

DIW Berlin / SOEP (Ed.)

Research Report

SOEP-Core - 2021: Pre-teen (11-12-year-olds)

SOEP Survey Papers, No. 1216

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1216²⁰²²

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Pre-teen (11-12-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/soepsurveyspapers>

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SOEP-Core – 2021: Pre-teen (11-12-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

Pre-Teens

Dear Participant,

This questionnaire addresses household members born in 2009 and who are participating for the first time ever.

The teen should have the opportunity to answer the questions without being influenced by the parents!

Of course, your participation is completely voluntary. For our study to produce scientifically valid results, it is important that every member of your household takes part.

We cordially request you

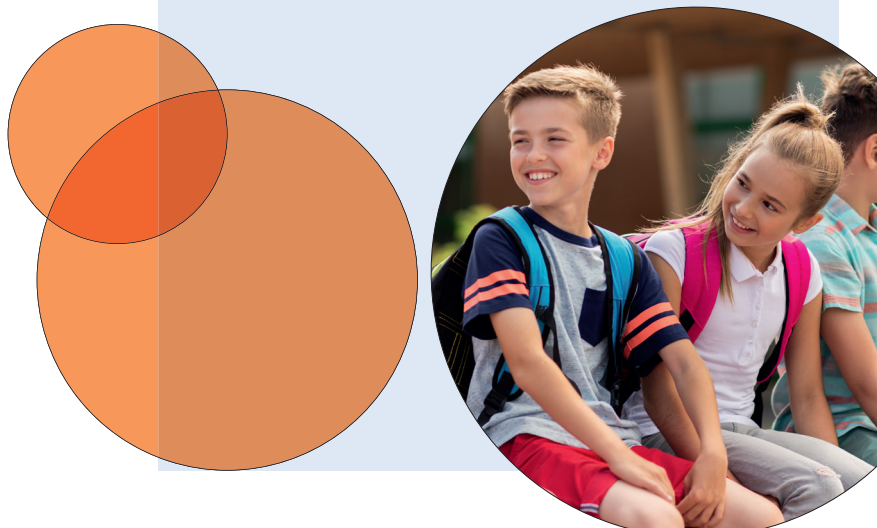
- to answer the questions for our Interviewer
- or to fill out the questionnaire by yourself accurately.

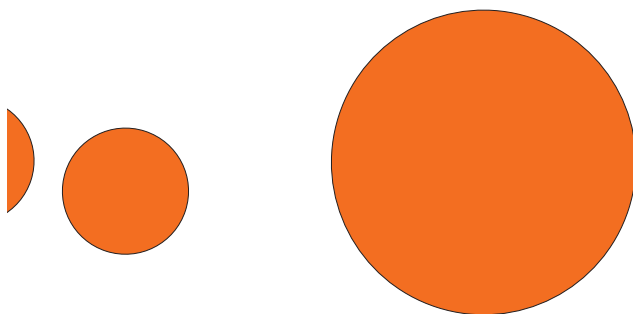
This questionnaire is to be filled out by

(may also be filled out by Interviewer):

First name:

<Vorname>





Questionnaire

Pre-Teens

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:

<LinkCAWI>

Your personal access code is:

<PWD-CAWI>

If you completed the questionnaire online, you don't need to return this printed questionnaire.

 *If an interviewer is present, please enter:*

--	--	--	--	--	--	--	--

LFD der Schülerin/des Schülers

--	--	--	--	--	--	--	--

Interviewernummer



infas

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7701/SuS-EN/2021

<LFD/Personen-Nr>

How should the questionnaire be filled out?

There are different types of question and answer forms:

Example: Do you have siblings? Yes ☒ No ☐

Numbers are entered in the slightly larger white fields according to your answers.

Example: Number of pupils

For some questions you are given answer options.

Example: Never Seldom Some-times Often Always
☐ ☒ ☐ ☐ ☐

A question form is called a scale. It comes from the Latin language and means something like ladder or stairs. You can think of it like that: If something is at the bottom or does not apply at all, you are on the lowest step. If something is at the top or fully true, you are on the top step. Sometimes something is true, but only more or less, then you are on one of the steps in between.

