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Research Report

SOEP-Core - 2023: The deceased person (A-R+IAB-SOEP-M1-M8c)

SOEP Survey Papers, No. 1452

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SOEP Survey Papers

Series A – Survey Instruments (Erhebungsinstrumente)



SOEP-Core – 2023: The Deceased Person (A-R+IAB-SOEP-M1-M8c)

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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:

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Series F - SOEP Newsletters

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SOEP-Core – 2023: The Deceased Person (A-R+IAB-SOEP-M1-M8c)

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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.

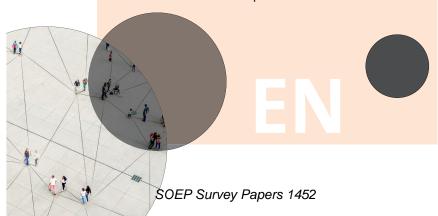
This questionnaire is to be filled out by

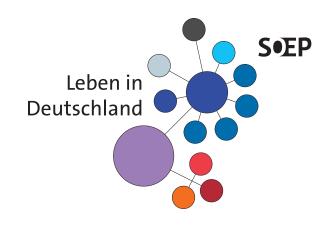
(ggf. von der Interviewerin/vom Interviewer auszufüllen):

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:

LFD							_
Interviewernummer							

Datum (Tag. Monat. Jahr)



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7707/VP_EN/2023

<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 X Nο 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: Germany 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:	1	5	0
nullibel:			

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

Example:

Yes $\square \rightarrow$ Continue with question 11

Please pay attention:

rightary use only a black pen to fill out the questionnaire.

that the information is clearly legible.

and that the information is 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, the birthdate and gender of the deceased person:

Please answer the following questions <u>in columns</u>: 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:		<u></u>	_
Male	1 🔲	1	1
Female	2 🔲	2 🔲	2 🔲
Nonbinary (divers)	3 🔲	3	3 🔲
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:			
How old was your family member when he/she died?			
Did the deceased person live in this household?			
Yes	$_1$ \longrightarrow Question 9	$_1$ \longrightarrow Question 9	$_1$ \longrightarrow Question 9
No	2 🗆 → Question 5	2 Question 5	2
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?				
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 🔲	з 🔲	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 🔲	
7 Where did the deceased person live?				
Please select one answer only.				
Here in this house	1 🗆	1 🔲	1 🔲	
In the neighborhood	2 🔲	2 🔲	2 🔲	
Nearby (within an hour on foot)	з 🔲	з 🔲	3 🔲	
Further away in Germany	4 🔲	4 🔲	4	
In a foreign country	5 🔲	5	5 🔲	

	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:			
In the last twelve months of their 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 🗆	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? \$\tilde{T} Please select one			
answer only.			
At home	1 🔲	1 🔲	1 🔲
In another private household	2 🔲	2 🔲	2 🔲
In a hospital	3 🔲	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

		1st deceased person:		2nd deceased person:		3rd deceased person:	
	First name:			L			
10	Can you tell us what the cause of death was?						
	雷 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 have any of the following documents on file as a precautionary measure? Please give an answer						
	in each line.						
	A last will and testament	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 directive regarding future medical care) (Patientenverfügung)	Yes No Don't know	1	Yes No Don't know	1	Yes No Don't know	1
	Lasting power of attorney (in case of loss of mental capacity, etc.) (Vorsorgevollmacht)	Yes No	1 <u> </u>	Yes No	1 <u> </u>	Yes No	1 <u> </u>
	(vorsorgevoninacity	Don't know	3	Don't know	3 🔲	Don't know	3
	Advance funeral wishes	Yes	1 🔲	Yes	1 🔲	Yes	1 🔲
	(with details on burial, etc.) (Sterbeverfügung)	No	2	No	2	No	2
		Don't know	3	Don't know	3	Don't know	3

	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:			
Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?			
Yes	1 🔲	1 🔲	1 🔲
No	2	2	2
Don't know	з 🔲	3 🔲	3 🔲
How would you describe the health of the deceased person 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	$_1$ \longrightarrow Question 15	$_1$ \longrightarrow Question 15	$_1$ \longrightarrow Question 15
No	$_{2}$ \longrightarrow Question 16	$_2$ \longrightarrow Question 16	2 \longrightarrow Question 16

| Second person | Second perso

	_		
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preparing meals

... basic personal care, such as dressing and undressing, bathing,

combing hair, shaving

activities, such as getting in and out of bed, going

... more complex care

to the toilet, etc.

None of the above

and drinks

	1st deceased person:		2nd deceased person:		3rd deceased person:	
First name:						
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).	About a year before death	About three months before death	About a year before death	About three months before death	About a year before death	About three months before death
Completely dissatisfied	0	0	0	0	0	0
Completely satisfied 17 Finally, a question for you personally: To what extent has your life changed as a result of your family member's death? Please select one answer only.	10	10	10	10	10	10
I have had to restructure my life completely	1				1 🗆	
Some things will change Nothing has really changed in my life	3		3		2 _	_

A Finally, please provide the following information.	
What is your date of birth?	
Day Month Year	
B Are you	
male	
female	
nonbinary (divers)	
C When did you finish filling out the questionnaire?	
Date: :	
D Approximately how long did it take you to complete this ques	tionnaire?
Minutes	
E Was anyone else present while you were filling out the questi	onnaire?
্রেল Please select all that apply.	1
Yes, spouse / partner	
Yes, another person who lives here in this household	$\square o$ Continue with question F
Yes, another person who does not live here in this household	
No	\square $ ightharpoonup$ End of questionnaire
F Did any of the aforementioned people bother you while you v	vere filling out the questionnaire?
Yes 1 🗆	
<u>No</u> 2 □	
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