

SOEP Group

Research Report

SOEP-Core - 2023: Deceased individual (techn., with reference to variables)

SOEP Survey Papers, No. 1503

Provided in Cooperation with:

German Institute for Economic Research (DIW Berlin)

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1503²⁰²⁵

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2023: 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>

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SOEP-Core – 2023: Deceased Individual (techn., with Reference to Variables)

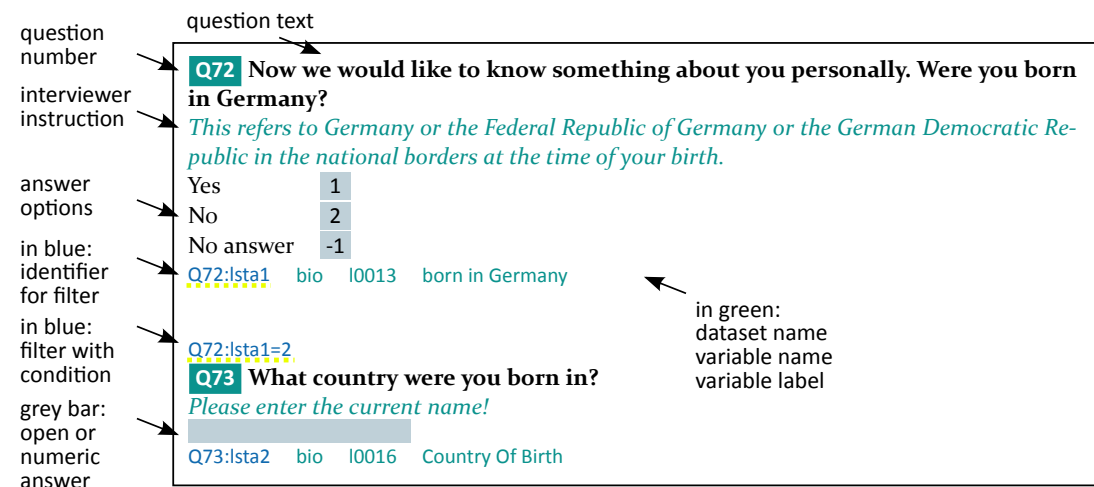
SOEP Group

2025

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v40o.

Reading Aid

This representation of the questionnaire contains the same informations as the portal 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 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.

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 ID: 0:99999999

0:hid bnv hid Current Wave HH Number

0:hid vpl hid Current Wave HH Number

First name of respondent:

Please print in capital letters.

0:name bnv bnv_00_05 First name

Can't / don't want to answer 1

Individual ID 0:99999999

0:pid bnv pid Never Changing Person ID

0:pid vpl pid Never Changing Person ID

Mode=CAWI & erstes Instrument des Interviews

A1 Please enter your date of birth.

Day:

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
Can't / don't want to answer	-1

Month:

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
Can't / don't want to answer	-1
Year:	

2023	2023
2022	2022
2021	2021
2020	2020
2019	2019
2018	2018
2017	2017
2016	2016
2015	2015
2014	2014
2013	2013
2012	2012
2011	2011
2010	2010
2009	2009
2008	2008
2007	2007
2006	2006
2005	2005
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1984	1984
1983	1983
1982	1982
1981	1981
1980	1980
1979	1979
1978	1978
1977	1977
1976	1976
1975	1975
1974	1974
1973	1973
1972	1972
1971	1971

Are you...

... male	1
... female	2
... nonbinary (divers)	3
Can't / don't want to answer	-1

1_1 Please state the first name, date of birth, and sex of the deceased person.

Name:

Please print

1_1:vname_1 bnvp bnvp_01_01 First name: Person (4)

Can't / don't want to answer 1

[Individual ID of the deceased person] 0:99999999

1_1:vpnr_1 bnvp pid2 ID: Person (3)

1_1:vpnr_1 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day 1:31

1_1:dl037_1 bnvp bnvp_01_02 Birthday: Person (3)

Can't / don't want to answer 1

Month 1:12

1_1:dl003_1 bnvp bnvp_01_03 Month Of Birth: Deceased Person

1_1:dl003_1 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer 1

Year 1900:2023

1_1:dl002_1 bnvp bnvp_01_04 Year of birth: Deceased Person

1_1:dl002_1 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer 1

Sex:

Male 1

Female 2

Nonbinary (divers) 3

Can't / don't want to answer -1

1_1:dl001_v2_1 bnvp bnvp_01_05 Gender of person deceased

1_1:dl001_v2_1 vpl dl001_h Gender of person deceased [harmonised]

1_1:dl001_v2_1 vpl dl001_v2 Gender of person deceased [2022/2023] [2022, 2023]

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't / don't want to answer -1

2_1:dl004_1 bnvp bnvp_02_01 Relationship: Deceased Person 1, 2, 3, -1@3_1
 2_1:dl004_1 vpl dl004 Relationship: Deceased Person 1, 2, 3, -1@3_1

[Other] please specify:

2_1:vfamso_1 bnvp bnvp_02_02 Relationship: not specified (3) 2_1:dl004_1=4

Can't / don't want to answer 1

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

Years 0:122

3_1:dl005_1 bnvp bnvp_03 Age: Deceased Person
 3_1:dl005_1 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1

4_1 Did the deceased person live in this household?

