

DIW Berlin / SOEP (Ed.)

Research Report

SOEP-Core - 2021: Mother and child (7-8-year-olds)

SOEP Survey Papers, No. 1214

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1214²⁰²²

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Parents and Child (7-8-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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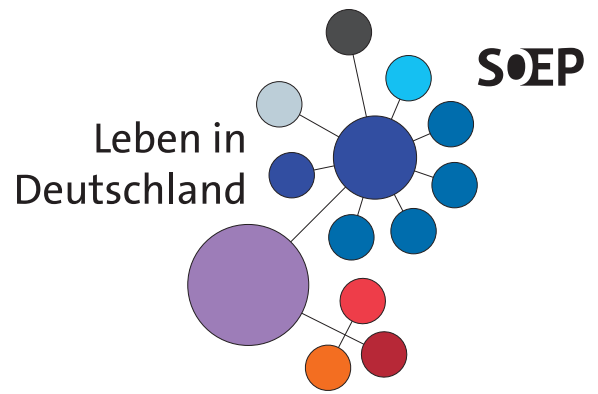
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SOEP-Core – 2021: Parents and Child (7-8-year-olds)

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

Parents of 7-8 Year Olds

Dear Participant,

This short questionnaire is for mothers and fathers of children who were born in 2013 and who live in this same household.

Please answer the questions even if the child is not your biological child but rather an adopted or foster child, or the child of your partner who lives in this household.

The questions deal with your personal experiences and opinions on topics like parenting goals and styles as well as education and childcare.

We ask that each parent completes a questionnaire. 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:

This questionnaire is to be filled out by
(may also be filled out by Interviewer):


Parent's first name:

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/E-D-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.

If there is a blank for you to write your answer in, please print your answer in the blank:

Example:

Country: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:

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

biochild

 Please select one answer only.

- Biological mother 1
- Biological father 2
- Second, social mother / second, social father in same-sex couples 3
- Adoptive or foster mother / Adoptive or foster father 4
- Stepmother / stepfather 5
- Grandmother / grandfather / aunt / uncle 6
- None of the above, other relationship to the child 7

2 When did the child start school?

sclenrolm
sclenroly
dschno
dschgr

Month		Year			

Does not apply,
child has not (yet) started school

Please state reason:



3 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"/>	=	<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"/>	=	<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"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

4 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"/>	=	<input type="checkbox"/>
Intermediate secondary school-leaving certificate (Realschulabschluss)	<input type="checkbox"/>	=	<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"/>	=	<input type="checkbox"/>

5 Below are some of the qualities and abilities that can be fostered in children through parenting and child-rearing. How important are the following parenting goals to you?


edgoal1
edgoal2
edgoal3
edgoal4
edgoal5
edgoal6
edgoal7
edgoal8
edgoal9
edgoal10
edgoal11
edgoal12
edgoal13
edgoal14
edgoal15
edgoal16
edgoal17
edgoal18


 Please select one answer only per line.

	Not important at all	Somewhat unimpor- tant	Neither important nor unim- portant	Somewhat important	Very im- portant
	1	2	3	4	5
That the child ...					
... becomes a good student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... gets along well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is interested in how and why certain things happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... behaves like a normal girl / boy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... uses good manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... exercises self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... shows consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... obeys his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... uses good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is neat and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... works toward achieving his/her goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is able to fit in well with a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... learns to assert him/herself in life, even when faced with resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is satisfied with what he/she has and what he/she is able to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... learns to avoid risks in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is liked by others, is likeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 How frequently do these things happen?

edbeh1
edbeh2
edbeh3
edbeh4
edbeh5
edbeh6
edbeh7
edbeh8
edbeh9
edbeh10
edbeh11
edbeh12
edbeh13
edbeh14
edbeh15
edbeh16
edbeh17
edbeh18


 The following statements refer to the child who is living in this household and is listed on the cover of this questionnaire.

 Please select one answer only per line!

	Never	Seldom	Some- times	Frequently	Very frequently
	1	2	3	4	5
I use words and gestures to show my child that I love him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I criticize my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to my child about things he/she did, saw, or experienced when he/ she was out during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I punish my child when he/she is disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I threaten to punish my child but don't follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my child is not at home, I know exactly where he/she is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to be relatively strict with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I comfort my child when he/she feels sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I yell at my child when he/she did something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my child is ungrateful because he/she is disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I stop talking to my child for a while when he/she did something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make it clear to my child that he/she should not defy my decisions or authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I praise my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I scold my child when I am angry at him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to influence who my child is friends with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I reduce punishments or let my child out of punishments early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am disappointed and sad when my child misbehaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a hard time being consistent in my child-rearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 How do you feel in your role as a parent and to what extent do you agree with the following statements?

bepar1
bepar2
bepar3
bepar4
bepar5
bepar6
bepar7
bepar8
bepar9
bepar10

 The following statements refer to the child who is living in this household and is listed on the cover of this questionnaire.

 Please select one option only per line!

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	1	2	3	4	5
I am willing to put my child's desires ahead of my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my child refuses to obey or does something she/he is not supposed to, it's because he/she is trying to annoy me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the feeling that parenting and caring for my child takes up all of my time and dominates my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I weren't so caught up in my parental responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there are problems in my child's upbringing, it's because of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am spending time with my child, there's nothing I would rather be doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would put up with anything for the sake of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my child misbehaves I think he/she is doing it intentionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often drop everything to help my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look forward to being with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Are you the child's main caregiver?

maincare

Yes  Continue with question 9

No  Continue with question 10

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?

dsit01
care1h
dsit11
care24h
dsit03
care3h
dsit04
care4h
dsit05
care5h
dsit06
care7h
dsit07
care12h
dsit08
care9h
dsit09
care10h
dsit10
care11h
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></td><td></td></tr><tr><td></td><td></td></tr></table>				
Child's father / mother (if not your spouse / partner)	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Child's grandparents	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Child's older siblings	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Other relatives	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Nanny, au pair	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Other (e.g., babysitter, friends, neighbors, parents of child's friends)	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
School (classes, after-school programs or clubs)	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
After-school daycare (at school or other institution)	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Social service organizations, centers, recreational programs	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
No, nobody	<input type="checkbox"/>					

10 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.

dessfw
dessmw
dessaw
dessa
dessmsa
dessmsa
dessa
dessafo
dessmso
dessafo

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"/>

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