

September 2009

**The Second Wave of the
German Ageing Survey (DEAS):
Research Instruments**

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The Second Half of Life

Attitudes and Living Conditions

In the years ahead, the ageing of Germany's population will bring an increase in the percentage and number of senior citizens. To accurately assess the implications of this, and to gain a better understanding of the ageing process as a whole, political decision-makers need a clear picture of Germany's elderly population--both today and in the foreseeable future. This was the motivation for a Germany-wide survey of some 6,000 people, commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Representative sampling was used.

Information to Users of the English Version of the DEAS 2002 Interview Schedule

This document contains the English translation of the interview schedule used in 2002 in the second wave of the German Ageing Survey (DEAS 2002). Most of the instruments in this interview schedule were originally constructed in German. When translating these instruments from German to English, we were supported by English native speakers fluent in German. Due to the specific situation in Germany, e.g. in terms of the educational system, the labour market, the health care system or the tax system, there exist German concepts and words which are not easy to translate. Moreover, some decisions in the translation process might be disputable. If you have any questions concerning the interview schedule, please do not hesitate to contact us:

DEAS@dza.de

(Note: In some cases we used the authorized German translation of instruments originally published in other languages. When the original instrument was published in English, we use the original version of this instrument here. In the case of other languages we use the authorized English translation).

Complete prior to interview
















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Serial no.

1-6







All rights concerning the formulation of the questions and design of the questionnaire are held by the German Centre of Gerontology, Berlin, and the infas Institute for Applied Social Sciences, Bonn.

This questionnaire is based on the research instruments developed by the Research Group on Ageing and the Life Course of the Free University Berlin and the Research Group for Psychogerontology of the University of Nijmegen for the first survey in 1996.

| No. | | K. 1 cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | <p> Sex of respondent:</p> <p>(1) Male <input type="checkbox"/> 1 11 Female <input type="checkbox"/> 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | <p>Please start by giving me your date of birth.</p> <p>(2) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">12/13</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">14/15</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">16/17</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> </tr> <tr> <td style="text-align: center;">day</td> <td style="text-align: center;">month</td> <td style="text-align: center;">year</td> </tr> </table> </p> | 12/13 | 14/15 | 16/17 | _ | _ | _ | day | month | year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/13 | 14/15 | 16/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| day | month | year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a. | <p>Forget your actual age for a moment: How old do you feel, if you had to express it in years?</p> <p>(2a) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">18-20</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> _ </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> _ </td> <td style="padding-left: 5px;">years</td> </tr> <tr> <td colspan="3"></td> <td>Don't know <input type="checkbox"/> 998</td> </tr> </table> </p> | 18-20 | _ | _ | years | | | | Don't know <input type="checkbox"/> 998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18-20 | _ | _ | years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Don't know <input type="checkbox"/> 998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <p>If you think back to your childhood up to the age of 16: Did you grow up living with both biological parents for all or most of this period, that is, with both your biological mother and your biological father?</p> <p> Please read options aloud! <u>One response only!</u></p> <p>(3) Yes, I grew up living with both biological parents for my entire childhood up to the age of 16 (<i>Code letter A and B</i>) <input type="checkbox"/> 1 21</p> <p>Yes, I grew up living with both biological parents for most of my childhood up to the age of 16 (<i>Code letter A and B</i>) <input type="checkbox"/> 2</p> <hr style="border-top: 1px dashed black;"/> <p>No, I grew up living with just one of my biological parents up to the age of 16 <input type="checkbox"/> 3</p> <p>No, I grew up living with other persons <input type="checkbox"/> 4</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p>7</p> <hr style="border-top: 1px dashed black;"/> <p>4</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | <p>Who did you live with for all or most of this period?</p> <p> Show List 4! A maximum of 2 persons should be selected; This is to identify the two main caregivers!</p> <p>(4) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">1</td> <td></td> <td style="width: 5%;"></td> </tr> <tr> <td>A</td> <td>Biological mother</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">22</td> </tr> <tr> <td>B</td> <td>Biological father</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">23</td> </tr> <tr> <td>C</td> <td>Stepmother</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">24</td> </tr> <tr> <td>D</td> <td>Stepfather</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">25</td> </tr> <tr> <td>E</td> <td>Foster mother / adoptive mother</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">26</td> </tr> <tr> <td>F</td> <td>Foster father / adoptive father</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">27</td> </tr> <tr> <td>G</td> <td>Grandmother</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">28</td> </tr> <tr> <td>H</td> <td>Grandfather</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">29</td> </tr> <tr> <td>J</td> <td>Other relatives</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">30</td> </tr> <tr> <td></td> <td> please specify: _____</td> <td></td> <td></td> <td style="text-align: right;">31-70</td> </tr> <tr> <td>K</td> <td>Other relatives</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">71</td> </tr> <tr> <td></td> <td> please specify: _____</td> <td></td> <td></td> <td style="text-align: right;">72-111</td> </tr> <tr> <td>L</td> <td>Other person</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">112</td> </tr> <tr> <td></td> <td> please specify: _____</td> <td></td> <td></td> <td style="text-align: right;">113-152</td> </tr> <tr> <td>M</td> <td>Other person</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/></td> <td style="text-align: right;">153</td> </tr> <tr> <td></td> <td> please specify: _____</td> <td></td> <td></td> <td style="text-align: right;">154-193</td> </tr> <tr> <td colspan="5" style="border-top: 1px dashed black;"></td> </tr> <tr> <td></td> <td>N</td> <td>Grew up in an institution</td> <td style="text-align: right;">.....</td> <td><input type="checkbox"/> 194</td> </tr> </table> </p> | | | 1 | | | A | Biological mother | | <input type="checkbox"/> | 22 | B | Biological father | | <input type="checkbox"/> | 23 | C | Stepmother | | <input type="checkbox"/> | 24 | D | Stepfather | | <input type="checkbox"/> | 25 | E | Foster mother / adoptive mother | | <input type="checkbox"/> | 26 | F | Foster father / adoptive father | | <input type="checkbox"/> | 27 | G | Grandmother | | <input type="checkbox"/> | 28 | H | Grandfather | | <input type="checkbox"/> | 29 | J | Other relatives | | <input type="checkbox"/> | 30 | |  please specify: _____ | | | 31-70 | K | Other relatives | | <input type="checkbox"/> | 71 | |  please specify: _____ | | | 72-111 | L | Other person | | <input type="checkbox"/> | 112 | |  please specify: _____ | | | 113-152 | M | Other person | | <input type="checkbox"/> | 153 | |  please specify: _____ | | | 154-193 | | | | | | | N | Grew up in an institution | | <input type="checkbox"/> 194 | <p>5</p> <hr style="border-top: 1px dashed black;"/> <p>6</p> |
| | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Biological mother | | <input type="checkbox"/> | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Biological father | | <input type="checkbox"/> | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Stepmother | | <input type="checkbox"/> | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Stepfather | | <input type="checkbox"/> | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Foster mother / adoptive mother | | <input type="checkbox"/> | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Foster father / adoptive father | | <input type="checkbox"/> | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Grandmother | | <input type="checkbox"/> | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Grandfather | | <input type="checkbox"/> | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Other relatives | | <input type="checkbox"/> | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  please specify: _____ | | | 31-70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | Other relatives | | <input type="checkbox"/> | 71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  please specify: _____ | | | 72-111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | Other person | | <input type="checkbox"/> | 112 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  please specify: _____ | | | 113-152 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Other person | | <input type="checkbox"/> | 153 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  please specify: _____ | | | 154-193 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | N | Grew up in an institution | | <input type="checkbox"/> 194 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | K. 1 | cont. with |
|-----------|--|-------------------------------|
| <p>5.</p> | <p>Why didn't you live with both your biological parents for most of your childhood up to age 16?</p> <p> Field code!</p> <p>(5)</p> <p>Divorce / separation of parents <input type="checkbox"/> 1 195</p> <p>Death of a parent <input type="checkbox"/> 2</p> <p>Parents never lived together <input type="checkbox"/> 3</p> <p>One parent absent for an extended period <input type="checkbox"/> 4</p> <p>Parents / one parent unknown <input type="checkbox"/> 5</p> <p>Other reason (<i>please state</i>): <input type="checkbox"/> 6</p> <p>_____ 196-300</p> | <p>7 !</p> |
| <p>6.</p> | <p>Why did you grow up in an institution?</p> <p>(6)</p> <p>_____ 301-450</p> <p>_____</p> <p>_____</p> <p>Don't know <input type="checkbox"/> 8 451</p> <p>Declined <input type="checkbox"/> 7</p> | <p>19 !</p> |

The following questions relate to the two persons with whom the respondent spent most of his/her childhood (see questions 3 and 4). Please first enter the code letters and sex, then ask questions 7 to 18a for Person 1, then - if a second person was named - questions 7 to 18a for Person 2.




| 7. |  Please enter | 1st Person K. 2 Enter code letter from <input type="checkbox"/> List 4: 12/13 <input type="checkbox"/> male 1 <input type="checkbox"/> female 2 <input type="checkbox"/> 14 | 2nd Person K. 3 Enter code letter from <input type="checkbox"/> List 4: 12/13 <input type="checkbox"/> male 1 <input type="checkbox"/> female 2 <input type="checkbox"/> 14 |
|-----|---|--|---|
| 8. | What year was ... born? (8) | Year of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know <input type="checkbox"/> 9998 15-18 | Year of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know <input type="checkbox"/> 9998 15-18 |
| 9. | What is his/her country of citizenship? If ... holds citizenship of multiple countries, please name them all. | K. 60 1 Germany <input type="checkbox"/> 11 Greece <input type="checkbox"/> 12 Italy <input type="checkbox"/> 13 Poland <input type="checkbox"/> 14 Turkey <input type="checkbox"/> 15 USA <input type="checkbox"/> 16 States of former Yugoslavia <input type="checkbox"/> 17 States of former Soviet Union <input type="checkbox"/> 18 another country, namely: <input type="checkbox"/> 19  22-51 Is stateless <input type="checkbox"/> 20 Don't know <input type="checkbox"/> 21 | K. 60 1 Germany <input type="checkbox"/> 180 Greece <input type="checkbox"/> 181 Italy <input type="checkbox"/> 182 Poland <input type="checkbox"/> 183 Turkey <input type="checkbox"/> 184 USA <input type="checkbox"/> 185 States of former Yugoslavia <input type="checkbox"/> 186 States of former Soviet Union <input type="checkbox"/> 187 another country, namely: <input type="checkbox"/> 188  191-220 Is stateless <input type="checkbox"/> 189 Don't know <input type="checkbox"/> 190 |
| 10. | Is ... still living today?  If deceased: ask year of death and and proceed to Question 18! (9) | Yes 1 <input type="checkbox"/> ▶ Question 11 Don't know 8 <input type="checkbox"/> ▶ Question 18 51 <hr/> No 2 <input type="checkbox"/> year-of-death: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ▶ Q. 18 D.k. <input type="checkbox"/> 9998 52-55 | Yes 1 <input type="checkbox"/> ▶ Question 11 Don't know 8 <input type="checkbox"/> ▶ Question 18 51 <hr/> No 2 <input type="checkbox"/> year-of-death: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ▶ Q. 18 D.k. <input type="checkbox"/> 9998 52-55 |
| 11. | Does ... live alone? If answer no: With whom does .. live?  Multiple responses possible! (10) | Yes, lives alone 1 <input type="checkbox"/> 56 No, lives with: 2 <input type="checkbox"/> ● Interviewee <input type="checkbox"/> 57 ● Partner <input type="checkbox"/> 58 ● Other relative <input type="checkbox"/> 59 ● Another person <input type="checkbox"/> 60 ● Other <input type="checkbox"/> 61 Don't know <input type="checkbox"/> 62 | Yes, lives alone 1 <input type="checkbox"/> 56 No, lives with: 2 <input type="checkbox"/> ● Interviewee <input type="checkbox"/> 57 ● Partner <input type="checkbox"/> 58 ● Other relative <input type="checkbox"/> 59 ● Another person <input type="checkbox"/> 60 ● Other <input type="checkbox"/> 61 Don't know <input type="checkbox"/> 62 |
| 12. | Does ... live in his/her own private home, in a retirement or assisted living home, in a nursing home, or somewhere else? (11) | Private home 1 <input type="checkbox"/> 63 Retirement/assisted living home .. 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Other (please note): 4 <input type="checkbox"/> 64-84 Don't know 8 <input type="checkbox"/> | Private home 1 <input type="checkbox"/> 63 Retirement/assisted living home .. 2 <input type="checkbox"/> Nursing Home 3 <input type="checkbox"/> Other (please note): 4 <input type="checkbox"/> 64-84 Don't know 8 <input type="checkbox"/> |
| 13. | How often are you in contact with ... (i.e. visits, letters, or phone calls)?  Show List 13! (12) | Daily 1 <input type="checkbox"/> 85- Several times a week 2 <input type="checkbox"/> 86 Once a week 3 <input type="checkbox"/> Between 1-3 times per month 4 <input type="checkbox"/> Several times a year 5 <input type="checkbox"/> Less often 6 <input type="checkbox"/> Never 7 <input type="checkbox"/> 97,98 | Daily 1 <input type="checkbox"/> 85- Several times a week 2 <input type="checkbox"/> 86 Once a week 3 <input type="checkbox"/> Between 1-3 times per month 4 <input type="checkbox"/> Several times a year 5 <input type="checkbox"/> Less often 6 <input type="checkbox"/> Never 7 <input type="checkbox"/> 97,98 |





| | | 1st Person K.2 | 2nd Person K.3 | | | | | | | | | | | | | | | | | | | | |
|-------|--|--|---|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|
| 14. | Does ... live in your house or household? (13) | Yes .1 <input type="checkbox"/> 87 No 2 <input type="checkbox"/> Q. 16 | Yes .1 <input type="checkbox"/> 87 No 2 <input type="checkbox"/> Q. 16 | | | | | | | | | | | | | | | | | | | | |
| 15. | How long have you been living with ... ? (14) | Since <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td></tr><tr><td colspan="5" style="text-align: center; font-size: small;">88-91</td></tr></table> } Q. 17 Always 1 <input type="checkbox"/> 92 | | | | | | 88-91 | | | | | Since <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td></tr><tr><td colspan="5" style="text-align: center; font-size: small;">88-91</td></tr></table> } Q. 17 Always 1 <input type="checkbox"/> 92 | | | | | | 88-91 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 88-91 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 88-91 | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | How far away does ... live from you at the moment? Show List 16! (15 mod.) | In the neighbourhood 1 <input type="checkbox"/> 93 In the same town 2 <input type="checkbox"/> In another town, but it can be reached within two hours 3 <input type="checkbox"/> Farther away, in Germany 4 <input type="checkbox"/> Farther away, abroad 5 <input type="checkbox"/> Don't know 8 <input type="checkbox"/> | In the neighbourhood 1 <input type="checkbox"/> 93 In the same town 2 <input type="checkbox"/> In another town, but can be reached within 2 hours 3 <input type="checkbox"/> Farther away, in Germany 4 <input type="checkbox"/> Farther away, abroad 5 <input type="checkbox"/> Don't know 8 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 17. | How close is your relationship to ... today? Show List 17! (16) | Very close 1 <input type="checkbox"/> 94 Close 2 <input type="checkbox"/> Moderately close 3 <input type="checkbox"/> Not very close 4 <input type="checkbox"/> Not at all close 5 <input type="checkbox"/> | Very close 1 <input type="checkbox"/> 94 Close 2 <input type="checkbox"/> Moderately close 3 <input type="checkbox"/> Not very close 4 <input type="checkbox"/> Not at all close 5 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 17a | Is ... now mainly : Please read out examples! (17) | Employed 1 <input type="checkbox"/> 95 Unemployed 2 <input type="checkbox"/> Retired or in early retirement 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Other (please note): 5 <input type="checkbox"/> 96-125 Don't know 8 <input type="checkbox"/> | Employed 1 <input type="checkbox"/> 95 Unemployed 2 <input type="checkbox"/> Retired or in early retirement 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Other (please note): 5 <input type="checkbox"/> 96-125 Don't know 8 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 18. | What was (or is) his/her main occupation? Please give me the relevant code number. (19 mod.) Show blue card! | Never employed 1 <input type="checkbox"/> 126 Was mainly a homemaker 2 <input type="checkbox"/> } Q. 7 2nd Person Don't know 8 <input type="checkbox"/> code number: 127/128 <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td></tr></table> D.k. <input type="checkbox"/> 98 | | | Never employed 1 <input type="checkbox"/> 126 Was mainly a homemaker 2 <input type="checkbox"/> } Q. 19 Don't know 8 <input type="checkbox"/> code number: 127/128 <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td><td style="border-bottom: 1px solid black; width: 15px; height: 15px;"></td></tr></table> D.k. <input type="checkbox"/> 98 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 18a | What kind of work did/does ... do? Please describe his/her job exactly. Is there a name for this occupation? | K. 60 52 | K. 60 221 | | | | | | | | | | | | | | | | | | | | |
| | | Job: D.k. <input type="checkbox"/> 8 | Job: D.k. <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | |
| | | 53-99 | 222-268 | | | | | | | | | | | | | | | | | | | | |
| | | Occupation: D.k. <input type="checkbox"/> 8 | Occupation: D.k. <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | |
| | | 100 | 269 | | | | | | | | | | | | | | | | | | | | |
| | | 101-147 | 270-316 | | | | | | | | | | | | | | | | | | | | |
| | | Continue with Question 7 2nd Person | Continue with Question 19 | | | | | | | | | | | | | | | | | | | | |




| | | | |
|------------|--|--|-------------------|
| No. | | K. 4 | Cont. with |
| 19. | <p>Do you have any brothers or sisters? Please include brothers and sisters who did not grow up with you and brothers and sisters who are no longer alive. How many brothers and sisters do you have?</p> <p> Please do not include brothers or sisters who died at birth!</p> <p>(20 mod.)</p> | <p style="text-align: right;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Brothers 11/12 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Sisters 13/14 <hr style="border-top: 1px dashed black;"/> No brothers or sisters .. <input type="checkbox"/> 1 15 Don't know <input type="checkbox"/> 98 </p> | 20 |
| | | <input type="checkbox"/> 1 15 <input type="checkbox"/> 98 | 25 |




| | |
|-----|--|
| 20. | <p>Please tell me the first names of your brothers and sisters, beginning with the <u>eldest</u>.</p> <p> Show yellow Persons Card! Note the names on the yellow Persons Card and then enter answers in the following grid. Then ask questions 21 to 24 in that order for each of the brothers and sisters!</p> |
|-----|--|

| | 1st Sibling K. 5 11 | 2nd Sibling K. 6 11 | 3rd Sibling K. 7 11 | 4th Sibling K. 8 11 | 5th Sibling K. 9 11 | 6th Sibling K. 10 11 | 7th Sibling K. 11 11 | 8th Sibling K. 12 11 |
|---|---|---|---|---|---|---|---|---|
| Question 20 First Name: | 12-32 | 12-32 | 12-32 | 12-32 | 12-32 | 12-32 | 12-32 | 12-32 |
| Enter code: | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 33-35 |
| Question 21 Sex: | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 | m. <input type="checkbox"/> 1 36 f. <input type="checkbox"/> 2 |
| Question 22 What year was ... born? | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.n. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 37-40 D.k. <input type="checkbox"/> 9998 |
| Question 23 Is ... still living? | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 | Yes <input type="checkbox"/> 1 41 D.k. <input type="checkbox"/> 8 |
| If not: Question 24: What year did ... die? | No <input type="checkbox"/> 2 ▼ | No <input type="checkbox"/> 2 ▼ | No <input type="checkbox"/> 2 ▼ | No <input type="checkbox"/> 2 ▼ | No <input type="checkbox"/> 2 ▼ | No <input type="checkbox"/> 2 ▼ | No <input type="checkbox"/> 2 ▼ | No <input type="checkbox"/> 2 ▼ |
| Year of death: | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 42-45 D.k. <input type="checkbox"/> 9998 |
| | Question 20, next sibling If no further siblings: Question 25 | Question 20, next sibling If no further siblings: Question 25 | Question 20, next sibling If no further siblings: Question 25 | Question 20, next sibling If no further siblings: Question 25 | Question 20, next sibling If no further siblings: Question 25 | Question 20, next sibling If no further siblings: Question 25 | Question 20, next sibling If no further siblings: Question 25 | Continue with Question 25 |




| No. | K. 13 | cont. with |
|-----|--|--------------------------------------|
| 25. | <p>Now I would like to talk about your schooling and vocational education/training. How many years did you attend school?</p> <p style="text-align: right;"> <input type="text" value=""/> <input type="text" value=""/> years 11-13 Don't know <input type="checkbox"/> 998 <hr/> No schooling <input type="checkbox"/> 995 </p> | 26 29 |
| 26. | <p>Where did you last attend school? Was it ...</p> <ul style="list-style-type: none"> ● in one of the states (Laender) of the former Federal Republic of Germany (West Germany) incl. West Berlin <input type="checkbox"/> 1 14 ● in the former German Democratic Republic incl. East Berlin (East Germany) . <input type="checkbox"/> 2 ● in one of the formerly (pre-WWII) Eastern territories of Germany <input type="checkbox"/> 3 ● or in another country? <input type="checkbox"/> 4 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 27 28 |
| 27. | <p>With the aid of this list, please tell me the highest level of school leaving qualification you have.</p> <p> Show List 27! <u>One response only!</u> 15/16</p> <p>(100)</p> <ul style="list-style-type: none"> A Special Needs School <input type="checkbox"/> 1 B Lower Secondary School (<i>Hauptschule, Volksschule</i>) <input type="checkbox"/> 2 C Intermediate Secondary School (<i>Realschule, Lyzeum</i>) <input type="checkbox"/> 3 D Polytechnic Secondary School, 8th Grade <input type="checkbox"/> 4 E Polytechnic Secondary School, 10th Grade <input type="checkbox"/> 5 F Qualification for Applied Upper Secondary Studies (<i>Fachhochschulreife</i>) <input type="checkbox"/> 6 G Upper Secondary School (<i>Gymnasium / Extended Upper School / Vocational School with Abitur Exam</i>) <input type="checkbox"/> 7 H Other (<i>please note</i>): <input type="checkbox"/> 8 <p style="text-align: right;">17-67</p> <ul style="list-style-type: none"> J Did not attain any school-leaving certificate <input type="checkbox"/> 9 <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | 29 ! |
| 28. | <p>What kind of certificate did you obtain upon completion of school? Did you...</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● leave school without obtaining a school-leaving certificate <input type="checkbox"/> 1 68 ● complete compulsory schooling with a school-leaving certificate <input type="checkbox"/> 2 ● or complete further secondary education with a school-leaving certificate ? <input type="checkbox"/> 3 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 29. | <p>Have you undergone vocational training or attended higher education in Germany?</p> <p> Show List 29 <u>One response only!</u></p> <ul style="list-style-type: none"> Yes, only in Germany (including the former German Democratic Republic (East Germany) and the Federal Republic of Germany (former West Germany)) .. <input type="checkbox"/> 1 69 Yes, in Germany <u>and</u> in another country <input type="checkbox"/> 2 No, in a country other than Germany <input type="checkbox"/> 3 No vocational training or higher education <input type="checkbox"/> 4 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 30 31 32 |





| No. | | K. 13 cont. with |
|-----|---|-----------------------------|
| 30. | <p>What is the highest level of vocational education/training you have completed?</p> <p> Show List 30! <u>One response only!</u> 70/71</p> <p>(101)</p> <p>A Semi-skilled worker training <input type="checkbox"/> 1</p> <p>B Apprenticeship <input type="checkbox"/> 2</p> <p>C Full-time vocational school (Berufsfachschule, Handelsschule) <input type="checkbox"/> 3</p> <p>D Trade or technical school for vocational education (Meisterschule, Technikerschule, etc.) <input type="checkbox"/> 4</p> <p>E University of Applied Sciences (Fachhochschule) <input type="checkbox"/> 5</p> <p>F University, Technical University, other institution of higher education <input type="checkbox"/> 6</p> <p>G Other completed education/training (<i>please note</i>): <input type="checkbox"/> 7</p> <p>_____ 72-141</p> <p>H No completed vocational education/training <input type="checkbox"/> 8</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | 32 ! |
| 31. | <p>What kind of training was it? Please name only the highest level of vocational training you have.</p> <p> Show List 31! <u>One response only!</u> 142</p> <p>A I received in-firm training <input type="checkbox"/> 1</p> <p>B I completed an in-firm apprenticeship <input type="checkbox"/> 2</p> <p>C I attended vocational training school <input type="checkbox"/> 3</p> <p>D I attended a university <input type="checkbox"/> 4</p> <p>E Other <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 32. | <p>Not counting training or apprenticeship, what year did you start your first full-time job in your primary occupation?</p> <p>(102)</p> <p style="text-align: center;">I have never been employed full-time <input type="checkbox"/> 9995</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">In the year <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> 143-146</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 9998</p> | 200 33 |
| 33. | <p>What was your initial occupational status in your first job? What on this list would apply to you at that time?</p> <p> Show blue card!</p> <p>(104)</p> <p>Code number:: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> 147/148 97, 98, 99</p> <p> If code no. <u>52</u>, <u>53</u>, or <u>63</u> is given, continue by asking:</p> <p>Did you hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 149</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | |





| No. | K. 13 | cont. with |
|-----|---|-------------------------------|
| 34. | What type of work did you start out doing there? Please describe your job exactly. Is there a special name for this occupation? (105) Job: _____ 170-249 Occupation: _____ 250-329 Don't know <input type="checkbox"/> 8 330 | |
| 35. | Since the start of your working life, have you ever had an extended interruption in employment, either once or more than once, for a period longer than six months ? What is meant here are only extended breaks between two jobs. Yes <input type="checkbox"/> 1 331 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | 36 <hr/> 38 |
| 36. | How many years in total has your working life been interrupted?  Round off to full years! _____ years 332-334 Don't know <input type="checkbox"/> 998 | |
| 37. | What sort of breaks were they? What were the reasons?  Show List 37! Multiple responses possible! 1 A Extended parental leave, maternity leave <input type="checkbox"/> 335 B Household work, childcare (beyond extended parental leave or maternity leave) <input type="checkbox"/> 336 C Military service, war imprisonment / captivity <input type="checkbox"/> 337 D Military service or community service <input type="checkbox"/> 338 E Vocational training, further training, higher education <input type="checkbox"/> 339 F Prolonged unemployment <input type="checkbox"/> 340 G Sickness, injury in accident, rehabilitation <input type="checkbox"/> 341 H Other reasons <input type="checkbox"/> 342 Don't know <input type="checkbox"/> 343 | |
| 38. |  Please tick with reference to Question 2: (106) Respondent was ● born in 1941 or earlier <input type="checkbox"/> 1 344 ● born in 1942 or later <input type="checkbox"/> 2 ● Declined to give year of birth as in question 2 <input type="checkbox"/> 7 | 100 <hr/> 101 <hr/> 100 |




| No | EMPLOYMENT AND TRANSITION TO RETIREMENT | K. 14 cont. with |
|------|--|---|
| 100. | <p>Now I'd like to talk about your current situation.</p> <p>Are you currently receiving an old-age pension or any retirement benefits from your previous job?</p> <p> Please do not include widows' pensions, invalidity pensions, or occupational disability pensions!</p> <p>(107 mod.)</p> <p>Yes <input type="checkbox"/> 1 11</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>102</p> <p>101</p> |
| 101. | <p>Are you currently employed, unemployed, or not working for reasons other than unemployment? Which item(s) in this list apply to you?</p> <p> Show List 101!</p> <p>Count unemployed persons, early retirees, pensioners, and retirees as unemployed, early retirees, pensioners and retirees, respectively, if they are working on the side.</p> <p>Early retirement can coincide with unemployment: if the respondent answers with both, tick early retirement (Item A)!</p> <p>Count any other double responses in addition to employment (i.e., retraining and employment; maternity/childcare leave and employment; homemaker and employment) as secondary employment (Item L)!</p> <p> One response only!</p> <p>(108 mod.)</p> <p>Currently <u>not</u> employed:</p> <p>I am currently: 12/13</p> <p>A in early retirement <input type="checkbox"/> 01 169</p> <hr/> <p>B unemployed <input type="checkbox"/> 02 165</p> <hr/> <p>C in the approaching retirement part-time employment with zero working hours <input type="checkbox"/> 03 163</p> <hr/> <p>D in early retirement with invalidity or occupational disability pension <input type="checkbox"/> 04 172</p> <p>E in early retirement (early pensioning) <input type="checkbox"/> 05</p> <hr/> <p>F in occupational retraining, further education <input type="checkbox"/> 06</p> <p>G on maternity/childcare leave <input type="checkbox"/> 07 173</p> <p>H a homemaker <input type="checkbox"/> 08</p> <p>J not employed for other reasons <input type="checkbox"/> 09</p> <hr/> <p>Currently employed:</p> <p>I am currently:</p> <p>K employed part-time or full-time in my primary occupation (incl. job creation measures) <input type="checkbox"/> 10</p> <p>L in irregular or marginal employment or working in a secondary job <input type="checkbox"/> 11 131</p> <p>Don't know <input type="checkbox"/> 98</p> | <p>169</p> <p>165</p> <p>163</p> <p>172</p> <p>173</p> <p>131</p> |






| No. | K. 15 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------------|-----|-----|----|--|--|--|---|--|---|--|--|--------------------------|--|--------------------------|--|-----|--|--------------------------|--|--------------------------|--|-----|---|--------------------------|--|--------------------------|--|-----|--|--------------------------|--|--------------------------|--|-----|---|--------------------------|--|--------------------------|--|-----|--|--------------------------|--|--------------------------|--|-----|--|--------------------------|--|--------------------------|--|-----|--|--------------------------|--|--------------------------|--|-----|---|--------------------------|--|--------------------------|--|-----|--|--------------------------|--|--------------------------|--|-----|--|
| Block A: Old-Age Pensioners and Retirees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102. | <p>Sometimes pensioners and retirees keep working after retirement. What about you: are you working at the moment?</p> <p>(109)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 11</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | <p>104</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p>103</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103. | <p>Do you plan to take up employment again?</p> <p>(118)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 12</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104. | <p>How long have you been receiving a pension or retirement benefits from your previous job? Please name the month and year when you started receiving pension/retirement benefits.</p> <p>(119)</p> <p style="text-align: center;"> 13/14 15-18 </p> <p style="text-align: center;">Since month <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> year <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: center;">Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105. | <p>If you think of the last five years prior to your retirement: what on this list applied to you during this period? Please state for every item on the list whether it applied to you personally.</p> <p style="text-align: right;">K. 60</p> <p> Show list 105!</p> <p> To answer items B to K, it is irrelevant whether this occurred once or on several occasions or how long the period was.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 5%;"></th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> <td></td> </tr> </thead> <tbody> <tr> <td>A I was employed full-time during the whole period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">337</td> </tr> <tr> <td>B I was in part-time employment during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">338</td> </tr> <tr> <td>C During this period I had a fixed-term job</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">339</td> </tr> <tr> <td>D I changed employers during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">340</td> </tr> <tr> <td>E I was unemployed during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">341</td> </tr> <tr> <td>F During this period I worked in different line of work than my primary occupation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">342</td> </tr> <tr> <td>G My job responsibilities changed during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">343</td> </tr> <tr> <td>H I was on sick leave for more than one month during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">344</td> </tr> <tr> <td>J During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">345</td> </tr> <tr> <td>K I was a homemaker during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">346</td> </tr> </tbody> </table> | | | Yes | | No | | | | 1 | | 2 | | A I was employed full-time during the whole period | <input type="checkbox"/> | | <input type="checkbox"/> | | 337 | B I was in part-time employment during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 338 | C During this period I had a fixed-term job | <input type="checkbox"/> | | <input type="checkbox"/> | | 339 | D I changed employers during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 340 | E I was unemployed during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 341 | F During this period I worked in different line of work than my primary occupation | <input type="checkbox"/> | | <input type="checkbox"/> | | 342 | G My job responsibilities changed during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 343 | H I was on sick leave for more than one month during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 344 | J During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme | <input type="checkbox"/> | | <input type="checkbox"/> | | 345 | K I was a homemaker during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 346 | |
| | | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A I was employed full-time during the whole period | <input type="checkbox"/> | | <input type="checkbox"/> | | 337 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B I was in part-time employment during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 338 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C During this period I had a fixed-term job | <input type="checkbox"/> | | <input type="checkbox"/> | | 339 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D I changed employers during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E I was unemployed during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F During this period I worked in different line of work than my primary occupation | <input type="checkbox"/> | | <input type="checkbox"/> | | 342 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G My job responsibilities changed during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 343 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H I was on sick leave for more than one month during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 344 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme | <input type="checkbox"/> | | <input type="checkbox"/> | | 345 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K I was a homemaker during this period | <input type="checkbox"/> | | <input type="checkbox"/> | | 346 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |





| No. | K. 15 | cont. with |
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| 106. | <p>What about the situation immediately prior to receiving your pension or retirement benefits? Which item on this list would apply to you?  Show List 106! One response only!</p> <p>(120 mod.) 25/26</p> <p>A I was employed (including short-time work) <input type="checkbox"/> 1</p> <p>B I was in the approaching retirement part-time employment with zero working hours. <input type="checkbox"/> 2</p> <p>C I was unemployed <input type="checkbox"/> 3</p> <p>D I was an early retiree (including any progressive retirement scheme) <input type="checkbox"/> 4</p> <p>E I received an invalidity/occupational invalidity pension <input type="checkbox"/> 5</p> <p>F I was sick for a longer period and received money from my health insurance <input type="checkbox"/> 6</p> <p>G I was receiving re-training/training or further training <input type="checkbox"/> 7</p> <p>H I was a homemaker <input type="checkbox"/> 8</p> <p>J Other (<i>please note</i>): <input type="checkbox"/> 9</p> <p style="text-align: right;">27-106</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | <p style="text-align: right;">110</p> <p style="text-align: right;">109</p> <p style="text-align: right;">107</p> <p style="text-align: right;">110</p> <p style="text-align: right;">109</p> |
| 107. | <p>What type of early retirement was it? Was it . . .  Please read out examples! Multiple responses possible!</p> <p>(121) 1</p> <ul style="list-style-type: none"> ● a company early retirement scheme <input type="checkbox"/> 126 ● a social compensation plan <input type="checkbox"/> 127 ● or transitional retirement benefits/early retirement benefits in the states of the former GDR (East Germany)? <input type="checkbox"/> 128 <p style="text-align: right;">Don't know <input type="checkbox"/> 129</p> | |
| 108. | <p>Did you actually want to stop working at that point, or would you have preferred to stop working sooner or to continue working longer?</p> <p>(122)</p> <p style="text-align: right;">It was what I wanted <input type="checkbox"/> 1 130</p> <p style="text-align: right;">I would have preferred to stop sooner <input type="checkbox"/> 2</p> <p style="text-align: right;">I would have preferred to continue working <input type="checkbox"/> 3</p> | |
| 109. | <p>Did you receive a one-time severance payment or regular payments from your last employer in connection with leaving the company?</p> <p>(123)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 131</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 110. | <p>If you think back to your transition to retirement: How difficult was it for you?  Show List 110!</p> <p style="text-align: right;">Very difficult <input type="checkbox"/> 1 132</p> <p style="text-align: right;">Difficult <input type="checkbox"/> 2</p> <p style="text-align: right;">A little difficult <input type="checkbox"/> 3</p> <p style="text-align: right;">Hardly difficult <input type="checkbox"/> 4</p> <p style="text-align: right;">Not at all difficult <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |




| No. | | K. 15 cont. with |
|------|--|------------------------|
| 111. | <p>How often does your transition to retirement and the changes associated with it occupy your thoughts today?</p> <p> Show List 111!</p> <p>Very often (constantly) <input type="checkbox"/> 1 133 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Seldom <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8</p> | |
| 112. | <p>When you look back on your transition to retirement, would you say that, generally speaking, your life is better or worse now than it was before you retired?</p> <p> Show List 112!</p> <p>Much better <input type="checkbox"/> 1 134 Somewhat better <input type="checkbox"/> 2 Remains the same <input type="checkbox"/> 3 Somewhat worse <input type="checkbox"/> 4 Much worse <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8</p> | |
| 113. | <p>Up to what year were you employed full-time in your primary occupation? (124)</p> <p>Until the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 135-138 Don't know <input type="checkbox"/> 9998</p> | |
| 114. | <p>What was your previous occupational status? Please give me the appropriate code number.</p> <p> Show blue card! (104)</p> <p>Code Number: <input type="text"/> <input type="text"/> <input type="text"/> 139/140 97, 98, 99</p> <p> If code numbers <u>52</u>, <u>53</u> or <u>63</u> are given, go on to ask: Did you have a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 141 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| 115. | <p>What kind of work did you do? Please describe your job exactly. Is there a special name for this occupation? (126)</p> <p>Job: _____ 142-221 Occupation: _____ 222-301 Don't know <input type="checkbox"/> 8 302</p> | |

