

DIW Berlin / SOEP (Ed.)

**Research Report**

## SOEP-Core - 2021: Deceased individual (techn., with reference to variables)

SOEP Survey Papers, No. 1301

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# 1301<sup>2023</sup>

**SOEP** Survey Papers  
Series A – Survey Instruments (Erhebungsinstrumente)

## SOEP-Core – 2021: Deceased Individual (techn., with Reference to Variables)

SOEP Group

Running since 1984, the German Socio-Economic Panel (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing. The SOEP Survey Papers is comprised of the following series:

Series A – Survey Instruments (Erhebungsinstrumente)  
Series B – Survey Reports (Methodenberichte)  
Series C – Data Documentation (Datendokumentationen)  
Series D – Variable Descriptions and Coding  
Series E – SOEPmonitors  
Series F – SOEP Newsletters  
Series G – General Issues and Teaching Materials

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

Editors:

Dr. Carina Cornesse, DIW Berlin and University of Bremen  
Dr. Jan Goebel, DIW Berlin  
Prof. Dr. Cornelia Kristen, University of Bamberg and DIW Berlin  
Prof. Dr. Philipp Lersch, DIW Berlin and Humboldt-Universität zu Berlin  
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Prof. Dr. Jürgen Schupp, DIW Berlin and Freie Universität Berlin  
Prof. Dr. Sabine Zinn, DIW Berlin and Humboldt-Universität zu Berlin

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DIW Berlin  
German Socio-Economic Panel (SOEP)  
Mohrenstr. 58  
10117 Berlin  
Germany

[soeppapers@diw.de](mailto:soeppapers@diw.de)

# SOEP-Core – 2021: Deceased Individual (techn., with Reference to Variables)

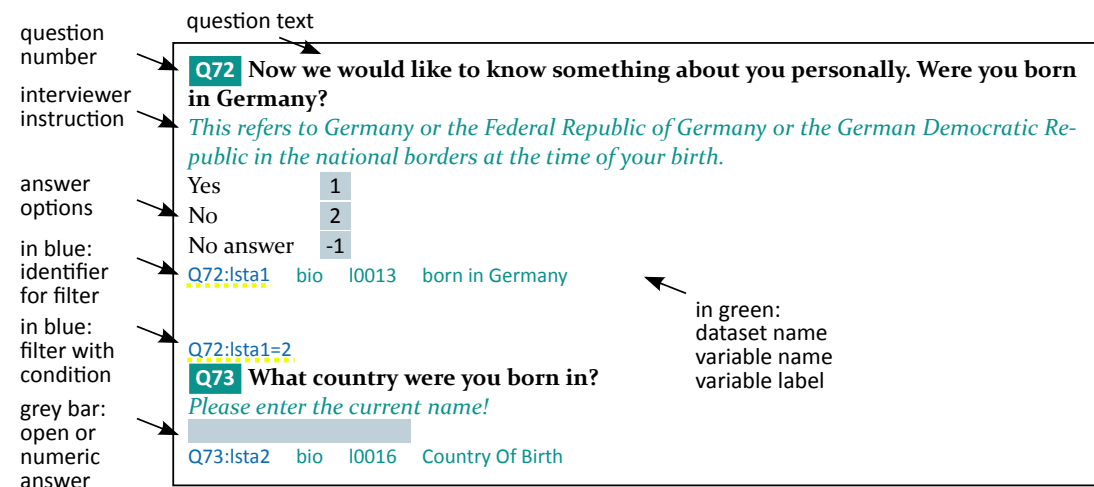
SOEP Group

2023

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v38o.

## Reading Aid

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



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

The *routing by filters* is depicted in blue.

Each variable is preceded by an identifier, which usually contains the question number and which is used when the variable is used in filters in subsequent questions. Such filters are usually placed as input filters (gatekeepers) at the beginning of a question. An identifier that is referred to in the input filter of a subsequent question is marked yellow as an example.

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

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

**Intro** In the previous interview, you indicated that < INSERT BASED ON PERSON QUESTIONNAIRE: PRIO FROM TOP TO BOTTOM. - Your spouse or partner - Your father - Your mother - Your son or daughter - a person who lived in the household died in the last year. First of all, we—the “Living in Germany” team—would like to extend our sincere condolences on the loss of your family members.

For many people, it is difficult to talk about death and dying, especially with strangers. Yet because science still knows so little about this topic, we would like to ask you a few questions about the last stage of your loved one’s life.

We cordially request that you either

- provide our staff member with an interview
- or if you prefer, that you carefully complete this questionnaire yourself.

With each further run: In addition you have lost

< INSERTION BASED ON THE PERSONAL QUESTIONNAIRE: PRIO FROM TOP TO BOTTOM - your spouse or partner. - your father - your mother - your son or daughter - a person who lived in your household We would like to express our sincere condolences for this loss as well. We would also like to ask you to answer a few more questions about this loss.

**0** Please enter according to address protocol.

Household number: 0:99999999

0:hid blvp hid Current Householdnummer (=hid\_2021)

0:hid vpl hid Current Wave HH Number

First name:

Please print

0:name blvp name [de] Vorname

Can not / Prefer not to answer 1

Person number 0:99999999

0:pid blvp pid Unchanging ID Person Surveyed

0:pid vpl pid Never Changing Person ID

**1\_1** Please state the first name, date of birth and sex of the deceased person:

Name of the deceased person:

Please print

1\_1:vname\_1 blvp blvp\_1\_01 [de] Vorname Person 3

Person number of the person passed away

1\_1:vpnr\_1 blvp pid2 Unchanging ID of deceased person

1\_1:vpnr\_1 vpl vpid Unchanging ID Person deceased

Year and month of birth of the person passed away:

Day 1:31

1\_1:vgebta\_1 blvp blvp\_1\_03 [de] Geburtstag Person 4

Can not / Prefer not to answer 1

Month 1:12

1\_1:dl003\_1 blvp blvp\_1\_04 [de] Geburtsmonat Person 5  
 1\_1:dl003\_1 vpl dl003 Month Of Birth

Can not / Prefer not to answer 1

Year 1900:2021

1\_1:dl002\_1 blvp blvp\_1\_05 [de] Geburtsjahr Person 5  
 1\_1:dl002\_1 vpl dl002 [de] Geburtsjahr der verstorbenen Person

Can not / Prefer not to answer 1

Sex of the deceased person

Male 1

Female 2

Divers 3

Can not / Prefer not to answer -1

1\_1:sexn\_1 blvp blvp\_1\_06 [de] Geschlecht Person 2  
 1\_1:sexn\_1 vpl dl001 Gender

**2\_1 What was your relationship to the deceased? The deceased was...**

my mother / my father 1

my spouse / life partner 2

my daughter / my son 3

other person 4

Can not / Prefer not to answer -1

2\_1:dl004\_1 blvp blvp\_2\_01 [de] Verwandtschaftsverhältnis Person 2  
 2\_1:dl004\_1 vpl dl004 [de] Verwandtschaftsverhältnis zur verstorbenen Person

[other] please specify:

2\_1:vfamso\_1 blvp blvp\_2\_02 [de] Text andere Person 4 dl004\_1=4

Can not / Prefer not to answer 1

**3\_1 How old was your family member when he/she died?**

Years 0:122

3\_1:dl005\_1 blvp blvp\_3 [de] Alter Person 3  
 3\_1:dl005\_1 vpl dl005 [de] Alter der verstorbenen Person

Can not / Prefer not to answer 1

**4\_1 Did the deceased person live in this household?**

Yes	1				
No	2				
Can not / Prefer not to answer	-1				
4_1:dl006_1	blvp	blvp_4	[de]	Im Haushalt gelebt Person 1	1,- 1@9_1
4_1:dl006_1	vpl	dl006	[de]	Verstorbene Person lebte im hiesigen HH	1,- 1@9_1