Example:

	Absolutely does not apply							Fully applies
I am...	1	2	3	4	5	6	7	
... eager for knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

A  precedes explanations of individual questions.

Once, depending on your answers, it does not go in order, this is indicated by arrows.

Example: Do you have siblings?
Yes ¹ ☐ No ² ☒ → Continue with question xx
↓




If you make a mistake with an answer, simply cross out the box clearly and tick the answer that is actually correct.

Example: Do you have siblings? Yes ☒ No ☐

If you accidentally crossed out the correct answer and ticked the wrong one, then also cross out this wrong answer and draw a circle around the correct answer.

Example: Do you have siblings? Yes ☒ No ☒

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!

First, a Few Questions About You

1

Next come a few statements that begin, for example, with: “I am ...”, “I have ...” or “I try ...” and where you can think that it is exactly the same for you – i.e. that it “fully applies” or that it is not at all the case for you – i.e. that it “does not apply at all” or that it is only “partly true”. Please answer all the questions as best you can, even if you are not quite sure or if a question seems strange to you.

 Please select one answer per line only.

behav1_full
behav2_full
behav3_full
behav4_full
behav5_full
behav6_full
behav7_full
behav8_full
behav9_full
behav10_full
behav11_full
behav12_full
behav13_full
behav14_full
behav15_full
behav16_full
behav17_full
behav18_full
behav19_full
behav20_full
behav21_full
behav22_full
behav23_full
behav24_full
behav25_full
behav26_full

	Not true of me at all <small>1</small>	Partly true of me <small>2</small>	Completely true of me <small>3</small>
I try to be nice to other people, I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own; I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing; My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now About You and Your School

2 What grade are you in?

sc|grade

In the grade

3 How many students are there in your class?

sc|pp|s

Total number of students

4 How many of your fellow students or their parents were not from Germany?

sc|pp|s|mig
sc|pp|s|dk

If you don't know exactly, you can give an approximation!

Students

Nobody ¹ ☐

Don't know ² ☐

5 Do you have the feeling that the teachers...

sc|teach|r1
sc|teach|r2
sc|teach|r3
sc|teach|r4

	Yes ¹	No ²
... call on you less often than your classmates?	<input type="checkbox"/>	<input type="checkbox"/>
... grade you harder than your classmates?	<input type="checkbox"/>	<input type="checkbox"/>
... scold you more often than your classmates?	<input type="checkbox"/>	<input type="checkbox"/>
... think that you are not as smart as your classmates?	<input type="checkbox"/>	<input type="checkbox"/>

6 What was your grade on your last report card in the following three subjects?

la|mark
ma|mark
fi|mark
no|mark

	German	Math	First foreign language
Grade from 1 to 6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does not apply, no school grades included in the report card ¹ ☐

7 What school-leaving qualification do you personally want to attain one day?

ide|grad

Please select one answer only.

Lower secondary school-leaving certificate (Hauptschulabschluss)	¹ <input type="checkbox"/>
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	² <input type="checkbox"/>
Upper secondary school-leaving certificate (Abitur)	³ <input type="checkbox"/>

8 How important is it to you to attain this school-leaving qualification?

imp|grad

Very important	¹ <input type="checkbox"/>
Important	² <input type="checkbox"/>
Less important	³ <input type="checkbox"/>
Quite unimportant	⁴ <input type="checkbox"/>

9 And what do you think, what school-leaving qualification will you actually attain one day?

probgra

 Please select one answer only.

