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Research Report

SOEP-Core - 2019: Household (A-L3, M1-M2 + N-O)

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SOEP Survey Papers

Series A - Survey Instruments (Erhebungsinstrumente)

SOEP – The German Socio-Economic Panel at DIW Berlin

2020

SOEP-Core – 2019: Household (A-L3, M1-M2 + N-O)

Kantar Public

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.

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Series B – Survey Reports (Methodenberichte)
Series C – Data Documentation (Datendokumentationen)
Series D – Variable Descriptions and Coding
Series E – SOEPmonitors
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SOEP-Core – 2019: Household (A-L3, M1-M2 + N-O)

Kantar Public

München

LIVING IN GERMANY

Survey 2019

Household Questionnaire

The questions contained in this questionnaire deal with the household as a whole and not with the individuals in the household. The questionnaire should be completed by the same person in the household who did it last year if possible.

Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of **every** household.

We therefore cordially request that you **either**:

– allow our staff member to interview you

or

– carefully fill out this questionnaire yourself.

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

Household number

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

The questionnaire has been completed by:

First name

--

Person
number

--	--

1. Before completing this questionnaire for Living in Germany, it is important to first find out whether anything has changed in your household situation since the last survey or if everything has remained the same.

The first question deals with household composition—in other words, whether the same people are living in the same dwelling.

Which of the following applies to your household?

Surveyed in the same home or apartment at the same address:

- with no other change,
with the same person / same people
- but at least one person has joined
or left the household

☐
☐

→ Question 11

Surveyed for the first time in this home or apartment at this address:

- after a household from Living in Germany moved
- after a new Living in Germany household was founded because one
or more participants in Living in Germany joined the household

☐
☐
↓

2. When did this change occur—in other words, when did you move into this new dwelling after a move / after moving out of an existing household?

Month Year

3. What was the most important reason that led to this change- that is, to your move to a new home or out of your previous home?

 If there were several reasons, please give the one that played the main role in your decision!

- Termination of lease or uncertain rental situation..... ☐
- Work reasons (change of job, vocational training, university study) ☐
- Family reasons (change of relationship status, moved out of
parents' home, inheritance)..... ☐
- Reasons relating to the house or apartment (cost, size, amenities) ☐
- Neighborhood / location of house or apartment ☐
- Other reasons..... ☐

Please
state:

4. How does your new dwelling compare to your previous one?
Is your new dwelling better, about the same, or worse overall than the previous one?

 Please mark only **one** per row!

	Better	About the same	Worse
What about ...			
– costs (e.g., rent).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– the size of the dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– how the dwelling is designed, equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– living environment (noise, exhaust fumes, pollution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– access to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– relationships / contact with neighbors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Relationship / contact with the landlord / property management company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you describe your neighborhood?

- A residential area with mostly old buildings.....☐
- A residential area with mostly newer buildings.....☐
- A mixed-use residential and commercial / industrial neighborhood☐
- A commercial area (shops, banks, offices) with few residential dwellings☐
- An industrial area with few residential dwellings☐

6. What kind of building do you live in?

- Farm house☐
- Detached house containing 1 or 2 dwellings (one above the other)☐
- Row house or duplex (with one dwelling next to the other).....☐
- Residential building containing 3 or 4 dwellings.....☐
- Residential building containing 5 to 8 dwellings☐
- Residential building containing 9 or more dwellings
(up to 8 stories)☐
- High-rise building (9 or more stories)☐

7. When, approximately, was the building in which your dwelling is located built?

- Before 1919.....☐
- 1919 to 1948.....☐
- 1949 to 1971.....☐
- 1972 to 1980.....☐
- 1981 to 1990.....☐
- 1991 to 2000.....☐
- 2001 to 2010.....☐
- 2011 or later☐

8. Can you provide the exact year
in which the building was built?

- Yes.....☐ please state: in the year
- No.....☐

9. Is it a boarding house or similar accommodation?

- Yes.....☐ ⇒
- No.....☐
- ↓

10. What kind of group housing (dorm, shelter, boarding house, etc.) is it?

- Dorm for young adults, secondary school students, or
university students.....☐
- Boarding house for workers☐
- Nursing / retirement home.....☐
- Other type of group housing or shelter.....☐

Please
state:

11. Has the size of your dwelling changed within the last year,
e.g., due to remodeling or changes in usage?

- Yes.....☐
- No.....☐

12. How large is the total living area of this dwelling?..... m²

13. How many rooms does the dwelling have?

☞ Include all rooms of 6m² or more but **exclude** kitchen and bathroom ... rooms

14. What do you think about the total size of your dwelling?

For the size of your household, is it ...

- much too small.....☐
- a bit too small.....☐
- just right☐
- a bit too large☐
- much too large☐

15. How would you describe the condition of the building you live in?

- In good condition☐
- In need of partial renovation.....☐
- In need of complete renovation☐
- Near collapse☐

16. Which of the following apply to your household?

**If no: is this for
financial or other reasons?**

	Yes	No		Financial reasons	Other reasons
There is an Internet connection in the household	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
There are one or more cars in the household.	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
I/we have money set aside for emergencies	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
I/we go away on vacation at least one week a year	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
I/we have friends over for dinner at least once a month.....	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
I/we eat a hot meal with meat, fish, or poultry at least every other day	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
We go out at least once a month for leisure activities like movies, concerts, sporting events, etc.	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
I/we replace furniture that is worn out but still usable with new furniture.....	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
Worn-out clothes are replaced with new ones	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
I/we keep our home comfortably warm in the colder months	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in the household has a small amount of weekly spending money for his or her own personal use.....	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in the household has at least two pairs of outdoor shoes that fit properly (all-weather shoes included).....	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>

17. Did this dwelling change ownership within the last year?

Yes.....☐
↓

No☐ ➡ **Question 19**

18. What kind of change in ownership occurred?


I am / we are ...

- now owner(s)☐ because I / we ...
 - purchased the dwelling☐
 - inherited or was/were given the dwelling☐
- no longer owner(s)☐ because ...
 - I / we sold the dwelling☐
 - gave / bequeathed it / other☐
- still tenants, but it is now
owned by someone else☐


19. The next questions deal with the costs of living in your dwelling.

First the question: Are you the main tenant, subletter, or owner?

In the case of life tenancy or lifelong right of residence, please answer under main tenant.


Main tenant..... ☐  **Question 29**

Subletter..... ☐

Owner..... ☐ 

20. Do you still owe money, for example, on loans or a mortgage, for the dwelling / building you live in?

Yes..... ☐ 

No..... ☐ 

21. How much are your monthly amortization and interest payments for this loan / these loans?

If you don't know the exact amount: **please estimate!**

euros per month

22. Did you have to pay for maintenance or modernization of this dwelling / building where you live in the last calendar year?

Yes..... ☐ 

No..... ☐ 

23. What were your maintenance or modernization costs for this dwelling / building where you live in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros in the last calendar year

24. How much was the property tax for this dwelling / building where you live in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros per year

No property tax ☐

25. What were your heating costs (including hot water) in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros per year

No heating costs ☐

26. What were your electricity costs in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros per year

No electricity costs ☐

27. And how much did you pay in the last calendar year for water, garbage removal, street cleaning, and other additional costs not mentioned above?

If you don't know the exact amount: **please estimate!**

euros per year

No other additional costs ☐

28. Have you received Baukindergeld, a subsidy for first-time home buyers with children?

Yes..... ☐

No..... ☐

Skip now to question 39

For tenants only

29. Is this dwelling government-subsidized housing (*Sozialwohnung*)?

Yes..... ☐ No ☐

30. Is the owner of the dwelling allowing you to use it at no or low rent? For example, is it owned by your employer or a relative or are you living there in exchange for doing building maintenance or janitorial work?

 This also refers to life tenancy or lifelong right of residence.

Yes..... ☐ No ☐

31. Who is the owner of the dwelling?

Private owner ☐

Private company..... ☐


Professional organization or union. ☐

Non-profit organization
(church, foundations, etc.)..... ☐

Municipal government ☐

My employer..... ☐

32. What is your monthly rent?


 Please list the amount you pay in rent either including or excluding heating costs, depending on which amount you know better!

euros Do not pay rent
but do pay utilities..... ☐

Do not pay either
rent or utilities..... ☐ ➔ Q. 39




33. Is heating included in the rent stated above?

 If rent was stated!

Yes..... ☐ No ☐

34. What are your average monthly heating costs (including hot water)?

 If you don't know the exact amount, please state or estimate your monthly heating payment!

euros per month No heating costs..... ☐

35. Is electricity included in the rent stated above?

 If rent was stated!


Yes..... ☐ No ☐

36. What are your monthly electricity costs?

 If you don't know the exact amount, please state or estimate your monthly electricity payment!

euros per month No electricity costs ☐

37. Are other additional expenses not previously mentioned such as water, garbage removal, etc. included in the rent stated above?

 If rent was stated!

Yes..... ☐ No ☐


38. What are your other average monthly costs for water, garbage removal, etc.-
in other words, all additional costs?


 If you don't know the exact amount, please state or estimate your monthly payment!

euros per month No other additional costs ☐

Now some more questions for everyone!

39. Did you or someone in your household receive income from letting or leasing property (land / dwelling) last year?

 Please state actual income, not the value of tax subsidies for owner-occupied housing.

Yes..... ☐ 

No ☐ ➔ Question 47


40. What was your total income from letting and leasing last year?

 If you don't know the exact amount: **please estimate!**

Please state the gross amount including savings for future maintenance / renovation ... euros in the year 2018

41. Did you have any expenses for maintenance or modernization of the properties you let or leased in the last calendar year?

Yes..... ☐ ➔

No..... ☐ 


42. What were your expenses for maintenance or modernization of the properties you let or leased in the last calendar year?

 If you don't know the exact amount: **please estimate!**

euros for the year 2018

43. Were there any loan, mortgage, or interest payments for these properties you let or leased in the last calendar year?

Yes..... ☐ ➔

No..... ☐ 


44. What were the loan, mortgage, and interest payments for these properties you let or leased in the last calendar year?

 If you don't know the exact amount: **please estimate!**

euros for the year 2018

45. Will you be able to deduct these expenses from the last year from your taxes or declare them as losses?

Yes..... ☐ ➔


No..... ☐ 


46. How much of these expenses in the last calendar year can you claim as deductions or losses on your tax return?

 If you don't know the exact amount: **please estimate!**

euros for the year 2018

47. Are you or is someone in your household currently paying back loans and interest on loans that you took out for large purchases or other expenditures?

 Please **do not include** loan, mortgage, or interest payments stated in answer to previous questions.

Yes..... ☐ 

No ☐ ➔ Question 49

48. How much do you pay per month on these loans?

 If you don't know the exact amount: **please estimate!**

Loan repayment (include interest payments).. euros per month

49. Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as an inheritance in the last calendar year?

We are only referring to money or assets worth more than 500 euros!

Yes..... ☐ ➡

50. What was the sum monetary value of the inheritance(s)?

If you don't know the exact amount: **please estimate!**

No..... ☐



euros for the year 2018

51. Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as a gift in the last calendar year?

We are only referring to money or assets worth more than 500 euros!

Yes..... ☐ ➡

52. What was the sum monetary value of the gift(s)?

If you don't know the exact amount: **please estimate!**

No..... ☐



euros for the year 2018

53. Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as lottery winnings in the last calendar year?

We are only referring to money or assets worth more than 500 euros!

Yes..... ☐ ➡

54. What was the sum monetary value of the lottery winning(s)?

If you don't know the exact amount: **please estimate!**

No..... ☐



euros for the year 2018

55. Did you or another member of the household own any of the following savings or investment securities last year?

Savings account (*Sparbuch / Spargirokonto / Tagesgeldkonto*)..... ☐

No, none

of these..... ☐

➡ Question 59

Savings plan to build a home (*Bausparvertrag*) ☐

Life insurance ☐

Fixed-interest securities (e.g., saving bonds, mortgage bonds, federal savings bonds) ☐

Other securities (e.g., stocks, funds, bonds, equity options) ☐

Company assets (in your own company, other companies) ☐

56. Can you deduct losses on these investments from your taxes for the last year? How much?

If you don't know the exact amount, **please estimate!**

Yes..... ☐ please state: euros

No..... ☐

57. What was your total income from interest, dividends, profits, and profit distribution from all of your investments in the last calendar year?

In the last calendar year euros

Don't know..... ☐



58. Please estimate according to the following list:

less than 250 euros..... ☐

250 up to but less than 1,000 euros..... ☐

1,000 up to but less than 2,500 euros..... ☐

2,500 up to but less than 5,000 euros..... ☐

5,000 up to but less than 10,000 euros..... ☐

10,000 euros or more ☐

59. Did you or one of the members of your family receive any of the following benefits last year?

In 2018

Number of months Average amount per month

Child benefit (*Kindergeld*)

Yes..... ☐ ⇒

No..... ☐

If applicable, excl. supplementary child benefit

Supplementary child benefit (benefit for low wage earners applied for in addition to child benefit)

We are not referring here to benefits that are part of the educational package

Yes..... ☐ ⇒

No..... ☐

Benefits from the educational package for one or more children

Yes..... ☐ ⇒

No..... ☐

Unemployment benefit II (Hartz IV), including social benefit and accommodation expenses

Yes..... ☐ ⇒

No..... ☐

Long-term care insurance benefits (*Pflegevers.*)

Yes..... ☐ ⇒

No..... ☐

Monthly subsistence allowance / Assistance in special circumstances

Yes..... ☐ ⇒

No..... ☐

If applicable, incl. accommodation expenses

Basic income support for the elderly / those with reduced earning capacity

Yes..... ☐ ⇒

No..... ☐

If applicable, incl. accommodation expenses

Housing benefit

(for rental and owner-occupied housing)

If not included in accommodation expenses under unemployment benefit II / monthly subsistence... / basic income support for the elderly

Yes..... ☐ ⇒

No..... ☐

Please go to **question 60** on this page (if not already completed)!

60. And what is the situation now? Are you or is another member of your household currently receiving any of the following types of government benefits?

Currently

Amount per month

Child benefit (*Kindergeld*)

Yes ☐ ⇒

children

No..... ☐

If applicable, excl. supplementary child benefit

Supplementary child benefit (benefit for low wage earners applied for in addition to child benefit)

We are not referring here to benefits that are part of the educational package

Yes ☐ ⇒

No..... ☐

Benefits from the educational package for one or more children

Yes ☐ ⇒

No..... ☐

Unemployment benefit II (Hartz IV), including social benefit and accommodation expenses

Yes ☐ ⇒

No..... ☐

Long-term care insurance benefits (*Pflegevers.*)

Yes ☐ ⇒

No..... ☐

Monthly subsistence allowance / Assistance in special circumstances

Yes ☐ ⇒

No..... ☐

If applicable, incl. accommodation expenses

Basic income support for the elderly / those with reduced earning capacity

Yes ☐ ⇒

No..... ☐

If applicable, incl. accommodation expenses

Housing benefit




(for rental and owner-occupied housing)

If not included in accommodation expenses under unemployment benefit II / monthly subsistence... / basic income support for the elderly

Yes ☐ ⇒

No..... ☐

61. If you look at the total income of all of the members of your household:
what is your monthly household income today?

-  Please state the net monthly income, which means after deductions for taxes and social security.
-  Please include regular income such as pensions, housing allowances, child benefits, grants for higher education, maintenance payments, etc.
-  If you do not know the exact amount, euros per month
please estimate the amount per month


62. Does your household usually have a certain amount of money left at the end of the month that you can put aside or into a savings account?

This could consist of regular deposits into savings for asset accumulation, for example: bank savings plans, Riester or Rürup retirement plans, other private pension plans, building loan agreements, endowment life insurance policies, or government-subsidized asset accumulation savings plans.

We are also referring to “saving for a rainy day”—for major purchases or for emergencies—as well as saving to pay off loans ahead of schedule.

- Yes, savings for asset accumulation ☐ approximately euros per month
- Yes, precautionary savings..... ☐ approximately euros per month
- No..... ☐

63. Do you regularly or occasionally pay someone to provide household help?

- Yes, regularly..... ☐ 
- Yes, occasionally..... ☐
- No..... ☐

64. How much do you pay per month on average?

euros per month

Your neighborhood


65. How has your neighborhood changed in the last five years in the areas listed below, and do you see a need for improvement in these areas?

	Improved	Stayed the same	Declined	Don't know	Needs improvement	
					Yes	No
Condition of houses and buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of public green spaces and parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of public sports and recreational facilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security and safety from crime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. How far is it from here to the center of the nearest big city?

- Home is located in the center of a big city..... ☐
- Less than 10 km ☐
- 10 to under 25 km ☐
- 25 to under 40 km ☐
- 40 to under 60 km ☐
- 60 km or more ☐

67. How long does it take to get to the following places in your neighborhood on foot?

 If you don't go to one of the places listed below, please state how long it would take if you did!

	Less than 10 minutes	10-20 minutes	More than 20 minutes	Does not exist / not reachable on foot
Convenience stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants, bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank machine, cash point, or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family doctor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper secondary school (Gymnasium).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public green space.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public sports or recreational facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus stop or public transport station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. To what extent do you feel that the following environmental factors affect you adversely in this neighborhood?

	Not at all	Minimally	To a tolerable extent	Significantly	Severely
Noise pollution.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <u>lack</u> of accessible public green spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. What about crime? How safe is your neighborhood?

Very safe ☐

Safe ☐

Unsafe ☐

Very unsafe ☐

70. When you think about the overall situation in your neighborhood, how would you rate...

	Very good	Good	Satisfactory	Bad	Very bad
– your neighborhood from your personal perspective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– other people's perception of your neighborhood- that is, its reputation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**71. How would you evaluate the relationships among people in this neighborhood?
Which statement fits best?**

People barely know each other ☐

People talk to each other occasionally ☐

There is a relatively strong sense of community ☐

It varies / I can't really say ☐

72. How many families in your neighborhood are not from Germany?

- All ☐
- Most..... ☐
- Around half ☐
- Around one fourth..... ☐
- Fewer than one fourth ☐
- None..... ☐

73. How close is your contact with your neighbors in this building or in this neighborhood?

- Very close..... ☐
- Close ☐
- Moderate ☐
- Occasional..... ☐
- None..... ☐

74. Do you have neighbors who you get along with so well that you visit each other at home?

- Yes..... ☐ ➡
- None..... ☐
- ↓

75. How often do you normally visit each other?

- Almost every day..... ☐
- At least once a week ☐
- At least once a month..... ☐
- Less often..... ☐

Does your household have ...?

76. Does someone in your household need care or assistance on a constant basis due to age, sickness, or medical treatment?

Yes..... ☐

↓

No ☐ ➡ **Question 85**

77. How many people in need of care are there in your household?

person(s) in need of care

78. Who is it, and which of the following activities does he or she need assistance in?

☞ *Please state the person's first name. If there is more than one person in need of care in the household, please state the person most in need of care.*

First name of the person in need of care.

Needs assistance with ...

- errands outside the home..... ☐
- running the household, preparing meals and drinks ☐
- minor care, such as help with getting dressed,
washing, combing hair, shaving ☐
- major care, such as getting in and out of bed,
bowel movements ☐

79. Does the person in need of care receive long-term care insurance benefits (*Pflegeversicherung*)?

Yes.....☐
↓

No☐ ➡ Question 81

80. What “degree of care” (*Pflegegrad*) has the person requiring assistance or care been assessed to need?

Degree of care 1.....☐
Degree of care 2.....☐
Degree of care 3.....☐
Degree of care 4.....☐
Degree of care 5.....☐

81. Was this person officially assessed and certified as having a limited ability to carry out everyday activities?

Yes.....☐

No.....☐

82. Who provides this person with the needed assistance?

- relatives in the household.....☐ ➡
- charitable organizations (Caritas, Diakonie, ASB, DRK, AWO, etc.).....☐
- private care service☐
- friends / acquaintances / neighbors.....☐
- relatives outside the household.....☐
- other regular care providers☐

Please give the name of the person in the household who provides most of the assistance

83. Does this person / do these people receive financial support for that?

Yes☐ No☐

84. Does the household have regular expenses for the person requiring assistance or care that are not covered by health or long-term care insurance (e.g., transportation, medications, technical aids, care provider, ...)?

☞ *If the household has regular expenses for more than one person in the household who requires assistance or care, please state the total amount.*

Yes.....☐ please state: euros per month

No.....☐

85. Does your household have regular expenses for people requiring assistance or care who do not live in your household and who are not covered by health or long-term care insurance (e.g., expenses for accommodations, transportation, medication, equipment, nurse/caregiver, etc....)?