4\_1;dl006\_1=2

**5\_1 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, participated	1				
No, did not participate	2				
Do not know	3				
Can not / Prefer not to answer	-1				
5_1:dl007_1	blvp	blvp_5	[de]	Teilnahme an LID Person 4	
5_1:dl007_1	vpl	dl007		person died was SOEP attendant	

4\_1;dl006\_1=2

**6\_1 What was the deceased person's main living situation for the last year of his/her life?**

In a residential facility for senior citizens (e.g., assisted living)	4				
With other family members in their home	3				
With spouse / partner in their own home	2				
Alone in his or her own home	1				
In a retirement / nursing home	5				
Elsewhere	7				
In a clinic or hospital	6				
Can not / Prefer not to answer	-1				
6_1:dl008_1	blvp	blvp_6	[de]	Zuletzt häusliches Umfeld Person 2	
6_1:dl008_1	vpl	dl008	[de]	Häusliches Umfeld im letzten Lebensjahr	

4\_1;dl006\_1=2

**7\_1 Where did he / she live? Where did the deceased person live?**

Here in house	1				
In the neighborhood	2				
In a close distance (to reach on foot within 1 hour)	3				
In a further distance in Germany	4				
In a foreign country	5				
Can not / Prefer not to answer	-1				
7_1:dl009_1	blvp	blvp_7	[de]	Wo gelebt Person 1	
7_1:dl009_1	vpl	dl009		focus of deceased person's life	



4\_1;dl006\_1=2

**8\_1** In the last twelve months of his/her life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?

Every day or almost every day	1
At least once a week	2
Rarely	4
At least once a month	3
Never	5
Can not / Prefer not to answer	-1

8\_1:dl010\_1 blvp blvp\_8 [de] Kontakt letzte 12 Mon. Person 3

8\_1:dl010\_1 vpl dl010 [de] Persönlicher Kontakt zur verstorbenen Person im letzten Jahr

**9\_1** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In a hospice	5
Another place	6
Do not now	7
Can not / Prefer not to answer	-1

9\_1:dl011\_1 blvp blvp\_9 [de] Wo verstorben Person 4

9\_1:dl011\_1 vpl dl011 [de] Sterbeort

**10\_1** Can you tell us what the cause of death was?

*Please select all that apply.*

Heart attack			1
Cardiovascular disease			1
Cancer			1
Stroke			1
Severe infectious disease (such as pneumonia, flu)			1
Gastrointestinal disease			1
Respiratory illness			1
Accident			1
Other			1
Don't know			1
Can not / Prefer not to answer			1
10_1:dl012_1	blvp	blvp_10_01	[de] Herzinfarkt Person 4
10_1:dl012_1	vpl	dl012	cause of death: heart attack
10_1:dl013_1	blvp	blvp_10_02	[de] Herz-Kreislauf-Erkrankung Person 3
10_1:dl013_1	vpl	dl013	cause of death: cardiovascular disease
10_1:dl014_1	blvp	blvp_10_03	[de] Krebs Person 4
10_1:dl014_1	vpl	dl014	cause of death: cancer
10_1:dl015_1	blvp	blvp_10_04	[de] Schlaganfall Person 4
10_1:dl015_1	vpl	dl015	cause of death: epileptic stroke
10_1:dl016_1	blvp	blvp_10_05	[de] Infektionskrankheit Person 4
10_1:dl016_1	vpl	dl016	cause of death: severe infectious disease
10_1:dl017_1	blvp	blvp_10_06	[de] Magen-Darm Person 3
10_1:dl017_1	vpl	dl017	cause of death: gastrointestinal tract disease
10_1:dl018_1	blvp	blvp_10_07	[de] Atemwegserkrankung Person 4
10_1:dl018_1	vpl	dl018	cause of death: respiratory disease
10_1:dl019_1	blvp	blvp_10_08	[de] Unfall Person 4
10_1:dl019_1	vpl	dl019	cause of death: accident
10_1:dl020_1	blvp	blvp_10_09	[de] Sonstige Ursache Person 1
10_1:dl020_1	vpl	dl020	cause of death: other
10_1:dl021_1	blvp	blvp_10_10	[de] Weiß nicht Person 4
10_1:dl021_1	vpl	dl021	cause of death unknown

[other] please specify:

10\_1:vurs10\_1 blvp blvp\_10\_11 [de] Text sonstige Ursache Person 5 10\_1:dl020\_1=1

### 11\_1 Did the deceased have any of the following documents on file as a precautionary measure?

	Yes	No	Don't know	Can not / Prefer not to answer
A testament, last will	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (e.g., in case of loss of mental capacity)	1	2	3	-1
Advance funeral wishes (e.g., with details on burial)	1	2	3	-1

11_1:dl022_1	blvp	blvp_11_01	[de] Testament Person 2
11_1:dl022_1	vpl	dl022	left last will
11_1:dl023_1	blvp	blvp_11_02	[de] Patientenverfügung Person 4
11_1:dl023_1	vpl	dl023	left living will
11_1:dl024_1	blvp	blvp_11_03	[de] Vorsorgevollmacht Person 2
11_1:dl024_1	vpl	dl024	left provisional power or attorney
11_1:dl025_1	blvp	blvp_11_04	[de] Sterbeverfügung Person 3
11_1:dl025_1	vpl	dl025	left living will with instructions on use of death-delaying procedures

**12\_1** Had the deceased person suffered any severe losses of mental capacity (e.g., memory loss)?

Yes				1
No				2
Don't know				3
Can not / Prefer not to answer				-1
12_1:dl026_1	blvp	blvp_12	[de] Geistige Einschränkung Person 3	
12_1:dl026_1	vpl	dl026	[de] Eingeschränkte geistige Leistungsfähigkeit verstorbene Person	

**13\_1** How would you describe the health of the deceased person about three months before his / her death?

Bad				5
Poor				4
Satisfactory				3
Good				2
Very good				1
Can not / Prefer not to answer				-1
13_1:dl027_1	blvp	blvp_13	[de] Gesundheitszustand 3 Mon. Zuvor Person 1	
13_1:dl027_1	vpl	dl027	[de] Gesundheitszustand der/des Verstorbenen 3 Monate vor Tod	

**14\_1** Was the deceased person in need of assistance or care approximately three months before death?

Yes				1
No				2
Can not / Prefer not to answer				-1
14_1:dl028_1	blvp	blvp_14	[de] Hilfebedürftig 3 Mon. Zuvor Person 1	2,- 1@16_1
14_1:dl028_1	vpl	dl028	[de] Verstorbene Person 3 Monate vor Tod hilfe-/pflegebedürftig	2,- 1@16_1

14\_1;dl028\_1=1

**15\_1** Which of the following activities did the deceased need help with? Needed help with

...

Shopping and errands	1
Doing housework, preparing meals and drinks	1
Basic personal care, e.g., dressing and undressing, bathing, combing hair, shaving	1
More complex care activities, e.g., getting in and out of bed , going to the toilet, etc.	1
None of the above	1
Can not / Prefer not to answer	1

15_1:dl029_1	blvp	blvp_15_01	[de] Hilfe Besorgungen Person 2
15_1:dl029_1	vpl	dl029	[de] Hilfe bei Besorgungen / Erledigungen außer Haus
15_1:dl030_1	blvp	blvp_15_02	[de] Hilfe Haushaltsführung Person 2
15_1:dl030_1	vpl	dl030	Help On Housework, 1. Person
15_1:dl031_1	blvp	blvp_15_03	[de] Einfache Pflege Person 1
15_1:dl031_1	vpl	dl031	help with simple personal care: dressing, bathing...
15_1:dl032_1	blvp	blvp_15_04	[de] Schwierige Pflege Person 3
15_1:dl032_1	vpl	dl032	help in getting in and out of bed, using toilet
15_1:vhil5_1	blvp	blvp_15_05	[de] kein Hilfebedarf Person 1
15_1:vhil5_1	vpl	dl033	help in total, n.a.

**16\_1** Think about the period of time before your family member passed away. How satisfied do you think he or she was with his or her life at that time, all things considered?*Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).*

	0	1	2	3	4	5	6	7	8	9	10	Can not / Prefer not to answer
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_1:dl034_1	blvp	blvp_16_01	[de] Zufriedenheit 1 Jahr zuvor Person 2
16_1:dl034_1	vpl	dl034	[de] Zufriedenheit verstorbene Person 1 Jahr vor dem Tod
16_1:dl035_1	blvp	blvp_16_02	[de] Zufriedenheit 3 Mon. Zuvor Person 4
16_1:dl035_1	vpl	dl035	[de] Zufriedenheit verstorbene Person 3 Monate vor dem Tod

**17\_1** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have to restructure my life completely	1
Some things will change	2
My life does not change	3
Can not / Prefer not to answer	-1

17_1:dl036_1	blvp	blvp_17	[de] Wie verändert Person 1
17_1:dl036_1	vpl	dl036	change in personal life since death

**1\_2 Please state the first name, date of birth and sex of the deceased person:**

Name of the deceased person:

*Please print*

1\_2:vname\_2 blvp blvp\_1\_01 [de] Vorname Person 3

Person number of the person passed away

1\_2:vpnr\_2 blvp pid2 Unchanging ID of deceased person

1\_2:vpnr\_2 vpl vpid Unchanging ID Person deceased

Year and month of birth of the person passed away:

Day 1:31

1\_2:vgebta\_2 blvp blvp\_1\_03 [de] Geburtstag Person 4

Can not / Prefer not to answer 1

Month 1:12

1\_2:dl003\_2 blvp blvp\_1\_04 [de] Geburtsmonat Person 5

1\_2:dl003\_2 vpl dl003 Month Of Birth

Can not / Prefer not to answer 1

Year 1900:2021

1\_2:dl002\_2 blvp blvp\_1\_05 [de] Geburtsjahr Person 5

1\_2:dl002\_2 vpl dl002 [de] Geburtsjahr der verstorbenen Person

Can not / Prefer not to answer 1

Sex of the deceased person

Male 1

Female 2

Divers 3

Can not / Prefer not to answer -1

1\_2:sexn\_2 blvp blvp\_1\_06 [de] Geschlecht Person 2

1\_2:sexn\_2 vpl dl001 Gender

**2\_2 What was your relationship to the deceased? The deceased was...**

my mother / my father 1

my spouse / life partner 2

my daughter / my son 3

other person 4

Can not / Prefer not to answer -1

2\_2:dl004\_2 blvp blvp\_2\_01 [de] Verwandtschaftsverhältnis Person 2

2\_2:dl004\_2 vpl dl004 [de] Verwandtschaftsverhältnis zur verstorbenen Person

[other] please specify:

2\_2:vfamso\_2 blvp blvp\_2\_02 [de] Text andere Person 4 dl004\_2=4

Can not / Prefer not to answer 1

**3\_2 How old was your family member when he/she died?**

Years 0:122

3\_2:dl005\_2 blvp blvp\_3 [de] Alter Person 3  
 3\_2:dl005\_2 vpl dl005 [de] Alter der verstorbenen Person

Can not / Prefer not to answer 1

**4\_2 Did the deceased person live in this household?**

Yes 1

No 2

Can not / Prefer not to answer -1

4\_2:dl006\_2 blvp blvp\_4 [de] Im Haushalt gelebt Person 1 1,-  
 1@9\_2

4\_2:dl006\_2 vpl dl006 [de] Verstorbene Person lebte im hiesigen HH 1,-  
 1@9\_2

4\_2;dl006\_2=2

**5\_2 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, participated 1

No, did not participate 2

Do not know 3

Can not / Prefer not to answer -1

5\_2:dl007\_2 blvp blvp\_5 [de] Teilnahme an LID Person 4  
 5\_2:dl007\_2 vpl dl007 person died was SOEP attendant

4\_2;dl006\_2=2

**6\_2 What was the deceased person's main living situation for the last year of his/her life?**

In a residential facility for senior citizens (e.g., assisted living) 4

With other family members in their home 3

With spouse / partner in their own home 2

Alone in his or her own home 1

In a retirement / nursing home 5

Elsewhere 7

In a clinic or hospital 6

Can not / Prefer not to answer -1

6\_2:dl008\_2 blvp blvp\_6 [de] Zuletzt häusliches Umfeld Person 2

6\_2:dl008\_2 vpl dl008 [de] Häusliches Umfeld im letzten Lebensjahr

4\_2:dl006\_2=2

**7\_2** Where did he / she live? Where did the deceased person live?

Here in house	1
In the neighborhood	2
In a close distance (to reach on foot within 1 hour)	3
In a further distance in Germany	4
In a foreign country	5
Can not / Prefer not to answer	-1

7\_2:dl009\_2 blvp blvp\_7 [de] Wo gelebt Person 1

7\_2:dl009\_2 vpl dl009 focus of deceased person's life

4\_2:dl006\_2=2

**8\_2** In the last twelve months of his/her life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?

Every day or almost every day	1
At least once a week	2
Rarely	4
At least once a month	3
Never	5
Can not / Prefer not to answer	-1

8\_2:dl010\_2 blvp blvp\_8 [de] Kontakt letzte 12 Mon. Person 3

8\_2:dl010\_2 vpl dl010 [de] Persönlicher Kontakt zur verstorbenen Person im letzten Jahr

**9\_2** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In a hospice	5
Another place	6
Do not now	7
Can not / Prefer not to answer	-1

9\_2:dl011\_2 blvp blvp\_9 [de] Wo verstorben Person 4

9\_2:dl011\_2 vpl dl011 [de] Sterbeort

**10\_2 Can you tell us what the cause of death was?***Please select all that apply.*

Heart attack			1
Cardiovascular disease			1
Cancer			1
Stroke			1
Severe infectious disease (such as pneumonia, flu)			1
Gastrointestinal disease			1
Respiratory illness			1
Accident			1
Other			1
Don't know			1
Can not / Prefer not to answer			1
10_2:dl012_2	blvp	blvp_10_01	[de] Herzinfarkt Person 4
10_2:dl012_2	vpl	dl012	cause of death: heart attack
10_2:dl013_2	blvp	blvp_10_02	[de] Herz-Kreislauf-Erkrankung Person 3
10_2:dl013_2	vpl	dl013	cause of death: cardiovascular disease
10_2:dl014_2	blvp	blvp_10_03	[de] Krebs Person 4
10_2:dl014_2	vpl	dl014	cause of death: cancer
10_2:dl015_2	blvp	blvp_10_04	[de] Schlaganfall Person 4
10_2:dl015_2	vpl	dl015	cause of death: epileptic stroke
10_2:dl016_2	blvp	blvp_10_05	[de] Infektionskrankheit Person 4
10_2:dl016_2	vpl	dl016	cause of death: severe infectious disease
10_2:dl017_2	blvp	blvp_10_06	[de] Magen-Darm Person 3
10_2:dl017_2	vpl	dl017	cause of death: gastrointestinal tract disease
10_2:dl018_2	blvp	blvp_10_07	[de] Atemwegserkrankung Person 4
10_2:dl018_2	vpl	dl018	cause of death: respiratory disease
10_2:dl019_2	blvp	blvp_10_08	[de] Unfall Person 4
10_2:dl019_2	vpl	dl019	cause of death: accident
10_2:dl020_2	blvp	blvp_10_09	[de] Sonstige Ursache Person 1
10_2:dl020_2	vpl	dl020	cause of death: other
10_2:dl021_2	blvp	blvp_10_10	[de] Weiß nicht Person 4
10_2:dl021_2	vpl	dl021	cause of death unknown