| No. | | K. 15 cont. with |
|------|---|-----------------------------------|
| 116. | <p>What sector was the last company in that you worked for? Was it . . .</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● an agricultural or forestry business <input type="checkbox"/> 1 303 ● an industrial business <input type="checkbox"/> 2 ● a handicraft business <input type="checkbox"/> 3 ● a commercial or service business <input type="checkbox"/> 4 ● or was it part of the public service? <input type="checkbox"/> 5 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 117. | <p>About how many people were employed at your place of work including owner and trainees?</p> <p> Show List 117! If not known exactly, get an estimate!</p> <ul style="list-style-type: none"> fewer than 5 employees ... <input type="checkbox"/> 1 304 5 and more, but less than 20 employees ... <input type="checkbox"/> 2 20 and more, but less than 100 employees ... <input type="checkbox"/> 3 100 and more, but less than 200 employees ... <input type="checkbox"/> 4 200 and more, but less than 2,000 employees ... <input type="checkbox"/> 5 2,000 employees and more <input type="checkbox"/> 6 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 118. | <p>How many hours per week did you last work at your last job in your primary occupation, including overtime?</p> <p> Round off half-hours!</p> <p>(127 mod.)</p> <p style="text-align: right;"> hours per week 325-326</p> <p>Please note filter and tick as applicable:</p> <p>if less than 30 hours per week <input type="checkbox"/> 1 327</p> <hr style="border-top: 1px dashed black;"/> <p>if 30 or more hours per week <input type="checkbox"/> 2</p> | 119 120 |
| 119. | <p>There are many reasons for working part-time. What was the main reason for you?</p> <p> Show List 119! Multiple responses possible!</p> <p>(128)</p> <ul style="list-style-type: none"> A Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 328 B Because my partner/spouse is retired <input type="checkbox"/> 329 C In order to have enough time for myself <input type="checkbox"/> 330 D In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 331 E For family reasons <input type="checkbox"/> 332 F For health reasons <input type="checkbox"/> 333 G For internal company reasons (i.e., short-time work) <input type="checkbox"/> 334 H To prepare for retirement <input type="checkbox"/> 335 J I was unable to find a full-time job <input type="checkbox"/> 336 K Other reasons (please note): <input type="checkbox"/> 337 <p style="text-align: right;">..... 338-417</p> | |

| No. | | K. 15 cont. with |
|------|---|---|
| 120. | <p>Did you take part in a approaching retirement part-time employment program for older employees that provided partial wage compensation?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 418</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p>121</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p>123</p> |
| 121. | <p>There are several forms of approaching retirement part-time employment. Which of the following applies to you?</p> <p> Show List 121! <u>One</u> response only!</p> <p>A Part-time model: I worked half of my normal weekly working hours up to the start of retirement <input type="checkbox"/> 1 419</p> <p>B Block model: In the first half of approaching retirement part-time employment, I worked the same working hours as before; in the second half, I was released from work (zero working hours) up to the start of retirement <input type="checkbox"/> 2</p> <p>C or another arrangement <input type="checkbox"/> 3</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 122. | <p>How many years did you spend in approaching retirement part-time employment?</p> <p> In the case of the block model: Years from the beginning of wage or salary reduction up to start of retirement!</p> <p style="text-align: right;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years 420-422 Don't know <input type="checkbox"/> 998 </p> | |
| 123. | <p>How many years in total did you work before retiring?</p> <p>If you went through a non-working phase of approaching retirement part-time employment, please include these years.</p> <p>(129)</p> <p style="text-align: right;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years 443-445 Don't know <input type="checkbox"/> 998 </p> | |
| 124. | <p>Why did you stop working full-time in your primary occupation?</p> <p> Show List 124! <u>Multiple</u> responses possible!</p> <p>(130 mod.)</p> <p>A Because I had reached retirement age <input type="checkbox"/> 446</p> <p>B Because I wanted to stop as early as possible <input type="checkbox"/> 447</p> <p>C Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 448</p> <p>D Because my partner/spouse is retired <input type="checkbox"/> 449</p> <p>E In order to have enough time for myself <input type="checkbox"/> 450</p> <p>F In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 451</p> <p>G For family reasons <input type="checkbox"/> 452</p> <p>H For health reasons <input type="checkbox"/> 453</p> <p>J For internal company reasons <input type="checkbox"/> 454</p> <p>K I lost my job <input type="checkbox"/> 455</p> <p>L Another reason (<i>please note</i>): <input type="checkbox"/> 456</p> <p>..... 457-536</p> | |



| No. | | K. 15 cont. with |
|------|--|--|
| 125. | <p>Are you entitled to a company pension, a company supplementary pension, or VBL (public sector employees' supplementary pension system)?</p> <p>(134 mod.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 537 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| 126. | <p>How would you rate your life in retirement on the whole at the moment?</p> <p> Show Orange List A!</p> <p>(135)</p> <p style="text-align: right;">Very good <input type="checkbox"/> 1 538 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5</p> | |
| 127. | <p> Please tick as in Q. 104:</p> <p>(136 mod.)</p> <p style="text-align: right;">Respondent retired</p> <ul style="list-style-type: none"> ● 1991 or earlier <input type="checkbox"/> 1 539 ● 1992 or later <input type="checkbox"/> 2 ● Not known according to Q.104 <input type="checkbox"/> 3 | <p style="text-align: right;">128</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">129</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">128</p> |
| 128. | <p>How has your life in retirement changed over the past ten years?</p> <p> Show Orange List B!</p> <p>(137)</p> <p style="text-align: right;">Has improved greatly <input type="checkbox"/> 1 540 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5</p> | <p>130 !</p> |
| 129. | <p>How has your life changed due to entering retirement?</p> <p> Show Orange List B!</p> <p>(138)</p> <p style="text-align: right;">Has improved greatly <input type="checkbox"/> 1 541 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5</p> | |
| 130. | <p>How do you expect your life in retirement to change in the future?</p> <p> Show Orange List B!</p> <p>(139)</p> <p style="text-align: right;">Will improve greatly <input type="checkbox"/> 1 542 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5</p> | <p>200 !</p> |

| No. | K. 16 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|-----|----|--|--|---|---|--|--|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|-----|---|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|-----|---|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|-----|---|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|-----|-------|
| 131. | <div style="border: 2px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">Block B: Employees</div> <p>What occupational status would apply to you at the moment?</p> <p> Show Blue card! Only include occupational status in <u>main job</u>!</p> <p style="text-align: right;">Code number: <input style="width: 40px; height: 20px;" type="text"/> 11/12</p> <p>(140)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132. | <p>What kind of work do you currently do? Please describe your job exactly. Is there a special name for this occupation?</p> <p>(141)</p> <p>Job: _____ 13-92</p> <p>Occupation: _____ 93-172</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8 173</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 133. | <p>If you think about the past five years: what on this list applied to you during this period? Please state for every item on the list whether it applied to you personally.</p> <p> Show List 133!</p> <p> For items B to K, it is irrelevant whether this occurred once or on several occasions or how long the period was.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%;"></th> </tr> <tr> <td></td> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <td></td> </tr> </thead> <tbody> <tr> <td>A I was employed full-time during the whole period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">362</td> </tr> <tr> <td>B I was in part-time employment during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">363</td> </tr> <tr> <td>C During this period I had a fixed-term job</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">364</td> </tr> <tr> <td>D I changed employers during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">365</td> </tr> <tr> <td>E I was unemployed during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">366</td> </tr> <tr> <td>F During this period I worked in different line of work than my primary occupation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">367</td> </tr> <tr> <td>G My job responsibilities changed during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">368</td> </tr> <tr> <td>H I was on sick leave for more than one month during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">369</td> </tr> <tr> <td>J During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">370</td> </tr> <tr> <td>K I was a homemaker during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">371</td> </tr> </tbody> </table> | | Yes | No | | | 1 | 2 | | A I was employed full-time during the whole period | <input type="checkbox"/> | <input type="checkbox"/> | 362 | B I was in part-time employment during this period | <input type="checkbox"/> | <input type="checkbox"/> | 363 | C During this period I had a fixed-term job | <input type="checkbox"/> | <input type="checkbox"/> | 364 | D I changed employers during this period | <input type="checkbox"/> | <input type="checkbox"/> | 365 | E I was unemployed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 366 | F During this period I worked in different line of work than my primary occupation | <input type="checkbox"/> | <input type="checkbox"/> | 367 | G My job responsibilities changed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 368 | H I was on sick leave for more than one month during this period | <input type="checkbox"/> | <input type="checkbox"/> | 369 | J During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme | <input type="checkbox"/> | <input type="checkbox"/> | 370 | K I was a homemaker during this period | <input type="checkbox"/> | <input type="checkbox"/> | 371 | K. 60 |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A I was employed full-time during the whole period | <input type="checkbox"/> | <input type="checkbox"/> | 362 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B I was in part-time employment during this period | <input type="checkbox"/> | <input type="checkbox"/> | 363 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C During this period I had a fixed-term job | <input type="checkbox"/> | <input type="checkbox"/> | 364 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D I changed employers during this period | <input type="checkbox"/> | <input type="checkbox"/> | 365 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E I was unemployed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 366 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F During this period I worked in different line of work than my primary occupation | <input type="checkbox"/> | <input type="checkbox"/> | 367 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G My job responsibilities changed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 368 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H I was on sick leave for more than one month during this period | <input type="checkbox"/> | <input type="checkbox"/> | 369 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme | <input type="checkbox"/> | <input type="checkbox"/> | 370 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K I was a homemaker during this period | <input type="checkbox"/> | <input type="checkbox"/> | 371 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 134. | <p>If you think about your current job: What sector is the company in where you work? Is it...</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● an agricultural or forestry business <input type="checkbox"/> 1 174 ● an industrial business <input type="checkbox"/> 2 ● a handicraft business <input type="checkbox"/> 3 ● a commercial or service business <input type="checkbox"/> 4 ● or is it part of the public service? <input type="checkbox"/> 5 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| No. | | K. 16 cont. with |
|------|--|---------------------|
| 135. | <p>About how many people are employed at your place of work including owner and trainees?</p> <p> Show List 135! <i>If not known exactly: please get an estimate!</i></p> <p style="text-align: right;">K. 60 494/ 495</p> <p style="text-align: right;">fewer than 5 employees ... <input type="checkbox"/> 1</p> <p style="text-align: right;">5 and more, but less than 20 employees ... <input type="checkbox"/> 2</p> <p style="text-align: right;">20 and more, but less than 100 employees ... <input type="checkbox"/> 3</p> <p style="text-align: right;">100 and more, but less than 200 employees ... <input type="checkbox"/> 4</p> <p style="text-align: right;">200 and more, but less than 2,000 employees ... <input type="checkbox"/> 5</p> <p style="text-align: right;">2,000 employees and more <input type="checkbox"/> 6</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |
| 136. | <p>Are you entitled to a company pension, company supplementary pension, or VBL (public sector employees or supplementary pension system)?</p> <p>(148 mod.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 340</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 137. | <p>How many hours a week do you currently work at your job, including overtime?</p> <p> Round off half-hours!</p> <p style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> hours per week </p> <p style="text-align: right;">217/218</p> <p>Please note filter and tick as applicable:</p> <p>if fewer than 30 hours per week <input type="checkbox"/> 1 219</p> <hr style="border: 0.5px dashed black;"/> <p>if 30 or more hours per week <input type="checkbox"/> 2</p> | 138 139 |
| 138. | <p>There are many reasons for working part-time. What were the main reasons for you?</p> <p> Show List 138! Multiple responses possible!</p> <p>(143)</p> <p style="text-align: right;">1</p> <p>A Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 220</p> <p>B Because my partner/spouse is retired <input type="checkbox"/> 221</p> <p>C In order to have enough time for myself <input type="checkbox"/> 222</p> <p>D In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 223</p> <p>E For family reasons <input type="checkbox"/> 224</p> <p>F For health reasons <input type="checkbox"/> 225</p> <p>G For internal company reasons (i.e., short-time work) <input type="checkbox"/> 226</p> <p>H To prepare for retirement <input type="checkbox"/> 227</p> <p>J I was unable to find a full-time job <input type="checkbox"/> 228</p> <p>K Other reasons (please note): <input type="checkbox"/> 229</p> <p style="text-align: right;">230-309</p> | |


| No. | | cont. with |
|------|---|----------------------------------|
| 139. | <p style="text-align: right;">K. 16</p> <p>Are you currently in approaching retirement part-time employment?</p> <p>Yes <input type="checkbox"/> 1 177</p> <p>No <input type="checkbox"/> 2</p> <p>Not old enough to apply <input type="checkbox"/> 3</p> <p>----- Don't know <input type="checkbox"/> 8</p> <p>Not applicable as I am not employed <input type="checkbox"/> 4</p> | <p>140</p> <p>142</p> <p>145</p> |
| 140. | <p>There are several forms of approaching retirement part-time employment. Which of the following applies to you?</p> <p> Show List 140! <u>One</u> response only!</p> <p>A Part-time model: I worked half of my normal weekly working hours up to the start of retirement <input type="checkbox"/> 1 178</p> <p>B Block model: In the first half of approaching retirement part-time employment, I worked the same working hours as before; in the second half, I was released from work (zero working hours) up to the start of retirement <input type="checkbox"/> 2</p> <p>C or another arrangement <input type="checkbox"/> 3</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 141. | <p>How long have you been in approaching retirement part-time employment?</p> <p> For the block model: Years since the start of wage/salary reduction!</p> <p style="text-align: center;">179/180 181-184</p> <p>Since month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998</p> | <p>145</p> <p>!</p> |
| 142. | <p>Do you intend to take part in an approaching retirement part-time employment program prior to retiring?</p> <p>Yes <input type="checkbox"/> 1 191</p> <p>-----</p> <p>No <input type="checkbox"/> 2</p> <p>Don't yet know <input type="checkbox"/> 8</p> | <p>143</p> <p>145</p> |
| 143. | <p>There are several forms of approaching retirement part-time employment. Which of the following would be an option for you?</p> <p> Show List 143! <u>One</u> response only!</p> <p>A Part-time model: To work half of my normal weekly working hours up to the start of retirement <input type="checkbox"/> 1 192</p> <p>B Block model: In the first half of approaching retirement part-time employment, work the same working hours as before; in the second half, released from work (zero working hours) up to the start of retirement <input type="checkbox"/> 2</p> <p>C Or some other distribution of the 50% reduced total working hours <input type="checkbox"/> 3</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 144. | <p>From what age on, and for how many years would you like to be in approaching retirement part-time employment?</p> <p> For the block model: age at which you would like to start wage/salary reduction! 213/214 215/216</p> <p>From the age of <input type="text"/> <input type="text"/> years for <input type="text"/> <input type="text"/> years</p> <p>Don't know yet <input type="checkbox"/> 98 <input type="checkbox"/> 98</p> | |





| Nr. | | K. 16 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------|--------------------------|---------------------------|--------------------------|----------------------------------|----------------------|---------------|---|---|---|---|---|---|---|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--|--|
| 145. | For how many years total have you been employed? (144) | <div style="border-bottom: 1px solid black; width: 40px; display: inline-block; margin-right: 5px;"></div> years 310-312 Don't know <input type="checkbox"/> 998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146. | At what age do you plan to stop working? (145) | At the age of <div style="border-bottom: 1px solid black; width: 40px; display: inline-block; margin-right: 5px;"></div> years 313-315 Don't know yet <input type="checkbox"/> 998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147. | When you think of your present job: how satisfied or unsatisfied are you with the various aspects I'll read out to you now? Show list 147 and read out examples! | K. 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:10%; text-align:center;">Very satisfied</th> <th style="width:10%; text-align:center;">Satisfied</th> <th style="width:10%; text-align:center;">Half/ half</th> <th style="width:10%; text-align:center;">Un- satisfied</th> <th style="width:10%; text-align:center;">Very un- satisfied</th> <th style="width:10%; text-align:center;">Does not apply</th> <th style="width:10%; text-align:center;">Don't know</th> </tr> <tr> <th style="text-align:left;">How satisfied are you at present with . . .</th> <th style="text-align:center;">1</th> <th style="text-align:center;">2</th> <th style="text-align:center;">3</th> <th style="text-align:center;">4</th> <th style="text-align:center;">5</th> <th style="text-align:center;">6</th> <th style="text-align:center;">98</th> </tr> </thead> <tbody> <tr> <td>● your earnings?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 372/373</td> </tr> <tr> <td>● your job itself, or in other words, with the kind of work you do?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 374/375</td> </tr> <tr> <td>● your working hours?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 376/377</td> </tr> <tr> <td>● your opportunities for career development or promotion?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 378/379</td> </tr> <tr> <td>● the further training offered by your company?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 380/381</td> </tr> <tr> <td>● the working atmosphere, i.e., relations with colleagues, subordinates, and supervisors?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 382/383</td> </tr> <tr> <td>● your work as a whole?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 384/385</td> </tr> </tbody> </table> | | Very satisfied | Satisfied | Half/ half | Un- satisfied | Very un- satisfied | Does not apply | Don't know | How satisfied are you at present with . . . | 1 | 2 | 3 | 4 | 5 | 6 | 98 | ● your earnings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 372/373 | ● your job itself, or in other words, with the kind of work you do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 374/375 | ● your working hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 376/377 | ● your opportunities for career development or promotion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 378/379 | ● the further training offered by your company? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 380/381 | ● the working atmosphere, i.e., relations with colleagues, subordinates, and supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 382/383 | ● your work as a whole? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 384/385 | | |
| | Very satisfied | Satisfied | Half/ half | Un- satisfied | Very un- satisfied | Does not apply | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How satisfied are you at present with . . . | 1 | 2 | 3 | 4 | 5 | 6 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your earnings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 372/373 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your job itself, or in other words, with the kind of work you do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 374/375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your working hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 376/377 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your opportunities for career development or promotion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 378/379 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● the further training offered by your company? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 380/381 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● the working atmosphere, i.e., relations with colleagues, subordinates, and supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 382/383 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your work as a whole? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 384/385 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 148. | A job can sometimes be quite strenuous. What would you say about yourself at present: to what extent are you stressed by... Show List 148 and read out examples! | K. 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:10%; text-align:center;">Very stressed</th> <th style="width:10%; text-align:center;">Stressed</th> <th style="width:10%; text-align:center;">A bit stressed</th> <th style="width:10%; text-align:center;">Hardly stressed</th> <th style="width:10%; text-align:center;">Not at all stressed</th> <th style="width:10%; text-align:center;">Does not apply</th> <th style="width:10%; text-align:center;">Don't know</th> </tr> <tr> <th style="text-align:left;"></th> <th style="text-align:center;">1</th> <th style="text-align:center;">2</th> <th style="text-align:center;">3</th> <th style="text-align:center;">4</th> <th style="text-align:center;">5</th> <th style="text-align:center;">6</th> <th style="text-align:center;">98</th> </tr> </thead> <tbody> <tr> <td>● strenuous or repetitive physical activities like carrying heavy objects; standing or sitting for long periods?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 386/387</td> </tr> <tr> <td>● negative environmental factors such as noise, heat, dust, gases, toxic substances, poor lighting?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 388/389</td> </tr> <tr> <td>● pressure to complete heavy workloads or meet tight deadlines, nervous tension?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 390/391</td> </tr> <tr> <td>● new job responsibilities, i.e., new duties or switching to computerized systems?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 392/393</td> </tr> </tbody> </table> | | Very stressed | Stressed | A bit stressed | Hardly stressed | Not at all stressed | Does not apply | Don't know | | 1 | 2 | 3 | 4 | 5 | 6 | 98 | ● strenuous or repetitive physical activities like carrying heavy objects; standing or sitting for long periods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 386/387 | ● negative environmental factors such as noise, heat, dust, gases, toxic substances, poor lighting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 388/389 | ● pressure to complete heavy workloads or meet tight deadlines, nervous tension? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 390/391 | ● new job responsibilities, i.e., new duties or switching to computerized systems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 392/393 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Very stressed | Stressed | A bit stressed | Hardly stressed | Not at all stressed | Does not apply | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● strenuous or repetitive physical activities like carrying heavy objects; standing or sitting for long periods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 386/387 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● negative environmental factors such as noise, heat, dust, gases, toxic substances, poor lighting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 388/389 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● pressure to complete heavy workloads or meet tight deadlines, nervous tension? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 390/391 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● new job responsibilities, i.e., new duties or switching to computerized systems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 392/393 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| No. | | cont. with |
|------|---|---|
| 149. | <p>How high would you estimate the likelihood of becoming unemployed in the near future? Would you say it is ...</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● very likely <input type="checkbox"/> 1 394 ● likely <input type="checkbox"/> 2 ● unlikely <input type="checkbox"/> 3 ● very unlikely? <input type="checkbox"/> 4 Don't know <input type="checkbox"/> 8 | |
| 150. | <p>Do you plan on changing jobs in the near future?</p> <p>Yes <input type="checkbox"/> 1 354</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | |
| 151. | <p>If you lost your present job, would it be easy, difficult, or almost impossible to find a job that is at least as good as the one you have now?</p> <p>Easy <input type="checkbox"/> 1 355</p> <p>Difficult <input type="checkbox"/> 2</p> <p>Almost impossible <input type="checkbox"/> 3</p> <p>Don't know <input type="checkbox"/> 8</p> | |
| 152. | <p>There are courses and advanced occupational training programs available for many occupations. Think back over the past 10 years. Did you attend any training, courses, seminars, or events designed to provide occupational training or vocational retraining?</p> <p>Yes <input type="checkbox"/> 1 376</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>153</p> <hr style="border-top: 1px dashed black;"/> <p>155</p> |
| 153. | <p>How many courses or programs for occupational training or retraining have you attended in the past 10 years?</p> <p><input type="text" value=""/> sessions/courses</p> <p><small>395-397</small></p> <p>Don't know <input type="checkbox"/> 998</p> | |
| 154. | <p>Thinking back to your most recent course or training program, what was your personal motivation for attending it? Please give the most important reason for attending.</p> <p> Show List 154! <u>One</u> response only!</p> <ul style="list-style-type: none"> A Brush up on job skills that were not up-to-date <input type="checkbox"/> 1 410/411 B Expand job skills to take on additional responsibilities <input type="checkbox"/> 2 C To move to a new position <input type="checkbox"/> 3 D To work with new technologies (new machines, programs, etc.) <input type="checkbox"/> 4 E Career advancement (i.e., master craftsman) <input type="checkbox"/> 5 F Retrain for a different occupation <input type="checkbox"/> 6 G Another main reason (<i>please note</i>): <input type="checkbox"/> 7 <p>_____</p> <p>412-450</p> <p>Don't know <input type="checkbox"/> 98 <small>97, 99</small></p> | <p>156</p> <p>!</p> |




| No. | | K. 16 cont. with |
|------|--|------------------------|
| 155. | Would you have liked to take part in an advanced occupational training course or program in the last ten years? Yes <input type="checkbox"/> 1 387 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | |
| 156. | Would you like to take part in an advanced occupational training course or program in the near future? Yes <input type="checkbox"/> 1 388 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | 157 158 |
| 157. | What would be your main reason for attending this training course or program? Please give your most important reason. 🖱 Show List 157! <u>One</u> response only! A Brush up on job skills that are not up-to-date <input type="checkbox"/> 1 451/452 B Expand job skills to take on additional responsibilities <input type="checkbox"/> 2 C To move to a new position <input type="checkbox"/> 3 D To work with new technologies (new machines, programs, etc.) <input type="checkbox"/> 4 E Career advancement (i.e., master craftsman) <input type="checkbox"/> 5 F Retrain for a different occupation <input type="checkbox"/> 6 G Another main reason (<i>please note</i>): <input type="checkbox"/> 7 _____ 453-491 Don't know <input type="checkbox"/> 98 97, 99 | K. 60 |
| 158. | How would you rate your present overall job situation? 🖱 Show Orange List A! (149) Very good <input type="checkbox"/> 1 389 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | |
| 159. | How has your job situation changed over the past 10 years? 🖱 Show Orange List A! (150) Has improved greatly <input type="checkbox"/> 1 390 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5 | |





| No. | | K. 16 cont. with |
|------|---|--|
| 160. | <p>How do you expect your job situation to change in future? K. 60</p> <p> Show Orange List C!</p> <p>(151)</p> <p>Will improve greatly <input type="checkbox"/> 1 ^{492/}₄₉₃</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> <hr/> <p>Not applicable, I will be retiring soon <input type="checkbox"/> 6</p> | <p style="text-align: center;">200 !</p> <hr/> <p style="text-align: right;">161</p> |
| 161. | <p>I would like to know how much thought you have given to your life after retirement. Have you thought about it a lot, a little, or not at all?</p> <p>(152)</p> <p style="text-align: right;">A lot <input type="checkbox"/> 1 ³⁹²</p> <p style="text-align: right;">A little <input type="checkbox"/> 2</p> <hr/> <p style="text-align: right;">Not at all <input type="checkbox"/> 3</p> | <p style="text-align: right;">162</p> <hr/> <p style="text-align: right;">200</p> |
| 162. | <p>How do you expect your life to change after retirement?</p> <p> Show Orange List C!</p> <p>(153)</p> <p>Will improve greatly <input type="checkbox"/> 1 ³⁹³</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> | <p style="text-align: center;">200 !</p> |

| No. | K. 17 | cont. with |
|------|---|------------------------|
| 169. | <p>How long have you been in early retirement? Please give me the month and year you started early retirement.</p> <p>(157)</p> <p style="text-align: center;"> <small>33/34</small> <small>35-38</small> Since month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998 </p> | |
| 170. | <p>Did you actually want to stop work at this point, or would you have preferred to stop working sooner or to continue working longer?</p> <p>(159)</p> <p style="text-align: right;"> It was what I wanted <input type="checkbox"/> 1 39 I would have preferred to stop sooner <input type="checkbox"/> 2 I would have preferred to continue working .. <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8 </p> | |
| 171. | <p>Did you receive a one-time severance payment or regular payments from your last employer in connection with leaving the company?</p> <p>(160)</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 40 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 </p> | 175 ! |
| 172. | <p>Since when have you been receiving an invalidity / occupational invalidity pension? Please give me the month and year when you first received these benefits.</p> <p>(162)</p> <p style="text-align: center;"> <small>41/42</small> <small>43-46</small> Since month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998 </p> | 176 ! |
| 173. | <p>Do you plan on taking up work or continuing to work now or in the future?</p> <p>(163 mod.)</p> <p style="text-align: right;"> Yes, as soon as possible <input type="checkbox"/> 1 47 Yes, later <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8 </p> | |
| 174. | <p>Do you think it will or could be difficult for you to find a new job because of your age?</p> <p> Show List 174!</p> <p style="text-align: right;"> Yes, definitely <input type="checkbox"/> 1 48 Probably yes <input type="checkbox"/> 2 Perhaps <input type="checkbox"/> 3 Probably not <input type="checkbox"/> 4 No, not at all <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </p> | |

| No. | | K. 17 cont. with |
|------|---|---------------------|
| 175. | <p>Up to what year were you employed full-time in your primary occupation? (164)</p> <p style="text-align: right;">Up to the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 73-76</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 9998</p> | |
| 176. | <p>What was your previous occupational status? Please give me the appropriate code number.</p> <p> Show blue card!</p> <p>(165)</p> <p>Code number: <input type="text"/> <input type="text"/> <input type="text"/> 77/78 97, 98, 99</p> <p> If code numbers 52, 53 or 63 are given, go on to ask:</p> <p>Did you hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 79</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | |
| 177. | <p>What kind of work did you do? Please describe your job exactly.</p> <p>Is there a special name for this occupation? (166)</p> <p>Job: _____ 80-159</p> <p>Occupation: _____ 160-239</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8 240</p> | |
| 178. | <p>What sector was the last company in that you worked for? Was it . . .</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● an agricultural or forestry business <input type="checkbox"/> 1 241 ● an industrial business <input type="checkbox"/> 2 ● a handicrafts business <input type="checkbox"/> 3 ● a commercial or service business <input type="checkbox"/> 4 ● or was it part of the public service? <input type="checkbox"/> 5 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 179. | <p>About how many people were employed at your place of work including owner and trainees? (167)</p> <p> Show List 179!</p> <p>If not known exactly: please get an estimate!</p> <p style="text-align: right;">K. 60</p> <p style="text-align: right;">496-497</p> <p style="text-align: right;">fewer than 5 employees ... <input type="checkbox"/> 1</p> <p style="text-align: right;">5 and more, but less than 20 employees ... <input type="checkbox"/> 2</p> <p style="text-align: right;">20 and more, but less than 100 employees ... <input type="checkbox"/> 3</p> <p style="text-align: right;">100 and more, but less than 200 employees ... <input type="checkbox"/> 4</p> <p style="text-align: right;">200 and more, but less than 2,000 employees ... <input type="checkbox"/> 5</p> <p style="text-align: right;">2,000 employees and more <input type="checkbox"/> 6</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |





| No. | K. 17 | cont. with |
|------|--|---|
| 180. | <p>How many hours per week did you work in your primary occupation at the end of your full-time working life, including overtime?</p> <p> Round off half hours!</p> <p>(167 mod.)</p> <p style="text-align: right;">243/244</p> <p style="text-align: center;"> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> hours per week </p> <p>Please note filter and tick as applicable:</p> <p>if less than 30 hours per week <input type="checkbox"/> 1 245</p> <hr style="border-top: 1px dashed black;"/> <p>if 30 or more hours per week <input type="checkbox"/> 2</p> | <p style="text-align: right;">181</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">182</p> |
| 181. | <p>There are many reasons for working part-time. What were the main reasons for you?</p> <p> Show List 181! Multiple responses possible!</p> <p>(168)</p> <p style="text-align: right;">1</p> <p>A Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 246</p> <p>B Because my partner/spouse is retired <input type="checkbox"/> 247</p> <p>C In order to have enough time for myself <input type="checkbox"/> 248</p> <p>D In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 249</p> <p>E For family reasons <input type="checkbox"/> 250</p> <p>F For health reasons <input type="checkbox"/> 251</p> <p>G For internal company reasons (i.e., short-time work) <input type="checkbox"/> 252</p> <p>H To prepare for retirement <input type="checkbox"/> 253</p> <p>J I was unable to find a full-time job <input type="checkbox"/> 254</p> <p>K Other reasons (<i>please note</i>): <input type="checkbox"/> 255</p> <p>_____ 256-335</p> | |



| No. | | K. 17 cont. with |
|------|---|---|
| 182. | <p>And why did you stop working full-time in your primary occupation?  Show List 182! Multiple responses possible! (169 mod.)</p> <p>A Because I wanted to stop as early as possible <input type="checkbox"/> 356 B Because it would difficult to combine the double burden of housework and a full-time job . <input type="checkbox"/> 357 C Because my partner/spouse is retired <input type="checkbox"/> 358 D In order to have enough time for myself <input type="checkbox"/> 359 E In order to be able to care for someone who is sick or invalid <input type="checkbox"/> 360 F For family reasons <input type="checkbox"/> 361 G For health reasons <input type="checkbox"/> 362 H For internal company reasons <input type="checkbox"/> 363 J I lost my job <input type="checkbox"/> 364 K Other reasons (<i>please note</i>): <input type="checkbox"/> 365</p> <hr/> <p style="text-align: right;">366-445</p> | |
| 183. | <p>For how many years total have you been employed? (170)</p> <p style="text-align: right;"> <input type="text" value=""/> <input type="text" value=""/> years 446/447 Don't know <input type="checkbox"/> 98 </p> | |
| 184. | <p>Does your employment history to date entitle you to a company pension, company supplementary pension, or pension scheme for public employees such as VBL? (171 mod.)</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 448 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 </p> | |
| 185. | <p>How would you rate your present overall job situation?  Show Orange List! (172)</p> <p style="text-align: right;"> Very good <input type="checkbox"/> 1 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 <hr/> Not applicable, I am retired <input type="checkbox"/> 6 </p> | <p style="text-align: right;">K. 60 498/499</p> <p style="text-align: right;">186</p> <p style="text-align: right;">190</p> |
| 186. | <p>How has your job situation changed over the past 10 years?  Show Orange List B! (173)</p> <p style="text-align: right;"> Has improved greatly <input type="checkbox"/> 1 450 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5 </p> | |



| No. | | K. 17 | cont. with |
|------|---|---|-----------------|
| 187. | Just think for a moment of your future: How do you expect your job situation to change in future?  Show Orange List C! (174) | K. 60 515/516 Will improve greatly <input type="checkbox"/> 1 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 <hr/> Not applicable, I will be retiring shortly <input type="checkbox"/> 6 98/99 | 200 ! 188 |
| 188. | I would like to know how much thought you have given to your life after retirement. Have you thought about it a lot, a little, or not at all? (175) | A lot <input type="checkbox"/> 1 452 A little <input type="checkbox"/> 2 <hr/> Not at all <input type="checkbox"/> 3 | 189 200 ! |
| 189. | How do you expect your life to change after retirement?  Show Orange List C! (176) | Will improve greatly <input type="checkbox"/> 1 453 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | 200 ! |
| 190. | How would you rate your life in retirement at present?  Show Orange List A! (177) | Very good <input type="checkbox"/> 1 454 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | |
| 191. | How do you expect your life in retirement to change in the future?  Show orange list C! (178) | Will improve greatly <input type="checkbox"/> 1 455 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | |




| No. | MARITAL STATUS AND PARTNER | K. 18 | cont. with |
|------|--|--|---------------|
| 200. | <p>What is your marital status? ☞ Show List 200! <u>One response only!</u> (200)</p> <p><input type="checkbox"/>¹¹ 1 ... Married, living together with spouse ↳ When did you marry this spouse? year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 12-15</p> <hr/> <p><input type="checkbox"/> 2 ... Married, living separated from spouse ↳ Since when have you separated and year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 16-19 ↳ when did you marry this spouse? year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 20-23</p> <p><input type="checkbox"/> 3 ... Divorced ↳ Since when have you been divorced and year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 24-27 ↳ when did you marry this spouse? year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 28-31</p> <p><input type="checkbox"/> 4 ... Widowed ↳ Since when have you been widowed year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 32-35 ↳ when did you marry your deceased spouse? year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 36-39</p> <hr/> <p><input type="checkbox"/> 5 ... Single ↳ Do you have a steady partner at the moment? Yes <input type="checkbox"/> 1 40 204 No <input type="checkbox"/> 2 203</p> | <p>201</p> <p>202</p> <p>202</p> <p>202</p> <p>204</p> <p>203</p> | |
| 201. | <p>What year was your spouse born? (201)</p> | <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 41-44 9998 206 !</p> | |
| 202. | <p>Do you have a steady partner at the moment? (202)</p> | <p>Yes <input type="checkbox"/> 1 45 204 No <input type="checkbox"/> 2 221</p> | |
| 203. | <p>Did you ever have a steady partner who you were not married to? (203)</p> | <p>Yes <input type="checkbox"/> 1 46 237 No <input type="checkbox"/> 2 246</p> | |
| 204. | <p>Do you live together with this partner? If so, since when? (207)</p> <p>Yes1 <input type="checkbox"/>⁴⁷ ↳ since <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 48-51 No2 <input type="checkbox"/> 9998</p> | <p>204</p> | |
| 205. | <p>What year was this partner born? (208)</p> | <p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 52-55 9998</p> | |