Yes 1
 No 2
 Can't / don't want to answer -1

4_1:dl006_1 bnvp bnvp_04 Deceased Person lived in the househol 1,-
 1@9_1
 4_1:dl006_1 vpl dl006 Deceased Person lived in the househol 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, took part 1
 No, did not take part 2
 Don't know 3
 Can't / don't want to answer -1

5_1:dl007_1 bnvp bnvp_05 person died was SOEP attendant
 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 environment for the last year of his/her life?

Alone in own household	1
Together with spouse / partner in private household	2
Together with other family members in private household	3
Accommodation geared to the needs of senior citizens (assisted living, etc.)	4
Retirement home / Nursing home	5
Clinic, hospital	6
Other environment	7
Can't / don't want to answer	-1

6_1:dl008_1 bnvp bnvp_06 Domestic environment of deceased Person

6_1:dl008_1 vpl dl008 Domestic environment of deceased Person

4_1;dl006_1=2

7_1 Where did the deceased person live?

Here in this house	1
In the neighborhood	2
Nearby (within an hour on foot)	3
Further away in Germany	4
In a foreign country	5
Can't / don't want to answer	-1

7_1:dl009_1 bnvp bnvp_07 focus of deceased person's life

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 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
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8_1:dl010_1 bnvp bnvp_08 Contact to deceased person last 12 months

8_1:dl010_1 vpl dl010 Contact to deceased person last 12 months

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 hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1

9_1:dl011_1 bnvp bnvp_09 Place of death

9_1:dl011_1 vpl dl011 Place of death

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 (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1

10_1:dl012_1	bnvp	bnvp_10_01	cause of death: heart attack
10_1:dl012_1	vpl	dl012	cause of death: heart attack
10_1:dl013_1	bnvp	bnvp_10_02	cause of death: cardiovascular disease
10_1:dl013_1	vpl	dl013	cause of death: cardiovascular disease
10_1:dl014_1	bnvp	bnvp_10_03	cause of death: cancer
10_1:dl014_1	vpl	dl014	cause of death: cancer
10_1:dl015_1	bnvp	bnvp_10_04	cause of death: epileptic stroke
10_1:dl015_1	vpl	dl015	cause of death: epileptic stroke
10_1:dl016_1	bnvp	bnvp_10_05	cause of death: severe infectious disease
10_1:dl016_1	vpl	dl016	cause of death: severe infectious disease
10_1:dl017_1	bnvp	bnvp_10_06	cause of death: gastrointestinal tract disease
10_1:dl017_1	vpl	dl017	cause of death: gastrointestinal tract disease
10_1:dl018_1	bnvp	bnvp_10_07	cause of death: respiratory disease
10_1:dl018_1	vpl	dl018	cause of death: respiratory disease
10_1:dl019_1	bnvp	bnvp_10_08	cause of death: accident
10_1:dl019_1	vpl	dl019	cause of death: accident
10_1:dl020_1	bnvp	bnvp_10_09	cause of death: other
10_1:dl020_1	vpl	dl020	cause of death: other
10_1:dl021_1	bnvp	bnvp_10_10	cause of death: unknown
10_1:dl021_1	vpl	dl021	cause of death: unknown

[Other] please specify:

10_1:vurs10_1 bnvp bnvp_10_11 Cause of death: Undeclared Person (3) 10_1:dl020_1=1

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

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1
11_1:dl022_1 bnvp bnvp_11_01			left last will	
11_1:dl022_1 vpl dl022			left last will	
11_1:dl023_1 bnvp bnvp_11_01			left last will	
11_1:dl023_1 vpl dl023			left living will	
11_1:dl024_1 bnvp bnvp_11_01			left last will	
11_1:dl024_1 vpl dl024			left provisional power or attorney	
11_1:dl025_1 bnvp bnvp_11_01			left last will	
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 (memory loss, etc.)?

Yes	1
No	2
Don't know	3
Can't / don't want to answer	-1
12_1:dl026_1 bnvp bnvp_12	Mental limitation
12_1:dl026_1 vpl dl026	Mental limitation

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't / don't want to answer	-1
13_1:dl027_1 bnvp bnvp_13	Three months before death: state of health
13_1:dl027_1 vpl dl027	Three months before death: state of health

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

Yes				1
No				2
Can't / don't want to answer				-1
14_1:dl028_1	bnvp	bnvp_14	Three months before death: in need of assistance	2,- 1@16_1
14_1:dl028_1	vpl	dl028	Three months before death: in need of assistance	2,- 1@16_1

14_1;dl028_1=1

15_1 Which of the following activities did the deceased person need help with? Needed help with ...

Shopping and errands				1
Doing housework, preparing meals and drinks				1
Basic personal care, such as dressing and undressing, bathing, combing hair, shaving				1
More complex care activities, such as getting in and out of bed, going to the toilet, etc.				1
None of the above				1
Can't / don't want to answer				1
15_1:dl029_1	bnvp	bnvp_15_01	Need help: errands	
15_1:dl029_1	vpl	dl029	Need help: errands	
15_1:dl030_1	bnvp	bnvp_15_02	Help On Housework	
15_1:dl030_1	vpl	dl030	Help On Housework	
15_1:dl031_1	bnvp	bnvp_15_03	help with simple personal care: dressing, bathing...	
15_1:dl031_1	vpl	dl031	help with simple personal care: dressing, bathing...	
15_1:dl032_1	bnvp	bnvp_15_04	help in getting in and out of bed, using toilet	
15_1:dl032_1	vpl	dl032	help in getting in and out of bed, using toilet	
15_1:vhil5_1	bnvp	bnvp_15_05	Need for help: No need for help	
15_1:vhil5_1	vpl	vhil5	Need for help: No need for help	

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 Com- pletely dissat- isfied	1	2	3	4	5	6	7	8	9	10 Com- pletely satis- fied	Can't / don't want to an- swer
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	bnvp	bnvp_15_06	Satisfaction one year before death											
16_1:dl034_1	vpl	dl034	Satisfaction one year before death											
16_1:dl035_1	bnvp	bnvp_15_07	Satisfaction three months before death											
16_1:dl035_1	vpl	dl035	Satisfaction three months before death											

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 had to restructure my life completely
 Some things will change
 Nothing has really changed in my life
 Can't / don't want to answer

17_1:dl036_1 bnvp bnvp_17 change in personal life since death
 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:

Please print

1_2:vname_2 bnvp bnvp_01_01 First name: Person (4)

Can't / don't want to answer

[Individual ID of the deceased person]

1_2:vpnr_2 bnvp pid2 ID: Person (3)
 1_2:vpnr_2 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1_2:dl037_2 bnvp bnvp_01_02 Birthday: Person (3)

Can't / don't want to answer

Month

1_2:dl003_2 bnvp bnvp_01_03 Month Of Birth: Deceased Person
 1_2:dl003_2 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer

Year

1_2:dl002_2 bnvp bnvp_01_04 Year of birth: Deceased Person
 1_2:dl002_2 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer

Sex:

Male

Female

Nonbinary (divers)

Can't / don't want to answer

1_2:dl001_v2_2 bnvp bnvp_01_05 Gender of person deceased
 1_2:dl001_v2_2 vpl dl001_h Gender of person deceased [harmonised]
 1_2:dl001_v2_2 vpl dl001_v2 Gender of person deceased [2022/2023] [2022, 2023]

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't / don't want to answer -1

2_2:dl004_2 bnvp bnvp_02_01 Relationship: Deceased Person 1, 2, 3, -1@3_2
 2_2:dl004_2 vpl dl004 Relationship: Deceased Person 1, 2, 3, -1@3_2

[Other] please specify:

2_2:vfamso_2 bnvp bnvp_02_02 Relationship: not specified (3) 2_2:dl004_2=4

Can't / don't want to answer 1

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

Years 0:122

3_2:dl005_2 bnvp bnvp_03 Age: Deceased Person
 3_2:dl005_2 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1

4_2 Did the deceased person live in this household?

Yes 1
 No 2
 Can't / don't want to answer -1

4_2:dl006_2 bnvp bnvp_04 Deceased Person lived in the househol 1,-
 1@9_2
 4_2:dl006_2 vpl dl006 Deceased Person lived in the househol 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, took part 1
 No, did not take part 2
 Don't know 3
 Can't / don't want to answer -1

5_2:dl007_2 bnvp bnvp_05 person died was SOEP attendant
 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 environment for the last year of his/her life?

Alone in own household	1
Together with spouse / partner in private household	2
Together with other family members in private household	3
Accommodation geared to the needs of senior citizens (assisted living, etc.)	4
Retirement home / Nursing home	5
Clinic, hospital	6
Other environment	7
Can't / don't want to answer	-1

6_2:dl008_2 bnvp bnvp_06 Domestic environment of deceased Person

6_2:dl008_2 vpl dl008 Domestic environment of deceased Person

4_2;dl006_2=2

7_2 Where did the deceased person live?

Here in this house	1
In the neighborhood	2
Nearby (within an hour on foot)	3
Further away in Germany	4
In a foreign country	5
Can't / don't want to answer	-1

7_2:dl009_2 bnvp bnvp_07 focus of deceased person's life

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 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
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8_2:dl010_2 bnvp bnvp_08 Contact to deceased person last 12 months

8_2:dl010_2 vpl dl010 Contact to deceased person last 12 months

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 hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1

9_2:dl011_2 bnvp bnvp_09 Place of death

9_2:dl011_2 vpl dl011 Place of death

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 (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1

10_2:dl012_2	bnvp	bnvp_10_01	cause of death: heart attack
10_2:dl012_2	vpl	dl012	cause of death: heart attack
10_2:dl013_2	bnvp	bnvp_10_02	cause of death: cardiovascular disease
10_2:dl013_2	vpl	dl013	cause of death: cardiovascular disease
10_2:dl014_2	bnvp	bnvp_10_03	cause of death: cancer
10_2:dl014_2	vpl	dl014	cause of death: cancer
10_2:dl015_2	bnvp	bnvp_10_04	cause of death: epileptic stroke
10_2:dl015_2	vpl	dl015	cause of death: epileptic stroke
10_2:dl016_2	bnvp	bnvp_10_05	cause of death: severe infectious disease
10_2:dl016_2	vpl	dl016	cause of death: severe infectious disease
10_2:dl017_2	bnvp	bnvp_10_06	cause of death: gastrointestinal tract disease
10_2:dl017_2	vpl	dl017	cause of death: gastrointestinal tract disease
10_2:dl018_2	bnvp	bnvp_10_07	cause of death: respiratory disease
10_2:dl018_2	vpl	dl018	cause of death: respiratory disease
10_2:dl019_2	bnvp	bnvp_10_08	cause of death: accident
10_2:dl019_2	vpl	dl019	cause of death: accident
10_2:dl020_2	bnvp	bnvp_10_09	cause of death: other
10_2:dl020_2	vpl	dl020	cause of death: other
10_2:dl021_2	bnvp	bnvp_10_10	cause of death unknown
10_2:dl021_2	vpl	dl021	cause of death unknown

[Other] please specify:

10_2:vurs10_2 bnvp bnvp_10_11 Cause of death: Undeclared Person (3) 10_2:dl020_2=1

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

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1
11_2:dl022_2 bnvp bnvp_11_01	left last will			
11_2:dl022_2 vpl dl022	left last will			
11_2:dl023_2 bnvp bnvp_11_01	left last will			
11_2:dl023_2 vpl dl023	left living will			
11_2:dl024_2 bnvp bnvp_11_01	left last will			
11_2:dl024_2 vpl dl024	left provisional power or attorney			
11_2:dl025_2 bnvp bnvp_11_01	left last will			
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 (memory loss, etc.)?

