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Research Report

SOEP 2012 - Survey instruments 2012 (wave 29) of the Socio-Economic Panel: Mother and child questionnaire (newborns), old samples

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SOEP – The German Socio-Economic Panel Study at DIW Berlin

2014

SOEP 2012 – Survey Instruments 2012 (Wave 29) of the Socio-Economic Panel: Mother and Child Questionnaire (New- borns), Old Samples

TNS Infratest Sozialforschung

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.

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TNS INFRATEST SOZIALFORSCHUNG

**SOEP 2012 – SURVEY INSTRUMENTS 2012
(WAVE 29) OF THE SOCIO-ECONOMIC PANEL:
MOTHER AND CHILD QUESTIONNAIRE
(NEWBORNS), OLD SAMPLES**

München, 2014

Translation: Deborah A. Bowen

1 What's your newborn child's name?

Please print in capital letters.

Child's first name

Person ID

2 In what year and month was your child born?

2011 2011

2012 2012

Month

3 Where was your baby delivered?

At home 1

At the hospital 2

Elsewhere 3

Was the baby delivered by caesarean section?

Yes 1

No 2

4 In what week of pregnancy was your baby born?

In the ... week

5 What did your baby weigh/measure at birth?

Birth weight in grams

Height in centimeters

Head circumference in centimeters

6 Did you breastfeed your baby?

Still breastfeeding 1

Breastfed only the first four weeks 2

No, did not breastfeed 3

I breastfed for a longer period: ... months

7 During the first three months after your baby's birth, did your child experience health problems that necessitated a hospital stay?

Yes 1

No 2

[Yes]: ... days

8 After giving birth, the mother receives a “child health record” for medical check-ups (referred to as “U₂” for the second check-up, “U₃” for the third, etc.). Which was your child’s last check-up?

U

	marked	not marked
None of these check-ups were conducted	<input type="text" value="1"/>	<input type="text" value="0"/>

9 Has your child been diagnosed with any delays, disorders, or disabilities?

Yes, at the “U” check-up	<input type="text" value="1"/>
Yes, at another check-up	<input type="text" value="2"/>
No	<input type="text" value="3"/>

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10 Has your child been diagnosed with any of the following developmental delays, disorders, or disabilities?

Please check all that apply.

	marked	not marked
sensory (sight, hearing)	<input type="text" value="1"/>	<input type="text" value="0"/>
motor functions (grasping, crawling, walking)	<input type="text" value="1"/>	<input type="text" value="0"/>
neurological disorders (including cramps)	<input type="text" value="1"/>	<input type="text" value="0"/>
speech (pronunciation, speech acquisition disorders)	<input type="text" value="1"/>	<input type="text" value="0"/>
regulatory system (inconsolable crying, ongoing sleeping or eating disorders)	<input type="text" value="1"/>	<input type="text" value="0"/>
chronic illness	<input type="text" value="1"/>	<input type="text" value="0"/>
physical disability	<input type="text" value="1"/>	<input type="text" value="0"/>
mental disability	<input type="text" value="1"/>	<input type="text" value="0"/>
other	<input type="text" value="1"/>	<input type="text" value="0"/>

11 Is the newborn your first, second, third, etc. child? (Please state)

He/she is my ... child

12 Is the newborn your biological child?

Yes	<input type="text" value="1"/>
No	<input type="text" value="2"/>

12;aleib=1

13 Was your pregnancy more unplanned or more planned?

More unplanned	<input type="text" value="1"/>
More planned	<input type="text" value="2"/>
Medically assisted pregnancy (hormone treatment, IVF)	<input type="text" value="3"/>

14 How were you feeling physically and mentally during the last third of your pregnancy and during the first three months after giving birth?

	Very good	Good	Bad	Very bad
Physical State: In the last third of your pregnancy	1	2	3	4
Physical State: In the first three months after childbirth	1	2	3	4
Mental State: In the last third of your pregnancy	1	2	3	4
Mental State: In the first three months after childbirth	1	2	3	4

15 Life changes after the birth of a child. You experience new things and start to have new expectations for the future. To what extent do you agree with the following statements?

	Agree completely	Agree	Disagree	Disagree completely
My life has changed significantly	1	2	3	4
I often feel like I'm running out of energy	1	2	3	4
I am satisfied with my role as a mother	1	2	3	4
I often do not feel up to the new tasks and demands of being a mother	1	2	3	4
I am meeting new people and making new contacts through my child	1	2	3	4
I am suffering from being restricted to my role as a mother	1	2	3	4
It's important to me to show my child plenty of affection	1	2	3	4
I'm worried about my child's health	1	2	3	4

16 Does the father live in the household?

Yes 1
No 2

17 How much do you feel your partner helps you in looking after the child?

Very much 1
Quite a bit 2
Not much 3
Not at all 4
Not applicable, no partner 5

18 Are you the child's main caregiver?

Yes 1
No 2

19 If you think about a normal week, is there anybody else who regularly spends time looking after your child? If so, who is it and how many hours a week do they spend looking after the child?

	marked	not marked
Spouse / partner	1	0
Grandparents of the child	1	0
Older siblings	1	0
Other relatives	1	0
Paid caregiver (outside the home)	1	0
Nursery school (child care center)	1	0
Other (e.g., babysitter, neighbor)	1	0
No, nobody	1	0
Hours [spouse / partner]		
Hours [grandparents]		
Hours [siblings]		
Hours [other relatives]		
Hours [family daycare provider]		
Hours [nursery school]		
Hours [other]		

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

	Agree completely	Agree	Disagree	Disagree completely
My child is generally cheerful and happy	1	2	3	4
My child is easily irritated and cries a lot	1	2	3	4
My child is difficult to comfort when upset	1	2	3	4
My child is curious and active	1	2	3	4
My child tends to be shy	1	2	3	4

21 What's the date today?

Day

Month