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Research Report

SOEP-Core - 2022: Household (A-R+IAB-SOEP-M1-M8b)

SOEP Survey Papers, No. 1439

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1439²⁰²⁵

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2022: Household (A-R+IAB-SOEP-M1-M8b)

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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>

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SOEP-Core – 2022: Household (A-R+IAB-SOEP-M1-M8b)

infas

2025

Questionnaire

Household

Haushalt

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.

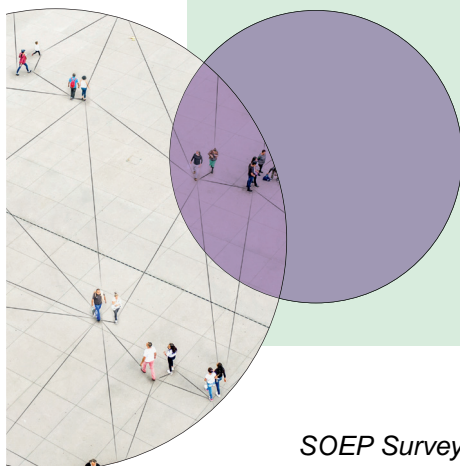
We therefore cordially request that you either

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

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

First name:

<Vorname>



EN

Questionnaire

Household

Haushalt

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:*

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

LFD

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

Interviewernummer

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

Datum (Tag . Monat . Jahr)

infas

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7704/HH_EN/2022

<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.

 “Last survey” refers to the last regular survey and not to the last supplementary surveys “Life During COVID-19” or the Living in Germany “Corona Monitoring” study.

 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 9, page 5

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

... after the household moved or after one or more participants in “Living in Germany” moved into the household 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 the move mentioned above?

Month Year

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

 If there is more than one reason, please indicate the main decisive reason!

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?

 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?

 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 residential and commercial area with flats, houses, shops and businesses	3 <input type="checkbox"/>
A commercial area (shops, banks, offices) with few residential dwellings	4 <input type="checkbox"/>
An industrial area with few residential dwellings	5 <input type="checkbox"/>

6 What kind of building do you live in?

 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?

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"/>	
2011 to 2020	8 <input type="checkbox"/>	
2021 to 2022	9 <input type="checkbox"/>	

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

Yes

1

☐

please state:

--	--	--	--

No

2

☐

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

Yes

1

☐

No

2

☐

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

--	--	--

 m²

11 How many rooms does the dwelling have? *Include all rooms of 6m² or more but exclude kitchen and bathroom*

--	--

 rooms

12 What do you think about the total size of your dwelling?**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

☐

13 What amenities does your dwelling have? Does it have: *Please select only one per line!*

	Yes 1	No 2
barrier-free home furnishings suitable for the elderly	<input type="checkbox"/>	<input type="checkbox"/>
floor heating (full or partial)	<input type="checkbox"/>	<input type="checkbox"/>
fireplace / ceramic tiled stove	<input type="checkbox"/>	<input type="checkbox"/>
balcony, terrace, porch	<input type="checkbox"/>	<input type="checkbox"/>
own yard, garden, access to yard or garden	<input type="checkbox"/>	<input type="checkbox"/>
alarm system	<input type="checkbox"/>	<input type="checkbox"/>
air conditioner (ventilation system)	<input type="checkbox"/>	<input type="checkbox"/>
solar collector, solar energy system	<input type="checkbox"/>	<input type="checkbox"/>
other alternative energy source (e.g., geothermal heat pump)	<input type="checkbox"/>	<input type="checkbox"/>
windows with at least double glazing	<input type="checkbox"/>	<input type="checkbox"/>
thermal insulation (e.g., on the façade, roof, basement ceiling)	<input type="checkbox"/>	<input type="checkbox"/>
elevator / lift inside building	<input type="checkbox"/>	<input type="checkbox"/>
basement / cellar, storage areas	<input type="checkbox"/>	<input type="checkbox"/>
garage / parking space	<input type="checkbox"/>	<input type="checkbox"/>

14 Did this dwelling change ownership within the last year?

Yes ☐ ¹

No ☐ ²

→ Continue with question 16



15 What kind of change in ownership occurred?

Please select only one per column!

I am / we are ...

... now owner(s) ☐ ¹ → because I / we ...

... purchased the dwelling ☐ ¹

... inherited or was/were given the dwelling ☐ ²

... no longer owner(s) ☐ ² → because ...