| No. | | K. 18 cont. with |
|------|--|---|
| 206. | <p>What is your partner's country of citizenship? If he/she holds citizenship of multiple countries, please name them all.</p> <p style="text-align: right;">K. 60</p> <p style="text-align: center;">1</p> <p>Germany <input type="checkbox"/> 517</p> <p>Greece <input type="checkbox"/> 518</p> <p>Italy <input type="checkbox"/> 519</p> <p>Poland <input type="checkbox"/> 520</p> <p>Turkey <input type="checkbox"/> 521</p> <p>USA <input type="checkbox"/> 522</p> <p>States of former Yugoslavia <input type="checkbox"/> 523</p> <p>States of former Soviet Union <input type="checkbox"/> 524</p> <p>Another country (<i>please name</i>): <input type="checkbox"/> 525</p> <p>_____ 528-557</p> <p>He/she is stateless <input type="checkbox"/> 526</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 527</p> | |
| 207. | <p>I would now like to talk about your partner's working life. Let's begin with school. How many years did your partner attend school?</p> <p style="text-align: right;">107/108</p> <p style="text-align: center;"> years</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |
| 208. | <p>Where did your partner last attend school? Was it...</p> <ul style="list-style-type: none"> ● in one of the states (Laender) of the former Federal Republic of Germany (West Germany) incl. West Berlin <input type="checkbox"/> 1 109 ● in the former German Democratic Republic incl. East Berlin (East Germany) . <input type="checkbox"/> 2 ● in one of the formerly (pre-WWII) Eastern territories of Germany <input type="checkbox"/> 3 <hr/> <ul style="list-style-type: none"> ● or in another country? <input type="checkbox"/> 4 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p style="text-align: center;">209</p> <hr/> <p style="text-align: center;">210</p> |
| 209. | <p>With the aid of the lis, please tell me the highest level of school leaving qualification your partner has.</p> <p> Show list 209! <u>One</u> response only!</p> <p style="text-align: right;">110/111</p> <p>(209)</p> <p>A Special Needs School <input type="checkbox"/> 1</p> <p>B Lower Secondary School (<i>Hauptschule, Volksschule</i>) <input type="checkbox"/> 2</p> <p>C Intermediate Secondary School (<i>Realschule, Lyzeum</i>) <input type="checkbox"/> 3</p> <p>D Polytechnic Secondary School, 8th Grade <input type="checkbox"/> 4</p> <p>E Polytechnic Secondary School, 10th Grade <input type="checkbox"/> 5</p> <p>F Qualification for Applied Upper Secondary Studies (<i>Fochhochschulreife</i>) <input type="checkbox"/> 6</p> <p>G Upper Secondary School (<i>Gymnasium / Extended Upper School / Vocational School with Abitur Exam</i>) <input type="checkbox"/> 7</p> <p>H Other (<i>please note</i>): <input type="checkbox"/> 8</p> <p>_____ 112-191</p> <p>J Did not attain any school-leaving certificate <input type="checkbox"/> 9</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | <p style="text-align: center;">211</p> <p style="text-align: center;">!</p> |





| No. | K. 18 | cont. with |
|------|--|----------------------------------|
| 210. | <p>With what kind of certificate did he/she obtain upon completion of school? Did he/she . . .</p> <p> Read out examples!</p> <ul style="list-style-type: none"> ● leave school without obtaining a school-leaving certificate <input type="checkbox"/> 1 212 ● complete compulsory schooling with a school-leaving certificate <input type="checkbox"/> 2 ● or complete further secondary education with a school-leaving certificate? <input type="checkbox"/> 3 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 211. | <p>Did your partner undergo vocational training or higher education in Germany?</p> <p> Show List 211! <u>One response only!</u></p> <p>Yes, only in Germany (including the former German Democratic Republic (East Germany) and the Federal Republic of Germany (former West Germany)) .. <input type="checkbox"/> 1 213</p> <p>Yes, in Germany <u>and</u> in another country <input type="checkbox"/> 2</p> <p>-----</p> <p>No, in a country other than Germany <input type="checkbox"/> 3</p> <p>-----</p> <p>No vocational education/training or higher education <input type="checkbox"/> 4</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p>212</p> <p>213</p> <p>214</p> |
| 212. | <p>And what is the highest level of vocational education/training your partner has completed?</p> <p> Show List 212! <u>One response only!</u></p> <p style="text-align: right;">214/215</p> <p>(210)</p> <ul style="list-style-type: none"> A Semi-skilled worker training <input type="checkbox"/> 1 B Apprenticeship <input type="checkbox"/> 2 C Full-time vocational school (Berufsfachschule, Handelsschule) <input type="checkbox"/> 3 D Trade or technical school for vocational education (Meisterschule, Technikerschule, etc.) <input type="checkbox"/> 4 E University of Applied Sciences (Fachhochschule) <input type="checkbox"/> 5 F University, Technical University, other institution of higher education <input type="checkbox"/> 6 G Other completed education/training (<i>please note</i>): <input type="checkbox"/> 7 <p style="text-align: right;">216-295</p> <ul style="list-style-type: none"> H No completed vocational education/training <input type="checkbox"/> 8 <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | <p>214</p> <p>!</p> |
| 213. | <p>What kind of training was it? Please name only the highest level of vocational training your partner has.</p> <p> Show List 213! <u>One response only!</u></p> <ul style="list-style-type: none"> A Partner received in-firm training <input type="checkbox"/> 1 296 B Partner completed an in-firm apprenticeship <input type="checkbox"/> 2 C Partner attended vocational training school <input type="checkbox"/> 3 D Partner attended a university <input type="checkbox"/> 4 E Other <input type="checkbox"/> 5 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |

| No. | K. 18 | cont. with |
|-------------|---|---|
| <p>214.</p> | <p>Is your partner employed at the moment? What on this list applies to your partner?  Show List 214! <u>One response only!</u></p> <p>(211)</p> <p>A Employed <input type="checkbox"/> 1</p> <p>B In early retirement <input type="checkbox"/> 2</p> <p>C Retired <input type="checkbox"/> 3</p> <p>D Unemployed <input type="checkbox"/> 4</p> <p>E In occupational training/re-training <input type="checkbox"/> 5</p> <p>F On maternity/childcare leave <input type="checkbox"/> 6</p> <p>G Not employed (homemaker) <input type="checkbox"/> 7</p> <p>H Other (<i>please note</i>): <input type="checkbox"/> 8</p> <p>_____</p> <p style="text-align: right;">297/298 299-378 97, 98, 99</p> | <p>215</p> <p style="text-align: center;">218</p> |
| <p>215.</p> | <p>What is his/her current occupational status?  Show blue card! Only include occupational status in <u>primary occupation!</u></p> <p>(212)</p> <p style="text-align: right;">Code number: <input type="text"/> <input type="text"/> <input type="text"/> 379/380 97, 98, 99</p> | |
| <p>216.</p> | <p>What kind of work does he/she do at the moment? Please describe the job exactly. Is there a special name for this occupation?</p> <p>(213)</p> <p>Job: _____ 381-460</p> <p>Occupation: _____ 461-540</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8 541</p> | |
| <p>217.</p> | <p>About how many hours per week does he/she work?</p> <p>(214)</p> <p style="text-align: right;"><input type="text"/> <input type="text"/> <input type="text"/> hours per week 542/543 97, 98, 99</p> | <p>243</p> <p style="text-align: center;">!</p> |








| No. | K. 18 | cont. with |
|------|---|------------------------|
| 218. | <p>Up to what year was your current partner employed or hasn't he/she ever been employed? (215)</p> <p>Up to the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 564-567</p> <p>Don't know <input type="checkbox"/> 9998</p> <hr/> <p>never been employed <input type="checkbox"/> 9995</p> | 219 243 |
| 219. | <p>What was your partner's last occupational status? Please give me the appropriate code number.  Show blue card! (216)</p> <p>code number: <input type="text"/> <input type="text"/> <input type="text"/> 568/569 97, 98, 99</p> <p> If code numbers <u>52</u>, <u>53</u> or <u>63</u> are given, go on to ask: Did he/she hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 570 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| 220. | <p>What kind of work did he/she do there before leaving? Please describe the job exactly. Is there a special name for this occupation? (217)</p> <p>Job: _____ 571-650</p> <p>Occupation: _____ 651-730</p> <p>Don't know <input type="checkbox"/> 8 731</p> | 243 ! |
| 221. | <p>Please give me the year of birth of your previous spouse. (218)</p> <p>Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 732-735</p> <p>Don't know <input type="checkbox"/> 9998 736</p> | |
| 222. | <p>Did your previous spouse have German citizenship? If he/she held citizenship of multiple countries, please name them all.. (219)</p> <p style="text-align: right;">K. 60</p> <p style="text-align: right;">1</p> <p>Germany <input type="checkbox"/> 558</p> <p>Greece <input type="checkbox"/> 559</p> <p>Italy <input type="checkbox"/> 560</p> <p>Poland <input type="checkbox"/> 561</p> <p>Turkey <input type="checkbox"/> 562</p> <p>USA <input type="checkbox"/> 563</p> <p>States of former Yugoslavia <input type="checkbox"/> 564</p> <p>States of former Soviet Union <input type="checkbox"/> 565</p> <p>Another country (please name): <input type="checkbox"/> 566</p> <p>_____ 569-598</p> <p>He/she is stateless <input type="checkbox"/> 567</p> <p>Don't know <input type="checkbox"/> 568</p> | |

| No. | | K. 18 cont. with |
|------|--|---|
| 223. | I would now like to talk about your last spouse's working life. Let's begin with school. How many years did your last spouse attend school? <div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> years 769-770 Don't know <input type="checkbox"/> 98 </div> | |
| 224. | Where did your previous spouse last attend school? Was it . . . <ul style="list-style-type: none"> ● in one of the states (Laender) of the former Federal Republic of Germany (West Germany) incl. West Berlin <input type="checkbox"/> 1 771 ● in the former German Democratic Republic incl. East Berlin (East Germany) . <input type="checkbox"/> 2 ● in one of the formerly (pre-WWII) Eastern territories of Germany <input type="checkbox"/> 3 <hr style="border-top: 1px dashed black;"/> ● or in another country? <input type="checkbox"/> 4 <li style="text-align: right;">Don't know <input type="checkbox"/> 8 | 225 226 |
| 225. | What is the highest level of school leaving qualification your previous spouse has?  Show list 115! <u>One response only!</u> 772/773 (219) <ul style="list-style-type: none"> A Special Needs School <input type="checkbox"/> 1 B Lower Secondary School (<i>Hauptschule, Realschule</i>) <input type="checkbox"/> 2 C Intermediate Secondary School (<i>Realschule, Lyzeum</i>) <input type="checkbox"/> 3 D Polytechnic Secondary School, 8th Grade <input type="checkbox"/> 4 E Polytechnic Secondary School, 10th Grade <input type="checkbox"/> 5 F Qualification for Applied Upper Secondary Studies (<i>Fachhochschulreife</i>) <input type="checkbox"/> 6 G Upper Secondary School (<i>Gymnasium / Extended Upper School / Vocational School with Abitur Exam</i>) <input type="checkbox"/> 7 H Other (<i>please note</i>): <input type="checkbox"/> 8 <hr style="border-top: 1px solid black;"/> J Did not attain any school-leaving certificate <input type="checkbox"/> 9 <li style="text-align: right;">Don't know <input type="checkbox"/> 98 774-853 | 227 ! |
| 226. | With what kind of certificate did he/she obtain upon completion of school? Did he/she . . .  Please read out examples! <ul style="list-style-type: none"> ● leave school without obtaining a school-leaving certificate <input type="checkbox"/> 1 854 ● complete compulsory schooling with a school-leaving certificate <input type="checkbox"/> 2 ● or complete further secondary education with a school-leaving certificate? <input type="checkbox"/> 3 <li style="text-align: right;">Don't know <input type="checkbox"/> 8 | |
| 227. | Did your previous spouse undergo vocational training or higher education in Germany ?  Show list 227! <u>One response only!</u> <ul style="list-style-type: none"> Yes, only in Germany (including the former German Democratic Republic (East Germany) and the Federal Republic of Germany (former West Germany)) <input type="checkbox"/> 1 855 Yes, in Germany <u>and</u> in another country <input type="checkbox"/> 2 <hr style="border-top: 1px dashed black;"/> No, a country other than Germany <input type="checkbox"/> 3 <hr style="border-top: 1px dashed black;"/> No vocational training or higher education <input type="checkbox"/> 4 <li style="text-align: right;">Don't know <input type="checkbox"/> 8 | 228 229 230 |



| No. | K. 18 | cont. with |
|------|--|--------------------------|
| 228. | <p>And what was the highest level of vocational education/training your previous spouse completed?</p> <p> Show list 228! <u>One</u> response only! 876/877</p> <p>(220)</p> <p>A Semi-skilled worker training <input type="checkbox"/> 1</p> <p>B Apprenticeship <input type="checkbox"/> 2</p> <p>C Full-time vocational school (Berufsfachschule, Handelsschule) <input type="checkbox"/> 3</p> <p>D Trade or technical school for vocational education (Meisterschule, Technikerschule, etc.) <input type="checkbox"/> 4</p> <p>E University of Applied Sciences (Fachhochschule) <input type="checkbox"/> 5</p> <p>F University, Technical University, other institution of higher education <input type="checkbox"/> 6</p> <p>G Other completed education/training (<i>please note</i>): <input type="checkbox"/> 7</p> <p>_____ 878-957</p> <p>H No completed vocational education/training <input type="checkbox"/> 8</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | 230 ! |
| 229. | <p>What kind of training was it? Please name only the highest level of vocational education/training your previous spouse has.</p> <p> Show list 229! <u>One</u> response only!</p> <p>A Spouse received in-firm training <input type="checkbox"/> 1 ⁹⁵⁸</p> <p>B Spouse completed an in-firm apprenticeship <input type="checkbox"/> 2</p> <p>C Spouse attended vocational training school <input type="checkbox"/> 3</p> <p>D Spouse attended a university <input type="checkbox"/> 4</p> <p>E Other <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 230. | <p>Was your previous spouse employed at the end of your marriage? What on this list would apply to your previous spouse at that time?</p> <p> Show list 230! <u>One</u> response only! 959/960</p> <p>(221)</p> <p>A Employed <input type="checkbox"/> 1</p> <p>B In early retirement <input type="checkbox"/> 2</p> <p>C Retired <input type="checkbox"/> 3</p> <p>D Unemployed <input type="checkbox"/> 4</p> <p>E In occupational training/re-training <input type="checkbox"/> 5</p> <p>F On maternity/childcare leave <input type="checkbox"/> 6</p> <p>G Not employed (homemaker) <input type="checkbox"/> 7</p> <p>H Other (<i>please note</i>): <input type="checkbox"/> 8</p> <p>_____ 961-1000</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | 231 233 |

| No. | K. 18 | cont. with |
|------|--|-------------------------------------|
| 231. | <p>What was his/her last occupational status during your marriage?</p> <p> Show blue card! Only include occupational status in <u>main job</u>!</p> <p>(222)</p> <p>Code number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1001-1002 97, 98, 99</p> <p> If code numbers <u>52, 53</u> or <u>63</u> are given, go on to ask:</p> <p>Did he/she hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 1003</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | |
| 232. | <p>What kind of work did he/she last do there during your marriage?</p> <p>Please describe the job exactly.</p> <p>Is there a special name for this occupation?</p> <p>(223)</p> <p>Job: _____ 1004-1083</p> <p>Occupation: _____ 1084-1163</p> <p>Don't know <input type="checkbox"/> 8 1164</p> | <p>236</p> <p>!</p> |
| 233. | <p>Up to what year was your previous spouse employed or wasn't he/she ever employed?</p> <p>(224)</p> <p style="text-align: right;">1165-1168</p> <p>Up to the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Don't know <input type="checkbox"/> 9998</p> <hr style="border-top: 1px dashed black;"/> <p>Never was employed <input type="checkbox"/> 9995</p> | <p>234</p> <p>236</p> |
| 234. | <p>What was his/her last occupational status during your marriage?</p> <p>Please give me the appropriate code number.</p> <p> Show blue card! Only include occupational status in <u>primary occupation</u>!</p> <p>(225)</p> <p>Code number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1169-1170 97, 98, 99</p> <p> if code numbers <u>52, 53</u> or <u>63</u> are given, go on to ask:</p> <p>Did he/she hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 1171</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | |
| 235. | <p>What kind of work did he/she last do during your marriage?</p> <p>Please describe the job exactly.</p> <p>Is there a special name for this occupation?</p> <p>(226)</p> <p>Job: _____ 1172-1251</p> <p>Occupation: _____ 1252-1331</p> <p>Don't know <input type="checkbox"/> 8 1332</p> | |


| No. | | K. 18 cont. with | | | | |
|------|---|------------------------|--|--|--|--|
| 236. | After this marriage ended, did you have another relationship with a partner to whom you were not married? (227) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 1353 <hr style="width: 100%; border: 0.5px dashed black;"/> No <input type="checkbox"/> 2 </div> | 237 240 | | | | |
| 237. | How long have you been without a steady relationship? (228) <div style="text-align: right;"> Since <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> 1354-1357 Don't know <input type="checkbox"/> 9998 </div> | | | | | |
| | | | | | | |
| 238. | Did you live with your previous partner? (230) <div style="text-align: right;"> Yes <input type="checkbox"/> 1 1358 No <input type="checkbox"/> 2 </div> | | | | | |
| 239. | Did you separate, or is your partner no longer alive? (229) <div style="text-align: right;"> Separated <input type="checkbox"/> 1 1359 Deceased <input type="checkbox"/> 2 </div> | | | | | |
| 240. | The loss of a partner is a momentous event in many people's lives. When you think back: How difficult was it for you to deal with the loss of your partner? Show list 240! <div style="text-align: right; margin-top: 20px;"> Very difficult <input type="checkbox"/> 1 1360 Difficult <input type="checkbox"/> 2 A little difficult <input type="checkbox"/> 3 Hardly difficult <input type="checkbox"/> 4 Not at all difficult <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </div> | | | | | |
| 241. | And how often do you still think about this event and the changes it caused today? Show List 241! <div style="text-align: right; margin-top: 20px;"> Very often (constantly) <input type="checkbox"/> 1 1361 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Seldom <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </div> | | | | | |
| 242. | If you think back on this event today: Would you say that your life is better or worse overall than before it? Show List 242 <div style="text-align: right; margin-top: 20px;"> Much better <input type="checkbox"/> 1 1362 Somewhat better <input type="checkbox"/> 2 Remains the same <input type="checkbox"/> 3 Somewhat worse <input type="checkbox"/> 4 Much worse <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </div> | 246 ! | | | | |


| No. | | K. 18 | cont. with |
|------|--|--|--|
| 243. | How would you rate your current relationship overall?  Show orange List A! (231) | Very good <input type="checkbox"/> 1 1363 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | |
| 244. | How has your relationship changed over the past 10 years?  Show orange list B! (232) | Has improved greatly <input type="checkbox"/> 1 1364 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5 | |
| 245. | How do you expect your relationship to change in the future?  Show orange list C! (233) | Will improve greatly <input type="checkbox"/> 1 1365 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | 300 ! |
| 246. | How would you currently rate your life without a relationship?  Show orange list A! (234) | Very good <input type="checkbox"/> 1 1366 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | |
| 247. | Would you like to be in a relationship again?  Please read out examples! (235) | Yes <input type="checkbox"/> 1 1367 Not at the moment, perhaps later <input type="checkbox"/> 2 ----- No <input type="checkbox"/> 3 | 248 <hr style="width: 100%;"/> 300 |
| 248. | How would you rate the likelihood of your finding another relationship?  Please read out examples! (236) | Very likely <input type="checkbox"/> 1 1368 Likely <input type="checkbox"/> 2 Unlikely <input type="checkbox"/> 3 Very unlikely <input type="checkbox"/> 4 | |
| 249. | How bad would it be for you not to have another partner in the future?  Please read out examples! (237) | Very bad <input type="checkbox"/> 1 1369 Not too bad <input type="checkbox"/> 2 Not bad at all <input type="checkbox"/> 3 | 300 ! |




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| No. | CHILDREN | K. 18 cont. with |
|------|--|--|
| 300. | <p>Do you have children? By this I mean children of your own, children who have grown up or are growing up in your household, as well as any children who may no longer be alive.</p> <p> Do not include children who died at birth!</p> <p>(300)</p> <p style="text-align: right;">1370-1371</p> <p style="text-align: right;">Number: <input style="width: 50px; height: 15px;" type="text"/></p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No children <input style="width: 20px; height: 15px;" type="checkbox"/> 95</p> | <p style="text-align: center;">301</p> <p style="text-align: center;">318</p> |
| 301. | <p>Now I would like to ask you some questions about these children. The simplest thing would be for you to first give me the children's first names. Please start with the <u>oldest</u> child.</p> <p> Note the children's names on the yellow persons card and then enter on the following page.</p> <p>Then ask questions 302-316 for the first child and subsequently – if applicable – for the second child.</p> <p>If there are more than 4 children: use the supplementary sheet for the fifth and any further children!</p> | |

| | K. 19 1st Child 11 | K. 20 2nd Child 11 | K. 21 3rd Child 11 | K. 22 4th Child 11 |
|---|---|---|---|---|
| <p><i>Enter Code:</i></p> <p><i>Enter first name:</i></p> | <p>_____ 12-14</p> <p>_____ 15-29</p> | <p>_____ 12-14</p> <p>_____ 15-29</p> | <p>_____ 12-14</p> <p>_____ 15-29</p> | <p>_____ 12-14</p> <p>_____ 15-29</p> |
| <p>302. Sex: male (302) female</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> |
| <p>303. Is ... your biological child (303) your partner's child an adopted child or a foster child? Don't know</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> |
| <p>304. What year was ... born? (304 mod.) Is ... still alive? If "don't know": Go on with Question 314!</p> | <p>_____ 32-35</p> <p>No 2 <input type="checkbox"/> Q. 315 Yes 1 <input type="checkbox"/> 36</p> | <p>_____ 32-35</p> <p>No 2 <input type="checkbox"/> Q. 315 Yes 1 <input type="checkbox"/> 36</p> | <p>_____ 32-35</p> <p>No 2 <input type="checkbox"/> Q. 315 Yes 1 <input type="checkbox"/> 36</p> | <p>_____ 32-35</p> <p>No 2 <input type="checkbox"/> Q. 315 Yes 1 <input type="checkbox"/> 36</p> |
| <p>If child born 1987 or later → next child, Question 302 If child born 1986 or earlier → ask Questions 305-314 for this child If there are no further children → Question 317</p> | | | | |
| <p>305. Please read options aloud! (305) Is ... currently:</p> <ul style="list-style-type: none"> ● in school/occupational training ● employed ● in (early) retirement ● unemployed ● or a homemaker? <p>Other</p> <p>Don't know</p> | <p>K. 61 11/12</p> <p>1 <input type="checkbox"/> Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> | <p>K. 61 13/14</p> <p>1 <input type="checkbox"/> Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> | <p>K. 61 15/16</p> <p>1 <input type="checkbox"/> Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> | <p>K. 61 17/18</p> <p>1 <input type="checkbox"/> Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> |
| <p>306. Show blue card! (306) What is or was 's last occupational status? Please give the appropriate code</p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> |
| <p>306a What kind of work does ... (306) do now, or what did ... do in his/her last job? Is there a special name for this occupation?</p> | <p>K. 61 Job: _____ _____ 19-58 Occupation: _____ _____ 59-98 Don't know 8 <input type="checkbox"/> 99</p> | <p>K. 61 Job: _____ _____ 100-139 Occupation: _____ _____ 140-179 Don't know 8 <input type="checkbox"/> 180</p> | <p>K. 61 Job: _____ _____ 181-220 Occupation: _____ _____ 221-260 Don't know 8 <input type="checkbox"/> 261</p> | <p>K. 61 Job: _____ _____ 262-301 Occupation: _____ _____ 302-341 Don't know 8 <input type="checkbox"/> 342</p> |
| <p>307. What is ... 's marital status? (307)</p> <p>Single</p> <p>Married</p> <p>Separated</p> <p>Divorced</p> <p>Widowed</p> <p>Don't know</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> |



|  Please read out examples! | K. 19 1st Child | K. 20 2nd Child | K. 21 3rd Child | K. 22 4th Child |
|--|---|---|---|---|
| 308. How often are you in contact with ... (308) (visits, letters, phone calls)? <ul style="list-style-type: none"> ● Daily ● Several times a week ● Once a week ● Between 1-3 times per month .. ● A few times a year ● Less than a few times a year ● Never | K. 61 <input type="checkbox"/> 1 343/344 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | K. 61 <input type="checkbox"/> 1 345/346 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | K. 61 <input type="checkbox"/> 1 347/348 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | K. 61 <input type="checkbox"/> 1 349/350 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 |
| 309. Does ... live in your house (309) or household? | No 2 <input type="checkbox"/> ► Q. 311 Yes 1 <input type="checkbox"/> 123 ▼ | No 2 <input type="checkbox"/> ► Q.. 311 Yes 1 <input type="checkbox"/> 123 ▼ | No 2 <input type="checkbox"/> ► Q.. 311 Yes 1 <input type="checkbox"/> 123 ▼ | No 2 <input type="checkbox"/> ► Q. 311 Yes 1 <input type="checkbox"/> 123 ▼ |
| 310. Since when has ... been living with you? Please state the year when you first first started living together. Always, never lived apart Don't know | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } |
| 311. When did ... move out? (310) Year: Never lived together Don't know | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 |
| 312. How far away does ... live from (311) you at present? mod.) ● in the neighbourhood ● in the same town ● in another town, but it can be reached within two hours ● farther away, in Germany ● farther away, abroad Don't know | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 |
| 313. How close is your relationship (312) with ... ? <ul style="list-style-type: none"> ● Very close ● Close ● Moderately close ● Not very close ● Not close at all | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| 314. Does ... now have children? (313) If so, how many? | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → next child on extra sheet. If no further : 317 |
| 315. When did ... die? (314) Year: | <input type="checkbox"/> 137-140 | <input type="checkbox"/> 137-140 | <input type="checkbox"/> 137-140 | <input type="checkbox"/> 137-140 |
| 316. Did ... have children who are still (315) alive today? If so, how many? | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → 302 next child If no further children: → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → 302 next child If no further children: → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → next child on extra sheet. If no further : 317 |



| No. | | K. 22 | cont. with |
|------|---|--|------------|
| 317. | <p> Only ask this question if the respondent has grandchildren (see Questions 314 and 316):</p> <p>Do you have great-grandchildren already and if so, how many? (316)</p> | <p><input type="text" value=""/> <input type="text" value=""/> great-grandchildren 144/145</p> <hr/> <p>no great-grandchildren <input type="checkbox"/> 95</p> | |

| No. | OTHER RELATIVES | K. 23 | cont. with |
|------|---|-----------------------------|-----------------------------|
| 318. | <p>And do you have other living relatives? Please state whether you still have living relatives in each of the following categories.</p> <p> Show list 318! (317 mod.)</p> <p>Biological grandfather <input type="checkbox"/> 371</p> <p>Biological grandmother <input type="checkbox"/> 372</p> <p>Aunt / Uncle <input type="checkbox"/> 373</p> <p>Cousins <input type="checkbox"/> 374</p> <p>Nieces / Nephews <input type="checkbox"/> 375</p> <p>Grandmother of partner <input type="checkbox"/> 376</p> <p>Grandfather of partner <input type="checkbox"/> 377</p> <p>Mother-in-law / mother of partner <input type="checkbox"/> 378</p> <p>Father-in-law / father of partner <input type="checkbox"/> 379</p> <p>Brother-in-law, sister-in-law / Siblings of partner <input type="checkbox"/> 380</p> <p>No living relatives (from the categories in this list) <input type="checkbox"/> 381</p> | <p>K. 61</p> <p>1</p> | |
| 319. | <p>How would you rate your relationship with your family overall at the moment?</p> <p> Show orange list A! (318)</p> <p>Very good <input type="checkbox"/> 1</p> <p>Good <input type="checkbox"/> 2</p> <p>Average <input type="checkbox"/> 3</p> <p>Bad <input type="checkbox"/> 4</p> <p>Very bad <input type="checkbox"/> 5</p> <hr/> <p>Not applicat <input type="checkbox"/> 6</p> | <p>K. 61</p> <p>382/383</p> | <p>320</p> <hr/> <p>323</p> |
| 320. | <p>How has your relationship with your family changed over the past ten years?</p> <p> Show orange list B! (319)</p> <p>Has improved greatly <input type="checkbox"/> 1 23</p> <p>Has improved somewhat <input type="checkbox"/> 2</p> <p>Has stayed the same <input type="checkbox"/> 3</p> <p>Has worsened somewhat <input type="checkbox"/> 4</p> <p>Has gotten much worse <input type="checkbox"/> 5</p> | | |





| | | | |
|------------|--|--|-----------------------|
| No. | | K. 23 | cont. with |
| 321. | How do you expect your relationship with your family to change in future? Show orange list C! (320) | Will improve greatly <input type="checkbox"/> 1 24 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | |
| | Question 322 is omitted! | | |

| | | | | | | | | |
|---|--|--|---|---|---|---|---|---|
| No. | HOUSEHOLD COMPOSITION AND HOUSING | K. 24 | cont. with | | | | | |
| 323. | How many people in total live in your household, including children and yourself? Note number of people! (321) | I live alone <input type="checkbox"/> 95 ----- Total of <input style="width: 20px; height: 15px;" type="text"/> people | 11/12 325 324 | | | | | |
| 324. | I would like some information about the people who live in this household. Please include small children and people who normally live here but are absent at the moment (i.e., in the hospital or on vacation). Please first enter all household members in Box A according to age, apart from respondent, with first name/note on each person. Then ask for details on each person in household. Please ensure that all information given is complete! (322) | | | | | | | |
| Household List | | Respondent | 2nd Person | 3rd Person | 4th Person | 5th Person | 6th Person | 7th Person |
| A | First name / note on each person: | Respondent being interviewed | | | | | | |
| B | Sex: | | | | | | | |
| | male | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 28 | <input type="checkbox"/> 1 47 | <input type="checkbox"/> 1 66 | <input type="checkbox"/> 1 85 | <input type="checkbox"/> 1 104 | <input type="checkbox"/> 1 123 |
| | female | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| C | Relationship: | Code-No. | Code-No. | Code-No. | Code-No. | Code-No. | Code-No. | Code-No. |
| | Show yellow Persons Card! | <input style="width: 40px; height: 15px;" type="text"/> | <input style="width: 40px; height: 15px;" type="text"/> | <input style="width: 40px; height: 15px;" type="text"/> | <input style="width: 40px; height: 15px;" type="text"/> | <input style="width: 40px; height: 15px;" type="text"/> | <input style="width: 40px; height: 15px;" type="text"/> | <input style="width: 40px; height: 15px;" type="text"/> |
| | What applies to . . . ? | | | | | | | |
| Enter code number from persons card for each person! If necessary add to Persons Card! | | | | | | | | |
| If more than 7 persons have to be entered: enter number of these additional persons → <input style="width: 30px; height: 20px;" type="text"/> | | | | | | | | |
| Please check again that all persons living in the household are included! | | | | | | | | |
| 127-129 | | | | | | | | |




| No. | K. 25 | cont. with | | | | | |
|------|---|--|--|--|--|--|--|
| 325. | <p>Now to your place of birth: Where were you born?</p> <p> Please read out examples!</p> <p>(327 mod.)</p> <ul style="list-style-type: none"> ● within the territory of present-day Germany, including both the former East and West German Länder <input type="checkbox"/> 1 11 <hr style="border-top: 1px dashed black;"/> ● in Germany's former eastern territories <input type="checkbox"/> 2 ● elsewhere in Europe <input type="checkbox"/> 3 ● or outside Europe? <input type="checkbox"/> 4 | 327 326 | | | | | |
| 326. | <p>Since when have you been living in Germany (both East and West)?</p> <p style="text-align: right;">Since year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table> 12-15</p> <p style="text-align: right;">Don't know..... <input type="checkbox"/> 9998</p> | | | | | | |
| | | | | | | | |
| 327. | <p>Thinking back to your childhood up to the age of 16: What was the sole or main country you grew up in?</p> <p> One response only!</p> <p style="text-align: right;">1</p> <ul style="list-style-type: none"> In East Germany (former GDR) <input type="checkbox"/> 11 In West Germany or West Berlin <input type="checkbox"/> 12 In Germany's former eastern territories <input type="checkbox"/> 13 In Greece <input type="checkbox"/> 14 In Italy <input type="checkbox"/> 15 In Poland <input type="checkbox"/> 16 In Turkey <input type="checkbox"/> 17 In the USA <input type="checkbox"/> 18 In the states of former Yugoslavia <input type="checkbox"/> 19 In the states of the former Soviet Union <input type="checkbox"/> 20 In another country (please note): <input type="checkbox"/> 21 <p style="text-align: right;">23-52</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 22</p> | K. 69 | | | | | |
| 328. | <p>It is possible to have lived in several countries. So I would like to ask: between 1949 and 1990 did you live mainly in East Germany (GDR), West Germany (FRG), or outside Germany?</p> <p>(328 mod.)</p> <ul style="list-style-type: none"> East Germany (GDR) <input type="checkbox"/> 1 48 West Germany (FRG) <input type="checkbox"/> 2 Outside Germany <input type="checkbox"/> 3 | | | | | | |

| No. | | K. 25 | cont. with |
|------|---|-------|---------------|
| 329. | <p>What is your country of citizenship? If you hold citizenship of multiple countries, please name them all.</p> <p style="text-align: right;">1</p> <p>Germany <input type="checkbox"/> 384</p> <p>Greece <input type="checkbox"/> 385</p> <p>Italy <input type="checkbox"/> 386</p> <p>Poland <input type="checkbox"/> 387</p> <p>Turkey <input type="checkbox"/> 388</p> <p>USA <input type="checkbox"/> 389</p> <p>States of former Yugoslavia <input type="checkbox"/> 390</p> <p>States of former Soviet Union <input type="checkbox"/> 391</p> <p>Other country (<i>please name</i>): <input type="checkbox"/> 392</p> <p>_____ 395-424</p> <p>None, I am stateless <input type="checkbox"/> 393</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 394</p> | K. 61 | |
| 329a | <p> Please enter as in Question 329:</p> <p>Respondent has</p> <p>German citizenship only <input type="checkbox"/> 1 425</p> <p>Citizenship of Germany <u>and</u> another country <input type="checkbox"/> 2</p> <hr style="border-top: 1px dashed black;"/> <p>Citizenship of another country or is stateless <input type="checkbox"/> 3</p> | K. 61 | 331 |
| 330. | <p>Do you now have temporary or permanent residency in Germany?</p> <p><u>Permanent residency</u> (permanent residence permit or residence authorization) <input type="checkbox"/> 1 80</p> <p><u>Temporary residency</u> (temporary residence permit or residence authorisation, or residence permission for the duration of an asylum application process) <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | | |
| 331. | <p>Would you like to live in a country other than Germany in the near or distant future – do you have plans to move to another country?</p> <p>Yes, I want to move to another country <input type="checkbox"/> 1</p> <hr style="border-top: 1px dashed black;"/> <p>No, I want to stay in Germany <input type="checkbox"/> 2 81</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | | 331a |
| 331a | <p>Within how many years do you want to move abroad?</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● Within the next year <input type="checkbox"/> 1 82/83 ● In 1 to 2 years <input type="checkbox"/> 2 ● In 3 to 5 years <input type="checkbox"/> 3 ● In 5 to 10 years <input type="checkbox"/> 4 ● In over 10 years time <input type="checkbox"/> 5 <p style="text-align: right;">Is not yet decided <input type="checkbox"/> 98</p> | | 332 |

| No. | HOUSING | K. 25 cont. with |
|------|--|--|
| 332. | <p>I would now like to ask a few questions about your current housing situation:</p> <p>How long have you been living in this town/city? Since the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 84-87</p> <p>(329) Don't know <input type="checkbox"/> 9998</p> | |
| 333. | <p>And how long have you been living in your current dwelling? Since the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 88-91</p> <p>(330) Don't know <input type="checkbox"/> 9998</p> | |
| 334. | <p>Generally speaking, how would you rate your current housing situation?</p> <p> Show orange list A! Very good <input type="checkbox"/> 1 112</p> <p>(331) Good <input type="checkbox"/> 2</p> <p style="text-align: right;">Average <input type="checkbox"/> 3</p> <p style="text-align: right;">Bad <input type="checkbox"/> 4</p> <p style="text-align: right;">Very bad <input type="checkbox"/> 5</p> | |
| 335. | <p>How has your housing situation changed over the past ten years?</p> <p> Show orange list B! Has improved greatly <input type="checkbox"/> 1 113</p> <p>(332) Had improved somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Has stayed the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Has worsened somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Has gotten much worse <input type="checkbox"/> 5</p> | |
| 336. | <p>How do you expect your housing situation to change in the future?</p> <p> Show orange list C! Will improve greatly <input type="checkbox"/> 1 114</p> <p>(333) Will improve somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Will remain the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Will worsen somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Will get much worse <input type="checkbox"/> 5</p> | |
| 337. | <p>How many rooms does your accommodation have, apart from kitchen,bath, and hallway? <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> rooms 115-118</p> <p>(334) Don't know <input type="checkbox"/> 8 119</p> | |
| 338. | <p>What is the total size of the living area of your accommodation in square meters? About <input type="text"/> <input type="text"/> <input type="text"/> sq.m 120-122</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 998</p> | |
| 339. | <p>Do you live in this apartment/house as . . .</p> <p>(335) owner <input type="checkbox"/> 1 123</p> <hr style="border: 0.5px dashed black;"/> <p style="text-align: right;">main tenant <input type="checkbox"/> 2</p> <p style="text-align: right;">or subtenant? <input type="checkbox"/> 3</p> <p style="text-align: right;">Other (please note): <input type="checkbox"/> 4</p> <p style="text-align: right;">_____ 124-153</p> | <p style="text-align: right;">342</p> <p style="text-align: right;">340</p> |

| No. | K. 25 | cont. with |
|------|--|--------------------------|
| 340. | <p>Does this apartment/house belong to your parents, your children, other relatives or friends or acquaintances? (336 mod.)</p> <p>Yes, parents <input type="checkbox"/> 1 154 Yes, children <input type="checkbox"/> 2 Yes, other relatives <input type="checkbox"/> 3 Yes, friends/acquaintances <input type="checkbox"/> 4 No <input type="checkbox"/> 5</p> | |
| 341. | <p>Approximately how high is the current monthly rent for this apartment/house including all extra charges such as electricity, gas, water, heating, garbage disposal, etc.? If you cannot give the exact amount, please give a rough estimate. (337)</p> <p> Tick currency as applicable!</p> <p style="text-align: center;">155-158 in DM euros</p> <p>Per month . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 159</p> <p>Don't know <input type="checkbox"/> 9998</p> <p>Declined <input type="checkbox"/> 9997</p> <p style="text-align: right;">Please also tick:</p> <p>With extra charges <input type="checkbox"/> 1 160 Without extra charges <input type="checkbox"/> 2 don't know <input type="checkbox"/> 8</p> | 400 ! |
| 342. | <p>How high are the monthly costs for electricity, gas, water, heating, garbage disposal, etc.? If you do not know the exact costs, please give a rough estimate. (338)</p> <p> Tick currency as applicable!</p> <p style="text-align: center;">161-164 in DM euros</p> <p>Per month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 165</p> <p>Don't know <input type="checkbox"/> 9998</p> <p>Declined <input type="checkbox"/> 9997</p> | |
| 343. | <p>Are you still paying off a mortgage or another type of loan for this apartment/house? (339)</p> <p>Yes <input type="checkbox"/> 1 166 ----- No <input type="checkbox"/> 2</p> | 344 345 |
| 344. | <p>What amount do you pay monthly? If you cannot state the exact sum, please give a rough estimate. (340)</p> <p> Tick currency as applicable!</p> <p style="text-align: center;">167-170 in DM euros</p> <p>Per month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 171</p> <p>Don't know <input type="checkbox"/> 9998</p> <p>Declined <input type="checkbox"/> 9997</p> | |
| 345. | <p>How did you obtain this apartment/house? (341)</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● As an inheritance or gift <input type="checkbox"/> 1 172 ● Bought from previous owner <input type="checkbox"/> 2 ● Bought new or newly built <input type="checkbox"/> 3 ● or in another way? (please note): <input type="checkbox"/> 4 <p style="text-align: right;">_____ 173-202</p> | |