- | | | |
|--|---|--------------------------|
| Lower secondary school-leaving certificate (Hauptschulabschluss) | 1 | <input type="checkbox"/> |
| Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss) | 2 | <input type="checkbox"/> |
| Upper secondary school-leaving certificate (Abitur) | 3 | <input type="checkbox"/> |
| Will leave school without a certificate | 4 | <input type="checkbox"/> |


10 How interested are your parents in your performance at school?

parint

- | | | |
|--------------------------|---|--------------------------|
| Very interested | 1 | <input type="checkbox"/> |
| Moderately interested | 2 | <input type="checkbox"/> |
| Not so interested | 3 | <input type="checkbox"/> |
| Completely disinterested | 4 | <input type="checkbox"/> |

11 Think about your timetable. Can you please indicate for each day of the week, from Monday to Friday, at what time school starts and when it ends?

sclmobh
sclmobm
scltubh
scltubm
sclwebh
sclwebm
sclthbh
sclthbm
sclfrbh
sclfrbm


 This refers only to school, that is classes, AGs, free supervised time, lunch. Please do not include the time spent in after-school care if you go there!

Time:	Monday		Tuesday		Wednesday		Thursday		Friday	
	Hour	Minute	Hour	Minute	Hour	Minute	Hour	Minute	Hour	Minute
Start:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

sclmoeh
sclmoem
scltueh
scltuem
sclweeh
sclweem
scltheh
sclthem
sclfreh
sclfrem

12 Do you also have school on Saturday?

sclsafreq

 Here we are also referring just to school, that is, classes, AGs, free supervised time, lunch. Please do not include the time spent in after-school care if you go there!

- | | | | |
|----------------------|---|--------------------------|-------------------------------|
| Yes, every week | 1 | <input type="checkbox"/> | } → Continue with question 13 |
| Yes, every two weeks | 2 | <input type="checkbox"/> | |
| Yes, less often | 3 | <input type="checkbox"/> | |
| No, never | 4 | <input type="checkbox"/> | → Continue with question 14 |

13 What time does school start on Saturday and what time does it end?

sclsabh
sclsabm
sclsahh
sclsahm

Time:	Saturday	
	Hour	Minute
Start:	<input type="text"/>	<input type="text"/>
End:	<input type="text"/>	<input type="text"/>

14 Now we want to know about where you go after school. How many hours do you spend there during the week, in other words, how many hours altogether from Monday to Friday? And how many hours altogether on Saturday and Sunday?

care13h
care14h

care15h
care16h

care17h
care18h

 Please enter full hours only! If not applicable, please enter "0"!

	Total hours Monday to Friday	Total hours Saturday and Sunday
After-school care	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Youth center, community center	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Sports club, other recreational facility	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

15 Where do you usually do your homework?

hwplace_v2

 Please select one answer only.

At home	1 <input type="checkbox"/>
At school, in the after-school club	2 <input type="checkbox"/>
In the youth center, community center	3 <input type="checkbox"/>
With relatives such as grandparents	4 <input type="checkbox"/>
With friends, neighbours	5 <input type="checkbox"/>
Elsewhere	6 <input type="checkbox"/>
I have no homework	7 <input type="checkbox"/>

16 How much time do you usually spend on your homework and studying for school?

hwduration

 Please select one answer only.

Less than half an hour per day	1 <input type="checkbox"/>
A half hour to one hour per day	2 <input type="checkbox"/>
One to two hours per day	3 <input type="checkbox"/>
Two to three hours per day	4 <input type="checkbox"/>
Three to four hours per day	5 <input type="checkbox"/>
Four or more hours per day	6 <input type="checkbox"/>

17 How often do the following people help you with your homework or studying for school?

helphmwk1
helphmwk2
shaus11
helphmwk3
helphmwk4
helphmwk5
helphmwk6
helphmwk7

 Please select one answer per line only.

	Never	Seldom	Sometimes	Often	Always	Person not present in my life
	1	2	3	4	5	6
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends or classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework supervision (for example, at school, youth center, community center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 How often do you take part in the following recreational activities?

freqact1
freqact2
freqact3
freqact15
freqact16
freqact4
freqact5
freqact6
freqact7
freqact8
freqact14
freqact9
freqact10
freqact11
freqact12
freqact13
freqact17
freqact18
freqact20
freqact19

 Please select one answer per line only.