Yes	1
No	2
Don't know	3
Can't / don't want to answer	-1
12_2:dl026_2 bnvp bnvp_12	Mental limitation
12_2:dl026_2 vpl dl026	Mental limitation

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't / don't want to answer	-1
13_2:dl027_2 bnvp bnvp_13	Three months before death: state of health
13_2:dl027_2 vpl dl027	Three months before death: state of health

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

Yes				1
No				2
Can't / don't want to answer				-1
14_2:dl028_2	bnvp	bnvp_14	Three months before death: in need of assistance	2,- 1@16_2
14_2:dl028_2	vpl	dl028	Three months before death: in need of assistance	2,- 1@16_2

14_2;dl028_2=1

15_2 Which of the following activities did the deceased person need help with? Needed help with ...

Shopping and errands				1
Doing housework, preparing meals and drinks				1
Basic personal care, such as dressing and undressing, bathing, combing hair, shaving				1
More complex care activities, such as getting in and out of bed, going to the toilet, etc.				1
None of the above				1
Can't / don't want to answer				1
15_2:dl029_2	bnvp	bnvp_15_01	Need help: errands	
15_2:dl029_2	vpl	dl029	Need help: errands	
15_2:dl030_2	bnvp	bnvp_15_02	Help On Housework	
15_2:dl030_2	vpl	dl030	Help On Housework	
15_2:dl031_2	bnvp	bnvp_15_03	help with simple personal care: dressing, bathing...	
15_2:dl031_2	vpl	dl031	help with simple personal care: dressing, bathing...	
15_2:dl032_2	bnvp	bnvp_15_04	help in getting in and out of bed, using toilet	
15_2:dl032_2	vpl	dl032	help in getting in and out of bed, using toilet	
15_2:vhil5_2	bnvp	bnvp_15_05	Need for help: No need for help	
15_2:vhil5_2	vpl	vhil5	Need for help: No need for help	

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 Com- pletely dissat- isfied	1	2	3	4	5	6	7	8	9	10 Com- pletely satis- fied	Can't / don't want to an- swer
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	bnvp	bnvp_15_06	Satisfaction one year before death											
16_2:dl034_2	vpl	dl034	Satisfaction one year before death											
16_2:dl035_2	bnvp	bnvp_15_07	Satisfaction three months before death											
16_2:dl035_2	vpl	dl035	Satisfaction three months before death											

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 had to restructure my life completely
 Some things will change
 Nothing has really changed in my life
 Can't / don't want to answer

17_2:dl036_2 bnvp bnvp_17 change in personal life since death
 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:

Please print

1_3:vname_3 bnvp bnvp_01_01 First name: Person (4)

Can't / don't want to answer

[Individual ID of the deceased person]

1_3:vpnr_3 bnvp pid2 ID: Person (3)

1_3:vpnr_3 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1_3:dl037_3 bnvp bnvp_01_02 Birthday: Person (3)

Can't / don't want to answer

Month

1_3:dl003_3 bnvp bnvp_01_03 Month Of Birth: Deceased Person

1_3:dl003_3 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer

Year

1_3:dl002_3 bnvp bnvp_01_04 Year of birth: Deceased Person

1_3:dl002_3 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer

Sex:

Male

Female

Nonbinary (divers)

Can't / don't want to answer

1_3:dl001_v2_3 bnvp bnvp_01_05 Gender of person deceased

1_3:dl001_v2_3 vpl dl001_h Gender of person deceased [harmonised]

1_3:dl001_v2_3 vpl dl001_v2 Gender of person deceased [2022/2023] [2022, 2023]

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't / don't want to answer	-1
2_3:dl004_3 bnvp bnvp_02_01	Relationship: Deceased Person 1, 2, 3, -1@3_3
2_3:dl004_3 vpl dl004	Relationship: Deceased Person 1, 2, 3, -1@3_3

[Other] please specify:

2_3:vfamso_3 bnvp bnvp_02_02 Relationship: not specified (3) 2_3:dl004_3=4

Can't / don't want to answer 1

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

Years 0:122

3_3:dl005_3 bnvp bnvp_03	Age: Deceased Person
3_3:dl005_3 vpl dl005	Age: Deceased Person

Can't / don't want to answer 1

4_3 Did the deceased person live in this household?

Yes	1
No	2
Can't / don't want to answer	-1
4_3:dl006_3 bnvp bnvp_04	Deceased Person lived in the household 1,- 1@9_3
4_3:dl006_3 vpl dl006	Deceased Person lived in the household 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, took part	1
No, did not take part	2
Don't know	3
Can't / don't want to answer	-1
5_3:dl007_3 bnvp bnvp_05	person died was SOEP attendant
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 environment for the last year of his/her life?

