

DIW Berlin / SOEP (Ed.)

Research Report

**SOEP 2012 - Survey instruments 2012 (wave 29) of the
Socio-Economic Panel: Parents and child questionnaire (7 -
8-year-olds), old samples**

SOEP Survey Papers, No. 257

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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: Parents and Child Questionnaire (7-8-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:
PARENTS AND CHILD QUESTIONNAIRE (7-8-
YEAR-OLDS), OLD SAMPLES**

Translation: Deborah A. Bowen

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

marked not marked

2004 Month **3 Are you the child's mother or father?**

Yes:

Biological mother Biological father Adoptive/foster mother Adoptive/foster father No, he/she is my partner's child **4 When did the child start school?**Month Year

marked not marked

Does not apply. Has not started school yet. Please state the reason **5 To what extent do the following secondary school-leaving certificates correspond to the ideal education you would like for your child?***Please answer on a scale from 1 to 7, where 1 means "not at all" and 7 means "completely"*

	Not at all 1	2	3	4	5	6	Com- pletely 7
Lower secondary school-leaving certificate (Hauptschulabschluss)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Upper secondary school-leaving certificate (Abitur)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>

6 How likely do you think it is that your child will obtain one of the following school-leaving certificates?

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

	Not at all 1	2	3	4	5	6	Com- pletely 7
Lower secondary school-leaving certificate (Hauptschulabschluss)	1	2	3	4	5	6	7
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	1	2	3	4	5	6	7
Upper secondary school-leaving certificate (Abitur)	1	2	3	4	5	6	7

7 In the following, we list some traits and abilities that can be fostered through education. How important do you consider the following educational goals? It's important that the child...

Please make one X per row.

	Very unim- portant	Unimportant	Neutral	Important	Very im- portant
is a good student	1	2	3	4	5
gets along with other children	1	2	3	4	5
is interested in how and why certain things happen	1	2	3	4	5
behaves like a normal girl or a normal boy	1	2	3	4	5
is honest	1	2	3	4	5
has good manners	1	2	3	4	5
has self-control	1	2	3	4	5
is responsible	1	2	3	4	5
shows consideration for others	1	2	3	4	5
obeys his/her parents	1	2	3	4	5
uses good judgment	1	2	3	4	5
is clean and tidy	1	2	3	4	5
makes an effort to achieve his/her goals	1	2	3	4	5
is able to fit in with a group	1	2	3	4	5
learns to overcome obstacles in life	1	2	3	4	5
is satisfied with the things he/she has and is able to do	1	2	3	4	5
learns to avoid risks	1	2	3	4	5
is liked by others, is likeable	1	2	3	4	5

8 How frequently do the following things occur?

The following statements refer to your child or your partner's child living here in the household. Please make one X per row.

	Never	Seldom	Sometimes	Frequently	Very frequently
I use words and gestures to show my child that I love him/her.	1	2	3	4	5
I criticize my child.	1	2	3	4	5
I talk to my child about things he/she has done, seen, or experienced when he/she was out.	1	2	3	4	5
I punish my child when he/she is disobedient.	1	2	3	4	5
I threaten my child with punishment, but don't actually follow through with it.	1	2	3	4	5
When my child is outside the home, I know exactly where he/she is.	1	2	3	4	5
I tend to be strict with my child.	1	2	3	4	5
I comfort my child when he/she feels sad.	1	2	3	4	5
I shout at my child when he/she did something wrong.	1	2	3	4	5
I feel that my child is ungrateful because he/she disobeys.	1	2	3	4	5
I stop talking to my child for a while when he/she did something wrong.	1	2	3	4	5
I make it clear to my child that he/she should not oppose orders and decisions.	1	2	3	4	5
I praise my child.	1	2	3	4	5
I scold my child when I am angry at him/her.	1	2	3	4	5
I try to actively influence my child's circle of friends.	1	2	3	4	5
I reduce punishments or lift them ahead of time.	1	2	3	4	5
I am disappointed and sad when my child misbehaves.	1	2	3	4	5
It is hard for me to be consistent in my childrearing.	1	2	3	4	5

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

The following statements refer to your child or your partner's child living here in this household. Please make one X per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am willing to put my child's desires ahead of my own.	1	2	3	4	5
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.	1	2	3	4	5
I feel that childcare and childrearing takes up all of my time and dominates my life.	1	2	3	4	5
I wish my parental responsibilities didn't tie me up so much.	1	2	3	4	5
When there are problems with childrearing, my child is to blame.	1	2	3	4	5
When I am with my child, there's nothing I would rather be doing.	1	2	3	4	5
I would put up with anything in my child's best interests.	1	2	3	4	5
I think when my child misbehaves he/she is doing it intentionally.	1	2	3	4	5
I often drop everything to help my child.	1	2	3	4	5
I look forward to being with my child.	1	2	3	4	5

10 Are you your child’s main caregiver?

- Yes 1
- No 2

11 If you think about a normal week: are there any other people besides you who take care of your child? If so, who is it and how many hours per week do they help?

The following persons:

	marked	not marked
Spouse / Partner	<input type="checkbox"/> 1	<input type="checkbox"/> 0
The child’s father/mother (living outside the household)	<input type="checkbox"/> 1	<input type="checkbox"/> 0
The child’s grandparents	<input type="checkbox"/> 1	<input type="checkbox"/> 0
The child’s older brother/sister	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Other relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 0
childcare provider, Au-pair	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Other (babysitter, parents of the child’s friends, friends or neighbors)	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Following institutions / organizations

	marked	not marked
School (classes, after school groups)	<input type="checkbox"/> 1	<input type="checkbox"/> 0
After-school center	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Social service organization	<input type="checkbox"/> 1	<input type="checkbox"/> 0
No, nobody	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Hours [spouse/partner]	<input type="text"/>
Hours [child’s father/mother living outside the household]	<input type="text"/>
Hours [child’s grandparents]	<input type="text"/>
Hours [child’s older siblings]	<input type="text"/>
Hours [other relatives]	<input type="text"/>
Hours [childcare provider/au pair]	<input type="text"/>
Hours [other, e.g., babysitter, parents of a friend of the child, friends or neighbors]	<input type="text"/>
Hours [school (classes, after-school activities)]	<input type="text"/>
Hours [after-school daycare center]	<input type="text"/>
Hours [social service organization, centers, recreational organizations]	<input type="text"/>

A What’s the date today?

Day

Month

B How was the interview conducted?

- | | |
|---|---|
| Oral Interview | 1 |
| Respondent completed the questionnaire him/herself in the presence of the interviewer | 2 |
| Respondent completed the questionnaire him/herself in the absence of the interviewer | 3 |
| Partly as an oral interview, partly him/herself | 4 |

C Duration of the interview:

- | | |
|---|----------------------|
| The oral (complete or partial) interview lasted ... minutes | <input type="text"/> |
| The respondent needed ... minutes to complete the questionnaire | <input type="text"/> |

D Other notes: