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Research Report

SOEP-Core - 2021: Household (A-L3, M1-M2 + N-Q)

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1206²⁰²²

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Household (A-L3, M1-M2 + N-Q)

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: Household (A-L3, M1-M2 + N-Q)

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

Household

Dear participant,

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.

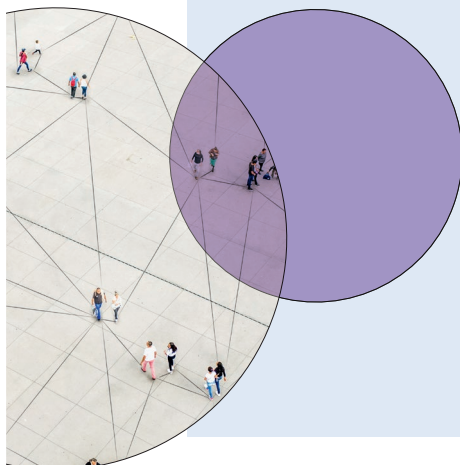
We therefore cordially request that you either

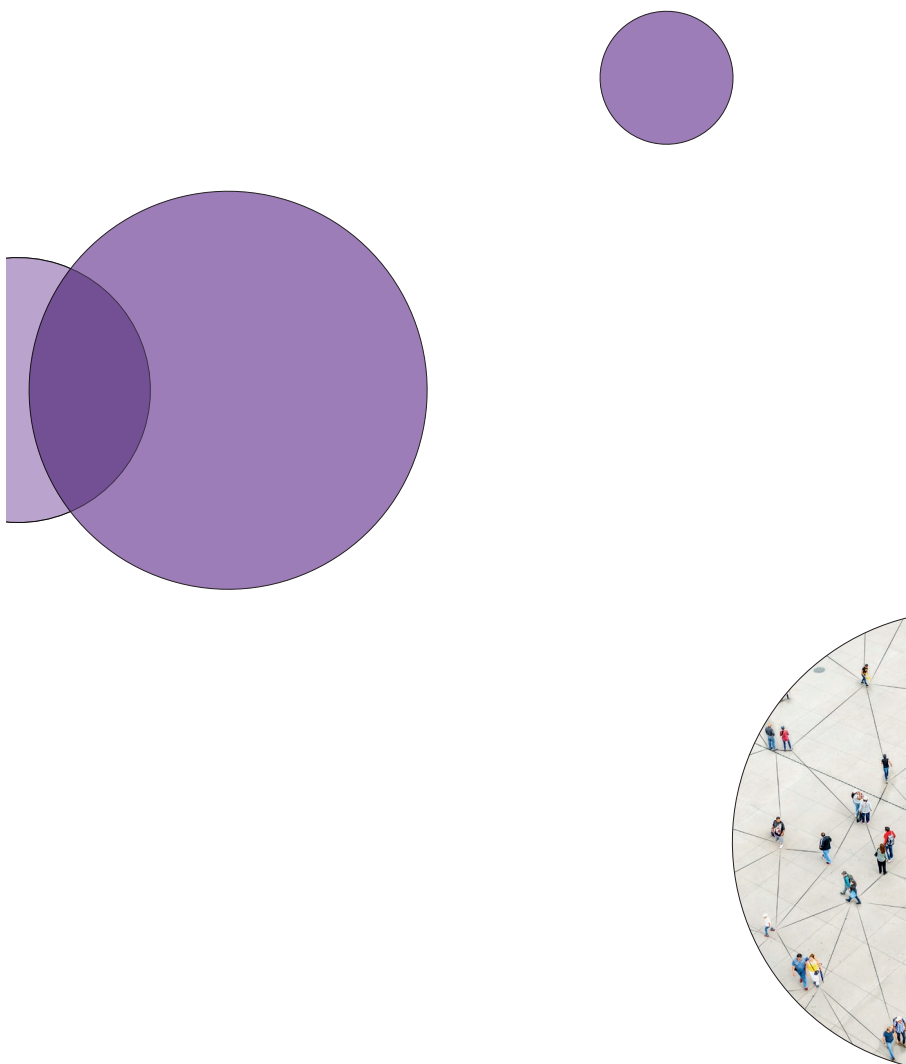
- allow our staff member to interview you
- or carefully fill out this questionnaire yourself.

This questionnaire is to be filled out by
(*may also be filled out by Interviewer*):

First name:

<Vorname>





Questionnaire

Household

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

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

Interviewernummer

infas

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7701/HH-EN/2021

<LFD/Personen-Nr>

How should the questionnaire be filled out?

Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

Example:

Yes ☒

No ☐

If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

Example:

Yes ☒

No ☒


When filling out the questionnaire, please pay attention to the instructions for each question:

Example:

 Please select one answer only.

If there is a blank for you to write your answer in, please print your answer in the blank:

Example:

Country: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:


If you should skip certain questions, there will be specific instructions:

Example:

Yes ☐ → Continue with question 11

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!