Alone in own household	1
Together with spouse / partner in private household	2
Together with other family members in private household	3
Accommodation geared to the needs of senior citizens (assisted living, etc.)	4
Retirement home / Nursing home	5
Clinic, hospital	6
Other environment	7
Can't / don't want to answer	-1

6_3:dl008_3 bnvp bnvp_06 Domestic environment of deceased Person

6_3:dl008_3 vpl dl008 Domestic environment of deceased Person

4_3;dl006_3=2

7_3 Where did the deceased person live?

Here in this house	1
In the neighborhood	2
Nearby (within an hour on foot)	3
Further away in Germany	4
In a foreign country	5
Can't / don't want to answer	-1

7_3:dl009_3 bnvp bnvp_07 focus of deceased person's life

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 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
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8_3:dl010_3 bnvp bnvp_08 Contact to deceased person last 12 months

8_3:dl010_3 vpl dl010 Contact to deceased person last 12 months

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 hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1
9_3:dl011_3 bnpv bnpv_09 Place of death	
9_3:dl011_3 vpl dl011 Place of death	

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 (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_3:dl012_3 bnpv bnpv_10_01 cause of death: heart attack	
10_3:dl012_3 vpl dl012 cause of death: heart attack	
10_3:dl013_3 bnpv bnpv_10_02 cause of death: cardiovascular disease	
10_3:dl013_3 vpl dl013 cause of death: cardiovascular disease	
10_3:dl014_3 bnpv bnpv_10_03 cause of death: cancer	
10_3:dl014_3 vpl dl014 cause of death: cancer	
10_3:dl015_3 bnpv bnpv_10_04 cause of death: epileptic stroke	
10_3:dl015_3 vpl dl015 cause of death: epileptic stroke	
10_3:dl016_3 bnpv bnpv_10_05 cause of death: severe infectious disease	
10_3:dl016_3 vpl dl016 cause of death: severe infectious disease	
10_3:dl017_3 bnpv bnpv_10_06 cause of death: gastrointestinal tract disease	
10_3:dl017_3 vpl dl017 cause of death: gastrointestinal tract disease	
10_3:dl018_3 bnpv bnpv_10_07 cause of death: respiratory disease	
10_3:dl018_3 vpl dl018 cause of death: respiratory disease	
10_3:dl019_3 bnpv bnpv_10_08 cause of death: accident	
10_3:dl019_3 vpl dl019 cause of death: accident	
10_3:dl020_3 bnpv bnpv_10_09 cause of death: other	
10_3:dl020_3 vpl dl020 cause of death: other	
10_3:dl021_3 bnpv bnpv_10_10 cause of death: unknown	
10_3:dl021_3 vpl dl021 cause of death: unknown	

[Other] please specify:

10_3:vurs10_3 bnpv bnpv_10_11 Cause of death: Undeclared Person (3) 10_3:dl020_3=1

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

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1
11_3:dl022_3 bnv bnv_11_01				
11_3:dl022_3 vpl dl022				
11_3:dl023_3 bnv bnv_11_01				
11_3:dl023_3 vpl dl023				
11_3:dl024_3 bnv bnv_11_01				
11_3:dl024_3 vpl dl024				
11_3:dl025_3 bnv bnv_11_01				
11_3:dl025_3 vpl dl025				

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

Yes	1
No	2
Don't know	3
Can't / don't want to answer	-1
12_3:dl026_3 bnv bnv_12	
12_3:dl026_3 vpl dl026	

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't / don't want to answer	-1
13_3:dl027_3 bnv bnv_13	
13_3:dl027_3 vpl dl027	

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

Yes				1
No				2
Can't / don't want to answer				-1
14_3:dl028_3	bnvp	bnvp_14	Three months before death: in need of assistance	2,- 1@16_3
14_3:dl028_3	vpl	dl028	Three months before death: in need of assistance	2,- 1@16_3

14_3;dl028_3=1

15_3 Which of the following activities did the deceased person need help with? Needed help with ...

Shopping and errands				1
Doing housework, preparing meals and drinks				1
Basic personal care, such as dressing and undressing, bathing, combing hair, shaving				1
More complex care activities, such as getting in and out of bed, going to the toilet, etc.				1
None of the above				1
Can't / don't want to answer				1
15_3:dl029_3	bnvp	bnvp_15_01	Need help: errands	
15_3:dl029_3	vpl	dl029	Need help: errands	
15_3:dl030_3	bnvp	bnvp_15_02	Help On Housework	
15_3:dl030_3	vpl	dl030	Help On Housework	
15_3:dl031_3	bnvp	bnvp_15_03	help with simple personal care: dressing, bathing...	
15_3:dl031_3	vpl	dl031	help with simple personal care: dressing, bathing...	
15_3:dl032_3	bnvp	bnvp_15_04	help in getting in and out of bed, using toilet	
15_3:dl032_3	vpl	dl032	help in getting in and out of bed, using toilet	
15_3:vhil5_3	bnvp	bnvp_15_05	Need for help: No need for help	
15_3:vhil5_3	vpl	vhil5	Need for help: No need for help	

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 Com- pletely dissat- isfied	1	2	3	4	5	6	7	8	9	10 Com- pletely satis- fied	Can't / don't want to an- swer
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	bnvp	bnvp_15_06	Satisfaction one year before death											
16_3:dl034_3	vpl	dl034	Satisfaction one year before death											
16_3:dl035_3	bnvp	bnvp_15_07	Satisfaction three months before death											
16_3:dl035_3	vpl	dl035	Satisfaction three months before death											

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 had to restructure my life completely

Some things will change

Nothing has really changed in my life

Can't / don't want to answer

17_3:dl036_3 bnvp bnvp_17 change in personal life since death

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:

