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Research Report SOEP-Core - 2022: The deceased person (A-R+IAB-SOEP-M1-M8b)

SOEP Survey Papers, No. 1442

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SOEP-Core – 2022: The Deceased Person (A-R+IAB-SOEP-M1-M8b)



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:

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Series E - SOEPmonitors

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The SOEP Survey Papers are available at http://www.diw.de/soepsurveypapers

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The German Socio Economic Panel at DIW Berlin

SOEP-Core – 2022: The Deceased Person (A-R+IAB-SOEP-M1-M8b)

infas

2025

Questionnaire

The Deceased Person

Verstorbene Personen

Dear Study Participant,

First of all, we – the "Living in Germany" team – would like to extend our sincere condolences on the loss of your family member.

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

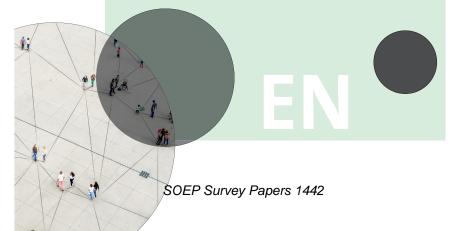
- provide our staff member with an interview
- or if you prefer, that you carefully complete this questionnaire yourself.

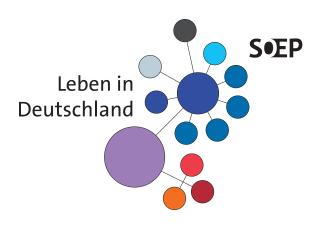
This questionnaire is to be filled out by (ggf. vom Interviewer auszufüllen):

First name:

<Vorname>

Please only fill out this questionnaire if you are asked to do so in the "Individual" questionnaire.





Questionnaire

The Deceased Person

Verstorbene Personen

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:

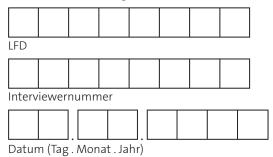
<LinkCAWI>

Your personal access code is:

<PWD-CAWI>

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

⊂ Falls eine Interviewerin/ein Interviewer vor Ort, bitte angeben:



infas

infas Institut für angewandte Sozialwissenschaft GmbH

Postfach 240101 53154 Bonn Tel. 0800/66 77 876 LiD@infas.de www.leben-in-deutschland.de

7704/VP_EN/2022

<LFD/Personen-Nr>

SOEP Survey Papers 1442 <Barcode>

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	8
No	X

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:	\sim
Yes	
No	S

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:

Germany

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

 $\Box \rightarrow$ Continue with question 11

Please make sure:

C that you fill out the questionnaire in black pen only.

- *C* that your answers are clearly legible.
- is 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 Please give the first name and birthdate of the deceased person(s):

The Please answer the following questions in columns: first, all of the questions for the first deceased person, then for the second deceased person, and so on.

		1st deceased person:	2nd deceased person:	3rd deceased person:
	First name:			
	Day and month of birth:			
	Year of birth:			
	Sex:			
	Male	1	1	1
	Female	2	2	2
	Nonbinary (divers)	3	3	3
2	What was your relationship to the deceased?			
	The deceased was			
	my mother / father	1	1	1
	my spouse / life partner	2	2	2
	my daughter / son	3	3	3
	other	4	4	4
	→ please specify:			
3	How old was your family member when he/she died?			
	years			
4	Did the deceased person(s) live in this household?			
	Yes	$_1 \square ightarrow$ Question 9	$_1 \square ightarrow$ Question 9	$\Box \longrightarrow Question 9$
	No	2 \longrightarrow Question 5	$_2 \square \rightarrow Question 5$	$_2 \square \rightarrow Question 5$
5	Do you know if the deceased ever took part in the study "Living in Germany"?			
	Yes, took part	1	1	1
	No, did not take part	2	2	2
	Don't know	3	3	3

	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:			
What was the deceased person's main living environment for the last year of his/her life?			
C Please select one answer only.			
Alone in own household	1	1	1
Together with spouse / partner in private household	2	2	2
Together with other family members in private household	з 🗖	3	з 🗖
Accommodation geared to the needs of senior citizens (assisted living, etc.)	4	4	4
Retirement home / Nursing home	5	5	5
Clinic, hospital	6	6	6
Other environment	7	7	7
Where did the deceased person(s) live?			
「 す Please select one answer only.			
Here in this house	1	1	1
In the neighborhood	2	2	2
Nearby (within an hour on foot)	3	з 🗖	з 🗖
Further away in Germany	4	4	4
In a foreign country	5	5	5

The Please state the first names of the deceased person(s) from question 1 again:

<i> </i>	nes of the deceased person	(s) from question 1 again:	
	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:			
8 In the last twelve months of their life, how often were you normally in personal contact with the deceased person(s), either by visiting, talking on the phone, or writing?			
Every day	1	1	1
At least once a week	2	2	2
At least once a month	3	3	3
Less often	4	4	4
Never	5	5	5
9 Where did your family member pass away?			
IPLEASE SELECT ONE answer only.			
At home	1	1	1
In another private household	2	2	2
In a hospital	з 🗖	3	3
In a retirement home / nursing home	4	4	4
In hospice	5	5	5
Another place	6	6	6
Don't know	7	7	7