	Every day	Every week	Every month	Less often	Never
	1	2	3	4	5
Watching TV / Video / DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using online social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a phone call (including skype or similar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange via SMS or Messenger (e.g. WhatsApp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other surfing on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do something with the family, e.g. excursions or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being together with girlfriends / boyfriends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance, theater, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting and handicrafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing nothing / relaxing / dreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to church, religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join a youth group (e.g. scouts, church groups, environmental groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work in a club / association / social organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for a pet / animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Do you get allowance money or regular financial support from your parents or other relatives?

Yes

☐

1

No

☐

2

→ Continue with question 21



20 How much allowance do you get per week / per month?

allowpw
allowpm

euros per week

or

euros per month

21 What would you say: How many close friends do you have?

frnds

If not applicable, please enter "0"!

Friends

22 We would like to know about your three best friends who you see regularly and who are around your age.

frnd1grad
frnd2grad
frnd3grad

If you are not sure of the answers, state what you think.
If you don't have three friends, answer for one, two or none.

What school-leaving qualifications do your three best friends want to attain?

Please select only one answer per friend.

	1st friend	2nd friend	3rd friend
Lower secondary school-leaving certificate (Hauptschulabschluss)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Upper secondary school-leaving certificate (Abitur)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Don't know	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

And how do you know your three best friends?

Please select only one answer per friend.

frnd1meet
frnd2meet
frnd3meet

	1st friend	2nd friend	3rd friend
Kindergarten	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Elementary school	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Same class	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Same school, but not same class	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Neighborhood	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Family / Relatives	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Club	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Church / religious organization	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Other	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

23 How often do your parents interfere with who you spend your time with or who your friends are?

frndspar

Very often	1	<input type="checkbox"/>
Often	2	<input type="checkbox"/>
Sometimes	3	<input type="checkbox"/>
Seldom	4	<input type="checkbox"/>
Never	5	<input type="checkbox"/>

24 Do you have older siblings?

siblings

Yes	1	<input type="checkbox"/>	No	2	<input type="checkbox"/>	→ Continue with question 26
-----	---	--------------------------	----	---	--------------------------	-----------------------------

↓


25 Now we have a question about three of your older siblings.

sbsnam1
sbsnam2
sbsnam3

☞ If you have more than three older siblings, please give the answers for the three oldest in order – i.e. the oldest brother or sister first. If you have fewer than three older siblings, give the answers for one or two. If you are not sure of the answers, state what you think.

Please also state the first name of the brother or sister:

sib1grad
sib2grad
sib3grad

	1st brother or sister	2nd brother or sister	3rd brother or sister
First name: 	<input type="text"/>	<input type="text"/>	<input type="text"/>
What school-leaving qualifications do you think your siblings want to attain?			
Lower secondary school-leaving certificate (Hauptschulabschluss)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Upper secondary school-leaving certificate (Abitur)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Don't know	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Does not apply	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

26 Where and with whom does do you 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.

eatweek1
eatweek2
eatweek3

eatwend1
eatwend2
eatwend3

☞ When we talk about family, we mean everyone who lives here with you.

	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)	I usually miss this meal
Weekdays:	1	2	3	4	5
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"/>
Weekend:					
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"/>

27 How tall are you (body height in cm)?

height

 If you don't know, please estimate.

--	--	--

 cm

28 How many kilograms do you currently weigh?

weight

 If you don't know, please estimate.


--	--	--

 kg

Your Friends, Siblings, Parents

29 The next question is about how your friends, your siblings and your parents behave towards you.

sorrow1
sorrow2
sorrow3
sorrow4
svsorrow7

 If you don't have one of these people in your life, for example, if you don't have any siblings, answer "person not present in my life"

How often do you turn to the following people when you have concerns?

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do the following people encourage or help you when something is important to you?

support1
support2
support3
support4
svvich7

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do the following people boss you around?

bossarnd1
bossarnd2
bossarnd3
bossarnd4
svkom7

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do the following people tell you that it is important that you do well at school, learn a lot?

motivate1
motivate2
motivate3
motivate4
svlob7

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


How often do you find yourself arguing with the following people?

quarrel1
quarrel2
quarrel3
quarrel4
sstr9

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


How Do You See Yourself?