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| No. | LEISURE | K. 26 cont. with |
|------|--|------------------------|
| 400. | <p>The topic now is leisure -- what you do in your spare time.</p> <p>Generally speaking, how would you rate your leisure time activities at present?</p> <p> Show orange list A!</p> <p>(400)</p> <p>Very good <input type="checkbox"/> 1 11</p> <p>Good <input type="checkbox"/> 2</p> <p>Average <input type="checkbox"/> 3</p> <p>Bad <input type="checkbox"/> 4</p> <p>Very bad <input type="checkbox"/> 5</p> | |
| 401. | <p>How has the way you spend your leisure time changed over the past ten years?</p> <p> Show orange list B!</p> <p>(401)</p> <p>Has improved greatly <input type="checkbox"/> 1 12</p> <p>Has improved somewhat <input type="checkbox"/> 2</p> <p>Has stayed the same <input type="checkbox"/> 3</p> <p>Has worsened somewhat <input type="checkbox"/> 4</p> <p>Has gotten much worse <input type="checkbox"/> 5</p> | |
| 402. | <p>How do you expect your leisure time to change in the future?</p> <p> Show orange list C!</p> <p>(402)</p> <p>Will improve greatly <input type="checkbox"/> 1 13</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> | |

| | | | |
|------|--|--|-------------------|
| 403. | <p> Please tick as in question 002:</p> <p>(403)</p> | <p>Respondent was born in</p> <p>● 1952 or before <input type="checkbox"/> 1 ^{K.61} 446</p> <p>● 1953 or after <input type="checkbox"/> 2</p> | 404 410 |
| 404. | <p>There are many groups that target older retirees or people in early retirement. Do you participate in activities of any of the groups listed here?</p> <p> Show list 404 and leave it available up to question 409!</p> <p>(404)</p> | <p>Yes <input type="checkbox"/> 1 ^{K.61} 447</p> <p>No <input type="checkbox"/> 2</p> | 405 410 |

Enter answers to questions 405-409 for each membership in the grid below!

405. Please give me the appropriate code letter or code letters. (405)

If a code letter is given twice, please include separately!
If code letter H from List 404: please ask about group and note!

Please tell me when you first attended this group. (406)

407. How often on an average have you attended gatherings, events, or meetings over the past 12 months? (407)

408. Do you hold an office in the group or a volunteer position? If so, since when? (408)

409. And how many hours on average do you spend on this activity? (409)

Enter hours according to answers! if less often than once monthly: ask about days per year!

| 405 | 406 | 407 | 408 | 409 | | |
|---|---|--|---|--|--------------------------------|--------------------------------|
| <p>1. Code letter: <input type="checkbox"/> ^{K.62} 11 _{12/13}</p> <p>If H: other group: _____ 14-33</p> | <p>Since _____ 34-37</p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times a month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes 1 <input type="checkbox"/> since: 40 _____ 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>next group</p> | <p>Hours / day _____ 45/46</p> <p>Hours / week _____ 47/48</p> <p>Hours / month _____ 49/50</p> <p>Days / year _____ 51/52</p> | | |
| <p>2. Code letter: <input type="checkbox"/> ^{K.63}</p> <p>If H: other group: _____ 14-33</p> | <p>Since _____ 34-37</p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times a month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes 1 <input type="checkbox"/> since: 40 _____ 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>next group</p> | <p>Hours / day _____ 45/46</p> <p>Hours / week _____ 47/48</p> <p>Hours / month _____ 49/50</p> <p>Days / year _____ 51/52</p> | | |
| <p>3. Code letter: <input type="checkbox"/> ^{K.64}</p> <p>If H: other group: _____ 14-33</p> | <p>Since _____ 34-37</p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times per month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes 1 <input type="checkbox"/> since: 40 _____ 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>Next group</p> | <p>Hours / day _____ 45/46</p> <p>Hours / week _____ 47/48</p> <p>Hours / month _____ 49/50</p> <p>Days / year _____ 51/52</p> | | |
| <p>4. Code letter: <input type="checkbox"/> ^{K.65}</p> <p>If H: other group: _____ 14-33</p> | <p>Since _____ 34-37</p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times per month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes 1 <input type="checkbox"/> since: 40 _____ 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>Next group</p> | <p>Hours / day _____ 45/46</p> <p>Hours / week _____ 47/48</p> <p>Hours / month _____ 49/50</p> <p>Days / year _____ 51/52</p> | | |
| <p>5. Code letter: <input type="checkbox"/> ^{K.66}</p> <p>If H: other group: _____ 14-33</p> | <p>Since _____ 34-37</p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times per month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes 1 <input type="checkbox"/> since: 40 _____ 41-44</p> <p>No <input type="checkbox"/> 2</p> | <p>Hours / day _____ 45/46</p> <p>Hours / week _____ 47/48</p> <p>Hours / month _____ 49/50</p> <p>Days / year _____ 51/52</p> | | |
| <p> If further groups are named: please note code letters</p> | | | <input type="checkbox"/> 53/54 | <input type="checkbox"/> 55/56 | <input type="checkbox"/> 57/58 | <input type="checkbox"/> 59/60 |

| | | | |
|-------|--|---|-----|
| 410. | The following focuses on groups and organizations in general that one can join. Are you a member of any of the following groups? Show List 410 and leave it available up to question 415! | Yes <input type="checkbox"/> 1 14 | 411 |
| (410) | | No <input type="checkbox"/> 2 | 416 |

Enter answers to questions 410-415 for each membership in the grid below!

411. Please give me the appropriate code letter or code letters. (411)
If a code letter is given twice, please include separately!
If code letter O from List 410: please ask about group and note!

412. Please tell me how long you have been a member of this organization. (412)

413. How often on an average have you attended gatherings, events, or meetings over the past 12 months? (413)




414. Do you hold an office in the group or a volunteer position? If so, since when? (414)

415. And how many hours on average do you spend on this activity? (415)
Enter hours according to answers! If less often than once per month, ask about days per year!

| 411 | 412 | 413 | 414 | 415 |
|---|--|--|--|---|
| 1. Code letter: <input type="checkbox"/> K.27 11 12/13 If O: other group: _____ _____ 14-33 | Since _____ 34-37 Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 11/12 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: 39 _____ 40-43 No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ 44/45 Hours / week _____ 46/47 Hours / month _____ 48/49 Days / year _____ 50/51 |
| 2. Code letter: <input type="checkbox"/> K.28 If O: other group: _____ _____ | Since _____ Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 13/14 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes, since: _____ No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ 44/45 Hours / week _____ 46/47 Hours / month _____ 48/49 Days / year _____ 50/51 |
| 3. Code letter: <input type="checkbox"/> K.29 If O: other group: _____ _____ | Since _____ Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 15/16 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: _____ No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ Hours / week _____ Hours / month _____ Days / year _____ |
| 4. Code letter: <input type="checkbox"/> K.30 If O: other group: _____ _____ | Since _____ Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 17/18 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: _____ No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ Hours / week _____ Hours / month _____ Days / year _____ |
| 5. Code letter: <input type="checkbox"/> K.31 If O: other group: _____ _____ | Since _____ Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 19/20 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: _____ No <input type="checkbox"/> 2 ↓ | Hours / day _____ Hours / week _____ Hours / month _____ Days / year _____ |

If further groups are named please note code letters:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52/53 | 54/55 | 56/57 | 58/59 |

| No. | K.32 | cont. with |
|------|---|----------------|
| 416. | Do you hold any other offices, for example, as a representative to a parent-teacher association or a neighbourhood assistance organisation? (416) <p style="text-align: right;">Yes <input type="checkbox"/> 1 11</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | 417 420 |
| 417. | Which one(s)?  Please note function word for word! (417) <p style="text-align: right;">_____ 12-91</p> <p>_____</p> | 420 |
| | Question 418 is omitted | |
| | Question 419 is omitted | |
| 420. | Apart from these types of groups, clubs, and functions, people sometimes also meet regularly in groups for other purposes, for instance, to go hiking, to play cards, or just to talk or meet at the local pub. Do you meet regularly with a group of this kind? (420) <p style="text-align: right;">Yes <input type="checkbox"/> 1 173</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | 421 423 |
| 421. | How often have you met during the past 12 months?  Please read out choices! (421) <ul style="list-style-type: none"> ● Several times a week <input type="checkbox"/> 1 174 ● Once a week <input type="checkbox"/> 2 ● 1-3 times per month <input type="checkbox"/> 3 ● Several times a year <input type="checkbox"/> 4 ● Less often <input type="checkbox"/> 5 | |
| 422. | What do you do at these meetings?  Please note word by word! (422) <p style="text-align: right;">_____ 175-254</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

| No. | | K. 32 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|---|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|--|-------|--------------------------|-----------------|------------------------------|--|--------------------------|------------------|--------------------------|-----|---|--|---|--|---|--|--------------------------------------|----------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|--|---------|--|--|--|--|--|--|--|--|--|-----|---|----------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|--|---------|--|--|--|--|--|--|--|--|--|-----|---|----------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|--|---------|--|--|--|--|--|--|--|--|--|-----|---|----------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|--|---------|--|--|--|--|--|--|--|--|--|-----|--|----------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|--|---------|--|--|--|--|--|--|--|--|--|-----|---|----------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|--|---------|--|--|--|--|--|--|--|--|--|-----|---|----------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|--|---------|--|--|--|--|--|--|--|--|--|-----|-------|--|
| 423. | <p>I'd now like to go on to learn more about your activities and pastimes. Do you look after or supervise other people's children privately, e.g., your grandchildren or the children of siblings, neighbours, friends, or acquaintances?</p> <p>Do not include paid work (i.e., work in schools or daycare centers)!</p> <p>Show list 423! Multiple responses possible!</p> <p>(423)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">A Grandchildren</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: right;">102</td> </tr> <tr> <td>B Children of siblings</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">103</td> </tr> <tr> <td>C Children of neighbours</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">104</td> </tr> <tr> <td>D Children of friends or acquaintances</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">105</td> </tr> <tr> <td>E Other (please note):</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">106</td> </tr> </table> <p style="text-align: right;">108-147</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No <input type="checkbox"/> 107</p> | A Grandchildren | 1 | <input type="checkbox"/> | 102 | B Children of siblings | | <input type="checkbox"/> | 103 | C Children of neighbours | | <input type="checkbox"/> | 104 | D Children of friends or acquaintances | | <input type="checkbox"/> | 105 | E Other (please note): | | <input type="checkbox"/> | 106 | K. 67 | 424 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Grandchildren | 1 | <input type="checkbox"/> | 102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Children of siblings | | <input type="checkbox"/> | 103 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Children of neighbours | | <input type="checkbox"/> | 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Children of friends or acquaintances | | <input type="checkbox"/> | 105 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Other (please note): | | <input type="checkbox"/> | 106 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 424. | <p>How many hours on an average do you spend on this?</p> <p>if question 423 produces an answer of several children, add up total amount of time spent on <u>all</u> children!</p> <p>(424)</p> <p style="text-align: right;">Tick additionally:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"> <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> </table> </td> <td style="width: 10%; text-align: center;">hours</td> <td style="width: 10%; text-align: right;">320-321</td> </tr> <tr> <td>Per day</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">1 322</td> </tr> <tr> <td>Per week</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">2</td> </tr> <tr> <td>Per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td>Less often</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">4</td> </tr> </table> | | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> </table> | | | | hours | 320-321 | Per day | <input type="checkbox"/> | | 1 322 | Per week | <input type="checkbox"/> | | 2 | Per month | <input type="checkbox"/> | | 3 | Less often | <input type="checkbox"/> | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td></tr> </table> | | | | hours | 320-321 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 425. | <p>If you think back over the past 12 months: How often on an average do you engage in the following activities? Please tell me how often you do each activity on this list.</p> <p>Show list 425! Please read out examples!</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 5%; text-align: center;">Daily</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Approx. no. of hours.</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Several times a week</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Once a week</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">1-3 times a month</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Less often</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Never</th> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">6</td> <td></td> </tr> </thead> <tbody> <tr> <td>How often do you do housework?</td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">169-173</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">168</td> </tr> <tr> <td>How often do you do arts and crafts, do-it-yourself projects, or home improvements? 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| | Daily | | Approx. no. of hours. | | Several times a week | | Once a week | | 1-3 times a month | | Less often | | Never | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | 169-173 | | | | | | | | | | 168 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | 175-179 | | | | | | | | | | 174 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | 181-185 | | | | | | | | | | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | 187-191 | | | | | | | | | | 186 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How often do you visit friends and acquaintances or invite them over to your home? . | <input type="checkbox"/> → | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 193-197 | | | | | | | | | | 192 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How often do you do crossword puzzles or quizzes? | <input type="checkbox"/> → | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 199-203 | | | | | | | | | | 198 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How often do you work in the garden during the summer months? | <input type="checkbox"/> → | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 205-209 | | | | | | | | | | 204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

426. I would also like to ask whether you do the following activities mainly alone or with other people. But first I would like to ask again how often you have done these activities during the past 12 months.
Show list 426 and leave for reference up to Question 432!
 (426)

How often do you go for walks?

K. 67

227-231 225/226

Multiple responses possible!

- About hours per day 1
- Several times a week 2
- Once a week 3
- 1 - 3 times a month 4
- Less often 5
- Never 6

And do you usually do this alone or with other people?

- Usually alone 232
- With partner 233
- With relatives 234
- With friends 235
- With a club 236
- With others 237

427. **How often do you do sports such as hiking, soccer, gymnastics, or swimming?**

K. 67

(426a) 240-244 238/239

Multiple responses possible!

- About hours per day 1
- Several times a week 2
- Once a week 3
- 1 - 3 times a month 4
- Less often 5
- Never 6

And do you usually do this alone or with other people?

- Usually alone 245
- With partner 246
- With relatives 247
- With friends 248
- With a club 249
- With others 250

428. **How often do you do something artistic such as painting or playing music?**

K. 67

(426b) 253-257 251/252

Multiple responses possible!

- About hours per day 1
- Several times a week 2
- Once a week 3
- 1-3 times a month 4
- Less often 5
- Never 6

And do you usually do this alone or with other people?

- Usually alone 258
- With partner 259
- With relatives 260
- With friends 261
- With a club 262
- With others 263

**Next activity
next page!**





| | |
|------------|--|
| <p>No.</p> | <p><i>contd.</i></p> <p>429. How often do you go to concerts, theater, opera, or to museums, galleries, or art exhibitions? K. 67</p> <p>(426c) 266-270 264/265</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1 - 3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Never <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 271 With partner <input type="checkbox"/> 272 With relatives <input type="checkbox"/> 273 With friends <input type="checkbox"/> 274 With a club <input type="checkbox"/> 275 With others <input type="checkbox"/> 276 </p> |
| <p>No.</p> | <p>430. How often do you go to sporting events? K. 67</p> <p>(426d) 279-283 277/278</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1 - 3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Nie <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 284 With partner <input type="checkbox"/> 285 With relatives <input type="checkbox"/> 286 With friends <input type="checkbox"/> 287 With a club <input type="checkbox"/> 288 With others <input type="checkbox"/> 289 </p> |
| <p>No.</p> | <p>431. How often do you play board games such as chess, play cards, or do puzzles? K. 67</p> <p>(426e) 292-296 290/291</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1-3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Never <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 297 With partner <input type="checkbox"/> 298 With relatives <input type="checkbox"/> 299 With friends <input type="checkbox"/> 300 With a club <input type="checkbox"/> 301 With others <input type="checkbox"/> 302 </p> |
| <p>No.</p> | <p>432. How often do you take classes or go to lectures, for example, for education and further training? K. 67</p> <p>(426f) 305-309 303/304</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1 - 3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Never <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 310 With partner <input type="checkbox"/> 311 With relatives <input type="checkbox"/> 312 With friends <input type="checkbox"/> 313 With a club <input type="checkbox"/> 314 With others <input type="checkbox"/> 315 </p> |

500. The following question is about issues and topics that often occupy people's minds -- things they think about during their daily lives and things they may do something about.
 For example, you might think about your health or do something about it by working to stay healthy or to become healthy.



I would now like to ask you to what extent the following topics influence your daily thoughts and activities. I will read out some issues and topics. Please use the following scale from 0 to 6 to rate how much you think about the issue and do something about it.
 0 indicates that you do not think about it or do anything about it.
 6 indicates that you think a lot about it and do a lot about it.





Show list 500 and read out items consecutively!

| | Don't think about it/don't do anything for it | | | | | | | Think a lot about it/ do a lot for it | Declined | Don't know |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------------|------------|
| How much currently do you think of or do something about . . . | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 97 | 98 | |
| ● Health | <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"/> 11/12 | |
| ● Harmony, serenity | <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"/> 13/14 | |
| ● Wisdom, a mature understanding of life | <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"/> 15/16 | |
| ● Pleasure, fun, enjoyment | <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"/> 17/18 | |
| ● Self respect, positive self-image | <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"/> 19/20 | |
| ● Social standing, social recognition | <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"/> 21/22 | |
| ● Job aptitude, success in career | <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"/> 23/24 | |
| ● Self-assertion, ability to get things done | <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"/> 25/26 | |
| ● Harmonious relationship | <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"/> 27/28 | |
| ● Excitement, adventure | <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"/> 29/30 | |
| ● Compassion, ability to empathize | <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"/> 31/32 | |
| ● Independence, personal freedom | <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"/> 33/34 | |
| ● Security of family, care for family members | <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"/> 35/36 | |
| ● Affluence, high standard of living | <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"/> 37/38 | |
| ● Mental fitness | <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"/> 39/40 | |
| ● Intimacy, sexuality | <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"/> 41/42 | |
| ● Personal development, reaching my full potential | <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"/> 43/44 | |
| ● Physical performance, fitness | <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"/> 45/46 | |
| ● Satisfying friendships, social integration | <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"/> 47/48 | |
| ● Commitment to social ideals | <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"/> 49/50 | |
| ● Faith, inner peace, redemption | <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"/> 51/52 | |

| No. | | K. 33 cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 501. | How would you rate your present state of health?  Show orange list A! (500) | Very good <input type="checkbox"/> 1 80 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 502. | How has your state of health changed over the past ten years?  Show orange list B! (501) | Has improved greatly <input type="checkbox"/> 1 81 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has get much worse <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 503. | How do you expect your state of health to change in the future?  Show orange list C! (502) | Will improve greatly <input type="checkbox"/> 1 82 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504. | Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.  Show list 504! During the past week . . . | K. 67 <table border="0"> <thead> <tr> <th></th> <th>rarely or none of the time 1</th> <th>some or a little bit of the time 2</th> <th>Occasionally or a moderate amount of time 3</th> <th>Most or all of the time 4</th> <th>Don't know 8</th> <th></th> </tr> </thead> <tbody> <tr> <td>A I was bothered by things that usually don't bother me</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>336</td> </tr> <tr> <td>B I felt that I could not shake off the blues, even though my family / friends tried to cheer me up</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>337</td> </tr> <tr> <td>C I had trouble concentrating</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>338</td> </tr> <tr> <td>D I felt depressed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>339</td> </tr> <tr> <td>E I felt that everything I did was an effort</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>340</td> </tr> <tr> <td>F I thought my whole life had been a failure</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>341</td> </tr> <tr> <td>G I felt fearful</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>342</td> </tr> <tr> <td>H I didn't sleep well</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>343</td> </tr> <tr> <td>J I was in a good mood</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>344</td> </tr> <tr> <td>K I talked less than usual</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>345</td> </tr> <tr> <td>L I felt lonely</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>346</td> </tr> <tr> <td>M I enjoyed life</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>347</td> </tr> <tr> <td>N I felt sad</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>348</td> </tr> <tr> <td>O I felt that people dislike me</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>349</td> </tr> <tr> <td>P I could not get myself motivated</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>350</td> </tr> </tbody> </table> | | rarely or none of the time 1 | some or a little bit of the time 2 | Occasionally or a moderate amount of time 3 | Most or all of the time 4 | Don't know 8 | | A I was bothered by things that usually don't bother me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 336 | B I felt that I could not shake off the blues, even though my family / friends tried to cheer me up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 337 | C I had trouble concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 338 | D I felt depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 339 | E I felt that everything I did was an effort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 340 | F I thought my whole life had been a failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 341 | G I felt fearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 342 | H I didn't sleep well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 343 | J I was in a good mood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 344 | K I talked less than usual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 345 | L I felt lonely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 346 | M I enjoyed life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 347 | N I felt sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 348 | O I felt that people dislike me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 349 | P I could not get myself motivated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 350 |
| | rarely or none of the time 1 | some or a little bit of the time 2 | Occasionally or a moderate amount of time 3 | Most or all of the time 4 | Don't know 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A I was bothered by things that usually don't bother me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 336 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B I felt that I could not shake off the blues, even though my family / friends tried to cheer me up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 337 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C I had trouble concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 338 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D I felt depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 339 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E I felt that everything I did was an effort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F I thought my whole life had been a failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G I felt fearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 342 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H I didn't sleep well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 343 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J I was in a good mood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 344 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K I talked less than usual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 345 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L I felt lonely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 346 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M I enjoyed life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 347 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N I felt sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 348 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O I felt that people dislike me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 349 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P I could not get myself motivated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | | K. 33 cont. with |
|------|--|------------------------|
| 505. | <p>I would now like to ask you some questions about your body and your health:</p> <p>Can you tell me how tall you are?</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm 83-85 Don't know <input type="checkbox"/> 998 </p> | |
| 506. | <p>About how much do you weigh?</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg 86-88 Don't know <input type="checkbox"/> 998 </p> | |
| 507. | <p>Do vision problems cause you trouble reading the newspaper ⁶⁷ (possibly even when using a vision aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 351 No <input type="checkbox"/> 2 </p> | |
| 508. | <p>Do vision problems cause you trouble recognizing people you know on the street (possibly even when using a vision aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 352 No <input type="checkbox"/> 2 </p> | K67 |
| 509. | <p>Do you have hearing problems on the telephone (possibly even when using a hearing aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 353 No <input type="checkbox"/> 2 </p> | K. 67 |
| 510. | <p>Do you have hearing problems in groups of more than four people (possibly even when using a hearing aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 354 No <input type="checkbox"/> 2 </p> | K. 67 |





| No. | | K. 33 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------|------------|--|--|---|---|---|---|--|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|-------|--|
| 511. | <p>The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</p> <ul style="list-style-type: none"> ● Yes, limited a lot. ● Yes, limited a little. ● No, not limited at all. <p> Please read out examples!</p> <table border="0"> <thead> <tr> <th></th> <th>Limited a lot</th> <th>Limited a little</th> <th>Not limited at all</th> <th>Don't know</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>8</th> <th></th> </tr> </thead> <tbody> <tr> <td>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>109</td> </tr> <tr> <td>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>110</td> </tr> <tr> <td>Lifting or carrying groceries</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>111</td> </tr> <tr> <td>Climbing several flights of stairs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>112</td> </tr> <tr> <td>Climbing one flight of stairs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>113</td> </tr> <tr> <td>Bending, kneeling, or stooping</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>114</td> </tr> <tr> <td>Walking more than one kilometer (0,62 miles)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>115</td> </tr> <tr> <td>Walking several blocks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>116</td> </tr> <tr> <td>Walking one block</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>117</td> </tr> <tr> <td>Bathing or dressing yourself</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>118</td> </tr> </tbody> </table> | | Limited a lot | Limited a little | Not limited at all | Don't know | | | 1 | 2 | 3 | 8 | | Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 109 | Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110 | Lifting or carrying groceries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 111 | Climbing several flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 112 | Climbing one flight of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 113 | Bending, kneeling, or stooping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 114 | Walking more than one kilometer (0,62 miles) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 115 | Walking several blocks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 116 | Walking one block | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 117 | Bathing or dressing yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 118 | K. 33 | |
| | Limited a lot | Limited a little | Not limited at all | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 109 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lifting or carrying groceries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Climbing several flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 112 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Climbing one flight of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 113 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bending, kneeling, or stooping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 114 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walking more than one kilometer (0,62 miles) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 115 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walking several blocks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 116 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walking one block | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 117 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bathing or dressing yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 118 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 512. | <p>Please continue to think about your present state of health.</p> <p>I would <u>also</u> like to know whether you are able to carry out the following activities</p> <ul style="list-style-type: none"> ● always completely unaided, ● with occasional assistance or ● always with assistance? <p> Please read out examples!</p> <table border="0"> <thead> <tr> <th></th> <th>Always unaided</th> <th>With occasional help</th> <th>Always with help</th> <th>Don't know</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>8</th> <th></th> </tr> </thead> <tbody> <tr> <td>What is the situation with . . .</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>● Doing laundry</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>355</td> </tr> <tr> <td>● Cleaning your home</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>356</td> </tr> <tr> <td>● Buying food and drinks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>357</td> </tr> <tr> <td>● Preparing meals</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>358</td> </tr> <tr> <td>● Bathing or showering</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>359</td> </tr> <tr> <td>● Getting dressed and undressed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>360</td> </tr> <tr> <td>● Eating and drinking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>361</td> </tr> </tbody> </table> | | Always unaided | With occasional help | Always with help | Don't know | | | 1 | 2 | 3 | 8 | | What is the situation with . . . | | | | | | ● Doing laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 355 | ● Cleaning your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 356 | ● Buying food and drinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 357 | ● Preparing meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 358 | ● Bathing or showering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 359 | ● Getting dressed and undressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 360 | ● Eating and drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 361 | K. 67 | | | | | | | | | | | | | |
| | Always unaided | With occasional help | Always with help | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the situation with . . . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Doing laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 355 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Cleaning your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 356 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Buying food and drinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 357 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Preparing meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 358 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Bathing or showering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 359 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Getting dressed and undressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Eating and drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 361 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | K.33 | cont. with |
|------|---|----------------|
| 513. | <p>A temporary or permanent impairment of health due to a serious illness or accident is a dramatic event in many people's lives. Have you yourself suffered a serious illness or had an accident in the past ten years?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 119</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | 514 519 |
| 514. | <p>Can you tell me what year that was?  If several illnesses or injuries: ask for the <u>most serious one!</u></p> <p style="text-align: right;">In the year/since <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> 200-203</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 9998</p> | |
| 515. | <p>What kind of illness or injury was it? Please describe it in a few words.</p> <p>_____ 120-199</p> <p>_____</p> <p>_____</p> | |
| 516. | <p>If you think back: how difficult was it for you to deal with this illness or injury?  Show list 516!</p> <p style="text-align: right;">Very difficult <input type="checkbox"/> 1 204</p> <p style="text-align: right;">Difficult <input type="checkbox"/> 2</p> <p style="text-align: right;">A little difficult <input type="checkbox"/> 3</p> <p style="text-align: right;">Hardly difficult <input type="checkbox"/> 4</p> <p style="text-align: right;">Not at all difficult <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 517. | <p>And how often do you think of this event and the changes it caused today?  Show list 518!</p> <p style="text-align: right;">Very often (constantly) <input type="checkbox"/> 1 205</p> <p style="text-align: right;">Often <input type="checkbox"/> 2</p> <p style="text-align: right;">Sometimes <input type="checkbox"/> 3</p> <p style="text-align: right;">Seldom <input type="checkbox"/> 4</p> <p style="text-align: right;">Never <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 518. | <p>If you think back on this event today: Would you say that your life is better or worse overall than before it?  Show list 518!</p> <p style="text-align: right;">Much better <input type="checkbox"/> 1 206</p> <p style="text-align: right;">Somewhat better <input type="checkbox"/> 2</p> <p style="text-align: right;">Remains the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Somewhat worse <input type="checkbox"/> 4</p> <p style="text-align: right;">Much worse <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |



| No. | | K. 33 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 519. | <p>How often in the past 12 months have you been to the following doctors? Please include house calls.</p> <p> Show list 519 and read out examples!</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Never</th> <th style="width: 10%; text-align: center;">1 time</th> <th style="width: 10%; text-align: center;">2-3 times</th> <th style="width: 10%; text-align: center;">4-6 times</th> <th style="width: 10%; text-align: center;">7-12 times</th> <th style="width: 10%; text-align: center;">More →</th> <th style="width: 10%; text-align: right;">no. of times:</th> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td></td> </tr> </thead> <tbody> <tr> <td>General Practitioner</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: 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<td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">392/393 approx. <input style="width: 40px;" type="text"/> times 394-396</td> </tr> <tr> <td>Gynecologist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">397/398 approx. <input style="width: 40px;" type="text"/> times 399-401</td> </tr> <tr> <td>Ophthalmologist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">402/403 approx. <input style="width: 40px;" type="text"/> times 404-406</td> </tr> <tr> <td>Orthopedist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">407/408 approx. <input style="width: 40px;" type="text"/> times 409-411</td> </tr> <tr> <td>Ear, nose & throat specialist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">412/413 approx. <input style="width: 40px;" type="text"/> times 414-416</td> </tr> <tr> <td>Neurologist, psychiatrist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">417/418 approx. <input style="width: 40px;" type="text"/> times 419-421</td> </tr> <tr> <td>Psychotherapist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">422/423 approx. <input style="width: 40px;" type="text"/> times 424-426</td> </tr> <tr> <td>Dermatologist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">427/428 approx. <input style="width: 40px;" type="text"/> times 429-431</td> </tr> <tr> <td>Radiologist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">432/433 approx. <input style="width: 40px;" type="text"/> times 434-436</td> </tr> <tr> <td>Urologist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: right;">437/438 approx. <input style="width: 40px;" type="text"/> times 439-441</td> </tr> <tr> <td>Other doctor (<i>please note</i>):</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: right;">442/443 <input style="width: 40px;" type="text"/> times 444-446</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">447-476</td> </tr> </tbody> </table> | | Never | 1 time | 2-3 times | 4-6 times | 7-12 times | More → | no. of times: | | 1 | 2 | 3 | 4 | 5 | 6 | | General Practitioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 382/383 approx. <input style="width: 40px;" type="text"/> times 384-386 | Dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 387/388 approx. <input style="width: 40px;" type="text"/> times 389-391 | Internist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 392/393 approx. <input style="width: 40px;" type="text"/> times 394-396 | Gynecologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 397/398 approx. <input style="width: 40px;" type="text"/> times 399-401 | Ophthalmologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 402/403 approx. <input style="width: 40px;" type="text"/> times 404-406 | Orthopedist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 407/408 approx. <input style="width: 40px;" type="text"/> times 409-411 | Ear, nose & throat specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 412/413 approx. <input style="width: 40px;" type="text"/> times 414-416 | Neurologist, psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 417/418 approx. <input style="width: 40px;" type="text"/> times 419-421 | Psychotherapist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 422/423 approx. <input style="width: 40px;" type="text"/> times 424-426 | Dermatologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 427/428 approx. <input style="width: 40px;" type="text"/> times 429-431 | Radiologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 432/433 approx. <input style="width: 40px;" type="text"/> times 434-436 | Urologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 437/438 approx. <input style="width: 40px;" type="text"/> times 439-441 | Other doctor (<i>please note</i>): | | 2 | 3 | 4 | 5 | 6 | 442/443 <input style="width: 40px;" type="text"/> times 444-446 | | _____ | | | | | | 447-476 | | K. 67 |
| | Never | 1 time | 2-3 times | 4-6 times | 7-12 times | More → | no. of times: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Practitioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 382/383 approx. <input style="width: 40px;" type="text"/> times 384-386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 387/388 approx. <input style="width: 40px;" type="text"/> times 389-391 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 392/393 approx. <input style="width: 40px;" type="text"/> times 394-396 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynecologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 397/398 approx. <input style="width: 40px;" type="text"/> times 399-401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 402/403 approx. <input style="width: 40px;" type="text"/> times 404-406 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthopedist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 407/408 approx. <input style="width: 40px;" type="text"/> times 409-411 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ear, nose & throat specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 412/413 approx. <input style="width: 40px;" type="text"/> times 414-416 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurologist, psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 417/418 approx. <input style="width: 40px;" type="text"/> times 419-421 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Psychotherapist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 422/423 approx. <input style="width: 40px;" type="text"/> times 424-426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dermatologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 427/428 approx. <input style="width: 40px;" type="text"/> times 429-431 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 432/433 approx. <input style="width: 40px;" type="text"/> times 434-436 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | 437/438 approx. <input style="width: 40px;" type="text"/> times 439-441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other doctor (<i>please note</i>): | | 2 | 3 | 4 | 5 | 6 | 442/443 <input style="width: 40px;" type="text"/> times 444-446 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | | | | | | 447-476 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 520. | <p>Do you have a General Practitioner who you usually go to first when health problems occur?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 263 No <input type="checkbox"/> 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 521. | <p>How many nights during the past 12 months have you spent in the hospital on an in-patient basis?</p> <p style="text-align: right;">About <input style="width: 30px; border-bottom: 1px solid black; display: inline-block; margin-right: 5px;"/> nights 264-266 Not one night <input type="checkbox"/> 995 Don't know <input type="checkbox"/> 998</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 522. | <p>Did you need dental treatments in the past twelve months but did not go to the dentist?</p> <p style="text-align: right;">No <input type="checkbox"/> 1 477 Yes, once <input type="checkbox"/> 2 Yes, several times <input type="checkbox"/> 3</p> | | K. 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | | K. 33 | cont. with |
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| 523. | Does any chronic physical or mental illness or disability limit you in your daily life? | .67 Yes, somewhat ... <input type="checkbox"/> 1 478 Yes, greatly <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8 | |
| 524. | Is your health so severely impaired that you need regular assistance, care or other support? | Yes <input type="checkbox"/> 1 349 ----- No <input type="checkbox"/> 2 | 525 539 |
| 525. | <p>The following questions are about any assistance or support you may receive and who provides this help.</p> <p> Please read out questions! If answer "yes": show each Persons Card and enter Person Code!</p> <p>A Do you have someone to help you around the house, and if so, who?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small style="margin-left: 100px;">483-485 486-488 489-491 492</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 482</p> <p>B Are you looked after in some way? For example, does someone read to you or keep you company, and if so, who?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small style="margin-left: 100px;">494-496 497-499 500-502 503</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 493</p> <p>C Does someone provide care for you, and if so, who?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small style="margin-left: 100px;">505-507 508-510 511-513 514</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 504</p> <p>D Do you receive any other assistance and if so, from whom?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small style="margin-left: 100px;">516-518 519-521 522-524 525</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 515</p> <p> Please enter with reference to 525:</p> <p style="margin-left: 100px;">Respondent has: K. 67</p> <p style="margin-left: 100px;">answered at least one of the questions A-D with "Yes" <input type="checkbox"/> 1 479 526</p> <p style="margin-left: 100px;">----- answered none of the questions A - D with "Yes" <input type="checkbox"/> 2 531</p> | | |