☞ *If your household has expenses for more than one person outside the household who requires assistance or care, please state the total amount.*

Yes.....☐ please state: euros per month

No.....☐

86. Are there children born in 2003 or later living in your household?

Yes..... ☐

No ☐ ➔ **Question A on the last page!**



87. What year were these children born?

Please answer for each child separately. Start with the oldest child, born in 2003 or thereafter, and then list the rest of the children in order of age, with the youngest child last.

Please state: ➔

First name:

--	--	--	--

Year of birth:

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

88. What school does your child currently attend?

No longer in school ☐ ➔ Q.A ☐ ➔ Q.A ☐ ➔ Q.A ☐ ➔ Q.A

Not yet in school ☐ ➔ Q.95 ☐ ➔ Q.95 ☐ ➔ Q.95 ☐ ➔ Q.95

Elementary school (*Grundschule*, including *Förderstufe*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Lower secondary school (*Hauptschule*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Intermediate school (*Realschule*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Upper secondary school (*Gymnasium*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Comprehensive school (*Gesamtschule*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Vocational school (*Berufsschule*)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Other type of school

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

89. Is it a school with a special teaching concept such as a ...

Waldorf school, Montessori school, etc.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

School for children with special needs, speech defects, etc.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

No, none of the above

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

90. Does the child usually stay at school all day?

Yes.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

No.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

91. If you want, does the facility provide the child with lunch?

Yes.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

No.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

92. What type of school is it? It is:

Public (state-run)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Religious.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Non-profit, including Free Alternative Schools

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Private

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

93. Is the child currently in after-school day care (*Schulhort*) or a comparable child care program at school?

Yes.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

No.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

94. How much does the school cost you?

Average monthly cost in euros

--	--	--	--

Nothing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Skip now to question 100

Please write the names of your children again from the previous page:



--	--	--	--

95. Is the child currently in nursery school, pre-school, or day care (Kinderkrippe / Kindergarten / Kindertageseinrichtung)?

No, he/she does not attend any of these.....

☐

➡ Q. 100

☐

➡ Q. 100

☐

➡ Q. 100

☐

➡ Q. 100

Yes, approximately hours per day:.....

96. Does the school or facility serve lunch to your child if you choose?

Yes.....

☐
☐
☐
☐

No.....

☐
☐
☐
☐

97. What type of school or facility is it? It is:

Public (for example, state-run daycare)

☐
☐
☐
☐

Religious or other non-profit.....

☐
☐
☐
☐

Non-profit private school or facility founded by an association of parents.....

☐
☐
☐
☐

Employer-operated (for example, company daycare).....

☐
☐
☐
☐

For-profit private (for example, private daycare).....

☐
☐
☐
☐

98. How much do you pay for the school or facility?

Average monthly cost in euros

Nothing

☐
☐
☐
☐

99. Since what year has the child been attending this childcare facility?

100. Are there any other people who regularly take care of the child (aside from members of the household)?

Yes, babysitter (*Tagesmutter*) outside the home

☐
☐
☐
☐

Yes paid caregiver (*Betreuungsperson*) comes into the home

☐
☐
☐
☐

Yes, relatives

☐
☐
☐
☐

Yes, friends / acquaintances / neighbors

☐
☐
☐
☐

No.....

☐
☐
☐
☐

101 Is the care provided for free, or do you pay this person / these people something?

The child care costs – euros per month

No, it doesn't cost anything

☐
☐
☐
☐

Implementation of the interview

A When did you finish filling out the questionnaire?

Date Time :
Day Month Hour Minute

B How did you complete the interview?

Oral interview ☐

Respondent completed the questionnaire him/herself,
please specify:

– in the presence of the interviewer ☐

– without the interviewer present ☐

Partly as an oral interview, partly him/herself ☐

C Duration of the interview:

The oral (part of the) interview lasted minutes

The respondent needed minutes

(please ask respondent)

D Other notes:

Thank you!

Please don't forget to fill out the individual form!

Listen-Nr.

Lfd. Nr.

**Ich bestätige die korrekte
Durchführung des Interviews:**

Abrechnungs-Nummer

Unterschrift des Interviewers