOEP Survey Papers 1213: Series A – Survey Instruments (Erhebungsinstrumente). Berlin: DIW Berlin/SOEP



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ISSN: 2193-5580 (online)

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SOEP-Core – 2021: Mother and Child (5-6-year-olds)

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

Children 5-6 Year Olds

Dear Participant,

Despite the wealth of research findings on school-aged children, still relatively little is known about the important period of children's lives before they start school.

This short questionnaire is about children who were born in 2015.

The questions deal with your personal experiences and the development of the child. The questions are for one of the parents or 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:

Birth date

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:

Your personal access code is:

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 des Elternteils

Interviewernummer



<Barcode>

infas

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7701/K-C-EN/2021

<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. 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

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

1 To what extent do the following statements describe your child? For each answer, think about your child's behavior in the last six months.

behav1
behav2
behav3
behav4
behav5
behav6
behav7
behav8
behav9
behav10
behav11
behav12
behav13
behav14
behav15
behav16
behav17

 Please answer on the following scale, where 1 means „strongly disagree“; and 7 meaning „strongly agree“.

My child ...	Strongly disagree							Strongly agree
	1	2	3	4	5	6	7	
... is considerate	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is restless, hyperactive, can't sit still long	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... likes to share with other children (sweets, toys, crayons, etc.)	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... often has tantrums, is short-tempered	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is a loner, usually plays alone	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is helpful when others are hurt, sick, or sad	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is always fidgety	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... often fights with or picks on other children	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is often unhappy or down, cries a lot	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is generally well-liked by other children	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is easily distracted, unfocused	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is nervous or clingy in new situations, loses confidence quickly	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... is often teased or picked on by others	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... often helps others of his/her own accord (parents, teachers, other children)	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... gets along better with adults than with children	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... has a lot of fears, gets scared easily	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					
... finishes what he/she starts, can concentrate on something for a long time	<input type="checkbox"/>	= <input type="checkbox"/>	<input type="checkbox"/>					

2 What is the child's current weight and height?

weight
height

Weight in kilograms

--	--	--

Height in centimeters

--	--	--

3 Is your child in any way impaired or prevented from doing things that most children of his or her age can do?

illo

Yes 1

No 2

4 Has your child experienced any health problems in the last 12 months that necessitated a hospital stay?

cges1

hospital12m

Yes 1 → please specify: for

--	--

 days

No 2

5 Have you had to take your child to a doctor or call a doctor in the last 3 months due to the child's health problems?

carz1

medaid3m

Yes 1 → please specify:

--	--

 times

No 2

6 Where and with whom does the child usually eat the following meals? If it's different on different days of the week, please state what is usually the case on weekdays, Saturdays, and Sundays.

cessfw
cessmw
cessaw

cessfa
cessmsa
cessasa

cessfo
cessmsso
cessaso

Please select only one answer per line.

	At home with the whole family <small>1</small>	At home with part of the family <small>2</small>	At home alone <small>3</small>	Not at home (at school, daycare, friends/ acquaintances, grandparents) <small>4</small>	Usually misses this meal <small>5</small>
Weekdays:					
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays:					
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays:					
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

activ6
activ2
activ7
activ8
activ1
activ3
activ10
activ9
activ11
activ12
activ4
activ13

 Please select only one answer per line.

	Every day 1	Several times a week 2	At least once a week 3	Not at all 4
Going to the playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor activities (taking walks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting other families with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping with the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing children's songs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting or doing arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing cards, board games, or other games together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching television or videos together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer or Internet games together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to children's theater productions, circus, museums, exhibitions, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading or telling stories in German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading or telling stories in another language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

tvyn
tvhrs

Yes 1

Rarely, only as an exception to the rule 2

No, never 3

 please specify: hours per week

9 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?

csit1
care1h

csit10
care24h

csit3
care3h

csit4
care4h

csit5
care5h

csit6
care6h

csit7
care7h

csit8
care8h

csit9
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"/>
Nanny (in your home)	<input type="checkbox"/> →	<input type="text"/>
Nursery school / childcare / daycare center	<input type="checkbox"/> →	<input type="text"/>
Other (e.g., babysitter, neighbor)	<input type="checkbox"/> →	<input type="text"/>
No, nobody	<input type="checkbox"/>	

A What is the sex of the child?

sex_n

Male 1

Female 2

Divers 3

B When did you finish filling out the questionnaire?

datt, datm
datst, datmi

Date: :
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

Yes, other person who is living in the same household

Yes, other person who does not live in the same household

No

→ 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

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
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53154 Bonn