Further information


If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.

You can call us during normal business hours at our toll-free number, 0800–6677876, or send us an e-mail at LiD@infas.de. We will respond to e-mails as quickly as possible. For more information on the study, please see the infas homepage at: www.leben-in-deutschland.de

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. Please tell us which applies.

hl0094

 “Last survey” refers to the last regular survey and not to the last supplementary surveys “Life During COVID19” or “Living in Germany – Corona-Monitoring”.

 Please select one answer only.

My household lives in the same home or apartment at the same address ...

... and no one has joined or left the household since then 1 ☐

... but since then at least one person
has joined or left the household 2 ☐

 Continue with question 11

My household lives in a new home or apartment at a new address ...

... after the household has moved, due to the arrival
of one or more participants of “Living in Germany” 3 ☐

... after new household formation 4 ☐

 Continue with question 2

2

When did this change occur – in other words, when did you move into this new dwelling after a the move mentioned above?

hlF0106
hlF0107_v2

Month Year

3

What were the most important reasons that led to this change, that is, to your move to a new home or out of an existing household?

hlF0108_v16
humzso

 Please give up to three reasons!

Termination of lease or uncertain rental situation 1 ☐

Work reasons (change of job, vocational training, university study) 2 ☐


Family reasons (change of relationship status, moved out of parents' home, inheritance) 3 ☐

Reasons relating to the house or apartment (cost, size, amenities) 4 ☐

Neighborhood / location of house or apartment 5 ☐

Other reasons 6 ☐

 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?

hlf0126
hlf0127
hlf0128
hlf0129
hlf0130
hlf0131
hlf0132
hlf0526

 Please select only one per line!

What about ...	Better 1	About the same 2	Worse 3
... 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"/>
... features and amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... neighborhood / location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... enviromental surroundings (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?

hlf0153_v3

 Please select one answer only.

A residential area with mostly old buildings	1 <input type="checkbox"/>
A residential area with mostly newer buildings	2 <input type="checkbox"/>
A mixed residential and commercial area with apartments, houses, shops and businesses	3 <input type="checkbox"/>
A commercial area (shops, banks, offices) with very few residential dwellings	4 <input type="checkbox"/>

6 What kind of building do you live in?


hlf0154_v3

 Please select one answer only.

Farm house	1 <input type="checkbox"/>
Detached house containing 1 or 2 dwellings (one above the other)	2 <input type="checkbox"/>
Row house or duplex (with one dwelling next to the other)	3 <input type="checkbox"/>
Residential building containing 3 or 4 dwellings	4 <input type="checkbox"/>
Residential building containing 5 to 8 dwellings	5 <input type="checkbox"/>
Residential building containing 9 or more dwellings (up to 8 stories)	6 <input type="checkbox"/>
High-rise building (9 or more stories)	7 <input type="checkbox"/>

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

hlf0016

Before 1919	1 <input type="checkbox"/>	 Continue with question 9
1919 to 1948	2 <input type="checkbox"/>	
1949 to 1971	3 <input type="checkbox"/>	
1972 to 1980	4 <input type="checkbox"/>	 Continue with question 8
1981 to 1990	5 <input type="checkbox"/>	
1991 to 2000	6 <input type="checkbox"/>	
2001 to 2010	7 <input type="checkbox"/>	 Continue with question 9
2011 to 2020	8 <input type="checkbox"/>	
2021	9 <input type="checkbox"/>	

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

hlf0596
hlf0017

Yes ☐ ¹ → please state:

No ☐ ²

9 Is it a boarding house or similar accommodation?

hlf0682

Yes ☐ ¹ No ☐ ² → Continue with question 11



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

hlf0155_v3
hheimso

Dorm for young adults, secondary school students, or university students ☐ ¹

Boarding house for workers ☐ ²

Nursing / retirement home ☐ ³

Other type of group housing or shelter ☐ ⁴

↓ Please state:



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

hlf0018

Yes ☐ ¹

No ☐ ² → Continue with question 14

12 How large is the total living space in this dwelling?

hlf0019_v1

 m²

13 How many rooms does the dwelling have?

hlf0021_v1

📖 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?

hlf0071_v1

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

... much too small ☐ ¹

... a bit too small ☐ ²

... just right ☐ ³

... a bit too large ☐ ⁴

... much too large? ☐ ⁵

15 Which of the following apply to your household?

hlf0178_v1
hlf0179

 Please give an answer in each line.