30 There are a lot of different qualities that people can have—some are listed below. You will probably think that some of these describe you perfectly whereas others describe you partly or do not describe you at all. And with some of them you might be unsure or somewhere in between.

 Please answer on a scale from 1 to 7, where 1 means “Does not describe me at all” and 7 means “Describes me perfectly”.

	Does not describe me at all							Describes me perfectly							
	1	2	3	4	5	6	7		1	2	3	4	5	6	7
I am...															
... a thorough worker	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... communicative and talkative	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... sometimes a bit rude to others	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... original, someone who comes up with new ideas	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... a worrier	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... forgiving	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... somewhat lazy	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... outgoing, sociable	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... someone who values artistic, aesthetic experiences	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... nervous	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... effective and efficient in completing tasks	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... reserved	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... considerate and kind to others	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... imaginative	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... relaxed, able to deal with stress	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... eager for knowledge	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... someone with a positive attitude toward myself	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... someone who can easily do without something if I want to save up for something special	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... someone who would rather have fun today and not think about tomorrow	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

31 Are you generally a person who is willing to take risks or do you try to avoid taking risks?

 Please tick a box on the scale, where the value 0 means “Not at all willing to take risks” and the value 10 means “Very willing to take risks”.

Not at all willing to take risks							Very willing to take risks						
0	1	2	3	4	5	6	7	8	9	10			
<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>			

At Home

32 At your home, do you have ...

	Yes 1	No 2
... a desk all to yourself where you can do homework or study?	<input type="checkbox"/>	<input type="checkbox"/>
... a room for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
... books that are all yours (except your school books)?	<input type="checkbox"/>	<input type="checkbox"/>

33 At your home, do you have ...

	Yes 1	No 2
... learning software (for example, for computer, tablet, console)?	<input type="checkbox"/>	<input type="checkbox"/>
... books that are helpful for homework (other than your school books)?	<input type="checkbox"/>	<input type="checkbox"/>
... Classical literature (for example, books with poems)?	<input type="checkbox"/>	<input type="checkbox"/>
... musical instruments (for example, piano)?	<input type="checkbox"/>	<input type="checkbox"/>
... works of art (for example, paintings)?	<input type="checkbox"/>	<input type="checkbox"/>

34 Can you use the following devices at home? If so, also state whether you have these devices to yourself or whether you share them with other family members.

	No	Yes	Just used by me	Shared with others
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer / Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Game) Console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35 Does everyone who lives here in the household speak only German with you or do they also speak in another language?

Always German	1	<input type="checkbox"/>
Sometimes another language besides German	2	<input type="checkbox"/>
Always another language	3	<input type="checkbox"/>

36 In conclusion, we would like to ask you how satisfied you are with your life in general.

How satisfied are you with your life, all things considered?

Completely dissatisfied

0 1 2 3 4 5 6 7 8 9 10

Completely satisfied

A Please state your date of birth.gebt
gebm
gebj

Day		Month		Year					

B Are you...

sex_n

... male	1	<input type="checkbox"/>
... female	2	<input type="checkbox"/>
... "divers"	3	<input type="checkbox"/>

C When did you finish filling out the questionnaire?datt, datm
datst, datmi

Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
	Day		Month			Hour			Minute	

D Approximately how long did it take you to complete this questionnaire?

dauer2

<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes		

E Were other persons present while you were filling out the questionnaire?anw5
anw2
anw3
anw4 Please select all answers that apply.

1

Yes, my father / my mother	<input type="checkbox"/>
Yes, other person who is living in the same household	<input type="checkbox"/>
Yes, other person who does not live in the same household	<input type="checkbox"/>
No	<input type="checkbox"/>

→ Continue with question F

→ End of questionnaire

F Did any of the aforementioned people bother you while you were filling out the questionnaire?

abl

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

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