... I / we sold the dwelling ☐ ¹

... gave / bequeathed it / other ☐ ²

... still tenants, but it is now
owned by someone else ☐ ³

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

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

→ Continue with question 27

Owner ☐ ³

→ Continue with question 17

Nursing Home / Retirement Community ☐ ⁴

→ Continue with question 38, page 9

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

Yes ☐ ¹

No ☐ ²

→ Continue with question 19



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

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

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

euros per month

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

Yes ☐ ¹

No ☐ ²

→ Continue with question 21



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

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

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

euros in the last calendar year

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

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

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

euros in the last calendar year

No property tax

¹ ☐

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

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

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

euros in the last calendar year

No heating costs

¹ ☐

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

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

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

euros in the last calendar year

No electricity costs

¹ ☐

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

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


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

euros in the last calendar year

No other additional costs

¹ ☐

25 Are your housing expenses, that is, loan or mortgage payments and interest and all additional costs, a major financial burden, a low burden, or no burden for your household at all?

 Please answer on a scale from 0 to 10, where 0 means no burden at all, and 10 means a major financial burden.

No burden
at all

A major
financial
burden

0	1	2	3	4	5	6	7	8	9	10
₀	₁	₂	₃	₄	₅	₆	₇	₈	₉	₁₀
<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>

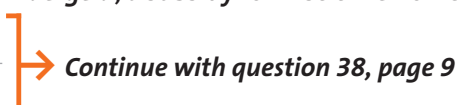
26 Have you received *Baukindergeld*, a subsidy for first-time home buyers with children?

Yes

¹ ☐

No

² ☐



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

Yes

¹ ☐

No

² ☐

28 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?

 This also includes dwellings you have a legal right to live in indefinitely, for example, under the laws on *Wohnrecht* (lifetime tenancy) or *Nießbrauch* (usufruct).

Yes

¹ ☐

No

² ☐

29 Who is the owner of the dwelling?

 Please select one answer only.

- | | | |
|--|---|--------------------------|
| Private owner | 1 | <input type="checkbox"/> |
| Private company | 2 | <input type="checkbox"/> |
| Professional organization or union | 3 | <input type="checkbox"/> |
| Non-profit organization
(church, foundations, etc.) | 4 | <input type="checkbox"/> |
| Municipal government | 5 | <input type="checkbox"/> |
| My employer | 6 | <input type="checkbox"/> |

30 What is your monthly rent?

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

--	--	--	--	--

 euros

Do not pay rent but do pay utilities 2 ☐


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

31 Are the monthly costs for heat included in your rent?

Yes 1 ☐

No 2 ☐

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

 If you don't know the exact amount, please estimate. If applicable, state the flat rate that you are charged for heating.

--	--	--

 euros per month

No heating costs 1 ☐

33 Is electricity included in the monthly rent stated above?

Yes 1 ☐

No 2 ☐

34 What are your monthly electricity costs?

 If you don't know the exact amount, please estimate. If applicable, please state the flat rate that you are charged for electricity.

--	--	--

 euros per month

No electricity costs 1 ☐

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

Yes 1 ☐

No 2 ☐

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

If you don't know the exact amount, please estimate. If applicable, state the flat rate you are charged.

euros per month No other additional expenses ₁

37 Are your housing expenses, that is, rent and all additional costs, a major financial burden, a low burden, or no burden for your household at all?

Please answer on a scale from 0 to 10, where 0 means no burden at all, and 10 means a major financial burden.

No burden at all A major financial burden

0 1 2 3 4 5 6 7 8 9 10

₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀

= = = = = = = = = =

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

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

Yes ₁ No ₂ → Continue with question 46, page 10

↓

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

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

Please state the gross amount including savings for future maintenance / renovation.

euros in the year 2021

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

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?

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

euros in the year 2021

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

Yes ₁ No ₂ → Continue with question 44, page 10

↓

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

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

euros in the year 2021

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

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?

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

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

euros in the year 2021

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?

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

Yes ☐ ¹

No ☐ ² → Continue with question 49



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

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

Loan repayment (including interest payments)

--	--	--	--	--

 euros per month

48 Does repaying these loans place a major burden on your household, a minor burden, or no burden at all?

Please answer on a scale from 0 to 10, where 0 means no burden at all, and 10 means a major financial burden.