hlf0180
hlf0181

hlf0186
hlf0187

hlf0188
hlf0189

hlf0190
hlf0191

hlf0192
hlf0193

hlf0613
hlf0614

hlf0194
hlf0195

hlf0615
hlf0616

hlf0617
hlf0618

hlf0619
hlf0620

hlf0621
hlf0622

	Yes	No	If no: is this for financial or other reasons?	
			Financial reasons	Other reasons
	1	2	1	2
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"/>
The household has financial reserves 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"/>
Friends are invited for a meal at least once per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have 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 take part in leisure activities at least once a month such as going to the movies, a concert, a sporting event, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worn-out furniture is replaced with new furniture, even if it is still functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worn-out clothing is replaced with new clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dwelling is always kept comfortably heated in the colder months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in the household has a small sum of money available for personal use each week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in the household owns at least two pairs of outdoor shoes in the right size (including an all-weather pair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Did this dwelling change ownership within the last year?

hlf0006

Yes ☐ No ☐ → Continue with question 18

17 What kind of change in ownership occurred?

hlf0015
hlf0007_v4
hlf0009

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 ☐

18 The next questions deal with the costs of living in your dwelling. First the question: Are you the main tenant, subletter, or owner?

hlf0001_v3

 If you have the right to reside there rent-free or if you have lifelong tenancy, please answer under main tenant.

Main tenant

1 ☐

Subletter

2 ☐

Owner

3 ☐

Nursing Home / Retirement Community

4 ☐

→ Continue with question 28

→ Continue with question 19

→ Continue with question 31

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

hlf0087_v2

Yes

1 ☐

No

2 ☐

→ Continue with question 21

20 What are your monthly payments including interest on this/these loan(s) or mortgage(s)?

hlf0088_v2

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

euros per month

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

hlf0599

Yes

1 ☐

No

2 ☐

→ Continue with question 23

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

hlf0600

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

euros in the last calendar year

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

hlf0601

hlf0602

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

euros per year

No property tax

1 ☐

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

hlf0090_v2

hlf0603

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

euros per year

No heating costs

1 ☐

25 What were your electricity costs in the last calendar year?

hlf0084

hlf0604

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

euros per year

No electricity costs

1 ☐

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

hlf0091_v3
hlf0605

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

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

euros per year

No other additional costs

1 ☐

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

hlc0210

Yes 1 ☐

No 2 ☐

→ Continue with question 38

28 Is this dwelling government-subsidized housing (Sozialwohnung)?

hlf0011_v5

Yes 1 ☐

No 2 ☐

29 Is the dwelling being provided to you at reduced rent by the owner, for example, your employer or a relative, or in exchange for building maintenance / janitorial work?

hlf0073

 This includes the right to reside there rent-free and lifelong tenancy.

Yes 1 ☐

No 2 ☐

30 Who is the owner of the dwelling?

hlf0013_v3

 Please select one answer only.

Private owner 1 ☐

Private company 2 ☐

Professional organization or union 3 ☐

Non-profit organization
(church, foundations, etc.) 4 ☐

Municipal government 5 ☐

My employer 6 ☐

31 What is your monthly rent?

hlf0074_v2
hlf0075_v2

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

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

euros

→ Continue with question 32

Do not pay rent but do pay utilities 2 ☐ → Continue with question 32

Do not pay either rent or utilities 3 ☐ → Continue with question 38

32 Is heating included in the rent stated above?

hlf0607

Yes 1 ☐

No 2 ☐

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

hlf0069_v5
hlf0077_v2

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

euros per month

No heating costs

1 ☐

34 Is electricity included in the rent stated above?

hlf0608

Yes 1 ☐

No 2 ☐

35 What are your monthly electricity costs?

hlf0078
hlf0079

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

euros per month

No electricity costs

1 ☐

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

hlf0610

Yes 1 ☐

No 2 ☐

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

hlf0081_v2
hlf0082

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

euros per month

No other additional costs

1 ☐

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

hlc0007

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

Yes 1 ☐

No 2 ☐

→ Continue with question 46



39 About what was your total income from letting and leasing last year?

hlc0008_v2

 *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 2020

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

hlc0176

Yes ☐ ¹

No ☐ ²

→ Continue with question 42



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

hlc0111_v2

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

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

euros for the year 2020

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

hlc0177

Yes ☐ ¹

No ☐ ²

→ Continue with question 44



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

hlc0112_v2

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

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

euros for the year 2020

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

hlc0009

Yes ☐ ¹

No ☐ ²

→ Continue with question 46



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

hlc0010

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

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

euros for the year 2020

46 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?

hlc0113_v2

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

Yes ☐ ¹

No ☐ ²

→ Continue with question 48



47 How much do you pay per month on these loans?

hlc0114_v3

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

Loan repayment (including interest payments) euros per month

--	--	--	--	--

48 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?

hlc0178

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

Yes ☐ ¹ No ☐ ² → Continue with question 50



49 What was the total monetary value of the inheritance(s)?

hlc0179

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

euros for the year 2020

50 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?

hlc0180

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

Yes ☐ ¹ No ☐ ² → Continue with question 52



51 What was the total monetary value of the gift(s)?

hlc0181

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

euros for the year 2020

52 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?

hlc0182

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

Yes ☐ ¹ No ☐ ² → Continue with question 54



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

hlc0183

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

euros for the year 2020

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

hlc0098

hlc0105

hlc0106

hlc0104

hlc0107

hlc0108

hlc0093

Please select all that apply.