Please print

1_4:vname_4 bnvp bnvp_01_01 First name: Person (4)

Can't / don't want to answer

[Individual ID of the deceased person]

1_4:vpnr_4 bnvp pid2 ID: Person (3)

1_4:vpnr_4 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1_4:dl037_4 bnvp bnvp_01_02 Birthday: Person (3)

Can't / don't want to answer

Month

1_4:dl003_4 bnvp bnvp_01_03 Month Of Birth: Deceased Person

1_4:dl003_4 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer

Year

1_4:dl002_4 bnvp bnvp_01_04 Year of birth: Deceased Person

1_4:dl002_4 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer

Sex:

Male

Female

Nonbinary (divers)

Can't / don't want to answer

1_4:dl001_v2_4 bnvp bnvp_01_05 Gender of person deceased

1_4:dl001_v2_4 vpl dl001_h Gender of person deceased [harmonised]

1_4:dl001_v2_4 vpl dl001_v2 Gender of person deceased [2022/2023] [2022, 2023]

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't / don't want to answer -1

2_4:dl004_4 bnvp bnvp_02_01 Relationship: Deceased Person 1, 2, 3, -1@3_4
 2_4:dl004_4 vpl dl004 Relationship: Deceased Person 1, 2, 3, -1@3_4

[Other] please specify:

2_4:vfamso_4 bnvp bnvp_02_02 Relationship: not specified (3) 2_4:dl004_4=4

Can't / don't want to answer 1

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

Years

3_4:dl005_4 bnvp bnvp_03 Age: Deceased Person
 3_4:dl005_4 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1

4_4 Did the deceased person live in this household?

Yes 1
 No 2
 Can't / don't want to answer -1

4_4:dl006_4 bnvp bnvp_04 Deceased Person lived in the househol 1,-
 1@9_4
 4_4:dl006_4 vpl dl006 Deceased Person lived in the househol 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, took part 1
 No, did not take part 2
 Don't know 3
 Can't / don't want to answer -1

5_4:dl007_4 bnvp bnvp_05 person died was SOEP attendant
 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 environment for the last year of his/her life?

Alone in own household	1
Together with spouse / partner in private household	2
Together with other family members in private household	3
Accommodation geared to the needs of senior citizens (assisted living, etc.)	4
Retirement home / Nursing home	5
Clinic, hospital	6
Other environment	7
Can't / don't want to answer	-1

6_4:dl008_4 bnvp bnvp_06 Domestic environment of deceased Person

6_4:dl008_4 vpl dl008 Domestic environment of deceased Person

4_4;dl006_4=2

7_4 Where did the deceased person live?

Here in this house	1
In the neighborhood	2
Nearby (within an hour on foot)	3
Further away in Germany	4
In a foreign country	5
Can't / don't want to answer	-1

7_4:dl009_4 bnvp bnvp_07 focus of deceased person's life

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 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
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8_4:dl010_4 bnvp bnvp_08 Contact to deceased person last 12 months

8_4:dl010_4 vpl dl010 Contact to deceased person last 12 months

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 hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1
9_4:dl011_4 bnvp bnvp_09 Place of death	
9_4:dl011_4 vpl dl011 Place of death	

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 (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_4:dl012_4 bnvp bnvp_10_01 cause of death: heart attack	
10_4:dl012_4 vpl dl012 cause of death: heart attack	
10_4:dl013_4 bnvp bnvp_10_02 cause of death: cardiovascular disease	
10_4:dl013_4 vpl dl013 cause of death: cardiovascular disease	
10_4:dl014_4 bnvp bnvp_10_03 cause of death: cancer	
10_4:dl014_4 vpl dl014 cause of death: cancer	
10_4:dl015_4 bnvp bnvp_10_04 cause of death: epileptic stroke	
10_4:dl015_4 vpl dl015 cause of death: epileptic stroke	
10_4:dl016_4 bnvp bnvp_10_05 cause of death: severe infectious disease	
10_4:dl016_4 vpl dl016 cause of death: severe infectious disease	
10_4:dl017_4 bnvp bnvp_10_06 cause of death: gastrointestinal tract disease	
10_4:dl017_4 vpl dl017 cause of death: gastrointestinal tract disease	
10_4:dl018_4 bnvp bnvp_10_07 cause of death: respiratory disease	
10_4:dl018_4 vpl dl018 cause of death: respiratory disease	
10_4:dl019_4 bnvp bnvp_10_08 cause of death: accident	
10_4:dl019_4 vpl dl019 cause of death: accident	
10_4:dl020_4 bnvp bnvp_10_09 cause of death: other	
10_4:dl020_4 vpl dl020 cause of death: other	
10_4:dl021_4 bnvp bnvp_10_10 cause of death: unknown	
10_4:dl021_4 vpl dl021 cause of death: unknown	

[Other] please specify:

10_4:vurs10_4 bnvp bnvp_10_11 Cause of death: Undeclared Person (3) 10_4:dl020_4=1

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

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1
11_4:dl022_4 bnvp bnvp_11_01	left last will			
11_4:dl022_4 vpl dl022	left last will			
11_4:dl023_4 bnvp bnvp_11_01	left last will			
11_4:dl023_4 vpl dl023	left living will			
11_4:dl024_4 bnvp bnvp_11_01	left last will			
11_4:dl024_4 vpl dl024	left provisional power or attorney			
11_4:dl025_4 bnvp bnvp_11_01	left last will			
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 (memory loss, etc.)?

