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**Research Report**

## SOEP-Core - 2017: Mother and child (newborns, with reference to variables)

SOEP Survey Papers, No. 685

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## SOEP Survey Papers

Series A – Survey Instruments (Erhebungsinstrumente)

SOEP – The German Socio-Economic Panel at DIW Berlin

2019

# SOEP-Core – 2017: Mother and Child (Newborns, with Reference to Variables)

SOEP Group

Running since 1984, the German Socio-Economic Panel (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

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The SOEP Survey Papers are available at <http://www.diw.de/soepsurveyspapers>

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SOEP Group

2019

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.v34.

## Reading Aid

This representation of the questionnaire contains the same informations as the portal [paneldata.org](https://paneldata.org).

The diagram shows a questionnaire form with the following elements:

- question number:** Q72
- question text:** Now we would like to know something about you personally. Were you born in Germany?
- interviewer instruction:** This refers to Germany or the Federal Republic of Germany or the German Democratic Republic in the national borders at the time of your birth.
- answer options:**
  - Yes 1
  - No 2
  - No answer -1
- in blue: identifier for filter:** Q72;lsta1 bio l0013 born in Germany
- in blue: filter with condition:** Q72;lsta1=2
- grey bar: open or numeric answer:** Q73 What country were you born in? Please enter the current name!
- in green:** dataset name (Q73;lsta2), variable name (bio), variable label (l0016 Country Of Birth)

Here, in addition to the *question number*, *question text*, *interviewer instructions*, and *answer options*, you find printed in green the *file name* and the *variable name* with the *variable label*, which contains information from the question. If you see rows of green lines below the answer option, the questionnaire defines several variables or informations are stored in more than one data set.

The *routing by filters* is depicted in blue. Each variable is preceded by an identifier (which generally contains the question number, marked here with a yellow dotted line), which is given, if the variable is used in filters in a subsequent question. Such filters are usually shown (as gatekeepers) at the beginning of the question.

This reading aid does not cover a few exceptional cases: If the filter (as gatekeeper) only affects one of several variables for a question, the filter is printed in blue behind the variable. There you will also find a "go to" command in the form 2 @ Q73. Here, the questionnaire skips to question 73 if the variable results in value of 2.

Phrases that are not already translated in English are displayed in German and preceded by [de].

**0** Congratulation on your newborn child! The next generation is particularly important for “Living in Germany”. This short questionnaire is about children, they were born in 2016 or 2017. The questions refer to your personal experiences and the development of your newborn child. The questionnaires are only for mothers, because the questions are about pregnancy. Your participation is entirely voluntary. We therefore cordially request that - you allow our staff member to interview you - or you fill out the questionnaire independently.

Before handing in the questionnaire, please enter in accordance with the address log:

Household ID

0:hnr bhmuki hhnrakt

0:hnr bhmuki bhhhnr

0:hnr bioagel hhnrakt current wave hh number

Completed by father: 1

0:avati bhmuki bhavati

Mother's first name

*Please complete in block capitals*

No. person

0:mpnr bhmuki bhmpnr

## 1 What's your newborn child's name?

Child's first name

*Please print in capital letters.*

Person ID

1:apnr bhmuki bhapnr

## 2 Birth date and sex of your child

Day

Month

2:agebm bhmuki bhm1\_02\_02

2:agebm bioagel birthy childs year of birth

...

2016 1

2017 2

2:agebj bhmuki bhm1\_02\_03

2:agebj bioagel birthm Child month of birth

...

Male 1

Female 2

2:asex bhmuki sex

2:asex bioagel sex Child gender

**3 Where was your baby delivered?**

At home   
 At the hospital   
 Elsewhere

3:aent bhmuki bhm1\_03\_01

3:aent bioagel delivpl place where birth took place

Was the baby delivered by caesarean section?