[other] please specify:

10\_2:vurs10\_2 blvp blvp\_10\_11 [de] Text sonstige Ursache Person 5 10\_2:dl020\_2=1

**11\_2 Did the deceased have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can not / Prefer not to answer
A testament, last will	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (e.g., in case of loss of mental capacity)	1	2	3	-1
Advance funeral wishes (e.g., with details on burial)	1	2	3	-1



11_2:dl022_2	blvp	blvp_11_01	[de] Testament Person 2
11_2:dl022_2	vpl	dl022	left last will
11_2:dl023_2	blvp	blvp_11_02	[de] Patientenverfügung Person 4
11_2:dl023_2	vpl	dl023	left living will
11_2:dl024_2	blvp	blvp_11_03	[de] Vorsorgevollmacht Person 2
11_2:dl024_2	vpl	dl024	left provisional power or attorney
11_2:dl025_2	blvp	blvp_11_04	[de] Sterbeverfügung Person 3
11_2:dl025_2	vpl	dl025	left living will with instructions on use of death-delaying procedures

**12\_2** Had the deceased person suffered any severe losses of mental capacity (e.g., memory loss)?

Yes				1
No				2
Don't know				3
Can not / Prefer not to answer				-1
12_2:dl026_2	blvp	blvp_12	[de] Geistige Einschränkung Person 3	
12_2:dl026_2	vpl	dl026	[de] Eingeschränkte geistige Leistungsfähigkeit verstorbene Person	

**13\_2** How would you describe the health of the deceased person about three months before his / her death?

Bad				5
Poor				4
Satisfactory				3
Good				2
Very good				1
Can not / Prefer not to answer				-1
13_2:dl027_2	blvp	blvp_13	[de] Gesundheitszustand 3 Mon. Zuvor Person 1	
13_2:dl027_2	vpl	dl027	[de] Gesundheitszustand der/des Verstorbenen 3 Monate vor Tod	

**14\_2** Was the deceased person in need of assistance or care approximately three months before death?

Yes				1
No				2
Can not / Prefer not to answer				-1
14_2:dl028_2	blvp	blvp_14	[de] Hilfebedürftig 3 Mon. Zuvor Person 1	2,- 1@16_2
14_2:dl028_2	vpl	dl028	[de] Verstorbene Person 3 Monate vor Tod hilfe-/pflegebedürftig	2,- 1@16_2

14\_2;dl028\_2=1

**15\_2** Which of the following activities did the deceased need help with? Needed help with

...

Shopping and errands	1
Doing housework, preparing meals and drinks	1
Basic personal care, e.g., dressing and undressing, bathing, combing hair, shaving	1
More complex care activities, e.g., getting in and out of bed , going to the toilet, etc.	1
None of the above	1
Can not / Prefer not to answer	1

15_2:dl029_2	blvp	blvp_15_01	[de] Hilfe Besorgungen Person 2
15_2:dl029_2	vpl	dl029	[de] Hilfe bei Besorgungen / Erledigungen außer Haus
15_2:dl030_2	blvp	blvp_15_02	[de] Hilfe Haushaltsführung Person 2
15_2:dl030_2	vpl	dl030	Help On Housework, 1. Person
15_2:dl031_2	blvp	blvp_15_03	[de] Einfache Pflege Person 1
15_2:dl031_2	vpl	dl031	help with simple personal care: dressing, bathing...
15_2:dl032_2	blvp	blvp_15_04	[de] Schwierige Pflege Person 3
15_2:dl032_2	vpl	dl032	help in getting in and out of bed, using toilet
15_2:vhil5_2	blvp	blvp_15_05	[de] kein Hilfebedarf Person 1
15_2:vhil5_2	vpl	dl033	help in total, n.a.

**16\_2** Think about the period of time before your family member passed away. How satisfied do you think he or she was with his or her life at that time, all things considered?*Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).*

	0	1	2	3	4	5	6	7	8	9	10	Can not / Prefer not to answer
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_2:dl034_2	blvp	blvp_16_01	[de] Zufriedenheit 1 Jahr zuvor Person 2
16_2:dl034_2	vpl	dl034	[de] Zufriedenheit verstorbene Person 1 Jahr vor dem Tod
16_2:dl035_2	blvp	blvp_16_02	[de] Zufriedenheit 3 Mon. Zuvor Person 4
16_2:dl035_2	vpl	dl035	[de] Zufriedenheit verstorbene Person 3 Monate vor dem Tod

**17\_2** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have to restructure my life completely	1
Some things will change	2
My life does not change	3
Can not / Prefer not to answer	-1

17_2:dl036_2	blvp	blvp_17	[de] Wie verändert Person 1
17_2:dl036_2	vpl	dl036	change in personal life since death

**1\_3 Please state the first name, date of birth and sex of the deceased person:**

Name of the deceased person:

*Please print*

1\_3:vname\_3 blvp blvp\_1\_01 [de] Vorname Person 3

Person number of the person passed away

1\_3:vpnr\_3 blvp pid2 Unchanging ID of deceased person

1\_3:vpnr\_3 vpl vpid Unchanging ID Person deceased

Year and month of birth of the person passed away:

Day 1:31

1\_3:vgebta\_3 blvp blvp\_1\_03 [de] Geburtstag Person 4

Can not / Prefer not to answer 1

Month 1:12

1\_3:dl003\_3 blvp blvp\_1\_04 [de] Geburtsmonat Person 5

1\_3:dl003\_3 vpl dl003 Month Of Birth

Can not / Prefer not to answer 1

Year 1900:2021

1\_3:dl002\_3 blvp blvp\_1\_05 [de] Geburtsjahr Person 5

1\_3:dl002\_3 vpl dl002 [de] Geburtsjahr der verstorbenen Person

Can not / Prefer not to answer 1

Sex of the deceased person

Male 1

Female 2

Divers 3

Can not / Prefer not to answer -1

1\_3:sexn\_3 blvp blvp\_1\_06 [de] Geschlecht Person 2

1\_3:sexn\_3 vpl dl001 Gender

**2\_3 What was your relationship to the deceased? The deceased was...**

my mother / my father 1

my spouse / life partner 2

my daughter / my son 3

other person 4

Can not / Prefer not to answer -1

2\_3:dl004\_3 blvp blvp\_2\_01 [de] Verwandtschaftsverhältnis Person 2

2\_3:dl004\_3 vpl dl004 [de] Verwandtschaftsverhältnis zur verstorbenen Person

[other] please specify:

2\_3:vfamso\_3 blvp blvp\_2\_02 [de] Text andere Person 4 dl004\_3=4

Can not / Prefer not to answer 1

**3\_3 How old was your family member when he/she died?**

Years 0:122

3\_3:dl005\_3 blvp blvp\_3 [de] Alter Person 3

3\_3:dl005\_3 vpl dl005 [de] Alter der verstorbenen Person

Can not / Prefer not to answer 1

**4\_3 Did the deceased person live in this household?**

Yes 1

No 2

Can not / Prefer not to answer -1

4\_3:dl006\_3 blvp blvp\_4 [de] Im Haushalt gelebt Person 1

1,-

1@9\_3

4\_3:dl006\_3 vpl dl006 [de] Verstorbene Person lebte im hiesigen HH

1,-

1@9\_3

4\_3:dl006\_3=2

**5\_3 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, participated 1

No, did not participate 2

Do not know 3

Can not / Prefer not to answer -1

5\_3:dl007\_3 blvp blvp\_5 [de] Teilnahme an LID Person 4

5\_3:dl007\_3 vpl dl007 person died was SOEP attendant

4\_3:dl006\_3=2

**6\_3 What was the deceased person's main living situation for the last year of his/her life?**

In a residential facility for senior citizens (e.g., assisted living) 4

With other family members in their home 3

With spouse / partner in their own home 2

Alone in his or her own home 1

In a retirement / nursing home 5

Elsewhere 7

In a clinic or hospital 6

Can not / Prefer not to answer -1

6\_3:dl008\_3 blvp blvp\_6 [de] Zuletzt häusliches Umfeld Person 2

6\_3:dl008\_3 vpl dl008 [de] Häusliches Umfeld im letzten Lebensjahr

4\_3:dl006\_3=2

**7\_3** Where did he / she live? Where did the deceased person live?

Here in house	1
In the neighborhood	2
In a close distance (to reach on foot within 1 hour)	3
In a further distance in Germany	4
In a foreign country	5
Can not / Prefer not to answer	-1