No burden
at all

A major
financial
burden

0 1 2 3 4 5 6 7 8 9 10
_{0 1 2 3 4 5 6 7 8 9 10}
☐ = ☐ = ☐ = ☐ = ☐ = ☐ = ☐ = ☐ = ☐ = ☐ = ☐

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

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

Yes ☐ ¹

No ☐ ² → Continue with question 51



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

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

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

euros in the year 2021

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

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

Yes ☐ ¹ No ☐ ² → Continue with question 53



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

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

euros in the year 2021

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

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

Yes ☐ ¹ No ☐ ² → Continue with question 55



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

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

euros for the year 2021

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

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 ☐

→ Continue with question 57

→ Continue with question 56

→ Continue with question 59

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

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

Yes ☐ ¹ → euros

No ☐ ²

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

In the last calendar year euros → Continue with question 58

Don't know ☐ ¹ → Continue with question 59

58 Please estimate according to the following list:

Please select one answer only.

- | | | |
|--------------------------------------|---|--------------------------|
| Less than 250 euros | 1 | <input type="checkbox"/> |
| From 250 to less than 1,000 euros | 2 | <input type="checkbox"/> |
| From 1,000 to less than 2,500 euros | 3 | <input type="checkbox"/> |
| From 2,500 to less than 5,000 euros | 4 | <input type="checkbox"/> |
| From 5,000 to less than 10,000 euros | 5 | <input type="checkbox"/> |
| 10,000 euros and more | 6 | <input type="checkbox"/> |

59 Have you or has any member of your household received any of the following benefits during the last calendar year?

If you or another household member received a specific government benefit, please state the number of months it was received and the average amount of that benefit per month.

Please give an answer in each line.

	No	Yes	In 2021			
	2	1	Number of months	Average amount per month		
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"/>	excl. supplementary child benefit
Supplementary child benefit (<i>Kinderzuschlag</i> , which is paid to low-income earners in addition to the child benefit, <i>Kindergeld</i>)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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"/>	including accommodation expenses
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"/>	including accommodation expenses
Housing allowance (rent and expenses 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"/>	
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"/>	

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

If you or another household member receive a certain government benefit, please state in each case the average amount of this benefit per month.

If you or another household member receive child benefits, please also state for how many children.

Please give an answer in each line.

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

61 If you add up the total income of all of the members of your household: what is your monthly household income today?

Please state the net monthly income, which means after deductions for taxes and social security. Please include regular income such as pensions, housing allowances, child benefits, grants for higher education, maintenance payments, etc. If you do not know the exact amount, 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"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

euros per month

62 How much money do you calculate per week or month for groceries to feed yourself and your family members living in this household?

Please state the average amount either for a normal week or a normal month—whichever is easier for you to answer.

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

euros in a normal week

or

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

euros in a normal month

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

- 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?

euros per month

65 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?

- Yes ☐ ¹ → euros per month } → Continue with question 67
- No, our income and expenses are equal ☐ ² }
- No, our income is not enough to cover our expenses ☐ ³ → Continue with question 66

66 How do you usually make up for the shortfall?

 Please select all that apply.

- By taking out loans ☐ ¹ → in the amount of euros per month
- By using existing savings ☐ → in the amount of euros per month
- By getting help from family, friends, or acquaintances ☐ → in the amount of euros per month
- None of the above ☐


67 Does someone in your household require constant assistance or care due to age, sickness, or disability?

- Yes ☐ ¹ ↓ No ☐ ² → Continue with question 76

68 How many people in need of assistance or care are there in your household?

person(s) in need of care

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

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

First name of person in need of assistance or care: 

Needs assistance with ...

 Please select all that apply.

- ... shopping and errands outside the home ☐ ¹
- ... housekeeping, preparing meals and drinks ☐
- ... minor care, such as help getting dressed and undressed, washing up, combing hair, shaving ☐
- ... major care, such as help getting in and out of bed, going to the toilet ☐
- None of the above ☐

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

Yes ☐ ¹ No ☐ ² → Continue with question 72



71 What level of care (*Pflegegrad*) was the person requiring assistance or care assigned?

Please select one answer only.

level of care 1 ☐ ¹

level of care 2 ☐ ²

level of care 3 ☐ ³

level of care 4 ☐ ⁴

level of care 5 ☐ ⁵

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

Yes ☐ ¹ No ☐ ²

73 Who provides the additional assistance this person needs?

Please select all that apply.

By...

... relatives in the household ☐ ¹

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



... charitable organizations
(Caritas, Diakonie, ASB, DRK, AWO, etc.) ☐

... private care service ☐

... friends / acquaintances / neighbors ☐

... relatives outside the household ☐

... other regular care providers ☐

→ Continue with question 75

→ Continue with question 74

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

Yes ☐ ¹

No ☐ ²

75 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, ...)?