Yes	1
No	2
Don't know	3
Can't / don't want to answer	-1
12_4:dl026_4 bnvp bnvp_12	Mental limitation
12_4:dl026_4 vpl dl026	Mental limitation

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't / don't want to answer	-1
13_4:dl027_4 bnvp bnvp_13	Three months before death: state of health
13_4:dl027_4 vpl dl027	Three months before death: state of health

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

Yes				1
No				2
Can't / don't want to answer				-1
14_4:dl028_4	bnvp	bnvp_14	Three months before death: in need of assistance	2,- 1@16_4
14_4:dl028_4	vpl	dl028	Three months before death: in need of assistance	2,- 1@16_4

14_4;dl028_4=1

15_4 Which of the following activities did the deceased person need help with? Needed help with ...

Shopping and errands				1
Doing housework, preparing meals and drinks				1
Basic personal care, such as dressing and undressing, bathing, combing hair, shaving				1
More complex care activities, such as getting in and out of bed, going to the toilet, etc.				1
None of the above				1
Can't / don't want to answer				1
15_4:dl029_4	bnvp	bnvp_15_01	Need help: errands	
15_4:dl029_4	vpl	dl029	Need help: errands	
15_4:dl030_4	bnvp	bnvp_15_02	Help On Housework	
15_4:dl030_4	vpl	dl030	Help On Housework	
15_4:dl031_4	bnvp	bnvp_15_03	help with simple personal care: dressing, bathing...	
15_4:dl031_4	vpl	dl031	help with simple personal care: dressing, bathing...	
15_4:dl032_4	bnvp	bnvp_15_04	help in getting in and out of bed, using toilet	
15_4:dl032_4	vpl	dl032	help in getting in and out of bed, using toilet	
15_4:vhil5_4	bnvp	bnvp_15_05	Need for help: No need for help	
15_4:vhil5_4	vpl	vhil5	Need for help: No need for help	

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 Com- pletely dissat- isfied	1	2	3	4	5	6	7	8	9	10 Com- pletely satis- fied	Can't / don't want to an- swer
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	bnvp	bnvp_15_06	Satisfaction one year before death											
16_4:dl034_4	vpl	dl034	Satisfaction one year before death											
16_4:dl035_4	bnvp	bnvp_15_07	Satisfaction three months before death											
16_4:dl035_4	vpl	dl035	Satisfaction three months before death											

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 had to restructure my life completely
 Some things will change
 Nothing has really changed in my life
 Can't / don't want to answer

17_4:dl036_4 bnvp bnvp_17 change in personal life since death
 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:

Please print

1_5:vname_5 bnvp bnvp_01_01 First name: Person (4)

Can't / don't want to answer

[Individual ID of the deceased person]

1_5:vpnr_5 bnvp pid2 ID: Person (3)

1_5:vpnr_5 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1_5:dl037_5 bnvp bnvp_01_02 Birthday: Person (3)

Can't / don't want to answer

Month

1_5:dl003_5 bnvp bnvp_01_03 Month Of Birth: Deceased Person

1_5:dl003_5 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer

Year

1_5:dl002_5 bnvp bnvp_01_04 Year of birth: Deceased Person

1_5:dl002_5 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer

Sex:

Male

Female

Nonbinary (divers)

Can't / don't want to answer

1_5:dl001_v2_5 bnvp bnvp_01_05 Gender of person deceased

1_5:dl001_v2_5 vpl dl001_h Gender of person deceased [harmonised]

1_5:dl001_v2_5 vpl dl001_v2 Gender of person deceased [2022/2023] [2022, 2023]

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't / don't want to answer -1

2_5:dl004_5 bnvp bnvp_02_01 Relationship: Deceased Person 1, 2, 3, -1@3_5
 2_5:dl004_5 vpl dl004 Relationship: Deceased Person 1, 2, 3, -1@3_5

[Other] please specify:

2_5:vfamso_5 bnvp bnvp_02_02 Relationship: not specified (3) 2_5:dl004_5=4

Can't / don't want to answer 1

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

Years

3_5:dl005_5 bnvp bnvp_03 Age: Deceased Person
 3_5:dl005_5 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1

4_5 Did the deceased person live in this household?

Yes 1
 No 2
 Can't / don't want to answer -1

4_5:dl006_5 bnvp bnvp_04 Deceased Person lived in the househol 1,-
 1@9_5
 4_5:dl006_5 vpl dl006 Deceased Person lived in the househol 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, took part 1
 No, did not take part 2
 Don't know 3
 Can't / don't want to answer -1

5_5:dl007_5 bnvp bnvp_05 person died was SOEP attendant
 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 environment for the last year of his/her life?

Alone in own household	1
Together with spouse / partner in private household	2
Together with other family members in private household	3
Accommodation geared to the needs of senior citizens (assisted living, etc.)	4
Retirement home / Nursing home	5
Clinic, hospital	6
Other environment	7
Can't / don't want to answer	-1

6_5:dl008_5 bnvp bnvp_06 Domestic environment of deceased Person

6_5:dl008_5 vpl dl008 Domestic environment of deceased Person

4_5;dl006_5=2

7_5 Where did the deceased person live?

