

1215²⁰²²

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Mother and Child (9-10-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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SOEP-Core – 2021: Mother and Child (9-10-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 9-10 Year Olds

Dear Participant,

This short questionnaire is about children who were born in 2011.

Our 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):

First name

<Vorname>

Birth date:

<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.

 If an interviewer is present, please enter:

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

LFD des Kindes

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

LFD des Elternteils

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

Interviewernummer



<Barcode>

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7701/K-E-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 Do you and other household members just speak German with the child, or do you sometimes also speak another language besides German?

language

- Always German 1
- Sometimes another language besides German 2
- Always another language 3

2 How closely do the following secondary school-leaving certificates correspond to the secondary education you would ideally like to see your child complete?


idegrad1
idegrad2
idegrad3

 Please answer on a scale from 1 to 7, where 1 means “not at all” and 7 means “completely”.

	not at all completely						
	1	2	3	4	5	6	7
Lower secondary school-leaving certificate (Hauptschulabschluss)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Intermediate secondary school-leaving certificate (Realschulabschluss)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Upper secondary school-leaving certificate (Abitur)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

3 How likely do you think it is that your child will actually complete secondary school with the following school-leaving certificates?

probgra1
probgra2
probgra3

 Please answer again on a scale from 1 to 7, where 1 means “extremely unlikely”, and 7 means “extremely likely”.

	extremely unlikely extremely likely						
	1	2	3	4	5	6	7
Lower secondary school-leaving certificate (Hauptschulabschluss)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Intermediate secondary school-leaving certificate (Realschulabschluss)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Upper secondary school-leaving certificate (Abitur)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

4 What type of school is the child attending / did the child attend in the 2020/2021 school year?

curscol1
curscol4
curscol5
curscol6
curscol7
curscol2
curscol3
curscol8

	1 <input type="checkbox"/>
Primary school (Grundschule)	<input type="checkbox"/>
Lower secondary school (Hauptschule)	<input type="checkbox"/>
Intermediate secondary school (Realschule)	<input type="checkbox"/>
Upper secondary school (Gymnasium)	<input type="checkbox"/>
Comprehensive school (Gesamtschule)	<input type="checkbox"/>
School with special teaching concept (Montessori, Waldorf)	<input type="checkbox"/>
School for children with learning difficulties (Förderschule, Sonderschule, Sprachheilschule)	<input type="checkbox"/>
Other type of school	<input type="checkbox"/>

5 When did the child start school?

sclenrolm
sclenroly

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

Month

Year

6 What were the child's grades in the following two subjects on his/her last report card?

laimark
matmark
nomark

German

Math

Grade from 1 to 6

Does not apply, no grades on report card ¹

7 How do you / how does the family get in contact with the school?

conscho1
conscho2
conscho3
conscho4
conscho5
conscho6
conscho7

 Please select all that apply.

¹

Regularly attending parent-teacher conferences

Regularly going to parent conference days

Meeting with the teacher, sometimes outside of parent-teacher conferences

Acting as a parent representative

Providing other forms of support to the teacher / school
(helping with school parties, trips, break room decoration, etc.)

Membership in the school booster club

None of the above

8 To what extent do the following statements describe your child?

scolcon1
scolcon2
scolcon3
scolcon4
scolcon5
scolcon6
scolcon7

 Please select one answer only per line.

My child ...	Strongly agree ¹	Agree ²	Disagree ³	Strongly disagree ⁴	Don't know ⁵
... enjoys going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... gets along well with his/her classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... thinks school is a waste of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... never takes schoolwork seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... keeps up in his/her classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... does not get along well with his/her current teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... enjoys learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 Where does your child do his/her homework most of the time? At home, at a relative's/ friend's home, in after-school daycare, or elsewhere?

hwplace_v1

 Please select one answer only.

At home ¹

At a relative's / friend's home ²

In after-school daycare ³

Elsewhere ⁴

10 How often do you or your partner help your child with his/her homework?

hwsupprt

Every day	1	<input type="checkbox"/>
Several times a week	2	<input type="checkbox"/>
Less often	3	<input type="checkbox"/>
Never	4	<input type="checkbox"/>

11 How often does your child take part in the following recreational activities?

freqact1
freqact2
freqact3
freqact15
freqact16
freqact4
freqact5
freqact6
freqact7
freqact8
freqact14
freqact9
freqact10
freqact11
freqact12
freqact13
freqact17
freqact18
freqact20
freqact19

 Please select one answer only per line.