7\_3:dl009\_3 blvp blvp\_7 [de] Wo gelebt Person 1

7\_3:dl009\_3 vpl dl009 focus of deceased person's life

4\_3:dl006\_3=2

**8\_3** In the last twelve months of his/her life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?

Every day or almost every day	1
At least once a week	2
Rarely	4
At least once a month	3
Never	5
Can not / Prefer not to answer	-1

8\_3:dl010\_3 blvp blvp\_8 [de] Kontakt letzte 12 Mon. Person 3

8\_3:dl010\_3 vpl dl010 [de] Persönlicher Kontakt zur verstorbenen Person im letzten Jahr

**9\_3** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In a hospice	5
Another place	6
Do not now	7
Can not / Prefer not to answer	-1

9\_3:dl011\_3 blvp blvp\_9 [de] Wo verstorben Person 4

9\_3:dl011\_3 vpl dl011 [de] Sterbeort

**10\_3 Can you tell us what the cause of death was?***Please select all that apply.*

Heart attack		1
Cardiovascular disease		1
Cancer		1
Stroke		1
Severe infectious disease (such as pneumonia, flu)		1
Gastrointestinal disease		1
Respiratory illness		1
Accident		1
Other		1
Don't know		1
Can not / Prefer not to answer		1
10_3:dl012_3	blvp	blvp_10_01 [de] Herzinfarkt Person 4
10_3:dl012_3	vpl	dl012 cause of death: heart attack
10_3:dl013_3	blvp	blvp_10_02 [de] Herz-Kreislauf-Erkrankung Person 3
10_3:dl013_3	vpl	dl013 cause of death: cardiovascular disease
10_3:dl014_3	blvp	blvp_10_03 [de] Krebs Person 4
10_3:dl014_3	vpl	dl014 cause of death: cancer
10_3:dl015_3	blvp	blvp_10_04 [de] Schlaganfall Person 4
10_3:dl015_3	vpl	dl015 cause of death: epileptic stroke
10_3:dl016_3	blvp	blvp_10_05 [de] Infektionskrankheit Person 4
10_3:dl016_3	vpl	dl016 cause of death: severe infectious disease
10_3:dl017_3	blvp	blvp_10_06 [de] Magen-Darm Person 3
10_3:dl017_3	vpl	dl017 cause of death: gastrointestinal tract disease
10_3:dl018_3	blvp	blvp_10_07 [de] Atemwegserkrankung Person 4
10_3:dl018_3	vpl	dl018 cause of death: respiratory disease
10_3:dl019_3	blvp	blvp_10_08 [de] Unfall Person 4
10_3:dl019_3	vpl	dl019 cause of death: accident
10_3:dl020_3	blvp	blvp_10_09 [de] Sonstige Ursache Person 1
10_3:dl020_3	vpl	dl020 cause of death: other
10_3:dl021_3	blvp	blvp_10_10 [de] Weiß nicht Person 4
10_3:dl021_3	vpl	dl021 cause of death unknown

[other] please specify:

10\_3:vurs10\_3 blvp blvp\_10\_11 [de] Text sonstige Ursache Person 5 10\_3;dl020\_3=1

**11\_3 Did the deceased have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can not / Prefer not to answer
A testament, last will	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (e.g., in case of loss of mental capacity)	1	2	3	-1
Advance funeral wishes (e.g., with details on burial)	1	2	3	-1

11_3:dl022_3	blvp	blvp_11_01	[de] Testament Person 2
11_3:dl022_3	vpl	dl022	left last will
11_3:dl023_3	blvp	blvp_11_02	[de] Patientenverfügung Person 4
11_3:dl023_3	vpl	dl023	left living will
11_3:dl024_3	blvp	blvp_11_03	[de] Vorsorgevollmacht Person 2
11_3:dl024_3	vpl	dl024	left provisional power or attorney
11_3:dl025_3	blvp	blvp_11_04	[de] Sterbeverfügung Person 3
11_3:dl025_3	vpl	dl025	left living will with instructions on use of death-delaying procedures

**12\_3** Had the deceased person suffered any severe losses of mental capacity (e.g., memory loss)?

Yes	1		
No	2		
Don't know	3		
Can not / Prefer not to answer	-1		
12_3:dl026_3	blvp	blvp_12	[de] Geistige Einschränkung Person 3
12_3:dl026_3	vpl	dl026	[de] Eingeschränkte geistige Leistungsfähigkeit verstorbene Person

**13\_3** How would you describe the health of the deceased person about three months before his / her death?

Bad	5
Poor	4
Satisfactory	3
Good	2
Very good	1
Can not / Prefer not to answer	-1

13_3:dl027_3	blvp	blvp_13	[de] Gesundheitszustand 3 Mon. Zuvor Person 1
13_3:dl027_3	vpl	dl027	[de] Gesundheitszustand der/des Verstorbenen 3 Monate vor Tod

**14\_3** Was the deceased person in need of assistance or care approximately three months before death?

Yes	1			
No	2			
Can not / Prefer not to answer	-1			
14_3:dl028_3	blvp	blvp_14	[de] Hilfebedürftig 3 Mon. Zuvor Person 1	2,- 1@16_3
14_3:dl028_3	vpl	dl028	[de] Verstorbene Person 3 Monate vor Tod hilfe-/ pflegebedürftig	2,- 1@16_3

14\_3;dl028\_3=1

**15\_3** Which of the following activities did the deceased need help with? Needed help with

...

Shopping and errands	1
Doing housework, preparing meals and drinks	1
Basic personal care, e.g., dressing and undressing, bathing, combing hair, shaving	1
More complex care activities, e.g., getting in and out of bed , going to the toilet, etc.	1
None of the above	1
Can not / Prefer not to answer	1

15_3:dl029_3	blvp	blvp_15_01	[de] Hilfe Besorgungen Person 2
15_3:dl029_3	vpl	dl029	[de] Hilfe bei Besorgungen / Erledigungen außer Haus
15_3:dl030_3	blvp	blvp_15_02	[de] Hilfe Haushaltsführung Person 2
15_3:dl030_3	vpl	dl030	Help On Housework, 1. Person
15_3:dl031_3	blvp	blvp_15_03	[de] Einfache Pflege Person 1
15_3:dl031_3	vpl	dl031	help with simple personal care: dressing, bathing...
15_3:dl032_3	blvp	blvp_15_04	[de] Schwierige Pflege Person 3
15_3:dl032_3	vpl	dl032	help in getting in and out of bed, using toilet
15_3:vhil5_3	blvp	blvp_15_05	[de] kein Hilfebedarf Person 1
15_3:vhil5_3	vpl	dl033	help in total, n.a.