| No. | | K 33 | Cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|---|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------|----------|--------------------|-----|-----|-----|-----|-----|-----|--|---------|---------|---------|---------|---------|---------|----------------------|---|---|---|---|---|---|--|---------|---------|---------|---------|---------|---------|------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|--|
| 526. | <p>On average, how much time per week does it take these people to help you and provide assistance? Please give a weekly average number of hours per person.</p> <p> Show Persons Card and enter Person Code!</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center;">Person 1</th> <th style="text-align:center;">Person 2</th> <th style="text-align:center;">Person 3</th> <th style="text-align:center;">Person 4</th> <th style="text-align:center;">Person 5</th> <th style="text-align:center;">Person 6</th> </tr> </thead> <tbody> <tr> <td>Persons code</td> <td style="text-align:center;"> _ _ </td> <td style="text-align:center;"> _ _ </td> <td style="text-align:center;"> _ _ </td> <td style="text-align:center;"> _ _ </td> <td style="text-align:center;"> _ _ </td> <td style="text-align:center;"> _ _ </td> </tr> <tr> <td></td> <td style="text-align:center;">526-528</td> <td style="text-align:center;">529-531</td> <td style="text-align:center;">532-534</td> <td style="text-align:center;">535-537</td> <td style="text-align:center;">538-540</td> <td style="text-align:center;">541-543</td> </tr> <tr> <td>Hours per week</td> <td style="text-align:center;"> _ </td> <td style="text-align:center;"> _ </td> <td style="text-align:center;"> _ </td> <td style="text-align:center;"> _ </td> <td style="text-align:center;"> _ </td> <td style="text-align:center;"> _ </td> </tr> <tr> <td></td> <td style="text-align:center;">544/545</td> <td style="text-align:center;">546/547</td> <td style="text-align:center;">548/549</td> <td style="text-align:center;">550/551</td> <td style="text-align:center;">552/553</td> <td style="text-align:center;">554/555</td> </tr> <tr> <td>Don't know</td> <td style="text-align:center;"><input type="checkbox"/> 98</td> <td style="text-align:center;"><input type="checkbox"/> 98</td> <td style="text-align:center;"><input type="checkbox"/> 98</td> <td style="text-align:center;"><input type="checkbox"/> 98</td> <td style="text-align:center;"><input type="checkbox"/> 98</td> <td style="text-align:center;"><input type="checkbox"/> 98</td> </tr> </tbody> </table> | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | Persons code | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | | 526-528 | 529-531 | 532-534 | 535-537 | 538-540 | 541-543 | Hours per week | _ | _ | _ | _ | _ | _ | | 544/545 | 546/547 | 548/549 | 550/551 | 552/553 | 554/555 | Don't know | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | | |
| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons code | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 526-528 | 529-531 | 532-534 | 535-537 | 538-540 | 541-543 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours per week | _ | _ | _ | _ | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 544/545 | 546/547 | 548/549 | 550/551 | 552/553 | 554/555 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 527. | <p>Would you describe one of the persons named as your main caregiver / assistance provider? If so, which person is it?</p> <p>Show yellow Persons Card and enter Person Code!</p> <p>Yes, Person Code <input style="width:40px;" type="text" value="106"/> (Partner) <input type="checkbox"/> 106</p> <hr style="border-top: 1px dashed black;"/> <p>Yes, Person <input style="width:40px;" type="text" value="586588"/> <input type="checkbox"/> 586-588</p> <hr style="border-top: 1px dashed black;"/> <p>No, no main supporting person <input type="checkbox"/> 995</p> | <p>529</p> <hr style="border-top: 1px dashed black;"/> <p>528</p> <hr style="border-top: 1px dashed black;"/> <p>529</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 528. | <p>Is your main caregiver / assistance provider currently employed? If so: does he/she work more than 30 hours a week, part-time, or in marginal employment?</p> <p> Show List 528!</p> <p>Yes, works more than 30 hours a week <input type="checkbox"/> 1</p> <p>Yes, works part-time (between 15 and 30 hours a week) <input type="checkbox"/> 2</p> <p>Yes, marginal employment (under 15 hours a week) <input type="checkbox"/> 3</p> <p>No, currently not employed <input type="checkbox"/> 4 589</p> <p style="text-align:right;">Don't know <input type="checkbox"/> 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 529. | <p>Have you ever applied to your long-term care insurance provider for one-time subsidies to make structural changes to your home or to install care-friendly technical equipment?</p> <p>Yes <input type="checkbox"/> 1 374</p> <hr style="border-top: 1px dashed black;"/> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>530</p> <hr style="border-top: 1px dashed black;"/> <p>531</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 530. | <p>Were these funds approved?</p> <p> Show List 530!</p> <p>The application for funds was rejected 1 <input type="checkbox"/> 375</p> <p>The application is still pending 2 <input type="checkbox"/></p> <p>The application for funds was approved 3 <input type="checkbox"/> ► What amount? <input style="width:60px;" type="text"/> <input style="width:60px;" type="text"/></p> <p style="text-align:center;">Don't know 8 <input type="checkbox"/></p> <p style="text-align:right;">Don't know <input type="checkbox"/> 99998 <input type="checkbox"/> 99998</p> | <p>DM or EUR</p> <p><input style="width:60px;" type="text"/> <input style="width:60px;" type="text"/></p> <p style="text-align:center;">376-380 381-385</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | K. 33 | Cont. with |
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| 537. | <p>Why have you not submitted an application to date?</p> <p> ShowList 537! Multiple responses possible!</p> <p>A I have not yet looked into it <input type="checkbox"/> 1 413</p> <p>B I may not have a great enough need for care, in which case the application might not be approved <input type="checkbox"/> 414</p> <p>C The benefits approved are of no use, there is too much time and effort involved <input type="checkbox"/> 415</p> <p>D We can manage on our own and do not need outside help <input type="checkbox"/> 416</p> <p>E Other reasons (<i>please note</i>): <input type="checkbox"/> 417</p> <p>_____ 419-458</p> <p>Don't know <input type="checkbox"/> 418</p> | |
| 538. | <p>Do you receive regular care allowances or paid care services from the German social assistance system, i.e., care assistance? K. 67</p> <p>Yes <input type="checkbox"/> 1 481</p> <hr/> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>600</p> <hr/> <p>539</p> |
| 539. | <p>Are there people you look after or care for regularly due to their poor state of health, either on a private or volunteer basis?</p> <p>Yes <input type="checkbox"/> 1 591</p> <hr/> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>540</p> <hr/> <p>600</p> |
| 540. | <p>Who do you assist in this way?</p> <p> Show Persons Card and enter Person Code!</p> <p>Person 1 Person 2 Person 3 More than 3 persons named</p> <p>Person Code <input type="checkbox"/> 1</p> <p>592-594 595-597 598-600 601</p> | |
| 541. | <p> If several persons were named in Question 540, go on to ask:</p> <p>Which of the persons you have just named do you care for / assist the most?</p> <p> Show Persons Card and enter Person Code!</p> <p>Person <input type="checkbox"/> 1 500-502</p> <p>K. 67</p> | |

| No. | K. 33 | Cont. with |
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| 542. | <p>Has the person you care for / assist the most ever applied for one-time subsidies from the long-term care insurance to make structural changes to their home or to install care-friendly technical equipment? What on this list applies? 🖱 Show List 542!</p> <p>A No, they never applied for anything like that 1 <input type="checkbox"/> 606</p> <p>B Yes, but the application for funding was rejected 2 <input type="checkbox"/></p> <p>C Yes, but the application for funding is still pending 3 <input type="checkbox"/></p> <p>D Yes, the application for funding was approved 4 <input type="checkbox"/> ► What amount? <input type="text"/> <input type="text"/></p> <p style="text-align: center;">DM or EUR</p> <p style="text-align: center;">607-611 612-616</p> <p style="text-align: center;">Don't know 8 <input type="checkbox"/> Don't know <input type="checkbox"/> 9998 <input type="checkbox"/> 9998</p> | |
| 543. | <p>Has the person you care for / assist the most ever applied for regular benefits from the long-term care insurance?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 617</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p style="text-align: right;">544</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">550</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">551</p> |
| 544. | <p>Does the person you give the most support to currently receive regular benefits from the long-term care insurance? 🖱 Show list 544! <u>One response only!</u></p> <p>A Yes, the application for regular long-term care insurance benefits was approved <input type="checkbox"/> 1 618</p> <hr style="border-top: 1px dashed black;"/> <p>B No, the application for regular benefits from the long-term care insurance was approved at the time, but the reasons for needing care no longer exist <input type="checkbox"/> 2</p> <p>C No, an application has been submitted but the decision is still pending <input type="checkbox"/> 3</p> <hr style="border-top: 1px dashed black;"/> <p>D No, an application (or applications) for regular long-term care insurance benefits was (were) submitted but rejected. <input type="checkbox"/> 4</p> | <p style="text-align: right;">545</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">551</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">549</p> |
| 545. | <p>What care level is the person you care for/assist the most assigned to?</p> <p style="text-align: right;">Care level 1 <input type="checkbox"/> 1 619</p> <p style="text-align: right;">Care level 2 <input type="checkbox"/> 2</p> <p style="text-align: right;">Care level 3, without hardship provisions . <input type="checkbox"/> 3</p> <p style="text-align: right;">Care level 3, with hardship provisions <input type="checkbox"/> 4</p> | |

| No. | K. 33 | Cont. with |
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| 546. | <p>People can choose from several types of long-term care insurance benefits. What type of benefit does the person you care for / assist the most receive at the moment? Does he/she receive . . .</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● monthly care allowance <input type="checkbox"/> 1 640 ● care services in their own home in the form of non-cash benefits <input type="checkbox"/> 2 ● or combined benefits: in part care allowance and in part care services at home? <input type="checkbox"/> 3 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 547. | <p>Has the person you care for / assist the most opted for daytime or nighttime care in a care facility, in other words, partial inpatient care services?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 641 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| 548. | <p>Has the person you care for / assist the most taken advantage of paid substitute care services provided by the long-term care insurance at any time in the past 12 months, for example, during an illness or vacation of the main caregiver? Or did this person spend time in a short-term care facility?</p> <p style="text-align: right;">Yes, a substitute caregiver <input type="checkbox"/> 1 642 Yes, a stay in a short-term care facility <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8</p> | 551 ! |
| 549. | <p>Has the person you care for / assist the most appealed the rejection of his/her application?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 643 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | 551 ! |
| 550. | <p>Why has the person you care for / assist the most not submitted an application to date?</p> <p> Show List 550! Multiple responses possible!</p> <p style="text-align: right;">1</p> <ul style="list-style-type: none"> A He/she has not yet looked into it..... <input type="checkbox"/> 644 B He/she may not have a great enough need for care, in which case the application might not be approved <input type="checkbox"/> 645 C The benefits approved are of no use, there is too much time and effort involved <input type="checkbox"/> 646 D He/she can manage on his/her own and does not need outside help ... <input type="checkbox"/> 647 E Other reasons (please note): <input type="checkbox"/> 648 <p style="text-align: right;">650-699 Don't know <input type="checkbox"/> 649</p> | |

| No. | | K. 33 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|---|---|---|---|---|---|----------------------------|----------------------------------|------------|--------------------|---|---|---|---|---|---|---|----------------------------|------------------------------|--|---------|---------|---------|---------|---------|---------|-----|--|--|--|--|
| 551. | Does the person you care for / assist the most receive regular care allowances or paid care services from the German social assistance system, i.e., care assistance? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 503 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 </div> | K. 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 552. | What kind of care or assistance do you provide to the person who you help the most? <i>☞ Please read out examples!</i> <div style="text-align: right; margin-top: 10px;"> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </table> </div> Do you help around the house? <input type="checkbox"/> <input type="checkbox"/> 703 Do you look after him/her or him/her them company? <input type="checkbox"/> <input type="checkbox"/> 704 Do you perform care services for the person you assist? <input type="checkbox"/> <input type="checkbox"/> 705 | Yes | No | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 553. | How much time do you spend per week helping the person you care for / assist the most? Please give a weekly average number of hours. <div style="text-align: right; margin-top: 20px;"> Approx. <input style="width: 40px; height: 20px;" type="text"/> hours 706-708 Don't know <input type="checkbox"/> 998 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 554. | Who else - apart from you - is involved in providing assistance to the person you look after? <i>☞ Show Persons Card and enter Person Code!</i> <div style="margin-top: 10px;"> Nobody else <input type="checkbox"/> 1 709 The following persons: <input type="checkbox"/> 2 </div> <div style="margin-top: 10px;"> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;"></td> <td>Person 1</td> <td>Person 2</td> <td>Person 3</td> <td>Person 4</td> <td>Person 5</td> <td>Person 6</td> <td>More than 6 Persons named</td> <td>Don't know</td> </tr> </table> <div style="margin-top: 10px;"> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">Persons Code</td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input style="width: 40px; height: 20px;" type="text"/></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 998</td> </tr> <tr> <td></td> <td>710-712</td> <td>713-715</td> <td>716-718</td> <td>719-721</td> <td>722-724</td> <td>725-727</td> <td>728</td> <td></td> <td></td> </tr> </table> </div> </div> | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | More than 6 Persons named | Don't know | Persons Code | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 998 | | 710-712 | 713-715 | 716-718 | 719-721 | 722-724 | 725-727 | 728 | | | | |
| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | More than 6 Persons named | Don't know | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons Code | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 998 | | | | | | | | | | | | | | | | | | | | | | | |
| | 710-712 | 713-715 | 716-718 | 719-721 | 722-724 | 725-727 | 728 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 555. | Would you describe yourself as the main caregiver / assistance provider to the person you look after? <div style="text-align: right;"> Yes <input type="checkbox"/> 1 729 No <input type="checkbox"/> 2 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 556. | Looking at the care / assistance services you provide as a whole, how much of a burden are they for you? Would you say . . . <i>☞ Please read out examples!</i> <div style="text-align: right; margin-top: 10px;"> <ul style="list-style-type: none"> ● not a burden at all <input type="checkbox"/> 1 730 ● a minor burden <input type="checkbox"/> 2 ● quite a burden <input type="checkbox"/> 3 ● or a major burden? <input type="checkbox"/> 4 Don't know <input type="checkbox"/> 8 </div> | | 600 ! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | PERSONAL NETWORK | K.33 | cont. with |
|---------------|--|------|---------------|
| 600. (600) | <p>We now want to look at people who are important to you and who you maintain regular contact with. These can include co-workers, neighbours, friends, acquaintances, relatives, and members of your household. Which people are important to you?</p> <p>If there are several, please just name the eight most important. Please give me these people's first names and the first letters of their last names.</p> <p> <i>Do not accept answers like "I know too many people" and continue with the aid of the following Question 600a:</i></p> | | |




**Interviewer: Enter all persons named (maximum of 8) with name and sex!
Then ask Questions 601 to 606 for each person!**

No person named 1 } **cont. with**
Declined 7 } **Q. 608**





| | K.34 1st Person 11 | K.35 2nd Person 11 | K.36 3rd Person 11 |
|--|---|--|--|
| 600a Please give me the names of the people you (600) have regular contact with and who are important to you. Married couples count as <u>two</u> people. What is the sex of this person? | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 |
| 601. Show persons card! (601) What is your relationship to this person? Please give me the relevant code number from this Persons Card. If respondent names persons not on the Persons Card: Enter these on Peersons Card! | Code from Persons Card: [][][] 33-35 998 If code under 300: next person | Code from Persons Card: [][][] 33-35 998 If code under 300: next Person | Code from Persons Card: [][][] 33-35 998 If code under 300: next Person |
| 602. How often do you have contact with..... that is, through visits, letters, or telephone? Show List 602! | K.68 11/12 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K.68 13/14 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K.68 15/16 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 |
| 603. How far away does..... live from you at the moment? Show list 603 ! | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 |
| 604. How close is your relationship to..... today? Show list 604! | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If code under 400: next person |
| 605. Can you tell me how old.....is? (602) | [][] years 36-37 97,98,99 | [][] years 36-37 97,98,99 | [][] years 36-37 97,98,99 |
| 606. For how many years have you known (603) each other? | [][] years 38-39 97,98,99 | [][] years 38-39 97,98,99 | [][] years 38-39 97,98,99 |






| K. 37 4th Person 11 | K. 38 5th Person 11 | K. 39 6th Person 11 | K. 40 7th Person 11 | K. 41 8th Person 11 |
|--|---|---|---|---|
| Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 |
| Code from Persons Card: _____ 33-35 998 If Code under 300: next person | Code from Persons Card: _____ 33-35 998 If Code under 300: next person | Code from Persons Card: _____ 33-35 998 If Code under 300: next person | Code from Persons Card: _____ 33-35 998 If Code under 300: next person | Code from Persons Card: _____ 33-35 998 If Code under 300: next person |
| K. 68 17/18 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K. 68 19/20 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K. 68 21/22 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K. 68 23/24 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K. 68 25/26 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 |
| 41 In the neighbourhood <input type="checkbox"/> 1 the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 |
| 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person |
| _____ years 36-37 97,98,99 | _____ years 36-37 97,98,99 | _____ years 36-37 97,98,99 | _____ years 36-37 97,98,99 | _____ years 36-37 97,98,99 |
| _____ years 38-39 97,98,99 | _____ years 38-39 97,98,99 | _____ years 38-39 97,98,99 | _____ years 38-39 97,98,99 | _____ years 38-39 97,98,99 |

| | | |
|------|---|---|
| 607. | <p> Only if 8 persons named: If you could have named more than 8 persons who are important to you and with whom you have regular contact: how many additional persons would you have named? (604 mod.)</p> | <p>K. 41 No other persons <input type="checkbox"/> 1 43 1 to 2 persons <input type="checkbox"/> 2 3 to 5 persons <input type="checkbox"/> 3 6 to 10 persons <input type="checkbox"/> 4 11 persons and more <input type="checkbox"/> 5</p> |
|------|---|---|

| No. | | K. 42 Cont. with |
|------|--|---|
| 608. | <p>We would now like to find out about your relationship with friends and acquaintances. K. 68</p> <p>How would you rate your present relationship with your friends and acquaintances?</p> <p> Show orange list A!</p> <p>(605)</p> <div style="float: right;"> <p>Very good <input type="checkbox"/> 1 27/28</p> <p>Good <input type="checkbox"/> 2</p> <p>Average <input type="checkbox"/> 3</p> <p>Bad <input type="checkbox"/> 4</p> <p>Very bad <input type="checkbox"/> 5</p> <hr style="border-top: 1px dashed black;"/> <p>Not applicable <input type="checkbox"/> 6</p> <p style="text-align: right;">98, 99</p> </div> | 609 700 |
| 609. | <p>How has your relationship with friends and acquaintances changed over the past ten years?</p> <p> Show orange list B!</p> <p>(606)</p> <div style="float: right;"> <p>Has improved greatly <input type="checkbox"/> 1 12</p> <p>Has improved somewhat <input type="checkbox"/> 2</p> <p>Has stayed the same <input type="checkbox"/> 3</p> <p>Has worsened somewhat <input type="checkbox"/> 4</p> <p>Has gotten a lot worse <input type="checkbox"/> 5</p> <p style="text-align: right;">8, 9</p> </div> | |
| 610. | <p>How you expect your relationship with friends and acquaintances to change in the future?</p> <p> Show orange list C!</p> <p>(607)</p> <div style="float: right;"> <p>Will improve greatly <input type="checkbox"/> 1 13</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> <p style="text-align: right;">8, 9</p> </div> | |






| No. | SOCIAL SUPPORT K. 42 | cont. with |
|------|--|---|
| 700. | <p>In the following questions, you can name both the people you have mentioned so far and different people as well.</p> <p>When you have important personal decisions to make, do you have anyone you can ask for advice?</p> <p>(700)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 14</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p style="text-align: right;">701</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">703</p> |
| 701. | <p>Which person or people are they?</p> <p> Enter code from Persons Card!</p> <p>(701)</p> <p style="text-align: center;"> Person Person Person Person Person More than 5 Persons named </p> <p>Person Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1</p> <p style="text-align: center;"> 15-17 18-20 21-23 24-26 27-29 30 </p> | |
| 702. | <p>And how often in the past 12 months have you asked someone for advice in making an important decision. Was it.....</p> <p> Please read out examples!</p> <p>(702)</p> <ul style="list-style-type: none"> <input type="radio"/> often <input type="checkbox"/> 1 31 <input type="radio"/> sometimes <input type="checkbox"/> 2 <input type="radio"/> seldom <input type="checkbox"/> 3 <input type="radio"/> or never <input type="checkbox"/> 4 | |
| 703. | <p>And how often in the past 12 months have others asked you for advice, for example, when they had to take an important decision? Was it.....</p> <p> Please read out examples!</p> <p>(703)</p> <ul style="list-style-type: none"> <input type="radio"/> often <input type="checkbox"/> 1 32 <input type="radio"/> sometimes <input type="checkbox"/> 2 <input type="radio"/> seldom <input type="checkbox"/> 3 <input type="radio"/> or never <input type="checkbox"/> 4 | |
| 704. | <p>Do you have someone you can turn to when you need comfort or cheering up, for example, when you are feeling sad?</p> <p>(704)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 33</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p style="text-align: right;">705</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">707</p> |
| 705. | <p>Which person or people are they?</p> <p> Enter code from Persons Card!</p> <p>(705)</p> <p style="text-align: center;"> Person Person Person Person Person More than 5 Persons named </p> <p>Persons Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1</p> <p style="text-align: center;"> 34-36 37-39 40-42 43-45 46-48 49 </p> | |
| 706. | <p>And how often in the past 12 months did someone comfort you or cheer you up? Was it.....</p> <p> Please read out examples!</p> <p>(706)</p> <ul style="list-style-type: none"> <input type="radio"/> often <input type="checkbox"/> 1 50 <input type="radio"/> sometimes <input type="checkbox"/> 2 <input type="radio"/> seldom <input type="checkbox"/> 3 <input type="radio"/> or never <input type="checkbox"/> 4 | |

| No. | K. 42 | Cont. with | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|------------------------------|----|------------|--|---|---|---|--|--------------------------|--------------------------|------------------------------|---------------------|--------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|--|
| 707. | <p>And how often in the past 12 months did you comfort or cheer up others? Was it . . .</p> <p> Please read out examples!</p> <p>(707 mod.)</p> <ul style="list-style-type: none"> ● often <input type="checkbox"/> 1 51 ● sometimes <input type="checkbox"/> 2 ● seldom <input type="checkbox"/> 3 ● or never <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | |
| 708. | <p>Apart from the care activities already mentioned and activities you do as part of your main job or a second job: Have you, in the past 12 months, helped someone who does not live in your household with housework such as cleaning, small repair jobs, or shopping?</p> <p>(708)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 52</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 709 710 | | | | | | | | | | | | | | | | | | | | |
| 709. | <p>Which person or people were they?  Enter code from Persons Card!</p> <p>(709)</p> <p style="text-align: center;">Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1</p> <p style="text-align: center;">53-55 56-58 59-61 62-64 65-67 68</p> | | | | | | | | | | | | | | | | | | | | | |
| 710. | <p>And what about the other way around: has someone who does not live in your household helped you in the past 12 months with housework such as cleaning, small repair jobs, or shopping?</p> <p>(710)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 70</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 711 712 | | | | | | | | | | | | | | | | | | | | |
| 711. | <p>Which person or people were they?  Enter code from Persons Card!</p> <p>(711)</p> <p style="text-align: center;">Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1</p> <p style="text-align: center;">71-73 74-76 77-79 80-82 83-85 86</p> | | | | | | | | | | | | | | | | | | | | | |
| 712. | <p>Could you use more help or assistance such as . . .</p> <p> Please read out examples!</p> <p>(714)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> </tr> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">8</th> </tr> </thead> <tbody> <tr> <td>● advice in difficult situations</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 125</td> </tr> <tr> <td>● cheering up</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 126</td> </tr> <tr> <td>● help with household chores?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 127</td> </tr> </tbody> </table> | | Yes | No | Don't know | | 1 | 2 | 8 | ● advice in difficult situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 125 | ● cheering up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 126 | ● help with household chores? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 127 | |
| | Yes | No | Don't know | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | |
| ● advice in difficult situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 125 | | | | | | | | | | | | | | | | | | | |
| ● cheering up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 126 | | | | | | | | | | | | | | | | | | | |
| ● help with household chores? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 127 | | | | | | | | | | | | | | | | | | | |

| No. | K. 42 | Cont. with |
|------|--|------------|
| 713. | <p>Relationships with other people can also sometimes give rise to problems. Are there people who are causing you worry or concern at present? If so, who?  Enter code from Persons Card! (715) No <input type="checkbox"/> 2 128 Yes, they are: ... <input type="checkbox"/> 1</p> <p style="text-align: center;">Person Person Person Person Person</p> <p>Persons Code <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="checkbox"/> 1</p> <p style="text-align: center;">129-131 132-134 135-137 138-140 141-143 144</p> <p style="text-align: right;">More than 5 Persons named</p> | |
| 714. | <p>Are there people who get on your nerves at the moment or who you often quarrel with? If so, who?  Enter code from Persons Card! No <input type="checkbox"/> 2 145 Yes, they are: ... <input type="checkbox"/> 1</p> <p style="text-align: center;">Person Person Person Person Person</p> <p>Persons Code <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="checkbox"/> 1</p> <p style="text-align: center;">146-148 149-151 152-154 155-157 158-160 161</p> <p style="text-align: right;">More than 5 Persons named</p> <p>Don't know <input type="checkbox"/> 998</p> | |
| 715. | <p>Do you feel like there are people who often order you around or encroach on your independence? If so, who?  Enter code from Persons Card! No <input type="checkbox"/> 2 182 Yes, they are: ... <input type="checkbox"/> 1</p> <p style="text-align: center;">Person Person Person Person Person</p> <p>Persons Code <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="checkbox"/> 1</p> <p style="text-align: center;">183-185 186-188 189-191 192-194 195-197 198</p> <p style="text-align: right;">More than 5 Persons named</p> <p>Don't know <input type="checkbox"/> 998</p> | |
| 716. | <p>Are there people who currently give you great joy or happiness? If so, who?  Enter code from Persons Card! No <input type="checkbox"/> 2 199 Yes, they are: ... <input type="checkbox"/> 1</p> <p style="text-align: center;">Person Person Person Person Person</p> <p>Persons Code <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="checkbox"/> 1</p> <p style="text-align: center;">200-202 203-205 206-208 209-211 212-214 215</p> <p style="text-align: right;">More than 5 Persons named</p> <p>Don't know <input type="checkbox"/> 998</p> | |
| 717. | <p>If you think about your friends and acquaintances, your family, and other people that you have everyday dealings with, which of these people do you spend most of your time with?  Enter Code from Persons Card!</p> <p style="text-align: center;">Person Person Person Person Person</p> <p>Persons Code <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="checkbox"/> 1</p> <p style="text-align: center;">216-218 219-221 222-224 225-227 228-230 231</p> <p style="text-align: right;">More than 5 Persons named</p> <p>I am always alone .. <input type="checkbox"/> 995 Don't know <input type="checkbox"/> 998</p> | |

| | | |
|-----------|---|---|
| No | | cont. with |
| 801. | And the other way around: have you, in the past 12 months, been given money, major gift items, or financial support? Please ask Questions 801A - 801D consecutively for all persons named! (801) | K.46 Yes <input type="checkbox"/> 1 62 ----- No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 801A 802 |

| | K.47 1st Person 11 | K.48 2nd Person 11 | K.49 3rd Person 11 | K.50 4th Person 11 |
|---|---|---|---|---|
| 801A Who did the gift(s) come from? Enter code in header: | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 801B Were the gifts . . . Multiple responses possible! gifts of money <input type="checkbox"/> 1 15 major gift items <input type="checkbox"/> 1 16 regular financial support? <input type="checkbox"/> 1 17 or other (please note) <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 |
| 801C If you add this all together, how much would it amount to over the past 12 months? Show List 800 and ask for Code Letter! Declined <input type="checkbox"/> 97 Don't know <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="checkbox"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="checkbox"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="checkbox"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="checkbox"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 |
| 801D Is there someone else you have received money or larger gift items from in the past 12 months? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 | ⁵² <input type="checkbox"/> 1 ► 2nd Person <input type="checkbox"/> 2 ► Q. 802 | ⁵² <input type="checkbox"/> 1 ► 3rd Person <input type="checkbox"/> 2 ► Q. 802 | ⁵² <input type="checkbox"/> 1 ► 4th Person <input type="checkbox"/> 2 ► Q. 802 | ⁵² <input type="checkbox"/> 1 ► Q. 801E <input type="checkbox"/> 2 ► Q. 802 |
| 801E More than 4 persons named: Which people were they? | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 53-55 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 56-58 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-61 | K.50 |

| No. | K.51 | Cont. with |
|------|---|------------------------------|
| 802. | <p>What is the total net monthly income of your household? By that, I mean the sum total of all wages/salaries, income from self-employment, and retirement benefits after deduction of all tax and social security contributions. Please include income from public aid, income from rentals and leases, interest, child benefits and other sources of income.</p> <p>(802)</p> <p> Tick currency!</p> <p style="text-align: right;">in DM EUR</p> <p>Monthly <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 16</p> <p style="text-align: center; margin-left: 100px;">11-15</p> <p>Amount was estimated <input type="checkbox"/> 1 17</p> <hr style="border-top: 1px dashed black;"/> <p>Don't know <input type="checkbox"/> 99998</p> <p>Declined <input type="checkbox"/> 99997</p> | 804 803 |
| 803. | <p>As with all information obtained in this interview, your data will of course remain anonymous and cannot be traced back to you. The results of the survey will also be analyzed in terms of income. For this purpose, all we need to know are basic income groups. It would be helpful if you could tell us which income group you belong to. Please just give me the letter on this list that corresponds to your household net income.</p> <p> Show List 803</p> <p>(807)</p> <p style="text-align: right;">Code Letter: <input type="text" value=""/> 18/19</p> <p style="text-align: right;">Declined <input type="checkbox"/> 97</p> | |
| 804. | <p>This question concerns the estimation of your standard of living, that is, what you are able to afford. How would you rate your current standard of living?</p> <p> Show orange list A!</p> <p>(808)</p> <p style="text-align: right;">Very good <input type="checkbox"/> 1 20</p> <p style="text-align: right;">Good <input type="checkbox"/> 2</p> <p style="text-align: right;">Average <input type="checkbox"/> 3</p> <p style="text-align: right;">Bad <input type="checkbox"/> 4</p> <p style="text-align: right;">Very bad <input type="checkbox"/> 5</p> | |
| 805. | <p>How has your standard of living changed over the past ten years?</p> <p> Show orange list B!</p> <p>(809 mod.)</p> <p style="text-align: right;">Has improved greatly <input type="checkbox"/> 1 21</p> <p style="text-align: right;">Has improved somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Has stayed the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Has worsened somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Has gotten a lot worse <input type="checkbox"/> 5</p> | |
| 806. | <p>And if you think about the future, how do you expect your standard of living to change in the future?</p> <p> Show orange list C!</p> <p>(810)</p> <p style="text-align: right;">Will improve greatly <input type="checkbox"/> 1 22</p> <p style="text-align: right;">Will improve somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Will remain the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Will worsen somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Will get much worse <input type="checkbox"/> 5</p> | |
| 807. | <p>If you had to pay a large bill within a period of one week, for example, a bill for 1,500 euros: Would you be able to pay it alone?</p> <p style="text-align: right;">K.68</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 29</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | |

900. Thank you for your cooperation. We hope that you have enjoyed answering these questions for us.

In conclusion, we would like to turn to another matter. Although it has not yet been decided, we are considering continuing this research project at a later date with a further survey. If so, would you be interested in taking part again?

Your cooperation is very valuable to us, and we would be very glad if you did decide to do so. We thank you in advance for your willingness to participate!

We would need to keep your address on file for use in a future survey. Data protection legislation quite rightly requires your prior agreement for this, and we hereby kindly request your permission. Your address will be kept separate from the questionnaire and will be used exclusively for the purposes of a further survey; it can never be linked with the answers you have given, and the information you have supplied will remain completely anonymous. When this research project is completed, your address will be deleted. We would deeply appreciate if you did decide to continue to participate in our research project.

 **Please hand out blue panel sheet to be filled out by respondent.
Enter serial number and return to Infas with the questionnaire.**

 **Important: please tick!**

Respondent completed panel sheet K.51 1 23

Respondent did not complete panel sheet 2

 **Continue with Question 901**

This page remains empty

901.  **Please consult Task Sheet "Digit-Symbol-Test"!**

Now that our discussion is over, I would like to ask you if you would be willing to take part in one last exercise. It will take about two minutes. It relates to speed of thought and association. We would like this information to be included in our findings.

 **The exercise requires:**

- (1) a stopwatch or a watch with a second hand,
- (2) a good pen or pencil for the interviewee (soft pencil or ballpoint pen) plus
- (3) the Task List (do not forget to enter serial number of person in the Task List!).

The object of this exercise is to assign the numbers from 1 to 9 to a specific symbol.

The number belonging to each of the symbols is shown at the top of the Task Sheet.

The symbols must be entered by the respondent in the empty spaces under the numbers.

The first seven examples above the thick black line in the top row of tasks help to explain the exercise.

The respondent completes the Task Sheet alone. It should be ensured that the respondent completes one problem after the next (in order) and does not start with all the symbols assigned to Figure 1 and then all symbols assigned to Figure 2, etc.

The task is to be completed in 90 seconds, or one and a half minutes.

Please emphasise the speed factor.

 **Point to the key in the top section of the Task Sheet.**

Please look at this horizontally split box or square. Note that each box contains a number in the upper half and a small symbol in the lower half. A different symbol has been assigned to each number.

 **Point to the example boxes.**


Now here, you see boxes with numbers where the lower half of the box is empty. Please insert the number that belongs to the symbol in the blank; In this case, the number assigned to the symbol is "2", so we write in this number.

 **Here you should enter the corresponding symbol in the first blank (an upside-down "T")**


Here is a "1", so we insert its symbol here; here is a "3", so we insert its symbol here.

 **You should enter the corresponding symbols. After giving these four examples, pose the following question and point to the next blank:**

What should be inserted here?