Savings account
(Sparbuch / Spargirokonto / Tagesgeldkonto) ☐

Savings plan to build a home (Bausparvertrag) ☐

Life insurance ☐

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

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

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

No, none of the above ☐

¹ } → Continue with question 56
} → Continue with question 55
} → Continue with question 58

55 Can you deduct losses for any of the above from your taxes for the last year? How much?

hlc0094
hlc0095

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

Yes ☐ euros

No ☐ ☐

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

hlc0013_v2
hlc0184

In the last calendar year euros Continue with question 58

Don't know ☐ Continue with question 57

57 Please estimate according to the following list:

hlc0014

Please select one answer only.

Less than 250 euros ☐ ☐

From 250 to less than 1,000 euros ☐ ☐

From 1,000 to less than 2,500 euros ☐ ☐

From 2,500 to less than 5,000 euros ☐ ☐

From 5,000 to less than 10,000 euros ☐ ☐

10,000 euros and more ☐ ☐

58 Did you or one of the members of your family receive any of the following benefits during the last calendar year?

hlc0039_v3
hlc0041
hlc0042_v2

Please give an answer in each line.

hlc0049_v2
hlc0050_v2
hlc0051_v2

hlc0188
hlc0189
hlc0190

hlc0052
hlc0053
hlc0054

hlc0077
hlc0078
hlc0079_v2

hlc0055_v1
hlc0057
hlc0059_v2

hlc0061_v2
hlc0062
hlc0063

hlc0080_v1
hlc0081
hlc0082_v2

	No	Yes	In 2020	
			Number of months	Average amount per month if applicable
Child benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>excl. supplementary child benefit</i>
Supplementary child benefit (Kinderzuschlag, which is paid to low-income earners in addition to the child benefit, Kindergeld)				
We are not referring here to benefits that are part of the educational package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Educational and participation package (compensation for families whose children are not in childcare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Unemployment benefit II (Hartz IV), including social benefit and accommodation expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Long-term care insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monthly subsistence allowance / Assistance in special circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Average amount per month if applicable, incl. accommodation expenses</i>
Basic income support for the elderly / those with reduced earning capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Average amount per month if applicable, incl. accommodation expenses</i>
Housing allowance (rent and expenses benefit)				
If not included in accommodation expenses under unemployment benefit II / monthly subsistence... / basic income support for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

59

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?

hlc0044_v2
hlc0045_v2
hlc0043

Please give an answer in each line.

hlc0046_v4
hlc0047_v2

hlc0191
hlc0192

hlc0064_v2
hlc0065

Child benefit

No	Yes	Currently	
		Amount per month if applicable	For ... (number of children)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <i>excl. supple-mentary child benefit</i>

hlc0085_v6
hlc0090_v2

Supplementary child benefit (Kinderzuschlag, which is paid to low-income earners in addition to the child benefit, Kindergeld)

hlc0067_v1
hlc0068_v2

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

hlc0070_v2
hlc0071

hlc0083_v1
hlc0084_v2

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

Educational and participation package (compensation for families whose children are not in childcare)

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

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

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

Long-term care insurance benefits

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

Monthly subsistence allowance / Assistance in special circumstances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>incl. accommodation expenses</i>
--------------------------	--------------------------	---	---

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>incl. accommodation expenses</i>
--------------------------	--------------------------	---	---

Housing allowance (rent and expenses benefit)

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

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

60

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

hlc0005_v2

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, please estimate the amount per month.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	euros per month
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	-----------------

61

Do you usually have money left over at the end of the month that you can put aside for larger purchases, emergencies, or to build savings? If so, how much?

hlc0119_v3
hlc0120_v2

Yes

1 ☐ → in the amount of euros per month

→ Continue with question 63

No, our income and expenses are equal

2 ☐

No, our income is not enough to cover our expenses

3 ☐

→ Continue with question 62

62 How do you usually make up for the shortfall?

hfeh1b1
hfeh1b2

By taking out loans ☐ ¹ → in the amount of euros per month

hfeh1b3
hfeh1b4

By using existing savings ☐ → in the amount of euros per month

hfeh1b5
hfeh1b6

By getting help from family, friends and acquaintances ☐ → in the amount of euros per month

hfeh1b7

None of the above ☐

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

hlf0261

Yes, regularly ☐ ¹ } → Continue with question 64

Yes, occasionally ☐ ² }

No ☐ ³ → Continue with question 65

64 How much do you pay per month on average?

hlf0262

euros per month

65 How many books there are approximately in your household?

hlf0197

📖 Please don't count newspapers, magazine or schoolbooks.
For reference: One meter of bookshelf holds approximately 50 books.