**16\_3** Think about the period of time before your family member passed away. How satisfied do you think he or she was with his or her life at that time, all things considered?*Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).*

	0	1	2	3	4	5	6	7	8	9	10	Can not / Prefer not to answer
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_3:dl034_3	blvp	blvp_16_01	[de] Zufriedenheit 1 Jahr zuvor Person 2
16_3:dl034_3	vpl	dl034	[de] Zufriedenheit verstorbene Person 1 Jahr vor dem Tod
16_3:dl035_3	blvp	blvp_16_02	[de] Zufriedenheit 3 Mon. Zuvor Person 4
16_3:dl035_3	vpl	dl035	[de] Zufriedenheit verstorbene Person 3 Monate vor dem Tod

**17\_3** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have to restructure my life completely	1
Some things will change	2
My life does not change	3
Can not / Prefer not to answer	-1

17_3:dl036_3	blvp	blvp_17	[de] Wie verändert Person 1
17_3:dl036_3	vpl	dl036	change in personal life since death



**1\_4 Please state the first name, date of birth and sex of the deceased person:**

Name of the deceased person:

*Please print*

1\_4:vname\_4 blvp blvp\_1\_01 [de] Vorname Person 3

Person number of the person passed away

1\_4:vpnr\_4 blvp pid2 Unchanging ID of deceased person

1\_4:vpnr\_4 vpl vpid Unchanging ID Person deceased

Year and month of birth of the person passed away:

Day 1:31

1\_4:vgebta\_4 blvp blvp\_1\_03 [de] Geburtstag Person 4

Can not / Prefer not to answer 1

Month 1:12

1\_4:dl003\_4 blvp blvp\_1\_04 [de] Geburtsmonat Person 5

1\_4:dl003\_4 vpl dl003 Month Of Birth

Can not / Prefer not to answer 1

Year 1900:2021

1\_4:dl002\_4 blvp blvp\_1\_05 [de] Geburtsjahr Person 5

1\_4:dl002\_4 vpl dl002 [de] Geburtsjahr der verstorbenen Person

Can not / Prefer not to answer 1

Sex of the deceased person

Male 1

Female 2

Divers 3

Can not / Prefer not to answer -1

1\_4:sexn\_4 blvp blvp\_1\_06 [de] Geschlecht Person 2

1\_4:sexn\_4 vpl dl001 Gender

**2\_4 What was your relationship to the deceased? The deceased was...**

my mother / my father 1

my spouse / life partner 2

my daughter / my son 3

other person 4

Can not / Prefer not to answer -1

2\_4:dl004\_4 blvp blvp\_2\_01 [de] Verwandtschaftsverhältnis Person 2

2\_4:dl004\_4 vpl dl004 [de] Verwandtschaftsverhältnis zur verstorbenen Person

[other] please specify:

2\_4:vfamso\_4 blvp blvp\_2\_02 [de] Text andere Person 4 dl004\_4=4

Can not / Prefer not to answer 1

**3\_4 How old was your family member when he/she died?**

Years 0:122

3\_4:dl005\_4 blvp blvp\_3 [de] Alter Person 3

3\_4:dl005\_4 vpl dl005 [de] Alter der verstorbenen Person

Can not / Prefer not to answer 1

**4\_4 Did the deceased person live in this household?**

Yes 1

No 2

Can not / Prefer not to answer -1

4\_4:dl006\_4 blvp blvp\_4 [de] Im Haushalt gelebt Person 1

1,-

1@9\_4

4\_4:dl006\_4 vpl dl006 [de] Verstorbene Person lebte im hiesigen HH

1,-

1@9\_4

4\_4:dl006\_4=2

**5\_4 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, participated 1

No, did not participate 2

Do not know 3

Can not / Prefer not to answer -1

5\_4:dl007\_4 blvp blvp\_5 [de] Teilnahme an LID Person 4

5\_4:dl007\_4 vpl dl007 person died was SOEP attendant

4\_4:dl006\_4=2

**6\_4 What was the deceased person's main living situation for the last year of his/her life?**

In a residential facility for senior citizens (e.g., assisted living) 4

With other family members in their home 3

With spouse / partner in their own home 2

Alone in his or her own home 1

In a retirement / nursing home 5

Elsewhere 7

In a clinic or hospital 6

Can not / Prefer not to answer -1

6\_4:dl008\_4 blvp blvp\_6 [de] Zuletzt häusliches Umfeld Person 2

6\_4:dl008\_4 vpl dl008 [de] Häusliches Umfeld im letzten Lebensjahr

4\_4:dl006\_4=2

**7\_4** Where did he / she live? Where did the deceased person live?

Here in house	1
In the neighborhood	2
In a close distance (to reach on foot within 1 hour)	3
In a further distance in Germany	4
In a foreign country	5
Can not / Prefer not to answer	-1

7\_4:dl009\_4 blvp blvp\_7 [de] Wo gelebt Person 1

7\_4:dl009\_4 vpl dl009 focus of deceased person's life

4\_4:dl006\_4=2

**8\_4** In the last twelve months of his/her life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?

Every day or almost every day	1
At least once a week	2
Rarely	4
At least once a month	3
Never	5
Can not / Prefer not to answer	-1

8\_4:dl010\_4 blvp blvp\_8 [de] Kontakt letzte 12 Mon. Person 3

8\_4:dl010\_4 vpl dl010 [de] Persönlicher Kontakt zur verstorbenen Person im letzten Jahr

**9\_4** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In a hospice	5
Another place	6
Do not now	7
Can not / Prefer not to answer	-1

9\_4:dl011\_4 blvp blvp\_9 [de] Wo verstorben Person 4

9\_4:dl011\_4 vpl dl011 [de] Sterbeort

**10\_4 Can you tell us what the cause of death was?***Please select all that apply.*

Heart attack			1
Cardiovascular disease			1
Cancer			1
Stroke			1
Severe infectious disease (such as pneumonia, flu)			1
Gastrointestinal disease			1
Respiratory illness			1
Accident			1
Other			1
Don't know			1
Can not / Prefer not to answer			1
10_4:dl012_4	blvp	blvp_10_01	[de] Herzinfarkt Person 4
10_4:dl012_4	vpl	dl012	cause of death: heart attack
10_4:dl013_4	blvp	blvp_10_02	[de] Herz-Kreislauf-Erkrankung Person 3
10_4:dl013_4	vpl	dl013	cause of death: cardiovascular disease
10_4:dl014_4	blvp	blvp_10_03	[de] Krebs Person 4
10_4:dl014_4	vpl	dl014	cause of death: cancer
10_4:dl015_4	blvp	blvp_10_04	[de] Schlaganfall Person 4
10_4:dl015_4	vpl	dl015	cause of death: epileptic stroke
10_4:dl016_4	blvp	blvp_10_05	[de] Infektionskrankheit Person 4
10_4:dl016_4	vpl	dl016	cause of death: severe infectious disease
10_4:dl017_4	blvp	blvp_10_06	[de] Magen-Darm Person 3
10_4:dl017_4	vpl	dl017	cause of death: gastrointestinal tract disease
10_4:dl018_4	blvp	blvp_10_07	[de] Atemwegserkrankung Person 4
10_4:dl018_4	vpl	dl018	cause of death: respiratory disease
10_4:dl019_4	blvp	blvp_10_08	[de] Unfall Person 4
10_4:dl019_4	vpl	dl019	cause of death: accident
10_4:dl020_4	blvp	blvp_10_09	[de] Sonstige Ursache Person 1
10_4:dl020_4	vpl	dl020	cause of death: other
10_4:dl021_4	blvp	blvp_10_10	[de] Weiß nicht Person 4
10_4:dl021_4	vpl	dl021	cause of death unknown

[other] please specify:

10\_4:vurs10\_4 blvp blvp\_10\_11 [de] Text sonstige Ursache Person 5 10\_4:dl020\_4=1

**11\_4 Did the deceased have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can not / Prefer not to answer
A testament, last will	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (e.g., in case of loss of mental capacity)	1	2	3	-1
Advance funeral wishes (e.g., with details on burial)	1	2	3	-1