 **If the respondent gives the wrong answer, correct him/her. Repeat the question "What should be inserted here?" with the next examples. After completing the seven examples, say:**

Now you start here and fill in as many blanks as you can until I say "stop", without leaving any out..

 **Set the stopwatch or look at the second hand of the watch and give the respondent 90 seconds to complete the task! After 90 seconds have elapsed, say:**

Please stop!

 **Do not forget to tick:**

Respondent completed task sheet 1 30

Respondent did not complete task sheet ... 2

K.68

Thank you for taking the time to talk to us!

The Second Half of Life

Attitudes and Living Conditions

Panel Interview

In the years ahead, the ageing of Germany's population will bring an increase in the percentage and number of senior citizens. To accurately assess the implications of this, and to gain a better understanding of the ageing process as a whole, political decision-makers need a clear picture of Germany's elderly population--both today and in the foreseeable future. This was the motivation for a Germany-wide survey of some 6,000 people, commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Representative sampling was used.

Information to Users of the English Version of the DEAS 2002 Interview Schedule

This document contains the English translation of the interview schedule used in 2002 in the second wave of the German Ageing Survey (DEAS 2002). Most of the instruments in this interview schedule were originally constructed in German. When translating these instruments from German to English, we were supported by English native speakers fluent in German. Due to the specific situation in Germany, e.g. in terms of the educational system, the labour market, the health care system or the tax system, there exist German concepts and words which are not easy to translate. Moreover, some decisions in the translation process might be disputable. If you have any questions concerning the interview schedule, please do not hesitate to contact us:

DEAS@dza.de

(Note: In some cases we used the authorized German translation of instruments originally published in other languages. When the original instrument was published in English, we use the original version of this instrument here. In the case of other languages we use the authorized English translation).

Complete prior to interview








| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Serial no.

1-6






All rights concerning the formulation of the questions and design of the questionnaire are held by the German Centre of Gerontology, Berlin, and the infas Institute for Applied Social Sciences, Bonn.




This questionnaire is based on the research instruments developed by the Research Group on Ageing and the Life Course of the Free University Berlin and the Research Group for Psychogerontology of the University of Nijmegen for the first survey in 1996.




| No. | | K. 1 cont. with | | | | | | | | | |
|-------|---|---|-------|-------|-------|--|--|-----|-------|------|--|
| 1. | <p> Sex of respondent:</p> <p>(1) Male <input type="checkbox"/> 1 11 Female <input type="checkbox"/> 2</p> | | | | | | | | | | |
| 2. | <p>Please start by giving me your date of birth.</p> <p>(2) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">12/13</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">14/15</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">16/17</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">day</td> <td style="text-align: center;">month</td> <td style="text-align: center;">year</td> </tr> </table></p> | 12/13 | 14/15 | 16/17 | | | | day | month | year | |
| 12/13 | 14/15 | 16/17 | | | | | | | | | |
| | | | | | | | | | | | |
| day | month | year | | | | | | | | | |
| 2a. | <p>Forget your actual age for a moment: How old do you feel, if you had to express it in years?</p> <p>(2a) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">18-20</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">years</td> <td colspan="2"></td> </tr> </table> Don't know <input type="checkbox"/> 998</p> | 18-20 | | | years | | | | | | |
| 18-20 | | | | | | | | | | | |
| years | | | | | | | | | | | |
| 3. | <p>If you think back to your childhood up to the age of 16: Did you grow up living with both biological parents for all or most of this period, that is, with both your biological mother and your biological father?</p> <p> Please read options aloud! One response only!</p> <p>(3 mod.)</p> <p>Yes, I grew up living with both biological parents for my entire childhood up to the age of 16 (Code letter A and B) <input type="checkbox"/> 1 21</p> <p>Yes, I grew up living with both biological parents for most of my childhood up to the age of 16 (Code letter A and B) <input type="checkbox"/> 2</p> <hr style="border-top: 1px dashed black;"/> <p>No, I grew up living with just one of my biological parents up to the age of 16 <input type="checkbox"/> 3</p> <p>No, I grew up living with other persons <input type="checkbox"/> 4</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p>7</p> <hr style="border-top: 1px dashed black;"/> <p>4</p> | | | | | | | | | |
| 4. | <p>Who did you live with for all or most of this period?</p> <p> Show List 4! A maximum of 2 persons should be selected; this is to identify the two main caregivers!</p> <p>(4)</p> <p>A Biological mother <input type="checkbox"/> 22</p> <p>B Biological father <input type="checkbox"/> 23</p> <p>C Stepmother <input type="checkbox"/> 24</p> <p>D Stepfather <input type="checkbox"/> 25</p> <p>E Foster mother / adoptive mother <input type="checkbox"/> 26</p> <p>F Foster father / adoptive father <input type="checkbox"/> 27</p> <p>G Grandmother <input type="checkbox"/> 28</p> <p>H Grandfather <input type="checkbox"/> 29</p> <p>J Other relatives <input type="checkbox"/> 30</p> <p> please specify: _____ 31-70</p> <p>K Other relatives <input type="checkbox"/> 71</p> <p> please specify: _____ 72-111</p> <p>L Other person <input type="checkbox"/> 112</p> <p> please specify: _____ 113-152</p> <p>M Other person <input type="checkbox"/> 153</p> <p> please specify: _____ 154-193</p> <hr style="border-top: 1px dashed black;"/> <p>N Grew up in an institution <input type="checkbox"/> 194</p> | | | | | | | | | | |
| | <p>Questions 5 and 6 are omitted</p> | | | | | | | | | | |




The following questions relate to the two persons with whom the respondent spent most of his/her childhood (see questions 3 and 4). Please first enter the code letters and sex, then ask questions 7 to 17a for Person 1, then - if a second person was named - questions 7 to 17a for Person 2.




| | | 1st Person K. 2 Enter code letter from <input type="checkbox"/> List 4: 12/13 <input type="checkbox"/> male 1 <input type="checkbox"/> female 2 <input type="checkbox"/> 14 | 2nd Person K. 3 Enter code letter from <input type="checkbox"/> List 4: 12/13 <input type="checkbox"/> male 1 <input type="checkbox"/> female 2 <input type="checkbox"/> 14 |
|---------------|---|--|--|
| | Questions 8 and 9 are omitted | | |
| 10. (9) | Is ... still living today? If deceased: ask year of death and proceed to Question 18! | Yes 1 <input type="checkbox"/> Question 11 Don't know 8 <input type="checkbox"/> Question 19 51 No 2 <input type="checkbox"/> year of-death: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q. 19 D.k. <input type="checkbox"/> 9998 52-55 | Yes 1 <input type="checkbox"/> Question 11 Don't know 8 <input type="checkbox"/> Question 19 51 No 2 <input type="checkbox"/> year of-death: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q. 19 D.k. <input type="checkbox"/> 9998 52-55 |
| 11. (10) | Does ... live alone? If answer no: With whom does .. live? Multiple responses possible! | Yes, lives alone 1 <input type="checkbox"/> 56 No, lives with: 2 <input type="checkbox"/> 1 ● Interviewee <input type="checkbox"/> 57 ● Partner <input type="checkbox"/> 58 ● Other relative <input type="checkbox"/> 59 ● Another person <input type="checkbox"/> 60 ● Other <input type="checkbox"/> 61 Don't know <input type="checkbox"/> 62 | Yes, lives alone 1 <input type="checkbox"/> 56 No, lives with: 2 <input type="checkbox"/> 1 ● Interviewee <input type="checkbox"/> 57 ● Partner <input type="checkbox"/> 58 ● Other relative <input type="checkbox"/> 59 ● Another person <input type="checkbox"/> 60 ● Other <input type="checkbox"/> 61 Don't know <input type="checkbox"/> 62 |
| 12. (11 mod.) | Does ... live in his/her own private home, in a retirement or assisted living home, in a nursing home, or somewhere else? | Private home 1 <input type="checkbox"/> 63 Retirement/assisted living home .. 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Other (please note): 4 <input type="checkbox"/> 64-84 Don't know 8 <input type="checkbox"/> | Private home 1 <input type="checkbox"/> 63 Retirement/assisted living home .. 2 <input type="checkbox"/> Nursing Home 3 <input type="checkbox"/> Other (please note): 4 <input type="checkbox"/> 64-84 Don't know 8 <input type="checkbox"/> |
| 13. (12) | How often are you in contact with ... (i.e. visits, letters, or phone calls)? Show List 13! | Daily 1 <input type="checkbox"/> 85- Several times a week 2 <input type="checkbox"/> 86 Once a week 3 <input type="checkbox"/> Between 1-3 times per month 4 <input type="checkbox"/> Several times a year 5 <input type="checkbox"/> Less often 6 <input type="checkbox"/> Never 7 <input type="checkbox"/> 97,98 | Daily 1 <input type="checkbox"/> 85- Several times a week 2 <input type="checkbox"/> 86 Once a week 3 <input type="checkbox"/> Between 1-3 times per month 4 <input type="checkbox"/> Several times a year 5 <input type="checkbox"/> Less often 6 <input type="checkbox"/> Never 7 <input type="checkbox"/> 97,98 |
| 14. (13) | Does ... live in your house or household? | Yes . 1 <input type="checkbox"/> 87 No 2 <input type="checkbox"/> Q. 16 | Yes . 1 <input type="checkbox"/> 87 No 2 <input type="checkbox"/> Q. 16 |
| 15. (14) | How long have you been living with ... ? | Since <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> } Q. 17 88-91 Always 1 <input type="checkbox"/> } 92 | Since <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> } Q. 17 88-91 Always 1 <input type="checkbox"/> } 92 |





| | | 1st Person K.2 | 2nd Person K.3 |
|----------------------------------|---|--|---|
| 16. | How far away does ... live from you at the moment?  Show List 16! (15 mod.) | In the neighbourhood 1 <input type="checkbox"/> 93 In the same town 2 <input type="checkbox"/> In another town, but it can be reached within two hours 3 <input type="checkbox"/> Farther away, in Germany 4 <input type="checkbox"/> Farther away, abroad 5 <input type="checkbox"/> Don't know 8 <input type="checkbox"/> | In the neighbourhood 1 <input type="checkbox"/> 93 In the same town 2 <input type="checkbox"/> In another town, but can be reached within 2 hours 3 <input type="checkbox"/> Farther away, in Germany 4 <input type="checkbox"/> Farther away, abroad 5 <input type="checkbox"/> Don't know 8 <input type="checkbox"/> |
| 17. | How close is your relationship to ... today?  Show List 17! (16) | Very close 1 <input type="checkbox"/> 94 Close 2 <input type="checkbox"/> Moderately close 3 <input type="checkbox"/> Not very close 4 <input type="checkbox"/> Not at all close 5 <input type="checkbox"/> | Very close 1 <input type="checkbox"/> 94 Close 2 <input type="checkbox"/> Moderately close 3 <input type="checkbox"/> Not very close 4 <input type="checkbox"/> Not at all close 5 <input type="checkbox"/> |
| 17a | Is ... now mainly :  Please read out examples! (17) | Employed 1 <input type="checkbox"/> 95 Unemployed 2 <input type="checkbox"/> Retired or in early retirement 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Other (please note): 5 <input type="checkbox"/> _____ 96-125 Don't know 8 <input type="checkbox"/> | Employed 1 <input type="checkbox"/> 95 Unemployed 2 <input type="checkbox"/> Retired or in early retirement 3 <input type="checkbox"/> Homemaker 4 <input type="checkbox"/> Other (please note): 5 <input type="checkbox"/> _____ 96-125 Don't know 8 <input type="checkbox"/> |
| | |  Continue with Question 7 2nd Person |  Continue with Question 19 |
| Questions 18 and 18a are omitted | | | |




| No. | K. 13 | cont. with |
|------------|--|------------|
| | <p><i>Questions 25 to 32 are omitted</i></p> | |
| <p>32a</p> | <p>Now I'd like to ask you a few questions about your occupation. Not counting training or apprenticeship, did you... K.71</p> <p> Please read out examples!</p> <p style="text-align: right;"> <input type="checkbox"/> 1 11 35 ----- <input type="checkbox"/> 2 33 ----- <input type="checkbox"/> 3 200 </p> | |
| <p>33.</p> | <p>What was your initial occupational status in your first job? What on this list would apply to you at that time?</p> <p> Show blue card!</p> <p>(104)</p> <p>Code number:: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 147/148 <small>97, 98, 99</small></p> <p> If code no. <u>52</u>, <u>53</u>, or <u>63</u> is given, continue by asking:</p> <p>Did you hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 149 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| <p>34.</p> | <p>What type of work did you start out doing there? Please describe your job exactly. Is there a special name for this occupation?</p> <p>(105)</p> <p>Job: _____ 170-249</p> <p>Occupation: _____ 250-329</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8 330</p> | |




| No. | | K. 13 cont. with |
|-----|--|--|
| 35. | <p>Since the start of your working life, have you ever had an extended interruption in employment, either once or more than once, for a period longer than six months? What is meant here are only extended breaks between two jobs.</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 331</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p style="text-align: right;">36</p> <hr/> <p style="text-align: right;">38</p> |
| 36. | <p>How many years in total has your working life been interrupted?  Round off to full years!</p> <p style="text-align: right;"> years 332-334</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 998</p> | |
| 37. | <p>What sort of breaks were they? What were the reasons?  Show List 37! Multiple responses possible!</p> <p style="text-align: right;">1</p> <p>A Extended parental leave, maternity leave <input type="checkbox"/> 335</p> <p>B Household work, childcare (beyond extended parental leave or maternity leave) <input type="checkbox"/> 336</p> <p>C Military service, war imprisonment / captivity <input type="checkbox"/> 337</p> <p>D Military service or community service <input type="checkbox"/> 338</p> <p>E Vocational training, further training, higher education <input type="checkbox"/> 339</p> <p>F Prolonged unemployment <input type="checkbox"/> 340</p> <p>G Sickness, injury in accident, rehabilitation <input type="checkbox"/> 341</p> <p>H Other reasons <input type="checkbox"/> 342</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 343</p> | |
| 38. | <p> Please tick with reference to Question 2: (106 mod.)</p> <p style="text-align: right;">Respondent was</p> <p style="text-align: right;">● born in 1941 or earlier <input type="checkbox"/> 1 344</p> <hr/> <p style="text-align: right;">● born in 1942 or later <input type="checkbox"/> 2</p> <hr/> <p style="text-align: right;">● Declined to give year of birth as in question 2 <input type="checkbox"/> 7</p> | <p style="text-align: right;">100</p> <hr/> <p style="text-align: right;">101</p> <hr/> <p style="text-align: right;">100</p> |







| No | EMPLOYMENT AND TRANSITION TO RETIREMENT | K. 14 cont. with |
|------|---|--|
| 100. | <p>Now I'd like to talk about your current situation.</p> <p>Are you currently receiving an old-age pension or any retirement benefits from your previous job?</p> <p> Please do not include widows' pensions, invalidity pensions, or occupational disability pensions!</p> <p>(107 mod.)</p> <p>Yes <input type="checkbox"/> 1 11</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>102</p> <p>101</p> |
| 101. | <p>Are you currently employed, unemployed, or not working for reasons other than unemployment? Which item(s) in this list apply to you?</p> <p> Show List 101!</p> <p>Count unemployed persons, early retirees, pensioners, and retirees as unemployed, early retirees, pensioners and retirees, respectively, if they are working on the side.</p> <p>Early retirement can coincide with unemployment: if the respondent answers with both, tick early retirement (Item A)!</p> <p>Count any other double responses in addition to employment (i.e., retraining and employment; maternity/childcare leave and employment; homemaker and employment) as secondary employment (Item L)!</p> <p> <u>One response only!</u></p> <p>(108 mod.)</p> <p>Currently <u>not</u> employed:</p> <p>I am currently:</p> <p>A in early retirement <input type="checkbox"/> 01 12/13</p> <p>B unemployed <input type="checkbox"/> 02</p> <p>C in the approaching retirement part-time employment with zero working hours <input type="checkbox"/> 03</p> <p>D in early retirement with invalidity or occupational disability pension <input type="checkbox"/> 04</p> <p>E in early retirement (early pensioning) <input type="checkbox"/> 05</p> <p>F in occupational retraining, further education <input type="checkbox"/> 06</p> <p>G on maternity/childcare leave <input type="checkbox"/> 07</p> <p>H a homemaker <input type="checkbox"/> 08</p> <p>J not employed for other reasons <input type="checkbox"/> 09</p> <p>Currently employed:</p> <p>I am currently:</p> <p>K employed part-time or full-time in my primary occupation (incl. job creation measures) <input type="checkbox"/> 10</p> <p>L in irregular or marginal employment or working in a secondary job <input type="checkbox"/> 11</p> <p>Don't know <input type="checkbox"/> 98</p> | <p>169</p> <p>165</p> <p>163</p> <p>172</p> <p>173</p> <p>131A</p> |





| No. | K. 15 | cont. with |
|------|---|--|
| 106. | <p>What about the situation immediately prior to receiving your pension or retirement benefits? Which item on this list would apply to you?  Show List 106! One response only!</p> <p>(120 mod.) 25/26</p> <p>A I was employed (including short-time work) <input type="checkbox"/> 1</p> <p>B I was in the approaching retirement part-time employment with zero working hours. <input type="checkbox"/> 2</p> <p>C I was unemployed <input type="checkbox"/> 3</p> <p>D I was an early retiree (including any progressive retirement scheme) <input type="checkbox"/> 4</p> <p>E I received an invalidity/occupational invalidity pension <input type="checkbox"/> 5</p> <p>F I was sick for a longer period and received money from my health insurance <input type="checkbox"/> 6</p> <p>G I was receiving re-training/training or further training <input type="checkbox"/> 7</p> <p>H I was a homemaker <input type="checkbox"/> 8</p> <p>J Other (<i>please note</i>): <input type="checkbox"/> 9</p> <p style="text-align: right;">27-106</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | <p style="text-align: right;">110</p> <p style="text-align: right;">109</p> <p style="text-align: right;">107</p> <p style="text-align: right;">110</p> <p style="text-align: right;">109</p> |
| 107. | <p>What type of early retirement was it? Was it . . .  Please read out examples! Multiple responses possible!</p> <p>(121) 1</p> <ul style="list-style-type: none"> ● a company early retirement scheme <input type="checkbox"/> 126 ● a social compensation plan <input type="checkbox"/> 127 ● or transitional retirement benefits/early retirement benefits in the states of the former GDR (East Germany)? <input type="checkbox"/> 128 <p style="text-align: right;">Don't know <input type="checkbox"/> 129</p> | |
| 108. | <p>Did you actually want to stop working at that point, or would you have preferred to stop working sooner or to continue working longer?</p> <p>(122)</p> <p style="text-align: right;">It was what I wanted <input type="checkbox"/> 1 130</p> <p style="text-align: right;">I would have preferred to stop sooner <input type="checkbox"/> 2</p> <p style="text-align: right;">I would have preferred to continue working <input type="checkbox"/> 3</p> | |
| 109. | <p>Did you receive a one-time severance payment or regular payments from your last employer in connection with leaving the company?</p> <p>(123)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 131</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 110. | <p>If you think back to your transition to retirement: How difficult was it for you?  Show List 110!</p> <p style="text-align: right;">Very difficult <input type="checkbox"/> 1 132</p> <p style="text-align: right;">Difficult <input type="checkbox"/> 2</p> <p style="text-align: right;">A little difficult <input type="checkbox"/> 3</p> <p style="text-align: right;">Hardly difficult <input type="checkbox"/> 4</p> <p style="text-align: right;">Not at all difficult <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |




| No. | | K. 15 cont. with |
|------|--|------------------------|
| 111. | <p>How often does your transition to retirement and the changes associated with it occupy your thoughts today?</p> <p> Show List 111!</p> <p>Very often (constantly) <input type="checkbox"/> 1 133 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Seldom <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8</p> | |
| 112. | <p>When you look back on your transition to retirement, would you say that, generally speaking, your life is better or worse now than it was before you retired?</p> <p> Show List 112!</p> <p>Much better <input type="checkbox"/> 1 134 Somewhat better <input type="checkbox"/> 2 Remains the same <input type="checkbox"/> 3 Somewhat worse <input type="checkbox"/> 4 Much worse <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8</p> | |
| 113. | <p>Up to what year were you employed full-time in your primary occupation? (124)</p> <p>Until the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 135-138 Don't know <input type="checkbox"/> 9998</p> | |
| 114. | <p>What was your previous occupational status? Please give me the appropriate code number.</p> <p> Show blue card! (104)</p> <p>Code Number: <input type="text"/> <input type="text"/> <input type="text"/> 139/140 97, 98, 99</p> <p> If code numbers <u>52</u>, <u>53</u> or <u>63</u> are given, go on to ask: Did you have a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 141 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| 115. | <p>What kind of work did you do? Please describe your job exactly. Is there a special name for this occupation? (126)</p> <p>Job: _____ 142-221 Occupation: _____ 222-301 Don't know <input type="checkbox"/> 8 302</p> | |

| No. | K. 15 | cont. with |
|---|--|--|
| <p><i>Questions 116 and 117 are omitted</i></p> | | |
| <p>118.</p> | <p>How many hours per week did you last work at your last job in your primary occupation, including overtime?</p> <p> Round off half-hours!</p> <p>(127 mod.)</p> <p style="text-align: right;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> hours per week 325-326 </p> <p style="text-align: right;">Please note filter and tick as applicable:</p> <p>if less than 30 hours per week <input type="checkbox"/> 1 327</p> <hr style="border-top: 1px dashed black;"/> <p>if 30 or more hours per week <input type="checkbox"/> 2</p> | <p>119</p> <hr style="border-top: 1px dashed black;"/> <p>120</p> |
| <p>119.</p> | <p>There are many reasons for working part-time. What was the main reason for you?</p> <p> Show List 119! Multiple responses possible!</p> <p>(128)</p> <p style="text-align: right;">1</p> <p>A Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 328</p> <p>B Because my partner/spouse is retired <input type="checkbox"/> 329</p> <p>C In order to have enough time for myself <input type="checkbox"/> 330</p> <p>D In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 331</p> <p>E For family reasons <input type="checkbox"/> 332</p> <p>F For health reasons <input type="checkbox"/> 333</p> <p>G For internal company reasons (i.e., short-time work) <input type="checkbox"/> 334</p> <p>H To prepare for retirement <input type="checkbox"/> 335</p> <p>J I was unable to find a full-time job <input type="checkbox"/> 336</p> <p>K Other reasons (<i>please note</i>): <input type="checkbox"/> 337</p> <p>..... 338-417</p> | |
| <p>120.</p> | <p>Did you take part in a approaching retirement part-time employment program for older employees that provided partial wage compensation?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 418</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p>121</p> <hr style="border-top: 1px dashed black;"/> <p>123</p> |
| <p>121.</p> | <p>There are several forms of approaching retirement part-time employment. Which of the following applies to you?</p> <p> Show List 121! <u>One</u> response only!</p> <p>A Part-time model: I worked half of my normal weekly working hours up to the start of retirement <input type="checkbox"/> 1 419</p> <p>B Block model: In the first half of approaching retirement part-time employment, I worked the same working hours as before; in the second half, I was released from work (zero working hours) up to the start of retirement <input type="checkbox"/> 2</p> <p>C or another arrangement <input type="checkbox"/> 3</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |



| No. | K. 15 | cont. with |
|------|---|------------|
| 122. | <p>How many years did you spend in approaching retirement part-time employment?</p> <p> In the case of the block model: Years from the beginning of wage or salary reduction up to start of retirement!</p> <p style="text-align: right;"> <input type="text" value=""/> years 420-422 Don't know <input type="checkbox"/> 998 </p> | |
| 123. | <p>How many years in total did you work before retiring?</p> <p>If you went through a non-working phase of approaching retirement part-time employment, please include these years.</p> <p>(129 mod.)</p> <p style="text-align: right;"> <input type="text" value=""/> years 443-445 Don't know <input type="checkbox"/> 998 </p> | |
| 124. | <p>Why did you stop working full-time in your primary occupation?</p> <p> Show List 124! Multiple responses possible!</p> <p>(130 mod.)</p> <p style="text-align: right;">1</p> <p>A Because I had reached retirement age <input type="checkbox"/> 446</p> <p>B Because I wanted to stop as early as possible <input type="checkbox"/> 447</p> <p>C Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 448</p> <p>D Because my partner/spouse is retired <input type="checkbox"/> 449</p> <p>E In order to have enough time for myself <input type="checkbox"/> 450</p> <p>F In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 451</p> <p>G For family reasons <input type="checkbox"/> 452</p> <p>H For health reasons <input type="checkbox"/> 453</p> <p>J For internal company reasons <input type="checkbox"/> 454</p> <p>K I lost my job <input type="checkbox"/> 455</p> <p>L Another reason (please note): <input type="checkbox"/> 456</p> <p>..... 457-536</p> | |
| 125. | <p>Are you entitled to a company pension, a company supplementary pension, or VBL (public sector employees' supplementary pension system)?</p> <p>(134 mod.)</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 537 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 </p> | |
| 125a | <p>What sector was the last company in that you worked for? Was it . . .</p> <p> Please read out examples!</p> <p style="text-align: right;">K.71</p> <p>● an agricultural or forestry business <input type="checkbox"/> 1 13</p> <p>● an industrial business <input type="checkbox"/> 2</p> <p>● a handicraft business <input type="checkbox"/> 3</p> <p>● a commercial or service business <input type="checkbox"/> 4</p> <p>● or was it part of the public services? <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |


| No. | | K. 15 cont. with |
|------|---|--|
| 125b | <p>About how many people were employed at your place of work including owner and trainees?  Show List 125b! If not known exactly: please get an estimate!</p> <p style="text-align: right;">fewer than 5 employees ... <input type="checkbox"/> 1</p> <p style="text-align: right;">5 and more, but less than 20 employees ... <input type="checkbox"/> 2</p> <p style="text-align: right;">20 and more, but less than 100 employees ... <input type="checkbox"/> 3</p> <p style="text-align: right;">100 and more, but less than 200 employees ... <input type="checkbox"/> 4</p> <p style="text-align: right;">200 and more, but less than 2,000 employees ... <input type="checkbox"/> 5</p> <p style="text-align: right;">2,000 employees and more <input type="checkbox"/> 6</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |
| 126. | <p>How would you rate your life in retirement on the whole at the moment?  Show Orange List A! (135)</p> <p style="text-align: right;">Very good <input type="checkbox"/> 1 538</p> <p style="text-align: right;">Good <input type="checkbox"/> 2</p> <p style="text-align: right;">Average <input type="checkbox"/> 3</p> <p style="text-align: right;">Bad <input type="checkbox"/> 4</p> <p style="text-align: right;">Very bad <input type="checkbox"/> 5</p> | |
| 127. | <p> Please tick as in Q. 104: (136 mod.)</p> <p style="text-align: right;">Respondent retired</p> <p style="text-align: right;">● 1991 or earlier <input type="checkbox"/> 1 539</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">● 1992 or later <input type="checkbox"/> 2</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">● Not known according to Q.104 <input type="checkbox"/> 3</p> | <p>128</p> <hr style="border-top: 1px dashed black;"/> <p>129</p> <hr style="border-top: 1px dashed black;"/> <p>128</p> |
| 128. | <p>How has your life in retirement changed over the past 6 years?  Show Orange List B! (137 mod.)</p> <p style="text-align: right;">Has improved greatly <input type="checkbox"/> 1 540</p> <p style="text-align: right;">Has improved somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Has stayed the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Has worsened somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Has gotten much worse <input type="checkbox"/> 5</p> | <p>130 !</p> |
| 129. | <p>How has your life changed due to entering retirement?  Show Orange List B! (138)</p> <p style="text-align: right;">Has improved greatly <input type="checkbox"/> 1 541</p> <p style="text-align: right;">Has improved somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Has stayed the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Has worsened somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Has gotten much worse <input type="checkbox"/> 5</p> | |
| 130. | <p>How do you expect your life in retirement to change in the future?  Show Orange List B! (139)</p> <p style="text-align: right;">Will improve greatly <input type="checkbox"/> 1 542</p> <p style="text-align: right;">Will improve somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Will remain the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Will worsen somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Will get much worse <input type="checkbox"/> 5</p> | <p>200 !</p> |



| No. | | K. 16 cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|--|--------------------------|--------------------------|-----|----|--|--|--|---|---|--|---|--|--------------------------|--------------------------|-----|---|---|--------------------------|--------------------------|-----|---|---|--------------------------|--------------------------|-----|---|--|--------------------------|--------------------------|-----|---|---|--------------------------|--------------------------|-----|---|--|--------------------------|--------------------------|-----|---|--|--------------------------|--------------------------|-----|---|--|--------------------------|--------------------------|-----|---|--|--------------------------|--------------------------|-----|---|--|--------------------------|--------------------------|-----|-------|
| 131A | <div style="border: 2px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">Block B: Employees</div> <p>Did you experience any career changes within the last 6 years, that is since 1996? Did you for example take up a anew job, a new occupation or have your job tasks changed?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 16 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | K. 71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131. | <p>What occupational status would apply to you at the moment?</p> <p> Show Blue card! Only include occupational status in <u>main job!</u></p> <p>(140) Code number: <input style="width: 40px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 11/12</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132. | <p>What kind of work do you currently do? Please describe your job exactly. Is there a special name for this occupation?</p> <p>(141)</p> <p>Job: _____ 13-92</p> <p>Occupation: _____ 93-172</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8 173</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 133. | <p>If you think about the past 6 years: what on this list applied to you during this period? Please state for every item on the list whether it applied to you personally.</p> <p> Show List 133!  For items B to K, it is irrelevant whether this occurred once or on several occasions or how long the period was.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th></th> </tr> <tr> <th colspan="2"></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>I was employed full-time during the whole period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">362</td> </tr> <tr> <td>B</td> <td>I was in part-time emplyment during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">363</td> </tr> <tr> <td>C</td> <td>During this period I had a fixed-term job</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">364</td> </tr> <tr> <td>D</td> <td>I changed employers during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">365</td> </tr> <tr> <td>E</td> <td>I was unemployed during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">366</td> </tr> <tr> <td>F</td> <td>During this period I worked in different line of work than my primary occupation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">367</td> </tr> <tr> <td>G</td> <td>My job responsibilities changed during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">368</td> </tr> <tr> <td>H</td> <td>I was on sick leave for more than one month during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">369</td> </tr> <tr> <td>J</td> <td>During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">370</td> </tr> <tr> <td>K</td> <td>I was a homemaker during this period</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">371</td> </tr> </tbody> </table> | | | Yes | No | | | | 1 | 2 | | A | I was employed full-time during the whole period | <input type="checkbox"/> | <input type="checkbox"/> | 362 | B | I was in part-time emplyment during this period | <input type="checkbox"/> | <input type="checkbox"/> | 363 | C | During this period I had a fixed-term job | <input type="checkbox"/> | <input type="checkbox"/> | 364 | D | I changed employers during this period | <input type="checkbox"/> | <input type="checkbox"/> | 365 | E | I was unemployed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 366 | F | During this period I worked in different line of work than my primary occupation | <input type="checkbox"/> | <input type="checkbox"/> | 367 | G | My job responsibilities changed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 368 | H | I was on sick leave for more than one month during this period | <input type="checkbox"/> | <input type="checkbox"/> | 369 | J | During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme | <input type="checkbox"/> | <input type="checkbox"/> | 370 | K | I was a homemaker during this period | <input type="checkbox"/> | <input type="checkbox"/> | 371 | K. 60 |
| | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | I was employed full-time during the whole period | <input type="checkbox"/> | <input type="checkbox"/> | 362 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | I was in part-time emplyment during this period | <input type="checkbox"/> | <input type="checkbox"/> | 363 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | During this period I had a fixed-term job | <input type="checkbox"/> | <input type="checkbox"/> | 364 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | I changed employers during this period | <input type="checkbox"/> | <input type="checkbox"/> | 365 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | I was unemployed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 366 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | During this period I worked in different line of work than my primary occupation | <input type="checkbox"/> | <input type="checkbox"/> | 367 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | My job responsibilities changed during this period | <input type="checkbox"/> | <input type="checkbox"/> | 368 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | I was on sick leave for more than one month during this period | <input type="checkbox"/> | <input type="checkbox"/> | 369 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | During this period I took part in a publicly sponsored advanced training, further education or rehabilitation programme | <input type="checkbox"/> | <input type="checkbox"/> | 370 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | I was a homemaker during this period | <input type="checkbox"/> | <input type="checkbox"/> | 371 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 134. | <p>If you think about your current job: What sector is the company in where you work? Is it...</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● an agricultural or forestry business <input type="checkbox"/> 1 174 ● an industrial business <input type="checkbox"/> 2 ● a handicraft business <input type="checkbox"/> 3 ● a commercial or service business <input type="checkbox"/> 4 ● or is it part of the public service? <input type="checkbox"/> 5 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |





| No. | | K. 16 cont. with |
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| 135. | <p>About how many people are employed at your place of work including owner and trainees?</p> <p> Show List 135! <i>If not known exactly: please get an estimate!</i></p> <p style="text-align: right;">K. 60 494/ 495</p> <p style="text-align: right;">fewer than 5 employees ... <input type="checkbox"/> 1</p> <p style="text-align: right;">5 and more, but less than 20 employees ... <input type="checkbox"/> 2</p> <p style="text-align: right;">20 and more, but less than 100 employees ... <input type="checkbox"/> 3</p> <p style="text-align: right;">100 and more, but less than 200 employees ... <input type="checkbox"/> 4</p> <p style="text-align: right;">200 and more, but less than 2,000 employees ... <input type="checkbox"/> 5</p> <p style="text-align: right;">2,000 employees and more <input type="checkbox"/> 6</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |
| 136. | <p>Are you entitled to a company pension, company supplementary pension, or VBL (public sector employees or supplementary pension system)?</p> <p>(148 mod.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 340</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 137. | <p>How many hours a week do you currently work at your job, including overtime?</p> <p> Round off half-hours!</p> <p style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> hours per week </p> <p style="text-align: right;">217/218</p> <p>Please note filter and tick as applicable:</p> <p>if fewer than 30 hours per week <input type="checkbox"/> 1 219</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p>if 30 or more hours per week <input type="checkbox"/> 2</p> | 138 139 |
| 138. | <p>There are many reasons for working part-time. What were the main reasons for you?</p> <p> Show List 138! Multiple responses possible!</p> <p>(143)</p> <p style="text-align: right;">1</p> <p>A Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 220</p> <p>B Because my partner/spouse is retired <input type="checkbox"/> 221</p> <p>C In order to have enough time for myself <input type="checkbox"/> 222</p> <p>D In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 223</p> <p>E For family reasons <input type="checkbox"/> 224</p> <p>F For health reasons <input type="checkbox"/> 225</p> <p>G For internal company reasons (i.e., short-time work) <input type="checkbox"/> 226</p> <p>H To prepare for retirement <input type="checkbox"/> 227</p> <p>J I was unable to find a full-time job <input type="checkbox"/> 228</p> <p>K Other reasons (please note): <input type="checkbox"/> 229</p> <p style="text-align: right;">230-309</p> | |