ſ	Please sta	te the j	first names	of the	deceased	person(s)	from a	question 1	again:
---	------------	----------	-------------	--------	----------	-----------	--------	------------	--------

		1st deceased pe	rson:	2nd deceased pe	erson:	3rd deceased pe	erson:
	First name:						
10	Can you tell us what the cause of death was?						
	ご Please select all that apply.	1		1		1	
	Heart attack						
	Cardiovascular disease						
	Cancer						
	Stroke						
	Severe infectious disease (pneumonia, flu, etc.)						
	Gastrointestinal disease						
	Respiratory illness						
	Accident						
	Other						
	→ please specify:						
	Don't know						
11	Did the deceased person(s) have any of the following documents on file as a precautionary measure?						
	Please give an answer in each line.						
	A testament, last will	Yes	1	Yes	1	Yes	1
		No	2	No	2	No	2
		Don't know	3	Don't know	3	Don't know	3
	Living will (advance	Yes	1	Yes	1	Yes	1
	directive regarding future medical care)	No	2	No	2	No	2
		Don't know	3	Don't know	3	Don't know	3
	Lasting power of attorney	Yes	1	Yes	1	Yes	1
	(in case of loss of mental capacity, etc.)	No	2	No	2	No	2
	······································	Don't know	3	Don't know	з 🗌	Don't know	з 🗌
	Advance funeral wishes	Yes	1	Yes	1	Yes	1
	(with details on burial, etc.)	No	2	No	2	No	2
		Don't know	з 🗌	Don't know	з 🗌	Don't know	з 🗌

	r Please state the first nan	nes of the deceased person	(s) from question 1 again:	
		1st deceased person:	2nd deceased person:	3rd deceased person:
	First name:			
12	Had the deceased person(s) suffered any severe losses of mental capacity (memory loss, etc.)?			
	Yes	1	1	1
	No	2	2	2
	Don't know	3	3	3
13	How would you describe the health of the deceased person(s) about three months before his / her death?			
	Very good	1	1	1
	Good	2	2	2
	Satisfactory	3	3	3
	Poor	4	4	4
	Bad	5	5	5
14	Was the deceased person in need of assistance or care approximately three months before death?			
	Yes	$_1 \square \rightarrow Question 15$	$_1 \square \rightarrow Question 15$	$\square \rightarrow Question 15$
	No	$_2$ \longrightarrow Question 16	$_2$ \longrightarrow Question 16	$_2$ \longrightarrow Question 16

3rd deceased person: 1st deceased person: 2nd deceased person: First name: 15 Which of the following activities did the deceased person(s) need help with? Please select all that apply. 1 1 1 Needed help with Shopping and errands ... Doing housework, preparing meals and drinks ... Basic personal care, such as, dressing and undressing, bathing, combing hair, shaving ... More complex care activities, such as getting in and out of bed, going to the toilet, etc. \square None of the above

⊂ Please state the first names of the deceased person(s) from question 1 again:

্রি Please state the first nan	nes of the dec	eased person	(s) from ques	tion 1 again:		
	1st deceas	ed person:	2nd deceas	sed person:	3rd deceas	ed person:
First name:						
 16 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? The Please answer on a scale from 0 	About	About	About	About	About	About
(completely dissatisfied) to 10 (completely satisfied).	a year before death	three months before death	a year before death	three months before death	a year before death	three months before death
Completely dissatisfied	0 [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 9 [] 9 []	0 1 2 3 3 4 5 6 7 8 9 9 =	0 1 2 3 3 4 5 6 7 8 9 9 	0 1 2 3 3 4 5 6 7 8 9 9 =	0 1 2 3 4 5 6 7 8 9 =	0 [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 9 [] 9 []
Completely satisfied	10	10	10	10	10	10
17 Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?						
IPLEASE SELECT ONE answer only.						
I have had to restructure my life completely	1		ı [1	
Some things in my life have changed	2		2		2	
Nothing has really changed in my life	3		3		3	

Α	Finally, please provide the following information.
	What is your date of birth?
	Day Month Year
В	Are you
	male 1
	female 2
	nonbinary (divers) 3
C	When did you finish filling out the questionnaire?
	Date: Day Month Time: Hour Minute
D	Approximately how long did it take you to complete this questionnaire?
	Minutes
E	Were other persons present while you were filling out the questionnaire?
E	Were other persons present while you were filling out the questionnaire? Image: Please select all answers that apply.
E	
E	C Please select all answers that apply. 1
E	Image: Construction of the second sec
E	Image: Select all answers that apply. Yes, spouse / partner Yes, other person, who lives in the same household
E	Please select all answers that apply. Yes, spouse / partner Yes, other person, who lives in the same household Yes, other person, who does not live in the same household Yes, other person, who does not live in the same household
	□ □ □ □ Yes, spouse / partner □ Yes, other person, who lives in the same household □ Yes, other person, who does not live in the same household □ No □ 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