11_4:dl022_4	blvp	blvp_11_01	[de] Testament Person 2
11_4:dl022_4	vpl	dl022	left last will
11_4:dl023_4	blvp	blvp_11_02	[de] Patientenverfügung Person 4
11_4:dl023_4	vpl	dl023	left living will
11_4:dl024_4	blvp	blvp_11_03	[de] Vorsorgevollmacht Person 2
11_4:dl024_4	vpl	dl024	left provisional power or attorney
11_4:dl025_4	blvp	blvp_11_04	[de] Sterbeverfügung Person 3
11_4:dl025_4	vpl	dl025	left living will with instructions on use of death-delaying procedures

**12\_4** Had the deceased person suffered any severe losses of mental capacity (e.g., memory loss)?

Yes	1		
No	2		
Don't know	3		
Can not / Prefer not to answer	-1		
12_4:dl026_4	blvp	blvp_12	[de] Geistige Einschränkung Person 3
12_4:dl026_4	vpl	dl026	[de] Eingeschränkte geistige Leistungsfähigkeit verstorbene Person

**13\_4** How would you describe the health of the deceased person about three months before his / her death?

Bad	5
Poor	4
Satisfactory	3
Good	2
Very good	1
Can not / Prefer not to answer	-1

13_4:dl027_4	blvp	blvp_13	[de] Gesundheitszustand 3 Mon. Zuvor Person 1
13_4:dl027_4	vpl	dl027	[de] Gesundheitszustand der/des Verstorbenen 3 Monate vor Tod

**14\_4** Was the deceased person in need of assistance or care approximately three months before death?

Yes	1			
No	2			
Can not / Prefer not to answer	-1			
14_4:dl028_4	blvp	blvp_14	[de] Hilfebedürftig 3 Mon. Zuvor Person 1	2,-
				1@16_4
14_4:dl028_4	vpl	dl028	[de] Verstorbene Person 3 Monate vor Tod hilfe-/pflegebedürftig	2,-
				1@16_4

14\_4;dl028\_4=1

**15\_4** Which of the following activities did the deceased need help with? Needed help with

...

Shopping and errands	1
Doing housework, preparing meals and drinks	1
Basic personal care, e.g., dressing and undressing, bathing, combing hair, shaving	1
More complex care activities, e.g., getting in and out of bed , going to the toilet, etc.	1
None of the above	1
Can not / Prefer not to answer	1

15_4:dl029_4	blvp	blvp_15_01	[de] Hilfe Besorgungen Person 2
15_4:dl029_4	vpl	dl029	[de] Hilfe bei Besorgungen / Erledigungen außer Haus
15_4:dl030_4	blvp	blvp_15_02	[de] Hilfe Haushaltsführung Person 2
15_4:dl030_4	vpl	dl030	Help On Housework, 1. Person
15_4:dl031_4	blvp	blvp_15_03	[de] Einfache Pflege Person 1
15_4:dl031_4	vpl	dl031	help with simple personal care: dressing, bathing...
15_4:dl032_4	blvp	blvp_15_04	[de] Schwierige Pflege Person 3
15_4:dl032_4	vpl	dl032	help in getting in and out of bed, using toilet
15_4:vhil5_4	blvp	blvp_15_05	[de] kein Hilfebedarf Person 1
15_4:vhil5_4	vpl	dl033	help in total, n.a.

**16\_4** Think about the period of time before your family member passed away. How satisfied do you think he or she was with his or her life at that time, all things considered?*Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).*

	0	1	2	3	4	5	6	7	8	9	10	Can not / Prefer not to answer
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_4:dl034_4	blvp	blvp_16_01	[de] Zufriedenheit 1 Jahr zuvor Person 2
16_4:dl034_4	vpl	dl034	[de] Zufriedenheit verstorbene Person 1 Jahr vor dem Tod
16_4:dl035_4	blvp	blvp_16_02	[de] Zufriedenheit 3 Mon. Zuvor Person 4
16_4:dl035_4	vpl	dl035	[de] Zufriedenheit verstorbene Person 3 Monate vor dem Tod

**17\_4** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have to restructure my life completely	1
Some things will change	2
My life does not change	3
Can not / Prefer not to answer	-1

17_4:dl036_4	blvp	blvp_17	[de] Wie verändert Person 1
17_4:dl036_4	vpl	dl036	change in personal life since death

**1\_5 Please state the first name, date of birth and sex of the deceased person:**

Name of the deceased person:

*Please print*

1\_5:vname\_5 blvp blvp\_1\_01 [de] Vorname Person 3

Person number of the person passed away

1\_5:vpnr\_5 blvp pid2 Unchanging ID of deceased person

1\_5:vpnr\_5 vpl vpid Unchanging ID Person deceased

Year and month of birth of the person passed away:

Day 1:31

1\_5:vgebta\_5 blvp blvp\_1\_03 [de] Geburtstag Person 4

Can not / Prefer not to answer 1

Month 1:12

1\_5:dl003\_5 blvp blvp\_1\_04 [de] Geburtsmonat Person 5

1\_5:dl003\_5 vpl dl003 Month Of Birth

Can not / Prefer not to answer 1

Year 1900:2021

1\_5:dl002\_5 blvp blvp\_1\_05 [de] Geburtsjahr Person 5

1\_5:dl002\_5 vpl dl002 [de] Geburtsjahr der verstorbenen Person

Can not / Prefer not to answer 1

Sex of the deceased person

Male 1

Female 2

Divers 3

Can not / Prefer not to answer -1

1\_5:sexn\_5 blvp blvp\_1\_06 [de] Geschlecht Person 2

1\_5:sexn\_5 vpl dl001 Gender

**2\_5 What was your relationship to the deceased? The deceased was...**

my mother / my father 1

my spouse / life partner 2

my daughter / my son 3

other person 4

Can not / Prefer not to answer -1

2\_5:dl004\_5 blvp blvp\_2\_01 [de] Verwandtschaftsverhältnis Person 2

2\_5:dl004\_5 vpl dl004 [de] Verwandtschaftsverhältnis zur verstorbenen Person

[other] please specify:

2\_5:vfamso\_5 blvp blvp\_2\_02 [de] Text andere Person 4 dl004\_5=4

Can not / Prefer not to answer 1

**3\_5 How old was your family member when he/she died?**

Years 0:122

3\_5:dl005\_5 blvp blvp\_3 [de] Alter Person 3

3\_5:dl005\_5 vpl dl005 [de] Alter der verstorbenen Person

Can not / Prefer not to answer 1

**4\_5 Did the deceased person live in this household?**

Yes 1

No 2

Can not / Prefer not to answer -1

4\_5:dl006\_5 blvp blvp\_4 [de] Im Haushalt gelebt Person 1

1,-

1@9\_5

4\_5:dl006\_5 vpl dl006 [de] Verstorbene Person lebte im hiesigen HH

1,-

1@9\_5

4\_5:dl006\_5=2

**5\_5 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, participated 1

No, did not participate 2

Do not know 3

Can not / Prefer not to answer -1

5\_5:dl007\_5 blvp blvp\_5 [de] Teilnahme an LID Person 4

5\_5:dl007\_5 vpl dl007 person died was SOEP attendant

4\_5:dl006\_5=2

**6\_5 What was the deceased person's main living situation for the last year of his/her life?**

In a residential facility for senior citizens (e.g., assisted living) 4

With other family members in their home 3

With spouse / partner in their own home 2

Alone in his or her own home 1

In a retirement / nursing home 5

Elsewhere 7

In a clinic or hospital 6

Can not / Prefer not to answer -1

6\_5:dl008\_5 blvp blvp\_6 [de] Zuletzt häusliches Umfeld Person 2

6\_5:dl008\_5 vpl dl008 [de] Häusliches Umfeld im letzten Lebensjahr



4\_5:dl006\_5=2

**7\_5** Where did he / she live? Where did the deceased person live?

Here in house	1
In the neighborhood	2
In a close distance (to reach on foot within 1 hour)	3
In a further distance in Germany	4
In a foreign country	5
Can not / Prefer not to answer	-1