📖 We are not referring to e-books.

fewer than 10 books ☐ ¹

10 to fewer than 50 books ☐ ²

50 to fewer than 100 books ☐ ³

100 to fewer than 200 books ☐ ⁴

200 to fewer than 500 books ☐ ⁵

500 to fewer than 1,000 books ☐ ⁶

1,000 books or more ☐ ⁷

66 Do you or does any other person in your household have a pet/pets?

hlf0623

📖 We are not referring here to farm animals!

Yes ☐ ¹ → Continue with question 67

No ☐ ² → Continue with question 68

67 Which pet/pets do you have in your household?

hlf0254
hlf0255
hlf0626
hlf0627
hlf0256
hlf0257
hlf0196
hlf0258

📖 Please select all that apply.

Dog ☐ ¹

Cat ☐

Rabbit ☐

Guinea pig / hamster / mouse ☐

Bird ☐

Fish ☐

Horse / pony ☐

Other pets ☐

68 Does someone in your household require constant care or assistance due to age, sickness, or medical treatment?

hlf0291

Yes ☐ ¹ No ☐ ² → Continue with question 77



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

hlf0631

person(s) in need of care

70 Who is it, and which of the following activities does he or she need assistance with?

hpnam
hlf0300
hlf0301
hlf0302
hlf0303
hlf0305

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 person in need of care:



Needs assistance with ...

Please select all that apply.

¹

... errands outside the home

☐

... housekeeping, preparing meals and drinks

☐

... minor care, such as help getting dressed and undressed,
washing up, combing hair, shaving

☐

... major care, such as getting in and out of bed, bowel movements

☐

None of the above

☐

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

hlf0369

Yes ☐ ¹ No ☐ ² → Continue with question 73



72 What "degree of care" (Pflegegrad) has the person requiring assistance or care been assessed to need?

hlf0370_v2

Please select one answer only.

Degree of care 1 ☐ ¹

Degree of care 2 ☐ ²

Degree of care 3 ☐ ³

Degree of care 4 ☐ ⁴

Degree of care 5 ☐ ⁵

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

hlf0595

Yes ☐ ¹ No ☐ ²

74 Who provides this person with the assistance he / she needs?

hlf0317_v3
hhnam

Please select all that apply.

Please give us the name of the person in the household who is the main caregiver:

By...

¹

... 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

☐

75 Does the person / people who provide this help receive financial compensation?

hlfo322

Yes ☐ ¹

No ☐ ²

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

hlfo331
hlfo332

If there is more than one person requiring assistance / care in the household, please state the total sum for all persons requiring assistance / care in the household.

Yes ☐ ¹ → euros per month

No ☐ ²

77 Does your household have regular expenses for people who do not live in this household and require assistance or care and are not covered by health or long-term care insurance (e.g., transportation, medications, technical aids, care provider, ...)?

hle0015
hle0016

Yes ☐ ¹ → euros per month

No ☐ ²

78 Are there children born in 2005 or later living in your household?

hlk0044

Yes ☐ ¹ No ☐ ² → Continue with question 101

↓

79 What year were these children born?

hkname_1_1
hkname_1_2
hkname_1_3
hkname_1_4
k_birthy_v1_1
k_birthy_v1_2
k_birthy_v1_3
k_birthy_v1_4

This refers to the four oldest children born in 2005 or after. Start with the oldest child born in 2005 or after, then enter the other children in order of age, the youngest child last.


Please answer questions 80 to 100 in columns, that is, all these questions for the 1st child first, then for the 2nd child, and so on.

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of birth:	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
80 What school does your child currently attend?				
No longer in school	<input type="checkbox"/> ¹ → Continue 2nd child	<input type="checkbox"/> ¹ → Continue 3rd child	<input type="checkbox"/> ¹ → Continue 4th child	<input type="checkbox"/> ¹ → Question 101
Not yet in school	<input type="checkbox"/> ² → Question 88	<input type="checkbox"/> ² → Question 88	<input type="checkbox"/> ² → Question 88	<input type="checkbox"/> ² → Question 88
Elementary school*	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
Lower secondary school (Hauptschule)	<input type="checkbox"/> ²	<input type="checkbox"/> ²	<input type="checkbox"/> ²	<input type="checkbox"/> ²
Intermediate school (Realschule)	<input type="checkbox"/> ³	<input type="checkbox"/> ³	<input type="checkbox"/> ³	<input type="checkbox"/> ³
Upper secondary school (Gymnasium)	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴
Comprehensive school (Gesamtschule)	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁵
Vocational school (Berufsschule)	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁶
Other type of school	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁷

*(Grundschule, Including Förderstufe/schulformunabhängige Orientierungstufe, the transition grades prior to entering secondary school)