Yes   
 No

3:aent1 bhmuki bhm1\_03\_02

3:aent1 bioagel delivcs delivery by caesarean section

**4 In what week of pregnancy was your baby born?**In the ... week 

4:awoch bhmuki bhm1\_04

4:awoch bioagel birthpw pregnancy week of birth

**5 What did your baby weigh/measure at birth?**

Birth weight in grams   
 Height in centimeters   
 Head circumference in centimeters

5:agew bhmuki bhm1\_05\_01

5:agew bioagel weightb weight of child at birth in grams

5:agro bhmuki bhm1\_05\_02

5:agro bioagel heightb Height of child at birth in cm

5:akop bhmuki bhm1\_05\_03

5:akop bioagel circum head circumference of the child in cm

**6 Did you breastfeed your baby?**

Still breastfeeding   
 Breastfed only the first four weeks   
 No, did not breastfeed

6:astil1 bhmuki bhm1\_06\_01

6:astil1 bioagel breastf breast-feeding baby

I breastfed for a longer period: ... months 

6:astil2 bhmuki bhm1\_06\_02

6:astil2 bioagel breastfm breast-feeding time in months

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

Yes   
 No

7:ages1 bhmuki bhm1\_07\_01

7:ages1 bioagel hospital3mb length of hospital stay in the first 3 months after birth in days

7:ages2 bhmuki bhm1\_07\_02

7:ages2 bioagel hospital3mb length of hospital stay in the first 3 months after birth in 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”

8:aunt bhmuki bhm1\_08\_01

8:aunt bioagel lstmedex last medical examination

None of these check-ups were conducted 1

8:auntno bhmuki bhm1\_08\_02

8:auntno bioagel lstmedex last medical examination

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

Yes, at the “U” check-up 1

Yes, at another check-up 2

No 3

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

*Please mark all that apply.*

sensory (sight, hearing)	1
motor functions (grasping, crawling, walking)	1
neurological disorders (including cramps)	1
speech (pronunciation, speech acquisition disorders)	1
regulatory system (inconsolable crying, ongoing sleeping or eating disorders)	1
chronic illness	1
physical disability	1
mental disability	1
other	1

10:astor1 bhmuki bhm1\_10\_01

10:astor1 bioagel disord1 Disorder: Perception

10:astor2 bhmuki bhm1\_10\_02

10:astor2 bioagel disord2 Disorder: Motor Skills

10:astor3 bhmuki bhm1\_10\_03

10:astor3 bioagel disord3 Disorder: Nuerological Disorder

10:astor4 bhmuki bhm1\_10\_04

10:astor4 bioagel disord4 Disorder: Language

10:astor5 bhmuki bhm1\_10\_05

10:astor5 bioagel disord5 Disorder: Regulation

10:astor6 bhmuki bhm1\_10\_06

10:astor6 bioagel disord6 Disorder: Chronic Illness

10:astor7 bhmuki bhm1\_10\_07

10:astor7 bioagel disord7 Disorder: Physical Handicap

10:astor8 bhmuki bhm1\_10\_08

10:astor8 bioagel disord8 Disorder: Mental Handicap

10:astor9 bhmuki bhm1\_10\_09

10:astor9 bioagel disord9 Diorder: Other



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

He/she is my ... child

11:aanz bhmuki bhm1\_11

11:aanz bioagel nchild newborn is 1st, 2nd, 3rd, etc. child

**12 Is the newborn your biological child?**

Yes 1

No 2

12:aleib bhmuki bhm1\_12

12:aleib bioagel biochild biological child

**13 Was your pregnancy more unplanned or more planned?**

More unplanned 1

More planned 2

Medically assisted pregnancy (hormone treatment, IVF) 3

13:aplan bhmuki bhm1\_13

13:aplan bioagel pregplan pregnancy planned/unplanned

**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 well	Well	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

14:abef1 bhmuki bhm1\_14\_01

14:abef1 bioagel feeling1 physical condition in the final third of the pregnancy

14:abef2 bhmuki bhm1\_14\_02

14:abef2 bioagel feeling2 physical condition in the first 3 months after birth

14:abef3 bhmuki bhm1\_14\_03

14:abef3 bioagel feeling3 mental state in the final third of the pregnancy

14:abef4 bhmuki bhm1\_14\_04

14:abef4 bioagel feeling4 mental state in the first 3 months after birth

**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
It gives me pleasure and happiness to raise my child	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
15:aver1 bhmuki bhm1_15_01				
15:aver1 bioagel change1				circumstances in life have greatly changed
15:aver2 bhmuki bhm1_15_02				
15:aver2 bioagel change2				child provides happiness and joy
15:aver3 bhmuki bhm1_15_03				
15:aver3 bioagel change3				often close to running out of strength
15:aver4 bhmuki bhm1_15_04				
15:aver4 bioagel change4				very satisfied with the role of mother
15:aver5 bhmuki bhm1_15_05				
15:aver5 bioagel change5				often unable to cope with tasks/responsibilities
15:aver6 bhmuki bhm1_15_06				
15:aver6 bioagel change6				have made new contacts through the child
15:aver7 bhmuki bhm1_15_07				
15:aver7 bioagel change7				suffering from being limited to the role of mother
15:aver8 bhmuki bhm1_15_08				
15:aver8 bioagel change8				important to provide the child with much affection
15:aver9 bhmuki bhm1_15_09				
15:aver9 bioagel health				concerns about the child's health