7\_5:dl009\_5 blvp blvp\_7 [de] Wo gelebt Person 1

7\_5:dl009\_5 vpl dl009 focus of deceased person's life

4\_5:dl006\_5=2

**8\_5** In the last twelve months of his/her life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?

Every day or almost every day	1
At least once a week	2
Rarely	4
At least once a month	3
Never	5
Can not / Prefer not to answer	-1

8\_5:dl010\_5 blvp blvp\_8 [de] Kontakt letzte 12 Mon. Person 3

8\_5:dl010\_5 vpl dl010 [de] Persönlicher Kontakt zur verstorbenen Person im letzten Jahr

**9\_5** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In a hospice	5
Another place	6
Do not now	7
Can not / Prefer not to answer	-1

9\_5:dl011\_5 blvp blvp\_9 [de] Wo verstorben Person 4

9\_5:dl011\_5 vpl dl011 [de] Sterbeort

**10\_5 Can you tell us what the cause of death was?***Please select all that apply.*

Heart attack			1
Cardiovascular disease			1
Cancer			1
Stroke			1
Severe infectious disease (such as pneumonia, flu)			1
Gastrointestinal disease			1
Respiratory illness			1
Accident			1
Other			1
Don't know			1
Can not / Prefer not to answer			1
10_5:dl012_5	blvp	blvp_10_01	[de] Herzinfarkt Person 4
10_5:dl012_5	vpl	dl012	cause of death: heart attack
10_5:dl013_5	blvp	blvp_10_02	[de] Herz-Kreislauf-Erkrankung Person 3
10_5:dl013_5	vpl	dl013	cause of death: cardiovascular disease
10_5:dl014_5	blvp	blvp_10_03	[de] Krebs Person 4
10_5:dl014_5	vpl	dl014	cause of death: cancer
10_5:dl015_5	blvp	blvp_10_04	[de] Schlaganfall Person 4
10_5:dl015_5	vpl	dl015	cause of death: epileptic stroke
10_5:dl016_5	blvp	blvp_10_05	[de] Infektionskrankheit Person 4
10_5:dl016_5	vpl	dl016	cause of death: severe infectious disease
10_5:dl017_5	blvp	blvp_10_06	[de] Magen-Darm Person 3
10_5:dl017_5	vpl	dl017	cause of death: gastrointestinal tract disease
10_5:dl018_5	blvp	blvp_10_07	[de] Atemwegserkrankung Person 4
10_5:dl018_5	vpl	dl018	cause of death: respiratory disease
10_5:dl019_5	blvp	blvp_10_08	[de] Unfall Person 4
10_5:dl019_5	vpl	dl019	cause of death: accident
10_5:dl020_5	blvp	blvp_10_09	[de] Sonstige Ursache Person 1
10_5:dl020_5	vpl	dl020	cause of death: other
10_5:dl021_5	blvp	blvp_10_10	[de] Weiß nicht Person 4
10_5:dl021_5	vpl	dl021	cause of death unknown

[other] please specify:

10\_5:vurs10\_5 blvp blvp\_10\_11 [de] Text sonstige Ursache Person 5 10\_5:dl020\_5=1

**11\_5 Did the deceased have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can not / Prefer not to answer
A testament, last will	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (e.g., in case of loss of mental capacity)	1	2	3	-1
Advance funeral wishes (e.g., with details on burial)	1	2	3	-1

11_5:dl022_5	blvp	blvp_11_01	[de] Testament Person 2
11_5:dl022_5	vpl	dl022	left last will
11_5:dl023_5	blvp	blvp_11_02	[de] Patientenverfügung Person 4
11_5:dl023_5	vpl	dl023	left living will
11_5:dl024_5	blvp	blvp_11_03	[de] Vorsorgevollmacht Person 2
11_5:dl024_5	vpl	dl024	left provisional power or attorney
11_5:dl025_5	blvp	blvp_11_04	[de] Sterbeverfügung Person 3
11_5:dl025_5	vpl	dl025	left living will with instructions on use of death-delaying procedures

**12\_5** Had the deceased person suffered any severe losses of mental capacity (e.g., memory loss)?

Yes				1
No				2
Don't know				3
Can not / Prefer not to answer				-1
12_5:dl026_5	blvp	blvp_12	[de] Geistige Einschränkung Person 3	
12_5:dl026_5	vpl	dl026	[de] Eingeschränkte geistige Leistungsfähigkeit verstorbene Person	

**13\_5** How would you describe the health of the deceased person about three months before his / her death?

Bad				5
Poor				4
Satisfactory				3
Good				2
Very good				1
Can not / Prefer not to answer				-1
13_5:dl027_5	blvp	blvp_13	[de] Gesundheitszustand 3 Mon. Zuvor Person 1	
13_5:dl027_5	vpl	dl027	[de] Gesundheitszustand der/des Verstorbenen 3 Monate vor Tod	

**14\_5** Was the deceased person in need of assistance or care approximately three months before death?

Yes				1
No				2
Can not / Prefer not to answer				-1
14_5:dl028_5	blvp	blvp_14	[de] Hilfebedürftig 3 Mon. Zuvor Person 1	2,- 1@16_5
14_5:dl028_5	vpl	dl028	[de] Verstorbene Person 3 Monate vor Tod hilfe-/pflegebedürftig	2,- 1@16_5

14\_5;dl028\_5=1

**15\_5** Which of the following activities did the deceased need help with? Needed help with

...

Shopping and errands	1
Doing housework, preparing meals and drinks	1
Basic personal care, e.g., dressing and undressing, bathing, combing hair, shaving	1
More complex care activities, e.g., getting in and out of bed , going to the toilet, etc.	1
None of the above	1
Can not / Prefer not to answer	1

15_5:dl029_5	blvp	blvp_15_01	[de] Hilfe Besorgungen Person 2
15_5:dl029_5	vpl	dl029	[de] Hilfe bei Besorgungen / Erledigungen außer Haus
15_5:dl030_5	blvp	blvp_15_02	[de] Hilfe Haushaltsführung Person 2
15_5:dl030_5	vpl	dl030	Help On Housework, 1. Person
15_5:dl031_5	blvp	blvp_15_03	[de] Einfache Pflege Person 1
15_5:dl031_5	vpl	dl031	help with simple personal care: dressing, bathing...
15_5:dl032_5	blvp	blvp_15_04	[de] Schwierige Pflege Person 3
15_5:dl032_5	vpl	dl032	help in getting in and out of bed, using toilet
15_5:vhil5_5	blvp	blvp_15_05	[de] kein Hilfebedarf Person 1
15_5:vhil5_5	vpl	dl033	help in total, n.a.

**16\_5** Think about the period of time before your family member passed away. How satisfied do you think he or she was with his or her life at that time, all things considered?*Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).*

	0	1	2	3	4	5	6	7	8	9	10	Can not / Prefer not to answer
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_5:dl034_5	blvp	blvp_16_01	[de] Zufriedenheit 1 Jahr zuvor Person 2
16_5:dl034_5	vpl	dl034	[de] Zufriedenheit verstorbene Person 1 Jahr vor dem Tod
16_5:dl035_5	blvp	blvp_16_02	[de] Zufriedenheit 3 Mon. Zuvor Person 4
16_5:dl035_5	vpl	dl035	[de] Zufriedenheit verstorbene Person 3 Monate vor dem Tod

**17\_5** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have to restructure my life completely	1
Some things will change	2
My life does not change	3
Can not / Prefer not to answer	-1

17_5:dl036_5	blvp	blvp_17	[de] Wie verändert Person 1
17_5:dl036_5	vpl	dl036	change in personal life since death