| Nr. | | K. 16 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------------|--------------------------|---------------------------|--------------------------|---------------------------|----------------------|---------------|---|---|---|---|---|---|---|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--|
| 145. | For how many years total have you been employed? (144) | <input style="width:40px; height:20px;" type="text"/> years Don't know <input type="checkbox"/> 998 | 310-312 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146. | At what age do you plan to stop working? (145) | At the age of <input style="width:40px; height:20px;" type="text"/> years Don't know yet <input type="checkbox"/> 998 | 313-315 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147. | When you think of your present job: how satisfied or unsatisfied are you with the various aspects I'll read out to you now? Show list 147 and read out examples! | K. 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;"></th> <th style="width:10%; text-align:center;">Very satisfied</th> <th style="width:10%; text-align:center;">Satisfied</th> <th style="width:10%; text-align:center;">Half/ half</th> <th style="width:10%; text-align:center;">Un- satisfied</th> <th style="width:10%; text-align:center;">Very un- satisfied</th> <th style="width:10%; text-align:center;">Does not apply</th> <th style="width:10%; text-align:center;">Don't know</th> </tr> <tr> <th style="text-align:left;">How satisfied are you at present with . . .</th> <th style="text-align:center;">1</th> <th style="text-align:center;">2</th> <th style="text-align:center;">3</th> <th style="text-align:center;">4</th> <th style="text-align:center;">5</th> <th style="text-align:center;">6</th> <th style="text-align:center;">98</th> </tr> </thead> <tbody> <tr> <td>● your earnings?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>● your job itself, or in other words, with the kind of work you do?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>● your working hours?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>● your opportunities for career development or promotion?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>● the further training offered by your company?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>● the working atmosphere, i.e., relations with colleagues, subordinates, and supervisors?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>● your work as a whole?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | Very satisfied | Satisfied | Half/ half | Un- satisfied | Very un- satisfied | Does not apply | Don't know | How satisfied are you at present with . . . | 1 | 2 | 3 | 4 | 5 | 6 | 98 | ● your earnings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ● your job itself, or in other words, with the kind of work you do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ● your working hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ● your opportunities for career development or promotion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ● the further training offered by your company? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ● the working atmosphere, i.e., relations with colleagues, subordinates, and supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ● your work as a whole? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 372/373 | |
| | Very satisfied | Satisfied | Half/ half | Un- satisfied | Very un- satisfied | Does not apply | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ● your job itself, or in other words, with the kind of work you do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your working hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your opportunities for career development or promotion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● the further training offered by your company? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● the working atmosphere, i.e., relations with colleagues, subordinates, and supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● your work as a whole? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 148. | A job can sometimes be quite strenuous. What would you say about yourself at present: to what extent are you stressed by... Show List 148 and read out examples! | K. 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Very stressed | Stressed | A bit stressed | Hardly stressed | Not at all stressed | Does not apply | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ● pressure to complete heavy workloads or meet tight deadlines, nervous tension? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No. | | K. 16 cont. with |
|------|---|---|
| 160. | <p>How do you expect your job situation to change in future? K. 60</p> <p> Show Orange List C!</p> <p>(151)</p> <p>Will improve greatly <input type="checkbox"/> 1 ^{492/}₄₉₃</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> <hr/> <p>Not applicable, I will be retiring soon <input type="checkbox"/> 6</p> | <p style="text-align: center;">200 !</p> <hr/> <p style="text-align: center;">161</p> |
| 161. | <p>I would like to know how much thought you have given to your life after retirement. Have you thought about it a lot, a little, or not at all?</p> <p>(152)</p> <p style="text-align: right;">A lot <input type="checkbox"/> 1 ³⁹²</p> <p style="text-align: right;">A little <input type="checkbox"/> 2</p> <hr/> <p style="text-align: right;">Not at all <input type="checkbox"/> 3</p> | <p style="text-align: center;">162</p> <hr/> <p style="text-align: center;">200</p> |
| 162. | <p>How do you expect your life to change after retirement?</p> <p> Show Orange List C!</p> <p>(153)</p> <p>Will improve greatly <input type="checkbox"/> 1 ³⁹³</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> | <p style="text-align: center;">200 !</p> |



| No. | | K. 17 cont. with |
|------|---|------------------------|
| 169. | <p>How long have you been in early retirement? Please give me the month and year you started early retirement.</p> <p>(157)</p> <p style="text-align: center;"> <small>33/34</small> <small>35-38</small> Since month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998 </p> | |
| 170. | <p>Did you actually want to stop work at this point, or would you have preferred to stop working sooner or to continue working longer?</p> <p>(159)</p> <p style="text-align: right;"> It was what I wanted <input type="checkbox"/> 1 39 I would have preferred to stop sooner <input type="checkbox"/> 2 I would have preferred to continue working .. <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8 </p> | |
| 171. | <p>Did you receive a one-time severance payment or regular payments from your last employer in connection with leaving the company?</p> <p>(160)</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 40 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 </p> | 175 ! |
| 172. | <p>Since when have you been receiving an invalidity / occupational invalidity pension? Please give me the month and year when you first received these benefits.</p> <p>(162)</p> <p style="text-align: center;"> <small>41/42</small> <small>43-46</small> Since month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998 </p> | 175 ! |
| 173. | <p>Do you plan on taking up work or continuing to work now or in the future?</p> <p>(163 mod.)</p> <p style="text-align: right;"> Yes, as soon as possible <input type="checkbox"/> 1 47 Yes, later <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8 </p> | |
| 174. | <p>Do you think it will or could be difficult for you to find a new job because of your age?</p> <p> Show List 174!</p> <p style="text-align: right;"> Yes, definitely <input type="checkbox"/> 1 48 Probably yes <input type="checkbox"/> 2 Perhaps <input type="checkbox"/> 3 Probably not <input type="checkbox"/> 4 No, not at all <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </p> | |



| No. | K. 17 | cont. with |
|------|--|------------|
| 181. | <p>There are many reasons for working part-time. What were the main reasons for you?</p> <p> Show List 181! Multiple responses possible!</p> <p>(168) 1</p> <p>A Because it would be too difficult to combine the double burden of housework and a full-time job <input type="checkbox"/> 246</p> <p>B Because my partner/spouse is retired <input type="checkbox"/> 247</p> <p>C In order to have enough time for myself <input type="checkbox"/> 248</p> <p>D In order to be able to take care of someone who is sick or invalid <input type="checkbox"/> 249</p> <p>E For family reasons <input type="checkbox"/> 250</p> <p>F For health reasons <input type="checkbox"/> 251</p> <p>G For internal company reasons (i.e., short-time work) <input type="checkbox"/> 252</p> <p>H To prepare for retirement <input type="checkbox"/> 253</p> <p>J I was unable to find a full-time job <input type="checkbox"/> 254</p> <p>K Other reasons (please note): <input type="checkbox"/> 255</p> <p>_____ 256-335</p> | |
| 182. | <p>And why did you stop working full-time in your primary occupation?</p> <p> Show List 182! Multiple responses possible!</p> <p>(169 mod.) 1</p> <p>A Because I wanted to stop as early as possible <input type="checkbox"/> 356</p> <p>B Because it would difficult to combine the double burden of housework and a full-time job . <input type="checkbox"/> 357</p> <p>C Because my partner/spouse is retired <input type="checkbox"/> 358</p> <p>D In order to have enough time for myself <input type="checkbox"/> 359</p> <p>E In order to be able to care for someone who is sick or invalid <input type="checkbox"/> 360</p> <p>F For family reasons <input type="checkbox"/> 361</p> <p>G For health reasons <input type="checkbox"/> 362</p> <p>H For internal company reasons <input type="checkbox"/> 363</p> <p>J I lost my job <input type="checkbox"/> 364</p> <p>K Other reasons (please note): <input type="checkbox"/> 365</p> <p>_____ 366-445</p> | |
| 183. | <p>For how many years total have you been employed?</p> <p>(170)</p> <p style="text-align: right;"> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> years 446/447 </p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |




| No. | | K. 17 cont. with |
|------|---|--|
| 184. | <p>Does your employment history to date entitle you to a company pension, company supplementary pension, or pension scheme for public employees such as VBL? (171 mod.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 448 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| 184a | <p>What sector was the last company in that you worked for? Was ist...  Please read out examples!</p> <ul style="list-style-type: none"> ● an agricultural or forestry business <input type="checkbox"/> 1 18 ● an industrial business <input type="checkbox"/> 2 ● a handicraft business <input type="checkbox"/> 3 ● a commercial or service business <input type="checkbox"/> 4 ● or is it part of the public service? <input type="checkbox"/> 5 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | K.71 |
| 184b | <p>About how many people were employed at your place of work including owner and trainees?  Show List 184b! If not known exactly: please get an estimate!</p> <p style="text-align: right;">fewer than 5 employees ... <input type="checkbox"/> 1 5 and more, but less than 20 employees ... <input type="checkbox"/> 2 20 and more, but less than 100 employees ... <input type="checkbox"/> 3 100 and more, but less than 200 employees ... <input type="checkbox"/> 4 200 and more, but less than 2,000 employees ... <input type="checkbox"/> 5 2,000 employees and more <input type="checkbox"/> 6 Don't know <input type="checkbox"/> 98</p> | 19/20 |
| 185. | <p>How would you rate your present overall job situation?  Show Orange List! (172)</p> <p style="text-align: right;">Very good <input type="checkbox"/> 1 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5</p> <hr/> <p style="text-align: right;">Not applicable, I am retired <input type="checkbox"/> 6</p> | K. 60 498/499 186 190 |
| 186. | <p>How has your job situation changed over the past 6 years?  Show Orange List B! (173)</p> <p style="text-align: right;">Has improved greatly <input type="checkbox"/> 1 450 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5</p> | |



| No. | | K. 17 | cont. with |
|------|---|---|-----------------|
| 187. | Just think for a moment of your future: How do you expect your job situation to change in future?  Show Orange List C! (174) | K. 60 515/516 Will improve greatly <input type="checkbox"/> 1 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 <hr/> Not applicable, I will be retiring shortly <input type="checkbox"/> 6 98/99 | 200 ! 188 |
| 188. | I would like to know how much thought you have given to your life after retirement. Have you thought about it a lot, a little, or not at all? (175) | A lot <input type="checkbox"/> 1 452 A little <input type="checkbox"/> 2 <hr/> Not at all <input type="checkbox"/> 3 | 189 200 ! |
| 189. | How do you expect your life to change after retirement?  Show Orange List C! (176) | Will improve greatly <input type="checkbox"/> 1 453 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | 200 ! |
| 190. | How would you rate your life in retirement at present?  Show Orange List A! (177) | Very good <input type="checkbox"/> 1 454 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | |
| 191. | How do you expect your life in retirement to change in the future?  Show orange list C! (178) | Will improve greatly <input type="checkbox"/> 1 455 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | |





| No. | | cont. with |
|------|---|--|
| 202. | Do you have a steady partner at the moment? (202) | Yes <input type="checkbox"/> 1 45 204 ----- No <input type="checkbox"/> 2 202a |
| 202a | <p> Please report with reference to question 200: ATTENTION: Take into account the year of separation, divorce or widowhood from line "Since when..." for filtering!</p> <p style="text-align: right;">K.71</p> <p>Respondent has been living separated from spouse, is divorced or widowed</p> since 1995 or earlier <input type="checkbox"/> 1 97 236 ----- since 1996 or later <input type="checkbox"/> 2 Year unknown <input type="checkbox"/> 8 221 | |
| 203. | Did you ever have a steady partner who you were not married to? (203) | Yes <input type="checkbox"/> 1 46 237 ----- No <input type="checkbox"/> 2 246 |
| 204. | Do you live together with this partner? If so, since when? (207) | <p style="text-align: right;">Month Year K.71</p> <p style="text-align: center;">188</p> Yes 1 <input type="checkbox"/> ► <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"/> 189/190 191-194 ----- No 2 <input type="checkbox"/> 9998 205 |
| 204a | <p> Please report with reference to question 204:</p> <p>Respondent lives together with his/her current partner</p> <p style="text-align: right;">K.71</p> since 1995 or earlier <input type="checkbox"/> 1 98 204b ----- since 1996 or later <input type="checkbox"/> 2 Year unknown <input type="checkbox"/> 8 205 | |
| 204b | Is your current partner already retired? If so, since when? | <p style="text-align: right;">Year K.71</p> <p style="text-align: center;">99</p> Yes 1 <input type="checkbox"/> ► since <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"/> 100-103 ----- No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 205 |
| 204c | <p> Please report with reference to question 204b:</p> <p>Current partner is retired</p> <p style="text-align: right;">K.71</p> since 1995 or earlier <input type="checkbox"/> 1 104 243 ----- since 1996 or later <input type="checkbox"/> 2 Year unknown <input type="checkbox"/> 8 205 | |
| 205. | What year was this partner born? (208) | <p style="text-align: right;">Year</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 52-55 9998 |

| No. | K. 18 | cont. with |
|------|---|------------|
| | Questions 206 to 208 are omitted | |
| 209. | <p>Ich möchte nun mit Ihnen...</p> <p>With the aid of the list, please tell me the highest level of school leaving qualification your partner has.</p> <p> Show list 209! <u>One</u> response only! 110/111</p> <p>(209)</p> <p>A Special Needs School <input type="checkbox"/> 1</p> <p>B Lower Secondary School (<i>Hauptschule, Volksschule</i>) <input type="checkbox"/> 2</p> <p>C Intermediate Secondary School (<i>Realschule, Lyzeum</i>) <input type="checkbox"/> 3</p> <p>D Polytechnic Secondary School, 8th Grade <input type="checkbox"/> 4</p> <p>E Polytechnic Secondary School, 10th Grade <input type="checkbox"/> 5</p> <p>F Qualification for Applied Upper Secondary Studies (<i>Fochhochschulreife</i>) <input type="checkbox"/> 6</p> <p>G Upper Secondary School (<i>Gymnasium / Extended Upper School / Vocational School with Abitur Exam</i>) <input type="checkbox"/> 7</p> <p>H Other (<i>please note</i>): <input type="checkbox"/> 8</p> <p>_____ 112-191</p> <p>J Did not attain any school-leaving certificate <input type="checkbox"/> 9</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |
| | Questions 210 to 211 are omitted | |
| 212. | <p>And what is the highest level of vocational education/training your partner has completed?</p> <p> Show List 212! <u>One</u> response only! 214/215</p> <p>(210)</p> <p>A Semi-skilled worker training <input type="checkbox"/> 1</p> <p>B Apprenticeship <input type="checkbox"/> 2</p> <p>C Full-time vocational school (<i>Berufsfachschule, Handelsschule</i>) <input type="checkbox"/> 3</p> <p>D Trade or technical school for vocational education (<i>Meisterschule, Technikerschule, etc.</i>) <input type="checkbox"/> 4</p> <p>E University of Applied Sciences (<i>Fachhochschule</i>) <input type="checkbox"/> 5</p> <p>F University, Technical University, other institution of higher education <input type="checkbox"/> 6</p> <p>G Other completed education/training (<i>please note</i>): <input type="checkbox"/> 7</p> <p>_____ 216-295</p> <p>H No completed vocational education/training <input type="checkbox"/> 8</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |
| | Question 213 is omitted | |








| No. | K. 18 | cont. with |
|-------------|---|---|
| <p>214.</p> | <p>Is your partner employed at the moment? What on this list applies to your partner?  Show List 214! <u>One</u> response only!</p> <p>(211)</p> <p>A Employed <input type="checkbox"/> 1</p> <p>B In early retirement <input type="checkbox"/> 2</p> <p>C Retired <input type="checkbox"/> 3</p> <p>D Unemployed <input type="checkbox"/> 4</p> <p>E In occupational training/re-training <input type="checkbox"/> 5</p> <p>F On maternity/childcare leave <input type="checkbox"/> 6</p> <p>G Not employed (homemaker) <input type="checkbox"/> 7</p> <p>H Other (<i>please note</i>): <input type="checkbox"/> 8</p> <p>_____</p> <p style="text-align: right;">297/298 299-378 97, 98, 99</p> | <p>215</p> <p style="text-align: center;">218</p> |
| <p>215.</p> | <p>What is his/her current occupational status?  Show blue card! Only include occupational status in <u>primary</u> occupation!</p> <p>(212)</p> <p style="text-align: right;">Code number: <input type="text"/> <input type="text"/> <input type="text"/> 379/380 97, 98, 99</p> | |
| <p>216.</p> | <p>What kind of work does he/she do at the moment? Please describe the job exactly. Is there a special name for this occupation?</p> <p>(213)</p> <p>Job: _____ 381-460</p> <p>Occupation: _____ 461-540</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8 541</p> | |
| <p>217.</p> | <p>About how many hours per week does he/she work?</p> <p>(214)</p> <p style="text-align: right;"><input type="text"/> <input type="text"/> <input type="text"/> hours per week 542/543 97, 98, 99</p> | <p>243</p> <p style="text-align: center;">!</p> |








| No. | K. 18 | cont. with |
|--|--|------------------------|
| 218. | <p>Up to what year was your current partner employed or hasn't he/she ever been employed? (215)</p> <p>Up to the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 564-567</p> <p>Don't know <input type="checkbox"/> 9998</p> <hr/> <p>never been employed <input type="checkbox"/> 9995</p> | 219 243 |
| 219. | <p>What was your partner's last occupational status? Please give me the appropriate code number.  Show blue card! (216)</p> <p>code number: <input type="text"/> <input type="text"/> <input type="text"/> 568/569 97, 98, 99</p> <p> If code numbers 52, 53 or 63 are given, go on to ask: Did he/she hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 570 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | |
| 220. | <p>What kind of work did he/she do there before leaving? Please describe the job exactly. Is there a special name for this occupation? (217)</p> <p>Job: _____ 571-650</p> <p>Occupation: _____ 651-730</p> <p>Don't know <input type="checkbox"/> 8 731</p> | 243 ! |
| <i>Questions 222 to 224 are omitted</i> | | |
| 225. | <p>What is the highest level of school leaving qualification your previous spouse has?  Show list 115! One response only! (219)</p> <p style="text-align: right;">772/773</p> <p>A Special Needs School <input type="checkbox"/> 1</p> <p>B Lower Secondary School (<i>Hauptschule, Realschule</i>) <input type="checkbox"/> 2</p> <p>C Intermediate Secondary School (<i>Realschule, Lyzeum</i>) <input type="checkbox"/> 3</p> <p>D Polytechnic Secondary School, 8th Grade <input type="checkbox"/> 4</p> <p>E Polytechnic Secondary School, 10th Grade <input type="checkbox"/> 5</p> <p>F Qualification for Applied Upper Secondary Studies (<i>Fachhochschulreife</i>) <input type="checkbox"/> 6</p> <p>G Upper Secondary School (<i>Gymnasium / Extended Upper School / Vocational School with Abitur Exam</i>) <input type="checkbox"/> 7</p> <p>H Other (<i>please note</i>): <input type="checkbox"/> 8</p> <p>_____ 774-853</p> <p>J Did not attain any school-leaving certificate <input type="checkbox"/> 9</p> <p>Don't know <input type="checkbox"/> 98</p> | |
| <i>Questions 226 and 227 are omitted</i> | | |



| No. | K. 18 | cont. with |
|------|--|------------------------------|
| 228. | <p>And what was the highest level of vocational education/training your previous spouse completed?</p> <p> Show list 228! <u>One</u> response only! 876/877</p> <p>(220)</p> <p>A Semi-skilled worker training <input type="checkbox"/> 1</p> <p>B Apprenticeship <input type="checkbox"/> 2</p> <p>C Full-time vocational school (Berufsfachschule, Handelsschule) <input type="checkbox"/> 3</p> <p>D Trade or technical school for vocational education (Meisterschule, Technikerschule, etc.) <input type="checkbox"/> 4</p> <p>E University of Applied Sciences (Fachhochschule) <input type="checkbox"/> 5</p> <p>F University, Technical University, other institution of higher education <input type="checkbox"/> 6</p> <p>G Other completed education/training (<i>please note</i>): <input type="checkbox"/> 7</p> <p>_____ 878-957</p> <p>H No completed vocational education/training <input type="checkbox"/> 8</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | |
| | Question 229 is omitted | |
| 230. | <p>Was your previous spouse employed at the end of your marriage? What on this list would apply to your previous spouse at that time?</p> <p> Show list 230! <u>One</u> response only! 959/960</p> <p>(221)</p> <p>A Employed <input type="checkbox"/> 1</p> <p>B In early retirement <input type="checkbox"/> 2</p> <p>C Retired <input type="checkbox"/> 3</p> <p>D Unemployed <input type="checkbox"/> 4</p> <p>E In occupational training/re-training <input type="checkbox"/> 5</p> <p>F On maternity/childcare leave <input type="checkbox"/> 6</p> <p>G Not employed (homemaker) <input type="checkbox"/> 7</p> <p>H Other (<i>please note</i>): <input type="checkbox"/> 8</p> <p>_____ 961-1000</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p> | <p>231</p> <p>233</p> |

| No. | K. 18 | cont. with |
|------|--|-------------------------------------|
| 231. | <p>What was his/her last occupational status during your marriage?</p> <p> Show blue card! Only include occupational status in <u>main job</u>!</p> <p>(222)</p> <p>Code number: <input type="text"/> <input type="text"/> <input type="text"/> 1001-1002 97, 98, 99</p> <p> If code numbers <u>52</u>, <u>53</u> or <u>63</u> are given, go on to ask:</p> <p>Did he/she hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 1003</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | |
| 232. | <p>What kind of work did he/she last do there during your marriage?</p> <p>Please describe the job exactly.</p> <p>Is there a special name for this occupation?</p> <p>(223)</p> <p>Job: _____ 1004-1083</p> <p>Occupation: _____ 1084-1163</p> <p>Don't know <input type="checkbox"/> 8 1164</p> | <p>236</p> <p>!</p> |
| 233. | <p>Up to what year was your previous spouse employed or wasn't he/she ever employed?</p> <p>(224)</p> <p style="text-align: right;">1165-1168</p> <p>Up to the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Don't know <input type="checkbox"/> 9998</p> <hr style="border-top: 1px dashed black;"/> <p>Never was employed <input type="checkbox"/> 9995</p> | <p>234</p> <p>236</p> |
| 234. | <p>What was his/her last occupational status during your marriage?</p> <p>Please give me the appropriate code number.</p> <p> Show blue card! Only include occupational status in <u>primary occupation</u>!</p> <p>(225)</p> <p>Code number: <input type="text"/> <input type="text"/> <input type="text"/> 1169-1170 97, 98, 99</p> <p> if code numbers <u>52</u>, <u>53</u> or <u>63</u> are given, go on to ask:</p> <p>Did he/she hold a managerial position there?</p> <p>Yes <input type="checkbox"/> 1 1171</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | |
| 235. | <p>What kind of work did he/she last do during your marriage?</p> <p>Please describe the job exactly.</p> <p>Is there a special name for this occupation?</p> <p>(226)</p> <p>Job: _____ 1172-1251</p> <p>Occupation: _____ 1252-1331</p> <p>Don't know <input type="checkbox"/> 8 1332</p> | |


| No. | | K. 18 cont. with |
|------|---|----------------------------|
| 236. | After this marriage ended, did you have another relationship with a partner to whom you were not married? (227) <p style="text-align: right;"> Yes <input type="checkbox"/> 1 1353 <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> No <input type="checkbox"/> 2 </p> | 237 240 |
| 237. | How long have you been without a steady relationship? (228) <p style="text-align: right;"> Since 1354-1357 Don't know <input type="checkbox"/> 9998 </p> | |
| 238. | Did you live with your previous partner? (230) <p style="text-align: right;"> Yes <input type="checkbox"/> 1 1358 No <input type="checkbox"/> 2 </p> | |
| 239. | Did you separate, or is your partner no longer alive? (229) <p style="text-align: right;"> Separated <input type="checkbox"/> 1 1359 Deceased <input type="checkbox"/> 2 </p> | |
| 240. | The loss of a partner is a momentous event in many people's lives. When you think back: How difficult was it for you to deal with the loss of your partner? Show list 240! <p style="text-align: right;"> Very difficult <input type="checkbox"/> 1 1360 Difficult <input type="checkbox"/> 2 A little difficult <input type="checkbox"/> 3 Hardly difficult <input type="checkbox"/> 4 Not at all difficult <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </p> | |
| 241. | And how often do you still think about this event and the changes it caused today? Show List 241! <p style="text-align: right;"> Very often (constantly) <input type="checkbox"/> 1 1361 Often <input type="checkbox"/> 2 Sometimes <input type="checkbox"/> 3 Seldom <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </p> | |
| 242. | If you think back on this event today: Would you say that your life is better or worse overall than before it? Show List 242 <p style="text-align: right;"> Much better <input type="checkbox"/> 1 1362 Somewhat better <input type="checkbox"/> 2 Remains the same <input type="checkbox"/> 3 Somewhat worse <input type="checkbox"/> 4 Much worse <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 </p> | 246 ! |


| No. | | K. 18 | cont. with |
|------|--|--|--|
| 243. | How would you rate your current relationship overall?  Show orange List A! (231) | Very good <input type="checkbox"/> 1 1363 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | |
| 244. | How has your relationship changed over the past 6 years?  Show orange list B! (232) | Has improved greatly <input type="checkbox"/> 1 1364 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5 | |
| 245. | How do you expect your relationship to change in the future?  Show orange list C! (233) | Will improve greatly <input type="checkbox"/> 1 1365 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | 250 ! |
| 246. | How would you currently rate your life without a relationship?  Show orange list A! (234) | Very good <input type="checkbox"/> 1 1366 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | |
| 247. | Would you like to be in a relationship again?  Please read out examples! (235) | Yes <input type="checkbox"/> 1 1367 Not at the moment, perhaps later <input type="checkbox"/> 2 ----- No <input type="checkbox"/> 3 | 248 <hr style="width: 100%;"/> 250 |
| 248. | How would you rate the likelihood of your finding another relationship?  Please read out examples! (236) | Very likely <input type="checkbox"/> 1 1368 Likely <input type="checkbox"/> 2 Unlikely <input type="checkbox"/> 3 Very unlikely <input type="checkbox"/> 4 | |
| 249. | How bad would it be for you not to have another partner in the future?  Please read out examples! (237) | Very bad <input type="checkbox"/> 1 1369 Not too bad <input type="checkbox"/> 2 Not bad at all <input type="checkbox"/> 3 | |





| No. | | cont. with |
|------|---|------------|
| 250. | <p> Please report with reference to question 200, page 29:</p> <p>Respondent is K. 71 married, living together with spouse <input type="checkbox"/> 1 105</p> <hr/> <p>married, living seperated from spouse <input type="checkbox"/> 2 divorced <input type="checkbox"/> 3 254 widowed <input type="checkbox"/> 4</p> <hr/> <p>single <input type="checkbox"/> 5 300</p> | |
| 251. | <p>Now, I'd like to return to your marital status. Have you been married before your current marriage? If so, how often have you been married before your current marriage? K. 71</p> <p> Without annulled marriages!</p> <p>No, married only once <input type="checkbox"/> 1 106 300</p> <hr/> <p>Yes <input type="checkbox"/> 2 252</p> <p> married <input type="text"/> <input type="text"/> times before last marriage <small>107/108</small></p> | |
| 252. | <p>What about your previous marriage, this is the marriage before your current marriage? K. 71 From when until when did it last?</p> <p> Note month and year!</p> <p style="text-align: center;"> Month Year Month Year from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> until <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>109/110 111-114 115/116 117-120</small> </p> | |
| 253. | <p>Did your last marriage before your current marriage end by divorce or by widowng? K. 71</p> <p>By divorce <input type="checkbox"/> 1 121 300 By widowng <input type="checkbox"/> 2 !</p> | |
| 254. | <p>Now I'd like to return to your marital status. Have you been married before your previous marriage? If so, how often have you been married before your previous marriage? K. 71</p> <p> Without annulled marriages!</p> <p>No, married only once <input type="checkbox"/> 1 122 300</p> <hr/> <p>Yes <input type="checkbox"/> 2 255</p> <p> married <input type="text"/> <input type="text"/> times before last marriage <small>123/124</small></p> | |
| 255. | <p>What about your next to last marriage, this is the marriage before your previous marriage? K. 71 From when until when did it last?</p> <p> Note month and year!</p> <p style="text-align: center;"> Month Year Month Year from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> until <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>125/126 127-130 131/132 133-136</small> </p> | |
| 256. | <p>Did your next to last marriage before your current marriage end by divorce or by widowng? K. 71</p> <p>By divorce <input type="checkbox"/> 1 137 By widowng <input type="checkbox"/> 2</p> | |




| No. | CHILDREN | K. 18 cont. with |
|------|---|--|
| 300. | <p>Do you have children? By this I mean children of your own, children who have grown up or are growing up in your household, as well as any children who may no longer be alive.</p> <p> Do not include children who died at birth!</p> <p>(300)</p> <p style="text-align: right;">1370-1371</p> <p style="text-align: right;">Number: <input style="width: 50px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 50px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text"/></p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No children <input type="checkbox"/> 95</p> | <p style="text-align: right;">301</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">318</p> |
| 301. | <p>Now I would like to ask you some questions about these children. The simplest thing would be for you to first give me the children's first names. Please start with the <u>oldest</u> child.</p> <p> Note the children's names on the yellow persons card and then enter on the following page.</p> <p>Then ask questions 302-316 for the first child and subsequently – if applicable – for the second child.</p> <p>If there are more than 4 children: use the supplementary sheet for the fifth and any further children!</p> | |


| | K. 19 1st Child 11 | K. 20 2nd Child 11 | K. 21 3rd Child 11 | K. 22 4th Child 11 |
|--|--|--|--|--|
| <p><i>Enter Code:</i></p> <p><i>Enter first name:</i></p> | <p>_____ 12-14</p> <p>_____ 15-29</p> | <p>_____ 12-14</p> <p>_____ 15-29</p> | <p>_____ 12-14</p> <p>_____ 15-29</p> | <p>_____ 12-14</p> <p>_____ 15-29</p> |
| <p>302. Sex: male (302) female</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> | <p><input type="checkbox"/> 1 30 <input type="checkbox"/> 2</p> |
| <p>303. Is ... your biological child (303) your partner's child an adopted child or a foster child? Don't know</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 31 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8</p> |
| <p>304. What year was ... born? (304 mod.) Is ... still alive? If "don't know": Go on with Question 314!</p> | <p>_____ 32-35 No 2 <input type="checkbox"/> ► Q. 315 Yes 1 <input type="checkbox"/> 36</p> | <p>_____ 32-35 No 2 <input type="checkbox"/> ► Q. 315 Yes 1 <input type="checkbox"/> 36</p> | <p>_____ 32-35 No 2 <input type="checkbox"/> ► Q. 315 Yes 1 <input type="checkbox"/> 36</p> | <p>_____ 32-35 No 2 <input type="checkbox"/> ► Q. 315 Yes 1 <input type="checkbox"/> 36</p> |
| <p>If child born 1987 or later → next child, Question 302 If child born 1986 or earlier → ask Questions 305-314 for this child If there are no further children → Question 317</p> | | | | |
| <p>305. Please read options aloud! (305) Is ... currently:</p> <ul style="list-style-type: none"> ● in school/occupational training . ● employed ● in (early) retirement ● unemployed ● or a homemaker? <p>Other Don't know</p> | <p>K. 61 11/12 1 <input type="checkbox"/> ► Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> | <p>K. 61 13/14 1 <input type="checkbox"/> ► Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> | <p>K. 61 15/16 1 <input type="checkbox"/> ► Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> | <p>K. 61 17/18 1 <input type="checkbox"/> ► Q. 307 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } Q. 306 4 <input type="checkbox"/> } 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 98 <input type="checkbox"/> }</p> |
| <p>306. Show blue card! (306) What is or was 's last occupational status? Please give the appropriate code</p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> | <p>Code number: _____ 38/39 Don't know 98 <input type="checkbox"/></p> |
| <p>306a What kind of work does ... (306) do now, or what did ... do in his/her last job? Is there a special name for this occupation?</p> | <p>K. 61 Job: _____ _____ 19-58 Occupation: _____ _____ 59-98 Don't know 8 <input type="checkbox"/> 99</p> | <p>K. 61 Job: _____ _____ 100-139 Occupation: _____ _____ 140-179 Don't know 8 <input type="checkbox"/> 180</p> | <p>K. 61 Job: _____ _____ 181-220 Occupation: _____ _____ 221-260 Don't know 8 <input type="checkbox"/> 261</p> | <p>K. 61 Job: _____ _____ 262-301 Occupation: _____ _____ 302-341 Don't know 8 <input type="checkbox"/> 342</p> |
| <p>307. What is ... 's marital status? (307)</p> <p>Single Married Separated Divorced Widowed Don't know</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> | <p><input type="checkbox"/> 1 121 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8</p> |


|  Please read out examples! | K.19 1st Child | K.20 2nd Child | K.21 3rd Child | K.22 4th Child |
|---|--|--|--|--|
| 308. How often are you in contact with ... (308) (visits, letters, phone calls)? <ul style="list-style-type: none"> ● Daily ● Several times a week ● Once a week ● Between 1-3 times per month .. ● A few times a year ● Less than a few times a year ● Never | K.61 <input type="checkbox"/> 1 343/344 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | K.61 <input type="checkbox"/> 1 345/346 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | K.61 <input type="checkbox"/> 1 347/348 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | K.61 <input type="checkbox"/> 1 349/350 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 |
| 309. Does ... live in your house (309) or household? | No 2 <input type="checkbox"/> ► Q. 311 Yes 1 <input type="checkbox"/> 123 ▼ | No 2 <input type="checkbox"/> ► Q.. 311 Yes 1 <input type="checkbox"/> 123 ▼ | No 2 <input type="checkbox"/> ► Q.. 311 Yes 1 <input type="checkbox"/> 123 ▼ | No 2 <input type="checkbox"/> ► Q. 311 Yes 1 <input type="checkbox"/> 123 ▼ |
| 310. Since when has ... been living with you? Please state the year when you first first started living together. Always, never lived apart Don't know | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } | 124-127 <input type="checkbox"/> 9995 } 313 <input type="checkbox"/> 9998 } |
| 311. When did ... move out? (310) Year: Never lived together Don't know | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 | <input type="checkbox"/> 128-131 <input type="checkbox"/> 9995 <input type="checkbox"/> 9998 |
| 312. How far away does ... live from (311) you at present? mod.) ● in the neighbourhood ● in the same town ● in another town, but it can be reached within two hours ● farther away, in Germany ● farther away, abroad Don't know | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 132 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 |
| 313. How close is your relationship (312) with ... ? <ul style="list-style-type: none"> ● Very close ● Close ● Moderately close ● Not very close ● Not close at all | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 133 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| 314. Does ... now have children? (313) If so, how many? | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 134 → next child on extra sheet. If no further : 317 |
| 315. When did ... die? (314) Year: | <input type="checkbox"/> 137-140 | <input type="checkbox"/> 137-140 | <input type="checkbox"/> 137-140 | <input type="checkbox"/> 137-140 |
| 316. Did ... have children who are still (315) alive today? If so, how many? | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → 302 next child If no further children: → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → 302 next child If no further children: → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → 302 next child If no further children → Q. 317 | Yes 1 <input type="checkbox"/> ► <input type="checkbox"/> <input type="checkbox"/> No 2 <input type="checkbox"/> 141 → next child on extra sheet. If no further : 317 |

| No. | | K. 22 cont. with |
|------|---|---------------------|
| 317. | <p> Only ask this question if the respondent has grandchildren (see Questions 314 and 316):</p> <p>Do you have great-grandchildren already and if so, how many? (316)</p> <p style="text-align: right;"> <input type="text" value=""/> <input type="text" value=""/> great-grandchildren 144/145 <hr style="border-top: 1px dashed black;"/> no great-grandchildren <input type="checkbox"/> 95 </p> | |

| No. | OTHER RELATIVES | K. 23 cont. with |
|------|---|--|
| 318. | <p>And do you have other living relatives? Please state whether you still have living relatives in each of the following categories.</p> <p> Show list 318! (317 mod.)</p> <p style="text-align: right;">K. 61 1</p> <p>Biological grandfather <input type="checkbox"/> 371</p> <p>Biological grandmother <input type="checkbox"/> 372</p> <p>Aunt / Uncle <input type="checkbox"/> 373</p> <p>Cousins <input type="checkbox"/> 374</p> <p>Nieces / Nephews <input type="checkbox"/> 375</p> <p>Grandmother of partner <input type="checkbox"/> 376</p> <p>Grandfather of partner <input type="checkbox"/> 377</p> <p>Mother-in-law / mother of partner <input type="checkbox"/> 378</p> <p>Father-in-law / father of partner <input type="checkbox"/> 379</p> <p>Brother-in-law, sister-in-law / Siblings of partner <input type="checkbox"/> 380</p> <p>No living relatives (from the categories in this list) <input type="checkbox"/> 381</p> | |
| 319. | <p>How would you rate your relationship with your family overall at the moment?</p> <p> Show orange list A! (318)</p> <p style="text-align: right;">K. 61 382/383</p> <p>Very good <input type="checkbox"/> 1</p> <p>Good <input type="checkbox"/> 2</p> <p>Average <input type="checkbox"/> 3</p> <p>Bad <input type="checkbox"/> 4</p> <p>Very bad <input type="checkbox"/> 5</p> <hr style="border-top: 1px dashed black;"/> <p>Not applicable <input type="checkbox"/> 6</p> | 320 322a |
| 320. | <p>How has your relationship with your family changed over the past 6 years?</p> <p> Show orange list B! (319)</p> <p>Has improved greatly <input type="checkbox"/> 1 23</p> <p>Has improved somewhat <input type="checkbox"/> 2</p> <p>Has stayed the same <input type="checkbox"/> 3</p> <p>Has worsened somewhat <input type="checkbox"/> 4</p> <p>Has gotten much worse <input type="checkbox"/> 5</p> | |
| 321. | <p>How do you expect your relationship with your family to change in future?</p> <p> Show orange list C! (320)</p> <p>Will improve greatly <input type="checkbox"/> 1 24</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> | |
| | Question 322 is omitted | |




| | | |
|------|---|--------------------------------|
| No. | HOUSEHOLD COMPOSITION AND HOUSING | K. 24 cont. with |
| 322a | <p> Please report: Respondent lives in</p> <p>Private home <input type="checkbox"/> 1</p> <p>Residential Home of the Elderly <input type="checkbox"/> 2</p> <hr/> <p>Assisted living home <input type="checkbox"/> 3</p> <p>Nursing Home <input type="checkbox"/> 4</p> <p>Asylum, not specified <input type="checkbox"/> 5</p> | 323 332 |
| 323. | <p>How many people in total live in your household, including children and yourself?</p> <p> Note number of people!</p> <p>(321)</p> <p>I live alone <input type="checkbox"/> 95 ^{11/12}</p> <p>Total of <input type="text" value=""/> people</p> | 325 324 |
| 324. | <p>I would like some information about the people who live in this household. Please include small children and people who normally live here but are absent at the moment (i.e., in the hospital or on vacation).</p> <p> Please first enter all household members in Box A according to age, apart from respondent, with first name/note on each person. Then ask for details on each person in household. Please ensure that all information given is complete!</p> <p>(322)</p> | |




| Household List | Respondent | 2nd Person | 3rd Person | 4th Person | 5th Person | 6th Person | 7th Person |
|--|---|---|---|---|---|--|--|
| A First name / note on each person: | Respondent being interviewed | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | 13-27 | 32-46 | 51-65 | 70-84 | 89-103 | 108-122 |
| B Sex: male female | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 28 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 47 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 66 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 85 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 104 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 123 <input type="checkbox"/> 2 |
| C Relationship:  Show yellow Persons Card! What applies to . . . ? | Code-No. <input type="text"/> | 29-31 Code-No. <input type="text"/> | 48-50 Code-No. <input type="text"/> | 67-69 Code-No. <input type="text"/> | 86-88 Code-No. <input type="text"/> | 105-107 Code-No. <input type="text"/> | 124-126 Code-No. <input type="text"/> |
| <p>Enter code number from persons card for each person! If necessary add to Persons Card!</p> | | | | | | | |





 **If more than 7 persons have to be entered: enter number of these additional persons** →




Please check again that all persons living in the household are included!