Here in this house	1
In the neighborhood	2
Nearby (within an hour on foot)	3
Further away in Germany	4
In a foreign country	5
Can't / don't want to answer	-1

7_5:dl009_5 bnvp bnvp_07 focus of deceased person's life

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 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
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8_5:dl010_5 bnvp bnvp_08 Contact to deceased person last 12 months

8_5:dl010_5 vpl dl010 Contact to deceased person last 12 months

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 hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1
9_5:dl011_5 bnvp bnvp_09 Place of death	
9_5:dl011_5 vpl dl011 Place of death	

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 (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_5:dl012_5 bnvp bnvp_10_01 cause of death: heart attack	
10_5:dl012_5 vpl dl012 cause of death: heart attack	
10_5:dl013_5 bnvp bnvp_10_02 cause of death: cardiovascular disease	
10_5:dl013_5 vpl dl013 cause of death: cardiovascular disease	
10_5:dl014_5 bnvp bnvp_10_03 cause of death: cancer	
10_5:dl014_5 vpl dl014 cause of death: cancer	
10_5:dl015_5 bnvp bnvp_10_04 cause of death: epileptic stroke	
10_5:dl015_5 vpl dl015 cause of death: epileptic stroke	
10_5:dl016_5 bnvp bnvp_10_05 cause of death: severe infectious disease	
10_5:dl016_5 vpl dl016 cause of death: severe infectious disease	
10_5:dl017_5 bnvp bnvp_10_06 cause of death: gastrointestinal tract disease	
10_5:dl017_5 vpl dl017 cause of death: gastrointestinal tract disease	
10_5:dl018_5 bnvp bnvp_10_07 cause of death: respiratory disease	
10_5:dl018_5 vpl dl018 cause of death: respiratory disease	
10_5:dl019_5 bnvp bnvp_10_08 cause of death: accident	
10_5:dl019_5 vpl dl019 cause of death: accident	
10_5:dl020_5 bnvp bnvp_10_09 cause of death: other	
10_5:dl020_5 vpl dl020 cause of death: other	
10_5:dl021_5 bnvp bnvp_10_10 cause of death: unknown	
10_5:dl021_5 vpl dl021 cause of death: unknown	

[Other] please specify:

10_5:vurs10_5 bnvp bnvp_10_11 Cause of death: Undeclared Person (3) 10_5:dl020_5=1

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

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance directive regarding future medical care)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1
11_5:dl022_5 bnv bnv_11_01				
11_5:dl022_5 vpl dl022				
11_5:dl023_5 bnv bnv_11_01				
11_5:dl023_5 vpl dl023				
11_5:dl024_5 bnv bnv_11_01				
11_5:dl024_5 vpl dl024				
11_5:dl025_5 bnv bnv_11_01				
11_5:dl025_5 vpl dl025				

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

Yes	1
No	2
Don't know	3
Can't / don't want to answer	-1
12_5:dl026_5 bnv bnv_12	
12_5:dl026_5 vpl dl026	

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't / don't want to answer	-1
13_5:dl027_5 bnv bnv_13	
13_5:dl027_5 vpl dl027	

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

Yes				1
No				2
Can't / don't want to answer				-1
14_5:dl028_5	bnvp	bnvp_14	Three months before death: in need of assistance	2,- 1@16_5
14_5:dl028_5	vpl	dl028	Three months before death: in need of assistance	2,- 1@16_5

14_5;dl028_5=1

15_5 Which of the following activities did the deceased person need help with? Needed help with ...

Shopping and errands				1
Doing housework, preparing meals and drinks				1
Basic personal care, such as dressing and undressing, bathing, combing hair, shaving				1
More complex care activities, such as getting in and out of bed, going to the toilet, etc.				1
None of the above				1
Can't / don't want to answer				1
15_5:dl029_5	bnvp	bnvp_15_01	Need help: errands	
15_5:dl029_5	vpl	dl029	Need help: errands	
15_5:dl030_5	bnvp	bnvp_15_02	Help On Housework	
15_5:dl030_5	vpl	dl030	Help On Housework	
15_5:dl031_5	bnvp	bnvp_15_03	help with simple personal care: dressing, bathing...	
15_5:dl031_5	vpl	dl031	help with simple personal care: dressing, bathing...	
15_5:dl032_5	bnvp	bnvp_15_04	help in getting in and out of bed, using toilet	
15_5:dl032_5	vpl	dl032	help in getting in and out of bed, using toilet	
15_5:vhil5_5	bnvp	bnvp_15_05	Need for help: No need for help	
15_5:vhil5_5	vpl	vhil5	Need for help: No need for help	

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 Com- pletely dissat- isfied	1	2	3	4	5	6	7	8	9	10 Com- pletely satis- fied	Can't / don't want to an- swer
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	bnvp	bnvp_15_06	Satisfaction one year before death											
16_5:dl034_5	vpl	dl034	Satisfaction one year before death											
16_5:dl035_5	bnvp	bnvp_15_07	Satisfaction three months before death											
16_5:dl035_5	vpl	dl035	Satisfaction three months before death											

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 had to restructure my life completely 1
- Some things will change 2
- Nothing has really changed in my life 3
- Can't / don't want to answer -1

17_5:dl036_5 bnvpl bnvpl_17 change in personal life since death
17_5:dl036_5 vpl dl036 change in personal life since death

A_1 Date of birth of respondent

Day 1:31

A_1:birthd bnvpl bnvpl_00_01 Birthday of the interviewee

Can't / don't want to answer 1

Month 1:12

A_1:birthm bnvpl bnvpl_00_02 Month of birth of the respondent
A_1:birthm vpl birthm Month of birth of the respondent

Can't / don't want to answer 1

Year 1900:2023

A_1:birthy_v2 bnvpl bnvpl_00_03 Year of birth of the respondent
A_1:birthy_v2 vpl birthy_v2 Year of birth of the respondent [2023]

Can't / don't want to answer 1