 Please state the first names of the children again:

hknama_2_1
hknama_2_2
hknama_2_3
hknama_2_4

		1st child:	2nd child:	3rd child:	4th child:
First name:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
81	Is it a school with a special teaching concept such as a Waldorf school, Montessori school, etc ... School for children with special needs, speech defects, etc. No, none of the above	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
82	Did your child receive learning materials online or attend school online in the year 2020?  Please select all that apply. Yes, received learning materials online Yes, attended school online No	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
83	Does the child usually attend school all day? Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
84	If you want, does the facility provide the child with lunch? Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
85	What type of school is it? It is: ... Public (state-run) ... Religious ... Non-profit, including Free Alternative Schools ... Private	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
86	Is the child currently in after-school day care (Schulhort) or a comparable child care program at school? Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>

ks_spe_1
ks_spe_2
ks_spe_3
ks_spe_4

hdigis1a_1
hdigis1a_2
hdigis1a_3
hdigis1a_4
hdigis2a_1
hdigis2a_2
hdigis2a_3
hdigis2a_4
hdigis3a_1
hdigis3a_2
hdigis3a_3
hdigis3a_4

kd_time_v2_1
kd_time_v2_2
kd_time_v2_3
kd_time_v2_4

ks_lunch_1
ks_lunch_2
ks_lunch_3
ks_lunch_4

kd_instb_v6_1
kd_instb_v6_2
kd_instb_v6_3
kd_instb_v6_4

ks_asc_v2_1
ks_asc_v2_2
ks_asc_v2_3
ks_asc_v2_4

 Please state the first names of the children again:

hkname_3_1
hkname_3_2
hkname_3_3
hkname_3_4

First name:

1st child:	2nd child:	3rd child:	4th child:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

87 How much does the school cost you?

ks_empt_v3_1
ks_empt_v3_2
ks_empt_v3_3
ks_empt_v3_4
ks_cost_v2_1
ks_cost_v2_2
ks_cost_v2_3
ks_cost_v2_4

Average monthly cost in euros:

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

Nothing

☐ 1

☐ 1

☐ 1

☐ 1

→ Question 93

→ Question 93

→ Question 93

→ Question 93

88 Does the child currently attend nursery school, daycare, pre-school, creche, etc.?

kd_hrs_v1_1
kd_hrs_v1_2
kd_hrs_v1_3
kd_hrs_v1_4
ks_pre_v7_1
ks_pre_v7_2
ks_pre_v7_3
ks_pre_v7_4

Yes, approximately hours per day:

No, none of these

☐ 1 → Question 93

☐ 1 → Question 93

☐ 1 → Question 93

☐ 1 → Question 93

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

kd_lunch_v2_1
kd_lunch_v2_2
kd_lunch_v2_3
kd_lunch_v2_4

Yes

☐ 1

☐ 1

☐ 1

☐ 1

No

☐ 2

☐ 2

☐ 2

☐ 2

90 What type of school or facility is it? It is:

kd_instc_v7_1
kd_instc_v7_2
kd_instc_v7_3
kd_instc_v7_4

... Public (for example, state-run daycare)

☐ 1

☐ 1

☐ 1

☐ 1

... Religious or other non-profit

☐ 2

☐ 2

☐ 2

☐ 2

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

☐ 3

☐ 3

☐ 3

☐ 3

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

☐ 4

☐ 4

☐ 4

☐ 4

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

☐ 5

☐ 5

☐ 5

☐ 5

91 How much do you pay for the school or facility?

kk_empt_v2_1
kk_empt_v2_2
kk_empt_v2_3
kk_empt_v2_4
kk_cost_v2_1
kk_cost_v2_2
kk_cost_v2_3
kk_cost_v2_4

Average monthly cost in euros:

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

Nothing

☐ 1

☐ 1

☐ 1

☐ 1

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



kc_pre_v1_1
kc_pre_v1_2
kc_pre_v1_3
kc_pre_v1_4

Since the year:

 Please state the first names of the children again:

hknama_4_1
hknama_4_2
hknama_4_3
hknama_4_4

First name:

	1st child:	2nd child:	3rd child:	4th child:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
93 Are there any other people who regularly take care of the child (aside from members of the household)?				
Yes, childcare provider outside the home (Tagesmutter)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, paid in-home childcare provider (Betreuungsperson)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, friends/acquaintances/neighbors	<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 Now about COVID-19. Has a doctor ever diagnosed your child with a coronavirus infection (COVID-19)?				
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
94a Has your child been tested for the coronavirus with a throat or nasal swab?				
 We are referring to tests administered by trained personnel, for instance, in a doctor's office, pharmacy, or testing center.				
No, never	1 <input type="checkbox"/> → Question 99	1 <input type="checkbox"/> → Question 99	1 <input type="checkbox"/> → Question 99	1 <input type="checkbox"/> → Question 99
Yes, for the coronavirus, but the test results were negative	2 <input type="checkbox"/> → Question 97	2 <input type="checkbox"/> → Question 97	2 <input type="checkbox"/> → Question 97	2 <input type="checkbox"/> → Question 97
Yes, for the coronavirus, and the test results were positive	3 <input type="checkbox"/> → Question 95	3 <input type="checkbox"/> → Question 95	3 <input type="checkbox"/> → Question 95	3 <input type="checkbox"/> → Question 95
95 On what date did your child (first) test positive:				
 If you don't remember the exact date, please estimate.				
Day and month:	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year:	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

