

DIW Berlin / SOEP (Ed.)

Research Report

SOEP-Core - 2021: Mother and child (2-3-year-olds)

SOEP Survey Papers, No. 1212

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SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Mother and Child (2-3-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/soepsurveyspapers>

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SOEP-Core – 2021: Mother and Child (2-3-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 2-3 Year Olds

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

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

infas

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7701/K-B-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. 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 Was your baby breastfed, and if so, for how long?

breastf
breastfm

 Please select one answer only.

- Baby is still being breastfed 1
- Only breastfed for the first four weeks 2
- Was breastfed for a longer period 3 → please specify: for months
- No, baby was not breastfed 4

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

temp1
temp2
temp3
temp4
temp6
temp7
health

 Please select one answer only per line.

- | | Strongly agree | Agree | Disagree | Strongly disagree |
|---|--------------------------|--------------------------------|--------------------------------|--------------------------------|
| | 1 | 2 | 3 | 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 is communicative and likes to talk | <input type="checkbox"/> | ===== <input type="checkbox"/> | ===== <input type="checkbox"/> | ===== <input type="checkbox"/> |
| My child shows empathy when others are sad | <input type="checkbox"/> | ===== <input type="checkbox"/> | ===== <input type="checkbox"/> | ===== <input type="checkbox"/> |
| I am worried about my child's health | <input type="checkbox"/> | ===== <input type="checkbox"/> | ===== <input type="checkbox"/> | ===== <input type="checkbox"/> |

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

bges1
hospital12m

- Yes 1 → please specify: for days
- No 2

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

ill11
ill12
ill13
ill14
ill2
ill31
ill4
ill5
ill6
ill7
ill8
ill9
illno

 Please select all answers that apply.

- | | 1 |
|--|--------------------------|
| Asthma | <input type="checkbox"/> |
| Chronic bronchitis | <input type="checkbox"/> |
| Spastic / acute bronchitis | <input type="checkbox"/> |
| Pseudocroup / croup syndrome | <input type="checkbox"/> |
| Middle-ear inflammation | <input type="checkbox"/> |
| Hay fever | <input type="checkbox"/> |
| Neurodermatitis | <input type="checkbox"/> |
| Vision impairment (e.g., far-sightedness, near-sightedness, misaligned eyes) | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> |
| Eating disorder | <input type="checkbox"/> |
| Motor impairment (disorder of the locomotor apparatus) | <input type="checkbox"/> |
| Other impairments or disabilities | <input type="checkbox"/> |
| No, none of the above | <input type="checkbox"/> |

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

weight
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?

bsit1
care1h

bsit10
bstd10

bsit3
care3h

bsit4
care4h

bsit5
care5h

bsit6
care6h

bsit7
care7h

bsit8
care8h

bsit9
care12h

care19

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

	Yes 1	Hours		
Spouse / partner	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Child's father / mother (if not your spouse / partner)	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Child's grandparents	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Child's older siblings	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Other relatives	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Home daycare provider (outside your home)	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Nanny (in your home)	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Nursery school / childcare center	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Other (e.g., babysitter, neighbor)	<input type="checkbox"/> →	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
No, nobody	<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?

activ1
activ2
activ3
activ4
activ5
activ6
activ7
activ8
activ9

Please select one answer only per line.

	Every day 1	Several times a week 2	At least once a week 3	Not at all 4
Singing children's songs (either to the child, or with the child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking walks outdoors	<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"/>
Reading or telling stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking at picture books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the playground	<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"/>
Watching television or videos together	<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 <input type="checkbox"/>	} please specify: <input type="text"/> <input type="text"/> hours per week
Rarely, as an exception to the rule	2 <input type="checkbox"/>	
No, never	3 <input type="checkbox"/>	

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

char1a
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.

	My child ...											
	0	1	2	3	4	5	6	7	8	9	10	
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

10 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.

spch3
spch6
spch7
spch8
spch5

 Please select one answer only per line.

skill1
skill2
skill3
skill4
skill5

mvmn1
mvmn3
mvmn4
mvmn5
mvmn6

sclr2
sclr3
sclr4
sclr5
sclr6

	Yes 1	To some extent 2	No 3
Speaking			
Speaks in full sentences (of 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 say his/her first and last name when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When listening to a story, pays attention for at least 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passes on simple messages to others, such as "dinner is ready"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily living skills			
Eats with a spoon, without help and without dripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blows nose without help	<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"/>
Puts on pants and underpants the right way around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushes teeth without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement			
Walks forwards down the stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbs jungle gyms and other high playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts paper with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paints/draws recognizable shapes on paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can hold a pencil correctly (not with a fist grip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social relationships			
Plays games with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets into role-playing games ("playing pretend")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a special liking for particular playmates or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to describe his/her feelings with words like "sad", "happy", "scared"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns when playing games with others without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 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

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: 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

