

DIW Berlin / SOEP (Ed.)

**Research Report**

## SOEP 2012 - Survey instruments 2012 (wave 29) of the Socio-Economic Panel: Mother and child questionnaire (2 - 3-year-olds), old samples

SOEP Survey Papers, No. 248

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## SOEP Survey Papers

Series A - Survey Instruments (Erhebungsinstrumente)

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 (2-3-year-olds), 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.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing.

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**TNS INFRATEST SOZIALFORSCHUNG**

**SOEP 2012 – SURVEY INSTRUMENTS 2012  
(WAVE 29) OF THE SOCIO-ECONOMIC PANEL:  
MOTHER AND CHILD QUESTIONNAIRE (2-3-  
YEAR-OLDS), OLD SAMPLES**

*München, 2014*

*Translation: Deborah A. Bowen*

**1 What's your child's name?***Please print in capital letters.*Child's first name Person ID **2 In what year and month was your child born?**

marked not marked

2009  Month **3 Did you breastfeed your baby? If so, how long?**Breastfed only the first four weeks. No, did not breastfeed I breastfed for a longer period: ... months **4 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	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
My child is easily irritated and cries a lot	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
My child is difficult to comfort when upset	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
My child is curious and active	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
My child is communicative and likes to talk	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
My child shows empathy when others are sad	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
I'm worried about my child's health	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

**5 Did your child experience health problems in the last 12 months that required a hospital stay?**Yes No [Yes], ... days

**6 Has your child been diagnosed by a doctor as having one of the following health conditions or impairments?**

*Please mark all that apply.*

	marked	not marked
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Spastic / acute bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Pseudocroup / Croup syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Middle-ear inflammation	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Neurodermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Vision impairment (e.g., far-sightedness, near-sightedness, crossed eyes)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional disorder	<input type="checkbox"/>	<input type="checkbox"/>
Motor impairment (disorder of the locomotor apparatus)	<input type="checkbox"/>	<input type="checkbox"/>
Other impairment or disorder	<input type="checkbox"/>	<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>	<input type="checkbox"/>
[other disorders]: <input type="text"/>		

**7 What is your child's current height and weight?**

Weight in kilograms

Height in centimeters

**8 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	<input type="checkbox"/>	<input type="checkbox"/>
The child's father (if not a resident of the same household)	<input type="checkbox"/>	<input type="checkbox"/>
The child's grandparents	<input type="checkbox"/>	<input type="checkbox"/>
Older brother / sister of the child	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>
Paid caregiver (outside the home)	<input type="checkbox"/>	<input type="checkbox"/>
Paid caregiver (comes into your home)	<input type="checkbox"/>	<input type="checkbox"/>
Nursery school (creche, kindergarten)	<input type="checkbox"/>	<input type="checkbox"/>
Other (friends, acquaintances, neighbors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
No, nobody	<input type="checkbox"/>	<input type="checkbox"/>
Hours [spouse / partner]	<input type="text"/>	
Hours [father]	<input type="text"/>	
Hours [grandparents]	<input type="text"/>	
Hours [siblings]	<input type="text"/>	
Hours [other relatives]	<input type="text"/>	
Hours [paid caregiver outside home]	<input type="text"/>	
Hours [paid caregiver inside home]	<input type="text"/>	
Hours [nursery school]	<input type="text"/>	
Hours [other]	<input type="text"/>	

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

	Daily	Several times a week	At least once a week	Not at all
Singing children's songs with or to the child	1	2	3	4
Taking walks outdoors	1	2	3	4
Painting or doing arts and crafts	1	2	3	4
Reading or telling stories	1	2	3	4
Looking at picture books	1	2	3	4
Going to the playground	1	2	3	4
Visiting other families with children	1	2	3	4
Going shopping with the child	1	2	3	4
Watching television or videos with the child	1	2	3	4

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

Yes	1
Rarely, as an exception.	2
No, never.	3

[Yes/rarely]: ... hours per week

**11 How would you rank your child in comparison to other children of the same age? My child is ...**

*The further to the left you make the X, the more the characteristic on the left side applies.*

*The further to the right you make the X, the more the characteristic on the right side applies.*

...shy	1	2	3	4	5	6	7	8	9	10	11	...outgoing
...focused	1	2	3	4	5	6	7	8	9	10	11	...easily distracted
...disobedient	1	2	3	4	5	6	7	8	9	10	11	...obedient
...quick at learning new things	1	2	3	4	5	6	7	8	9	10	11	...needs more time

**12 For parents, it is always a big event when their child learns something new. Please tell us what those new things were in your child's case.**

Speaking:

	Yes	Partly	No
Speaks in full sentences (with four or more words)	1	2	3
Follows instructions, five minutes after hearing them.	1	2	3
Can state his/her first and last name if someone asks for it.	1	2	3
Listens attentively to a story for 15 minutes or longer	1	2	3
Passes on simple messages such as "dinner is ready"	1	2	3

Everyday skills:

	Yes	Partly	No
Uses a spoon to eat, without assistance and without dripping	1	2	3
Blows his/her nose without assistance	1	2	3
Uses the toilet to do "number two"	1	2	3
Put on pants and underpants the right way around	1	2	3
Brushes his/her teeth without assistance	1	2	3
Movement:			
Walks forwards down the stairs	1	2	3
Climbs up playground climbing equipment and other high playground structures	1	2	3
Cuts paper with scissors	1	2	3
Paints/draws recognizable shapes on paper	1	2	3
Can hold a pencil correctly	1	2	3
Social relationships			
Participates in games with other children	1	2	3
Gets involved in role-playing games ("playing pretend")	1	2	3
Shows a special liking for particular playmates or friends	1	2	3
Is able to name his/her own feelings, e.g., "sad", "happy", "scared"	1	2	3
Takes turns when playing playing without being asked.	1	2	3

**13 Do you or other household members speak only German to your child, or do you also speak another language to him/her?**

German only	1
Another language as well	2
Only another language	3
[Also/only other language]:	

**A What's the date today?**

day

month