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

76 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, ...)?

Yes ☐ ¹ → euros per month

No ☐ ²

77 Do you or does another member of your household provide care for someone who lives outside your household and is permanently in need of assistance or care due to age, sickness, disability, or medical treatment?

 If this applies to more than one person, please think of the person closest to you.

 We are not referring to professional care activities.

Yes ☐ ¹

No ☐ ²

→ Continue with question 89, page 18



78 Please enter the first name of the person in the household who provides most of the assistance:

 If you provide most of the assistance, please enter your first name here.

Please enter the first name of the person in the household who provides most of the assistance:



79 Is this person paid for providing the assistance?

Yes ☐ ¹

No ☐ ²

80 How often does this person usually assist the person who needs care or assistance?

Once a week ☐ ¹

Twice a week ☐ ²

More than twice a week ☐ ³

81 Who is it that lives outside your household and needs assistance or care?

 If this applies to more than one person, please continue to think of the person closest to you.

Spouse / partner ☐ ¹

Mother or father ☐ ²

Stepmother or stepfather ☐ ³

Grandmother or grandfather ☐ ⁴

Own child ☐ ⁵

Other relative ☐ ⁶

Someone else who is not a relative ☐ ⁷

82 What is that person's gender?

 In the following questions, we are referring to the person who is in need of assistance or care.

Male ☐ ¹

Female ☐ ²

Nonbinary (divers) ☐ ³

83 Does that person receive benefits through health insurance?

Yes ☐ ¹ No ☐ ² → *Continue with question 85*



84 What level of care was that person assigned?

Please select one answer only.

level of care 1 ☐ ¹

level of care 2 ☐ ²

level of care 3 ☐ ³

level of care 4 ☐ ⁴

level of care 5 ☐ ⁵

85 Where does that person live?

In a private household ☐ ¹

In an institutional setting, such as assisted living,
a nursing home, or a retirement home ☐ ²

86 How far away from you does that person live?

If you don't know the exact distance, please estimate.

In this same building but a different household ☐ ¹

In this same neighborhood ☐ ²

In this same city or town, but more than 15 minutes away on foot ☐ ³

In another city or town, but reachable within an hour ☐ ⁴

Further away (but in Germany) ☐ ⁵

In a different country ☐ ⁶

87 Does that person need help from other people, associations, or services?

Yes ☐ ¹ No ☐ ² → *Continue with question 89, page 18*



88 Who is the additional assistance that person needs provided by?

Please select all that apply.

By: ☐ ¹

...another person in my household ☐

...charitable organizations (for example, Caritas, Diakonie, ASB, DRK, AWO, ...)

...private care service ☐

...friends / acquaintances / neighbors ☐

...relatives outside my household ☐

...mobile in-home care service ☐

...daytime or nighttime in-home care provider ☐

...long-term in-home care ☐

...24-hour care ☐

...other regular care assistance ☐

89 Are there children born in 2006 or later living in your household?

Yes

☐

No

☐

→ Continue with question A, page 23

**90 What year were these children born?**

This refers to the four oldest children born in 2006 or later. Start with the oldest child born in 2006 or later, then enter the other children in order of age, the youngest child last.

Please answer questions 90 to 106 in columns, so first, all of the questions for the first child, then all of the questions for the second 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"/>

91 Does the child have German citizenship?

Yes

☐☐☐☐

No

☐

→ Question 94

☐

→ Question 94

☐

→ Question 94

☐

→ Question 94

92 Does the child have citizenship in another country besides Germany?

Yes

☐☐☐☐

No

☐

→ Question 95

☐

→ Question 95

☐

→ Question 95

☐

→ Question 95

93 Please state the child's other country/countries of citizenship.

If the child has citizenship in three or more countries, please also state the third country after the second.

2nd country of citizenship:

3rd country of citizenship:

→ Question 95

→ Question 95

→ Question 95

→ Question 95


94 Please state the child's other country/countries of citizenship.

If the child has citizenship in more than one country, please also state the second country after the first.