	Every day 1	Every week 2	Every month 3	Rarely 4	Never 5
Watching TV / DVDs / videos on the Internet (YouTube, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing games on the computer / Internet / gaming console / smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using online social networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking on the phone (including Skype, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texting (sending text messages, using messenger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Internet surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing things with the family (taking day trips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance, theater, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical / industrial arts	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing nothing / hanging out / daydreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to church, attending religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth organizations (Pathfinders, church youth groups, environmental groups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing volunteer social work / helping in aid projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of pets / animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 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.

eatweek1
eatweek2
eatweek3

eatsat1
eatsat2
eatsat3

eatson1
eatson2
eatson3

Please select only one answer per line.

	At home with the whole family	At home with part of the family	At home alone	Not at home (at school, daycare, friends/ acquaintances, grandparents)	Usually misses this meal
	1	2	3	4	5
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"/>

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

char1b
char5
char6
char7
char8
char9
char2
char3
char4
char10

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.
Please select only one answer per line.

	My child ...											
	0	1	2	3	4	5	6	7	8	9	10	
is relatively talkative	<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"/>	<input type="checkbox"/>	is relatively quiet
is messy	<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"/>	<input type="checkbox"/>	is neat
is pleasant	<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"/>	<input type="checkbox"/>	is irritable
is disinterested	<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"/>	<input type="checkbox"/>	is curious to learn
is self-confident	<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"/>	<input type="checkbox"/>	is insecure
is withdrawn	<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"/>	<input type="checkbox"/>	is outgoing
is 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"/>	<input type="checkbox"/>	is easily distracted
is defiant	<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"/>	<input type="checkbox"/>	is obedient
a fast learner	<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"/>	<input type="checkbox"/>	needs a little longer
is timid	<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"/>	<input type="checkbox"/>	is fearless

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

ill10
ill32
ill4
ill5
ill7
ill8
ill9
illno

 Please select all answers that apply.

1

Respiratory diseases (asthma, bronchitis, etc.)

Allergies

Neurodermatitis

Vision impairment (e.g., far-sightedness, near-sightedness, misaligned eyes)

Eating disorder

Motor impairment (disorder of the locomotor apparatus)

Other impairments or disabilities

No, none of the above

15 How would you rate the child's health overall?

chhealth

 Please select one answer only.

Very good 1

Good 2

Satisfactory 3


Poor 4

Bad 5

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

eges1

hospital12m


Yes 1  please specify: for days

No 2

17 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?

earz1

medaid3m

Yes 1  please specify: for times

No 2

18 On the topic of friends and acquaintances: How many close friends would you say your child has? Close friends may include children and adults.

frndchld
frndadlt


 If question does not apply, please answer "0"!

Children number

Adults number

19 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
behav18

 Please answer on the following scale, where 1 means „strongly disagree“, and 7 meaning „strongly agree“. Please select only one answer per line.

My child ...	strongly disagree			strongly agree			
	1	2	3	4	5	6	7
... is considerate	<input type="checkbox"/>	=	<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"/>	=	<input type="checkbox"/>
... likes to share with other children (sweets, toys, crayons, etc.)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... often has tantrums, is short-tempered	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... is a loner, usually plays alone	<input type="checkbox"/>	=	<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"/>	=	<input type="checkbox"/>
... is always fidgety	<input type="checkbox"/>	=	<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"/>	=	<input type="checkbox"/>
... is often unhappy or down, cries a lot	<input type="checkbox"/>	=	<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"/>	=	<input type="checkbox"/>
... is easily distracted, unfocused	<input type="checkbox"/>	=	<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"/>	=	<input type="checkbox"/>
... is often teased or picked on by others	<input type="checkbox"/>	=	<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"/>	=	<input type="checkbox"/>
... gets along better with adults than with children	<input type="checkbox"/>	=	<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"/>	=	<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"/>	=	<input type="checkbox"/>
... thinks before acting	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

20 Are you the child's main caregiver?

maincare

Yes	1 <input type="checkbox"/>
No, someone else is the child's main caregiver	2 <input type="checkbox"/>
No, someone else shares caregiving responsibilities equally with me	3 <input type="checkbox"/>

21 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?

esit1
care1h

esit13
care24h

esit3
care3h

esit4
care4h

esit5
care5h

esit7
care7h

esit9
care12h

esit10
care9h

esit11
care10h

esit12
care11h

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"/> <input type="text"/>
Child's father / mother (if not your spouse / partner)	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Child's grandparents	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Child's older siblings	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Other relatives	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Nanny, au pair	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Other (e.g., babysitter, friends, neighbors, parents of child's friends)	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
School (classes, after-school programs or clubs)	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
After-school daycare (at school or other institution)	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Social service organizations, centers, recreational programs	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
No, nobody	<input type="checkbox"/>	

22 Does your child receive an allowance?

allow

Yes 1 No 2 → Continue with question A, page 10



23 How much allowance money does your child receive?

allowpw
allowpm

Per week euros

or

Per month euros

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, datmiDate: 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 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
Sozialwissenschaft GmbH
Postfach 24 01 01
53154 Bonn