kc_mindr_v2_1
kc_mindr_v2_2
kc_mindr_v2_3
kc_mindr_v2_4
kc_care_v4_1
kc_care_v4_2
kc_care_v4_3
kc_care_v4_4
kc_care_v2_1
kc_care_v2_2
kc_care_v2_3
kc_care_v2_4
kc_care_v3_1
kc_care_v3_2
kc_care_v3_3
kc_care_v3_4
kc_care_v5_1
kc_care_v5_2
kc_care_v5_3
kc_care_v5_4

hkcovarzta,
hkcovarztb,
hkcovarztc,
hkcovarztd

hkmnt1a
hkmnt1b
hkmnt1c
hkmnt1d

hkmnt2a
hkmnt3a
hkmnt4a
hkmnt2b
hkmnt3b
hkmnt4b
hkmnt2c
hkmnt3c
hkmnt4c
hkmnt2d
hkmnt3d
hkmnt4d

 Please state the first names of the children again:


hknama_5_1
hknama_5_2
hknama_5_3
hknama_5_4

First name:

1st child:	2nd child:	3rd child:	4th child:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

96 Did your child become so severely ill with the coronavirus infection that he/she had to be admitted to the hospital for treatment?

hkcovkra
hkcovkrb
hkcovkrc
hkcovkrd

 We are referring here to inpatient treatment, where the child had to stay overnight at the hospital.

Yes


☐
☐
☐
☐

No

☐
☐
☐
☐

97 Was the test that was administered a rapid test?

hkcovtesta,
hkcovtestb,
hkcovtestc,
hkcovtestd

 With results usually provided within an hour.

Yes


☐
☐
☐
☐

No

☐
☐
☐
☐

97a Why was your child tested for the coronavirus?

hktmntgr1a
hktmntgr2a
hktmntgr3a
hktmntgr4a
hktmntgr5a
hktmntgr6a
hktmntgr7a
hktmntgr8a
hktmntgr1b
hktmntgr2b
hktmntgr3b
hktmntgr4b
hktmntgr5b
hktmntgr6b
hktmntgr7b
hktmntgr8b
hktmntgr1c
hktmntgr2c
hktmntgr3c
hktmntgr4c
hktmntgr5c
hktmntgr6c
hktmntgr7c
hktmntgr8c
hktmntgr1d
hktmntgr2d
hktmntgr3d
hktmntgr4d
hktmntgr5d
hktmntgr6d
hktmntgr7d
hktmntgr8d

 Please select all that apply for every child.

Symptoms that indicate a coronavirus infection

1

☐ → Question 98

1

☐ → Question 98

1

☐ → Question 98

1

☐ → Question 98

Contact with someone who was infected

☐
☐
☐
☐

Contact with someone who may have been infected

☐
☐
☐
☐

Routine testing (for example, in daycare or at school, or on admission to the hospital)

☐
☐
☐
☐

Upon return from a trip abroad

☐
☐
☐
☐

Before leaving on a trip abroad

☐
☐
☐
☐

Parents wanted to have child tested

☐
☐
☐
☐

Other reason

☐
☐
☐
☐

 Please state the first names of the children again:


hknama_6_1
hknama_6_2
hknama_6_3
hknama_6_4

First name:

1st child:	2nd child:	3rd child:	4th child:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

98 From when to when did the symptoms last?

hkcovsb1a
hkcovsb2a
hkcovsb3a
hkcovse1a
hkcovse2a
hkcovse3a
hkcovsb1b
hkcovsb2b
hkcovsb3b
hkcovse1b
hkcovse2b
hkcovse3b
hkcovsb1c
hkcovsb2c
hkcovsb3c
hkcovse1c
hkcovse2c
hkcovse3c
hkcovsb1d
hkcovsb2d
hkcovsb3d
hkcovse1d
hkcovse2d
hkcovse3d

 If you don't remember the exact date, please estimate.

Symptoms started:

Day and month:

Year:

Symptoms ended:

Day and month:

Year:

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

99 Whether or not your child has ever been tested, has the child been in home quarantine?

hkcovhqa
hkcovhqb
hkcovhqc
hkcovhqd


Yes

No

1 <input type="checkbox"/> → Question 100	1 <input type="checkbox"/> → Question 100	1 <input type="checkbox"/> → Question 100	1 <input type="checkbox"/> → Question 100
2 <input type="checkbox"/> → Continue 2nd child, Question 80, page 16	2 <input type="checkbox"/> → Continue 3rd child, Question 80, page 16	2 <input type="checkbox"/> → Continue 4th child, Question 80, page 16	2 <input type="checkbox"/> → Question 101

100 When was your child (last) quarantined at home?

hkcovhqb1a
hkcovhqb2a
hkcovhqb1b
hkcovhqb2b
hkcovhqb1c
hkcovhqb2c
hkcovhqb1d
hkcovhqb2d

 If you don't remember the exact date, please estimate.