1st country of citizenship:

2nd country of citizenship:

 Please state the first names of the children again:

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
95 What school does your child currently attend?				
Does not attend school anymore	1 <input type="checkbox"/> → Question 103, page 22	1 <input type="checkbox"/> → Question 103, page 22	1 <input type="checkbox"/> → Question 103, page 22	1 <input type="checkbox"/> → Question 103, page 22
Does not attend school yet	2 <input type="checkbox"/> → Question 100, page 21	2 <input type="checkbox"/> → Question 100, page 21	2 <input type="checkbox"/> → Question 100, page 21	1 <input type="checkbox"/> → Question 100, page 21
Elementary school*	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Lower secondary school (Hauptschule)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Intermediate school (Realschule)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Upper secondary school (Gymnasium)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Comprehensive school (Gesamtschule)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Vocational school (Berufsschule)	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Other type of school	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
96 Is it a school with a special teaching concept such as a ...				
... Waldorf school, Montessori school, etc	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
... School for children with special needs, speech defects, etc.	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
No, none of the above	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
97 Did your child receive learning materials online or attend school online in the year 2021?				
 Please select all that apply.	1	1	1	1
Yes, received learning materials online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, attended school online	<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"/>
98 Does the child usually attend school all day?				
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"/>


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

 Please state the first names of the children again:



	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
99 Does your child currently attend after school daycare or something similar at school?	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>
100 Does your child currently attend nursery school, pre-school, or daycare? If so, for how many hours per week?	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>	<p>Hours per week</p> <p>1 <input type="text"/> → <input type="text"/></p> <p>2 <input type="text"/></p>

→ Question 101 only applies to children who are currently attending elementary school or are too young to attend elementary school. If all your children are older, please skip to question 102.

 Please state the first names of the children again:

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
101 If you think about a normal week, which people regularly take care of the child, and how many hours do they spend per week looking after the child? <i> Please select all that apply. Do not count hours when the person looking after the child is sleeping.</i>				
	Hours per week	Hours per week	Hours per week	Hours per week
You yourself	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Spouse / partner	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Child's father / mother (if that person is not your spouse / partner)	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Child's grandparents	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Child's older siblings	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Other relatives	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Childcare provider outside the home (<i>Tagesmutter</i>)	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Paid in-home childcare provider (<i>Betreuungsperson</i>)	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Friends / acquaintances / neighbors	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
No one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102 What are your costs for school, childcare, daycare, and (leisure) activities?	Average monthly costs in euros	Average monthly costs in euros	Average monthly costs in euros	Average monthly costs in euros
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Please state the first names of the children again:

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
103 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"/>
104 Whether or not the child has had a coronavirus infection (COVID-19): Has the child been quarantined at home for at least one day in the last 12 months?				
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/> → Question 106	2 <input type="checkbox"/> → Question 106	2 <input type="checkbox"/> → Question 106	2 <input type="checkbox"/> → Question 106
105 How many days of the last 12 months was the child quarantined at home?  If you don't know, please estimate.	days <input type="text"/> <input type="text"/> <input type="text"/>	days <input type="text"/> <input type="text"/> <input type="text"/>	days <input type="text"/> <input type="text"/> <input type="text"/>	days <input type="text"/> <input type="text"/> <input type="text"/>
106 Has your child been vaccinated against the coronavirus?  Answer "yes" even if the child has only recieved one dose of vaccine so far.				
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"/>

A Finally, please provide the following information.

What is your date of birth?

Day		Month		Year			

B Are you...

- | | | |
|----------------------------------|---|--------------------------|
| ... male | 1 | <input type="checkbox"/> |
| ... female | 2 | <input type="checkbox"/> |
| ... non-binary (<i>divers</i>) | 3 | <input type="checkbox"/> |

C How many people live permanently in your household, including children and yourself?

 *Your household includes everyone who lives together with you in the same dwelling and whose living expenses are paid mainly out of the same household budget.*

--	--

 persons

D When did you finish filling out the questionnaire?

Date:	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			Time:	<table border="1"><tr><td></td><td></td></tr></table>			:	<table border="1"><tr><td></td><td></td></tr></table>		
	Day	Month		Hour		Minute								

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

--	--	--

 Minutes

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

 *Please select all that apply.*

- | | | | |
|---|--------------------------|---|--------------------------|
| Yes, spouse / partner | <input type="checkbox"/> | } | Continue with question G |
| Yes, other person who is living in the same household | <input type="checkbox"/> | | |
| Yes, other person who does not live in the same household | <input type="checkbox"/> | | |
| No | <input type="checkbox"/> | → | End of questionnaire |

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

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

Thank you for taking part.

Please give the completed questionnaire to our interviewer or send it back to infas in the enclosed postage-paid envelope:

infas Institut für angewandte
Sozialwissenschaft GmbH
Postfach 24 01 01
53154 Bonn