**16 Does the father live in the household?**

Yes 1  
No 2

16:avat bhmuki bhm1\_16

16:avat bioagel fathinh father lives in household

**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

17:aunt2 bhmuki bhm1\_17

17:aunt2 bioagel supportn supported by partner

**18 Are you the child's main caregiver?**

Yes 1  
No 2

18:abet1 bhmuki bhm1\_18

18:abet1 bioagel maincare mother is main caregiver

**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?**

Spouse / partner 1  
Grandparents of the child 1  
Older siblings 1  
Other relatives 1  
Paid caregiver (outside the home) 1  
Nursery school (child care center) 1  
Other (e.g., babysitter, neighbor) 1  
No, nobody 1

19:asit1 bhmuki bhm1\_19\_01

19:asit1 bioagel care1h cared for by partner (in h/week)

19:asit2 bhmuki bhm1\_19\_03

19:asit2 bioagel care3h cared for by grandparents (in h/week)

19:asit3 bhmuki bhm1\_19\_05

19:asit3 bioagel care4h cared for by older siblings (in h/week)

19:asit4 bhmuki bhm1\_19\_07

19:asit4 bioagel care5h cared for by other relatives (in h/week)

19:asit5 bhmuki bhm1\_19\_09

19:asit5 bioagel care6h cared for in family day care (in h/week)

19:asit6 bhmuki bhm1\_19\_11

19:asit6 bioagel care8h cared for in creche/day nursery (in h/week)

19:asit7 bhmuki bhm1\_19\_13

19:asit7 bioagel care12h cared for by others (in h/week)

19:asitno bhmuki bhm1\_19\_15

19:asitno bioagel care19 no others cared for, only mother

Hours [spouse / partner]	
Hours [grandparents]	
Hours [siblings]	
Hours [other relatives]	
Hours [family daycare provider]	
Hours [nursery school]	
Hours [other]	
19:astd1 bhmuki bhm1_19_02	
19:astd1 bioagel care1h	cared for by partner (in h/week)
19:astd2 bhmuki bhm1_19_04	
19:astd2 bioagel care3h	cared for by grandparents (in h/week)
19:astd3 bhmuki bhm1_19_06	
19:astd3 bioagel care4h	cared for by older siblings (in h/week)
19:astd4 bhmuki bhm1_19_08	
19:astd4 bioagel care5h	cared for by other relatives (in h/week)
19:astd5 bhmuki bhm1_19_10	
19:astd5 bioagel care6h	cared for in family day care (in h/week)
19:astd6 bhmuki bhm1_19_12	
19:astd6 bioagel care8h	cared for in creche/day nursery (in h/week)
19:astd7 bhmuki bhm1_19_14	
19:astd7 bioagel care12h	cared for by others (in h/week)

**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
20:aakt1 bhmuki bhm1_20_01				
20:aakt1 bioagel temp1				
20:aakt2 bhmuki bhm1_20_02				
20:aakt2 bioagel temp2				
20:aakt3 bhmuki bhm1_20_03				
20:aakt3 bioagel temp3				
20:aakt4 bhmuki bhm1_20_04				
20:aakt4 bioagel temp4				
20:aakt5 bhmuki bhm1_20_05				
20:aakt5 bioagel temp5				

**A** What date do we have today?

Day	
Month	
Hour	
Minute	
Interview form	

A:datt	bhmuki	bhm1tagin	
A:datm	bhmuki	bhm1monin	
A:datm	bioagel	age	Age Of Child At Time Of Survey
A:datst	bhmuki	bhm1stin	
A:datmi	bhmuki	bhm1minin	
A:form	bhmuki	bhm1inta	
A:form	bioagel	mode	form of questioning

**Int** Interviewer:

List-number	
Lfd ID	
Account number:	