Month:

Year:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
→ Continue 2nd child, Question 80, page 16	→ Continue 3rd child, Question 80, page 16	→ Continue 4th child, Question 80, page 16	→ Question 101

101 Has a doctor ever diagnosed you with a coronavirus infection (COVID-19)?


hcovarzt

Yes 1 ☐

No 2 ☐

102 Have you been tested for the coronavirus with a throat or nasal swab?

hmnt1

 *We are referring to tests administered by trained personnel, for instance, in a doctor's office, pharmacy, or testing center.*

No, never 1 ☐ → **Continue with question 104**

Yes, for the coronavirus, but the test results were negative 2 ☐ → **Continue with question 103a**

Yes, for the coronavirus, and the test results were positive 3 ☐ → **Continue with question 103**

103 Date of the (first) positive test:hmnt2,
hmnt3,
hmnt4

 *If you don't remember the exact date, please estimate.*

Day: Month: Year:

103a Was it a rapid test?

hcovstest

 *With results usually provided within an hour.*

Yes 1 ☐

No 2 ☐

104 Whether or not you were tested: Have you ever been quarantined at home?

hhqua_n

Yes 1 ☐ No 2 ☐ → **Continue with question 106**



105 When were you (last) quarantined at home?hcovhqb1
hcovhqb2

 *If you don't remember the exact date, please estimate.*

Month: Year:

106 Are there any any other members of your household besides you who were born before 2005?

hcoverv

Yes 1 ☐ → **Continue with question 106a**

No 2 ☐ → **Continue with question A, page 24**

106a Please state the first name of the person:

hcoverwa
hcoverwb
hcoverwc
hcoverwd

Please answer questions 107 to 111 by column: first all the questions about the second household member, then all the questions about the third household member, and so on.

	2nd household member	3rd household member	4th household member	5th household member
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

107 Has a doctor ever diagnosed the household member with a coronavirus infection (COVID-19)?

hhmcovarza
hhmcovaztb
hhmcovaztc
hhmcovaztd

Please answer separately for each household member.

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

108 Has the household member ever been tested for the coronavirus with a throat or nasal swab?

hhmmnt1a
hhmmnt1b
hhmmnt1c
hhmmnt1d

We are referring to tests administered by trained personnel, for instance, in a doctor's office, pharmacy, or testing center.

No, never	1 <input type="checkbox"/> → Question 110	1 <input type="checkbox"/> → Question 110	1 <input type="checkbox"/> → Question 110	1 <input type="checkbox"/> → Question 110
Yes, for the coronavirus, but the test results were negative	2 <input type="checkbox"/> → Question 109a	2 <input type="checkbox"/> → Question 109a	2 <input type="checkbox"/> → Question 109a	2 <input type="checkbox"/> → Question 109a
Yes, for the coronavirus, and the test results were positive	3 <input type="checkbox"/> → Question 109	3 <input type="checkbox"/> → Question 109	3 <input type="checkbox"/> → Question 109	3 <input type="checkbox"/> → Question 109

109 Date of the first positive test:

hhmmnt2a
hhmmnt3a
hhmmnt4a
hhmmnt2b
hhmmnt3b
hhmmnt4b
hhmmnt2c
hhmmnt3c
hhmmnt4c
hhmmnt2d
hhmmnt3d
hhmmnt4d

If you don't remember the exact date, please estimate.

Day and month:	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year:	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>


109a Was it a rapid test?

hhmcovtesta
hhmcovtestb
hhmcovtestc
hhmcovtestd

With results usually provided within an hour.

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

 Please state the first names of the household members again:

	2nd household member	3rd household member	4th household member	5th household member
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
110 Whether or not they were tested: Have any other household members ever been quarantined at home?				
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"/>
111 When was the household member (last) quarantined at home?				
 If you don't remember the exact date, please estimate.				
Month:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	→ Continue with 3rd household member, Question 106a	→ Continue with 4th household member, Question 106a	→ Continue with 5th household member, Question 106a	→ Question A

A When did you finish filling out the questionnaire?


Date: :

Day Month Hour Minute

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

Minutes

C Were other persons present while you were filling out the questionnaire?

 Please select all answers that apply.

Yes, spouse / partner ☐

Yes, other person who is living in the same household ☐

Yes, other person who does not live in the same household ☐

No ☐

→ Continue with question D

→ End of questionnaire

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

Yes ☐ No ☐

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