127-129

| No. | | K. 25 cont. with |
|------------|---|--|
| | <i>Questions 325 to 330 are omitted</i> | |
| 331. | <p>Hier fehlen zwei Sätze</p> <p>Would you like to live in a country other than Germany in the near or distant future – do you have plans to move to another country?</p> <p style="text-align: right;">Yes, I want to move to another country <input type="checkbox"/> 1</p> <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> <p style="text-align: right;">No, I want to stay in Germany <input type="checkbox"/> 2 81</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 331a 332 |
| 331a | <p>Within how many years do you want to move abroad?</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● Within the next year <input type="checkbox"/> 1 82/83 ● In 1 to 2 years <input type="checkbox"/> 2 ● In 3 to 5 years <input type="checkbox"/> 3 ● In 5 to 10 years <input type="checkbox"/> 4 ● In over 10 years time <input type="checkbox"/> 5 <p style="text-align: right;">Is not yet decided <input type="checkbox"/> 98</p> | |
| No. | HOUSING | K. 25 cont. with |
| 332. | <p>I would now like to ask a few questions about your current housing situation:</p> <p>How long have you been living in this town/city?</p> <p>(329)</p> <p style="text-align: right;">Since the year <input style="width: 40px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 84-87</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 9998</p> | |
| 333. | <p>And how long have you been living in your current dwelling?</p> <p>(330 mod.)</p> <p style="text-align: right;">Since the year <input style="width: 40px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 88-91</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 9998</p> | |
| 334. | <p>Generally speaking, how would you rate your current housing situation?</p> <p> Show orange list A!</p> <p>(331)</p> <p style="text-align: right;">Very good <input type="checkbox"/> 1 112</p> <p style="text-align: right;">Good <input type="checkbox"/> 2</p> <p style="text-align: right;">Average <input type="checkbox"/> 3</p> <p style="text-align: right;">Bad <input type="checkbox"/> 4</p> <p style="text-align: right;">Very bad <input type="checkbox"/> 5</p> | |
| 335. | <p>How has your housing situation changed over the past 6 years?</p> <p> Show orange list B!</p> <p>(332)</p> <p style="text-align: right;">Has improved greatly <input type="checkbox"/> 1 113</p> <p style="text-align: right;">Had improved somewhat <input type="checkbox"/> 2</p> <p style="text-align: right;">Has stayed the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Has worsened somewhat <input type="checkbox"/> 4</p> <p style="text-align: right;">Has gotten much worse <input type="checkbox"/> 5</p> | |

| No. | | K. 25 | cont. with | |
|------|---|--|--|--------------|
| 336. | How do you expect your housing situation to change in the future?  Show orange list C! (333) | Will improve greatly <input type="checkbox"/> 1 114 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | | |
| 336a |  Please report with reference to question 322a, page 43: | Respondent lives in: K. 71 Private household or Residential Home of the Elderly <input type="checkbox"/> 1 139 <hr style="border-top: 1px dashed black;"/> Assisted living home, Nursing Home or other institution (not specified) <input type="checkbox"/> 2 | 337 346 | |
| 337. | How many rooms does your accommodation have, apart from kitchen, bath, and hallway? (334) | <input type="text"/> <input type="text"/> , <input type="text"/> rooms 115-118 Don't know <input type="checkbox"/> 8 119 | | |
| 338. | What is the total size of the living area of your accommodation in square meters? | About <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> sq.m 120-122 Don't know <input type="checkbox"/> 998 | | |
| 339. | Do you live in this apartment/house as . . . (335) | owner <input type="checkbox"/> 1 123 <hr style="border-top: 1px dashed black;"/> main tenant <input type="checkbox"/> 2 or subtenant? <input type="checkbox"/> 3 Other (please note): <input type="checkbox"/> 4 124-153 | 342 340 | |
| 340. | Does this apartment/house belong to your parents, your children, other relatives or friends or acquaintances? (336 mod.) | Yes, parents <input type="checkbox"/> 1 154 Yes, children <input type="checkbox"/> 2 Yes, other relatives <input type="checkbox"/> 3 Yes, friends/acquaintances <input type="checkbox"/> 4 No <input type="checkbox"/> 5 | | |
| 341. | Approximately how high is the current monthly rent for this apartment/house including all extra charges such as electricity, gas, water, heating, garbage disposal, etc.? If you cannot give the exact amount, please give a rough estimate. (337)  Tick currency as applicable! | <div style="display: flex; justify-content: space-between;"> 155-158 in DM EUR </div> Per month . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 159 Don't know <input type="checkbox"/> 9998 Declined <input type="checkbox"/> 9997 | Please also tick: With extra charges <input type="checkbox"/> 1 160 Without extra charges <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | 400 ! |

| No. | | K. 25 cont. with |
|------|--|---|
| 342. | <p>How high are the monthly costs for electricity, gas, water, heating, garbage disposal, etc.? If you do not know the exact costs, please give a rough estimate.</p> <p>(338)</p> <p> Tick currency as applicable!</p> <p style="text-align: right;">161-164 in DM euros</p> <p>Per month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 165</p> <p>Don't know <input type="checkbox"/> 9998</p> <p>Declined <input type="checkbox"/> 9997</p> | |
| 343. | <p>Are you still paying off a mortgage or another type of loan for this apartment/house?</p> <p>(339)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 166</p> <hr/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | <p>344</p> <hr/> <p>345</p> |
| 344. | <p>What amount do you pay monthly? If you cannot state the exact sum, please give a rough estimate.</p> <p>(340)</p> <p> Tick currency as applicable!</p> <p style="text-align: right;">167-170 in DM EUR</p> <p>Per month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 171</p> <p>Don't know <input type="checkbox"/> 9998</p> <p>Declined <input type="checkbox"/> 9997</p> | |
| 345. | <p>How did you obtain this apartment/house?</p> <p> Please read out examples!</p> <p>(341)</p> <ul style="list-style-type: none"> ● As an inheritance or gift <input type="checkbox"/> 1 172 ● Bought from previous owner <input type="checkbox"/> 2 ● Bought new or newly built <input type="checkbox"/> 3 ● or in another way? (please note): <input type="checkbox"/> 4 <p style="text-align: right;">_____ 173-202</p> | <p>400</p> <p>!</p> |
| 346. | <p>How many persons live in this room?</p> <p style="text-align: right;">Respondent lives in this room: K. 71</p> <p>alone <input type="checkbox"/> 1 140</p> <p>with a further person <input type="checkbox"/> 2</p> <p>with two or more further persons <input type="checkbox"/> 3</p> | |
| 347. | <p>How much do you pay monthly for staying in this institution? How much in total do you or your relatives have to pay monthly?</p> <p> Tick currency as applicable!</p> <p style="text-align: right;">in DM EUR</p> <p>Per month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p style="text-align: right;">141-145 146</p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>400</p> <p>!</p> |

| No. | LEISURE | K. 26 cont. with |
|------|--|------------------------|
| 400. | <p>The topic now is leisure -- what you do in your spare time.</p> <p>Generally speaking, how would you rate your leisure time activities at present?</p> <p> Show orange list A!</p> <p>(400)</p> <p>Very good <input type="checkbox"/> 1 11 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5</p> | |
| 401. | <p>How has the way you spend your leisure time changed over the past 6 years?</p> <p> Show orange list B!</p> <p>(401)</p> <p>Has improved greatly <input type="checkbox"/> 1 12 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten much worse <input type="checkbox"/> 5</p> | |
| 402. | <p>How do you expect your leisure time to change in the future?</p> <p> Show orange list C!</p> <p>(402)</p> <p>Will improve greatly <input type="checkbox"/> 1 13 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5</p> | |

| | | | |
|------|--|--|-------------------|
| 403. | <p> Please tick as in question 002:</p> <p>(403)</p> | <p>Respondent was born in</p> <p>● 1952 or before <input type="checkbox"/> 1 ^{K.61} 446</p> <p>● 1953 or after <input type="checkbox"/> 2</p> | 404 410 |
| 404. | <p>There are many groups that target older retirees or people in early retirement. Do you participate in activities of any of the groups listed here?</p> <p> Show list 404 and leave it available up to question 409!</p> <p>(404)</p> | <p>Yes <input type="checkbox"/> 1 ^{K.61} 447</p> <p>No <input type="checkbox"/> 2</p> | 405 410 |

Enter answers to questions 405-409 for each membership in the grid below!

405. Please give me the appropriate code letter or code letters. (405)

If a code letter is given twice, please include separately!
If code letter H from List 404: please ask about group and note!

Please tell me when you first attended this group. (406)

407. How often on an average have you attended gatherings, events, or meetings over the past 12 months? (407)

408. Do you hold an office in the group or a volunteer position? If so, since when? (408)

409. And how many hours on average do you spend on this activity? (409)

Enter hours according to answers! if less often than once monthly: ask about days per year!

| 405 | 406 | 407 | 408 | 409 |
|--|---|--|---|--|
| <p>1. Code letter: <input type="checkbox"/> ^{K.62} 11 / ^{12/13} <input type="checkbox"/></p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p> | <p>Since _____</p> <p><small>34-37</small></p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times a month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes <input type="checkbox"/> 1 since: 40 _____</p> <p><small>41-44</small></p> <p>No <input type="checkbox"/> 2</p> <p>next group</p> | <p>Hours / day _____ <small>45/46</small></p> <p>Hours / week _____ <small>47/48</small></p> <p>Hours / month _____ <small>49/50</small></p> <p>Days / year _____ <small>51/52</small></p> |
| <p>2. Code letter: <input type="checkbox"/> ^{K.63} 11 / ^{12/13} <input type="checkbox"/></p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p> | <p>Since _____</p> <p><small>34-37</small></p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times a month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes <input type="checkbox"/> 1 since: 40 _____</p> <p><small>41-44</small></p> <p>No <input type="checkbox"/> 2</p> <p>next group</p> | <p>Hours / day _____ <small>45/46</small></p> <p>Hours / week _____ <small>47/48</small></p> <p>Hours / month _____ <small>49/50</small></p> <p>Days / year _____ <small>51/52</small></p> |
| <p>3. Code letter: <input type="checkbox"/> ^{K.64} 11 / ^{12/13} <input type="checkbox"/></p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p> | <p>Since _____</p> <p><small>34-37</small></p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times per month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes <input type="checkbox"/> 1 since: 40 _____</p> <p><small>41-44</small></p> <p>No <input type="checkbox"/> 2</p> <p>Next group</p> | <p>Hours / day _____ <small>45/46</small></p> <p>Hours / week _____ <small>47/48</small></p> <p>Hours / month _____ <small>49/50</small></p> <p>Days / year _____ <small>51/52</small></p> |
| <p>4. Code letter: <input type="checkbox"/> ^{K.65} 11 / ^{12/13} <input type="checkbox"/></p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p> | <p>Since _____</p> <p><small>34-37</small></p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times per month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes <input type="checkbox"/> 1 since: 40 _____</p> <p><small>41-44</small></p> <p>No <input type="checkbox"/> 2</p> <p>Next group</p> | <p>Hours / day _____ <small>45/46</small></p> <p>Hours / week _____ <small>47/48</small></p> <p>Hours / month _____ <small>49/50</small></p> <p>Days / year _____ <small>51/52</small></p> |
| <p>5. Code letter: <input type="checkbox"/> ^{K.66} 11 / ^{12/13} <input type="checkbox"/></p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p> | <p>Since _____</p> <p><small>34-37</small></p> <p>Don't know <input type="checkbox"/> 9998</p> | <p>Several times a week ... <input type="checkbox"/> 1 ^{38/39}</p> <p>Once a week <input type="checkbox"/> 2</p> <p>1-3 times per month <input type="checkbox"/> 3</p> <p>Several times a year <input type="checkbox"/> 4</p> <p>Less often <input type="checkbox"/> 5</p> <p>Never <input type="checkbox"/> 6</p> | <p>Yes <input type="checkbox"/> 1 since: 40 _____</p> <p><small>41-44</small></p> <p>No <input type="checkbox"/> 2</p> <p>↓</p> | <p>Hours / day _____ <small>45/46</small></p> <p>Hours / week _____ <small>47/48</small></p> <p>Hours / month _____ <small>49/50</small></p> <p>Days / year _____ <small>51/52</small></p> |

If further groups are named: please note code letters

| | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|
| <input type="checkbox"/> 53/54 | <input type="checkbox"/> 55/56 | <input type="checkbox"/> 57/58 | <input type="checkbox"/> 59/60 | K. 66 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|

| | | | |
|-------|--|---|------------|
| 410. | The following focuses on groups and organizations in general that one can join. Are you a member of any of the following groups? Show List 410 and leave it available up to question 415! | Yes <input type="checkbox"/> 1 14 | 411 |
| (410) | | No <input type="checkbox"/> 2 | 416 |

Enter answers to questions 410-415 for each membership in the grid below!

411. Please give me the appropriate code letter or code letters. (411)
If a code letter is given twice, please include separately!
If code letter O from List 410: please ask about group and note!

412. Please tell me how long you have been a member of this organization. (412)

413. How often on an average have you attended gatherings, events, or meetings over the past 12 months? (413)





414. Do you hold an office in the group or a volunteer position? If so, since when? (414)

415. And how many hours on average do you spend on this activity? (415)
Enter hours according to answers! If less often than once per month, ask about days per year!

| 411 | 412 | 413 | 414 | 415 |
|--|---|--|--|---|
| 1. Code letter: <input type="checkbox"/> K.27 11 12/13 If O: other group: _____ _____ 14-33 | Since _____ 34-37 Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 11/12 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: 39 _____ 40-43 No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ 44/45 Hours / week _____ 46/47 Hours / month _____ 48/49 Days / year _____ 50/51 |
| 2. Code letter: <input type="checkbox"/> K.28 11 12/13 If O: other group: _____ _____ | Since _____ 34-37 Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 13/14 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: 39 _____ 40-43 No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ 44/45 Hours / week _____ 46/47 Hours / month _____ 48/49 Days / year _____ 50/51 |
| 3. Code letter: <input type="checkbox"/> K.29 11 12/13 If O: other group: _____ _____ | Since _____ 34-37 Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 15/16 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: 39 _____ 40-43 No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ 44/45 Hours / week _____ 46/47 Hours / month _____ 48/49 Days / year _____ 50/51 |
| 4. Code letter: <input type="checkbox"/> K.30 11 12/13 If O: other group: _____ _____ | Since _____ 34-37 Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 17/18 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: 39 _____ 40-43 No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ 44/45 Hours / week _____ 46/47 Hours / month _____ 48/49 Days / year _____ 50/51 |
| 5. Code letter: <input type="checkbox"/> K.31 11 12/13 If O: other group: _____ _____ | Since _____ 34-37 Don't know <input type="checkbox"/> 9998 | Several times a week .. <input type="checkbox"/> 1 K.67 19/20 Once a week <input type="checkbox"/> 2 1-3 times a month <input type="checkbox"/> 3 Several times a year <input type="checkbox"/> 4 Less often <input type="checkbox"/> 5 Never <input type="checkbox"/> 6 | Yes 1 <input type="checkbox"/> since: 39 _____ 40-43 No <input type="checkbox"/> 2 ↓ next group | Hours / day _____ 44/45 Hours / week _____ 46/47 Hours / month _____ 48/49 Days / year _____ 50/51 |

If further groups are named please note code letters:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K. 31 |
| 52/53 | 54/55 | 56/57 | 58/59 | |

| No. | K.32 | cont. with |
|------|---|----------------|
| 416. | Do you hold any other offices, for example, as a representative to a parent-teacher association, a neighbourhood assistance organisation or in einem Heimbeirat? (416 mod.) <p style="text-align: right;">Yes <input type="checkbox"/> 1 11</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | 417 420 |
| 417. | Which one(s)?  Please note function word for word! (417) <p style="text-align: right;">_____ 12-91</p> <p>_____</p> | 420 |
| | <i>Question 418 is omitted</i> | |
| | <i>Question 419 is omitted</i> | |
| 420. | Apart from these types of groups, clubs, and functions, people sometimes also meet regularly in groups for other purposes, for instance, to go hiking, to play cards, or just to talk or meet at the local pub. Do you meet regularly with a group of this kind? (420) <p style="text-align: right;">Yes <input type="checkbox"/> 1 173</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | 421 423 |
| 421. | How often have you met during the past 12 months?  Please read out choices! (421) <ul style="list-style-type: none"> ● Several times a week <input type="checkbox"/> 1 174 ● Once a week <input type="checkbox"/> 2 ● 1-3 times per month <input type="checkbox"/> 3 ● Several times a year <input type="checkbox"/> 4 ● Less often <input type="checkbox"/> 5 | |
| 422. | What do you do at these meetings?  Please note word by word! (422) <p style="text-align: right;">_____ 175-254</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| 422a |  Please report with reference to question 322a, page 43: <p>Respondent lives in: K.71</p> <p>Private household or Residential Home of the Elderly <input type="checkbox"/> 1 147</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p>Assisted living home, Nursing Home or other institution (not specified) <input type="checkbox"/> 2</p> | 423 425 |

| No. | | K. 32 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|-----------------------------|--------------------------|-----------------------------|------------------------------|----------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|---------------|--|--------------------------|--------------------------|-----|------------------------------|--------------------------|--------------------------|-----|-------|-----|--|---|--|---|--|---|--------------------------------------|----------------------------|--|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|--|----------------------------|--|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|---|----------------------------|--|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|---|----------------------------|--|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|---|----------------------------|--|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|--|----------------------------|--|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|--|----------------------------|--|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|-------|--|
| 423. | <p>I'd now like to go on to learn more about your activities and pastimes. Do you look after or supervise other people's children privately, e.g., your grandchildren or the children of siblings, neighbours, friends, or acquaintances?</p> <p> Do not include paid work (i.e., work in schools or daycare centers)!</p> <p> Show list 423! Multiple responses possible!</p> <p>(423)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">A Grandchildren</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: right;">102</td> </tr> <tr> <td>B Children of siblings</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">103</td> </tr> <tr> <td>C Children of neighbours</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">104</td> </tr> <tr> <td>D Children of friends or acquaintances</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">105</td> </tr> <tr> <td>E Other (please note):</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">106</td> </tr> </table> <p style="text-align: right;">108-147</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">No <input type="checkbox"/> 107</p> | A Grandchildren | 1 | <input type="checkbox"/> | 102 | B Children of siblings | | <input type="checkbox"/> | 103 | C Children of neighbours | | <input type="checkbox"/> | 104 | D Children of friends or acquaintances | | <input type="checkbox"/> | 105 | E Other (please note): | | <input type="checkbox"/> | 106 | K. 67 | 424 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Grandchildren | 1 | <input type="checkbox"/> | 102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Children of siblings | | <input type="checkbox"/> | 103 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Children of neighbours | | <input type="checkbox"/> | 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Children of friends or acquaintances | | <input type="checkbox"/> | 105 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Other (please note): | | <input type="checkbox"/> | 106 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 424. | <p>How many hours on an average do you spend on this?</p> <p> if question 423 produces an answer of several children, add up total amount of time spent on <u>all</u> children!</p> <p>(424)</p> <p style="text-align: right;">Tick additionally:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">hours</td> <td style="width: 20%; text-align: right;">320-321</td> </tr> <tr> <td>Per day</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">1 322</td> </tr> <tr> <td>Per week</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">2</td> </tr> <tr> <td>Per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td>Less often</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: right;">4</td> </tr> </table> | | | hours | 320-321 | Per day | <input type="checkbox"/> | | 1 322 | Per week | <input type="checkbox"/> | | 2 | Per month | <input type="checkbox"/> | | 3 | Less often | <input type="checkbox"/> | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | hours | 320-321 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per day | <input type="checkbox"/> | | 1 322 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per week | <input type="checkbox"/> | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per month | <input type="checkbox"/> | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less often | <input type="checkbox"/> | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 425. | <p>If you think back over the past 12 months: How often on an average do you engage in the following activities? Please tell me how often you do each activity on this list.</p> <p> Show list 425! Please read out examples!</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 5%; text-align: center;">Daily</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Approx. no. of hours.</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Several times a week</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Once a week</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">1-3 times a month</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Less often</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Never</th> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">6</td> </tr> </thead> <tbody> <tr> <td>How often do you do housework?</td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">169-173</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">168</td> </tr> <tr> <td>How often do you do arts and crafts, do-it-yourself projects, or home improvements? 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| | Daily | | Approx. no. of hours. | | Several times a week | | Once a week | | 1-3 times a month | | Less often | | Never | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | | | | 2 | | 3 | | 4 | | 5 | | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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426. I would also like to ask whether you do the following activities mainly alone or with other people. But first I would like to ask again how often you have done these activities during the past 12 months.
Show list 426 and leave for reference up to Question 432!
 (426 mod.)

How often do you go for walks?

K. 67

227-231 225/226

Multiple responses possible!

- About hours per day 1
- Several times a week 2
- Once a week 3
- 1 - 3 times a month 4
- Less often 5
- Never 6

And do you usually do this alone or with other people?

- 1
Usually alone 232
- With partner 233
- With relatives 234
- With friends 235
- With a club 236
- With others 237

427. **How often do you do sports such as hiking, soccer, gymnastics, or swimming?**

K. 67

(426a mod.) 240-244 238/239

Multiple responses possible!

- About hours per day 1
- Several times a week 2
- Once a week 3
- 1 - 3 times a month 4
- Less often 5
- Never 6

And do you usually do this alone or with other people?

- 1
Usually alone 245
- With partner 246
- With relatives 247
- With friends 248
- With a club 249
- With others 250

428. **How often do you do something artistic such as painting or playing music?**

K. 67

(426b mod.) 253-257 251/252

Multiple responses possible!

- About hours per day 1
- Several times a week 2
- Once a week 3
- 1-3 times a month 4
- Less often 5
- Never 6

And do you usually do this alone or with other people?

- 1
Usually alone 258
- With partner 259
- With relatives 260
- With friends 261
- With a club 262
- With others 263

**Next activity
next page!**

| | |
|------------|---|
| <p>No.</p> | <p><i>contd.</i></p> <p>429. How often do you go to concerts, theater, opera, or to museums, galleries, or art exhibitions? K. 67</p> <p>(426c mod.) 266-270 264/265</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1 - 3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Never <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 271 With partner <input type="checkbox"/> 272 With relatives <input type="checkbox"/> 273 With friends <input type="checkbox"/> 274 With a club <input type="checkbox"/> 275 With others <input type="checkbox"/> 276 </p> |
| <p>No.</p> | <p>430. How often do you go to sporting events? K. 67</p> <p>(426d mod.) 279-283 277/278</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1 - 3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Nie <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 284 With partner <input type="checkbox"/> 285 With relatives <input type="checkbox"/> 286 With friends <input type="checkbox"/> 287 With a club <input type="checkbox"/> 288 With others <input type="checkbox"/> 289 </p> |
| <p>No.</p> | <p>431. How often do you play board games such as chess, play cards, or do puzzles? K. 67</p> <p>(426e mod.) 292-296 290/291</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1-3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Never <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 297 With partner <input type="checkbox"/> 298 With relatives <input type="checkbox"/> 299 With friends <input type="checkbox"/> 300 With a club <input type="checkbox"/> 301 With others <input type="checkbox"/> 302 </p> |
| <p>No.</p> | <p>432. How often do you take classes or go to lectures, for example, for education and further training? K. 67</p> <p>(426f mod.) 305-309 303/304</p> <p> About <input type="text"/> hours per day 1 <input type="checkbox"/> } Several times a week 2 <input type="checkbox"/> } Once a week 3 <input type="checkbox"/> } And do you usually do this alone 1 - 3 times a month 4 <input type="checkbox"/> } or with other people? Less often 5 <input type="checkbox"/> } Never <input type="checkbox"/> 6 ▼ </p> <p style="text-align: right;"> ☞ Multiple responses possible! 1 Usually alone <input type="checkbox"/> 310 With partner <input type="checkbox"/> 311 With relatives <input type="checkbox"/> 312 With friends <input type="checkbox"/> 313 With a club <input type="checkbox"/> 314 With others <input type="checkbox"/> 315 </p> |

| | | | |
|------------|---------------|-------|-----------------------|
| No. | HEALTH | K. 33 | cont. with |
|------------|---------------|-------|-----------------------|

500. The following question is about issues and topics that often occupy people's minds -- things they think about during their daily lives and things they may do something about.
 For example, you might think about your health or do something about it by working to stay healthy or to become healthy.



I would now like to ask you to what extent the following topics influence your daily thoughts and activities. I will read out some issues and topics. Please use the following scale from 0 to 6 to rate how much you think about the issue and do something about it.
 0 indicates that you do not think about it or do anything about it.
 6 indicates that you think a lot about it and do a lot about it.





Show list 500 and read out items consecutively!

| | Don't think about it/don't do anything for it | | | | | | | Think a lot about it/ do a lot for it | Declined | Don't know |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------------|------------|
| How much currently do you think of or do something about . . . | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 97 | 98 | |
| ● Health | <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"/> 11/12 | |
| ● Harmony, serenity | <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"/> 13/14 | |
| ● Wisdom, a mature understanding of life | <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"/> 15/16 | |
| ● Pleasure, fun, enjoyment | <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"/> 17/18 | |
| ● Self respect, positive self-image | <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"/> 19/20 | |
| ● Social standing, social recognition | <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"/> 21/22 | |
| ● Job aptitude, success in career | <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"/> 23/24 | |
| ● Self-assertion, ability to get things done | <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"/> 25/26 | |
| ● Harmonious relationship | <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"/> 27/28 | |
| ● Excitement, adventure | <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"/> 29/30 | |
| ● Compassion, ability to empathize | <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"/> 31/32 | |
| ● Independence, personal freedom | <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"/> 33/34 | |
| ● Security of family, care for family members | <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"/> 35/36 | |
| ● Affluence, high standard of living | <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"/> 37/38 | |
| ● Mental fitness | <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"/> 39/40 | |
| ● Intimacy, sexuality | <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"/> 41/42 | |
| ● Personal development, reaching my full potential | <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"/> 43/44 | |
| ● Physical performance, fitness | <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"/> 45/46 | |
| ● Satisfying friendships, social integration | <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"/> 47/48 | |
| ● Commitment to social ideals | <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"/> 49/50 | |
| ● Faith, inner peace, redemption | <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"/> 51/52 | |

| No. | | K.33 | cont. with | | | | | | | | | | | | | | | |
|------|--|--|---|----------------------------------|--|---|-------------------------------|---------------|--|--|---|---|---|---|---|--|------|--|
| 501. | How would you rate your present state of health? Show orange list A! (500) | Very good <input type="checkbox"/> 1 80 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | |
| 502. | How has your state of health changed over the past ten years? Show orange list B! (501 mod.) | Has improved greatly <input type="checkbox"/> 1 81 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has get much worse <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | |
| 503. | How do you expect your state of health to change in the future? Show orange list C! (502) | Will improve greatly <input type="checkbox"/> 1 82 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | |
| 504. | Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week. Show list 504! | <table style="width:100%; border:none;"> <tr> <td style="width:30%;"></td> <td style="text-align:center;">rarely or none of the time</td> <td style="text-align:center;">some or a little bit of the time</td> <td style="text-align:center;">Occasionally or a moderate amount of time</td> <td style="text-align:center;">Most or all of the time</td> <td style="text-align:center;">Don't know</td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td style="text-align:center;">4</td> <td style="text-align:center;">8</td> <td></td> </tr> </table> During the past week . . . | | rarely or none of the time | some or a little bit of the time | Occasionally or a moderate amount of time | Most or all of the time | Don't know | | | 1 | 2 | 3 | 4 | 8 | | K.67 | |
| | rarely or none of the time | some or a little bit of the time | Occasionally or a moderate amount of time | Most or all of the time | Don't know | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 8 | | | | | | | | | | | | | |
| | A I was bothered by things that usually don't bother me | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 336 | | | | | | | | | | | | | | | | |
| | B I felt that I could not shake off the blues, even though my family / friends tried to cheer me up | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 337 | | | | | | | | | | | | | | | | |
| | C I had trouble concentrating | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 338 | | | | | | | | | | | | | | | | |
| | D I felt depressed | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 339 | | | | | | | | | | | | | | | | |
| | E I felt that everything I did was an effort | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 340 | | | | | | | | | | | | | | | | |
| | F I thought my whole life had been a failure | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 341 | | | | | | | | | | | | | | | | |
| | G I felt fearful | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 342 | | | | | | | | | | | | | | | | |
| | H I didn't sleep well | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 343 | | | | | | | | | | | | | | | | |
| | J I was in a good mood | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 344 | | | | | | | | | | | | | | | | |
| | K I talked less than usual | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 345 | | | | | | | | | | | | | | | | |
| | L I felt lonely | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 346 | | | | | | | | | | | | | | | | |
| | M I enjoyed life | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 347 | | | | | | | | | | | | | | | | |
| | N I felt sad | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 348 | | | | | | | | | | | | | | | | |
| | O I felt that people dislike me | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 349 | | | | | | | | | | | | | | | | |
| | P I could not get myself motivated | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 350 | | | | | | | | | | | | | | | | |

| No. | | K. 33 cont. with |
|------|--|--------------------------------|
| 505. | <p>I would now like to ask you some questions about your body and your health:</p> <p>Can you tell me how tall you are?</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm 83-85 Don't know <input type="checkbox"/> 998 </p> | |
| 506. | <p>About how much do you weigh?</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg 86-88 Don't know <input type="checkbox"/> 998 </p> | |
| 507. | <p>Do vision problems cause you trouble reading the newspaper ⁶⁷ (possibly even when using a vision aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 351 No <input type="checkbox"/> 2 </p> | |
| 508. | <p>Do vision problems cause you trouble recognizing people you know on the street (possibly even when using a vision aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 352 No <input type="checkbox"/> 2 </p> | K67 |
| 509. | <p>Do you have hearing problems on the telephone (possibly even when using a hearing aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 353 No <input type="checkbox"/> 2 </p> | K. 67 |
| 510. | <p>Do you have hearing problems in groups of more than four people (possibly even when using a hearing aid)?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 354 No <input type="checkbox"/> 2 </p> | K. 67 |



| No. | | K. 33 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|--------------------------|----------------------------|-----------------------|---------------|--|--|---|---|---|---|----|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--|--------------------------|--------------------------|--------------------------|--------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--|--------------------------|--------------------------|--------------------------|--------------------------|---------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|-------|--|
| 511. | <p>The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</p> <ul style="list-style-type: none"> ● Yes, limited a lot. ● Yes, limited a little. ● No, not limited at all. <p> Please read out examples!</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; width: 10%;">Limited a lot</th> <th style="text-align: center; width: 10%;">Limited a little</th> <th style="text-align: center; width: 10%;">Not limited at all</th> <th style="text-align: center; width: 10%;">Don't know</th> <th style="width: 10%;"></th> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td></td> </tr> </thead> <tbody> <tr> <td>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">109</td> </tr> <tr> <td>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">110</td> </tr> <tr> <td>Lifting or carrying groceries</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">111</td> </tr> <tr> <td>Climbing several flights of stairs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">112</td> </tr> <tr> <td>Climbing one flight of stairs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">113</td> </tr> <tr> <td>Bending, kneeling, or stooping</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">114</td> </tr> <tr> <td>Walking more than one kilometer (0,62 miles)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">115</td> </tr> <tr> <td>Walking several blocks</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">116</td> </tr> <tr> <td>Walking one block</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">117</td> </tr> <tr> <td>Bathing or dressing yourself</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">118</td> </tr> </tbody> </table> | | Limited a lot | Limited a little | Not limited at all | Don't know | | | 1 | 2 | 3 | 8 | | Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 109 | Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110 | Lifting or carrying groceries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 111 | Climbing several flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 112 | Climbing one flight of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 113 | Bending, kneeling, or stooping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 114 | Walking more than one kilometer (0,62 miles) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 115 | Walking several blocks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 116 | Walking one block | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 117 | Bathing or dressing yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 118 | K. 33 | |
| | Limited a lot | Limited a little | Not limited at all | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 109 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lifting or carrying groceries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Climbing several flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 112 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Climbing one flight of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 113 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bending, kneeling, or stooping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 114 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walking more than one kilometer (0,62 miles) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 115 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walking several blocks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 116 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walking one block | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 117 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bathing or dressing yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 118 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 512. | <p>Please continue to think about your present state of health.</p> <p>I would <u>also</u> like to know whether you are able to carry out the following activities</p> <ul style="list-style-type: none"> ● always completely unaided, ● with occasional assistance or ● always with assistance? <p> Please read out examples!</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; width: 10%;">Always unaided</th> <th style="text-align: center; width: 10%;">With occasional help</th> <th style="text-align: center; width: 10%;">Always with help</th> <th style="text-align: center; width: 10%;">Don't know</th> <th style="width: 10%;"></th> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">6</td> <td style="text-align: center;">98</td> </tr> </thead> <tbody> <tr> <td>What is the situation with . . .</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>● Doing laundry</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">163/164</td> </tr> <tr> <td>● Cleaning your home</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">164/166</td> </tr> <tr> <td>● Buying food and drinks</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">167/168</td> </tr> <tr> <td>● Preparing meals</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">169/170</td> </tr> <tr> <td>● Bathing or showering</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">171/172</td> </tr> <tr> <td>● Getting dressed and undressed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">173/174</td> </tr> <tr> <td>● Eating and drinking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">175/176</td> </tr> </tbody> </table> | | Always unaided | With occasional help | Always with help | Don't know | | | 1 | 2 | 3 | 6 | 98 | What is the situation with . . . | | | | | | ● Doing laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 163/164 | ● Cleaning your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 164/166 | ● Buying food and drinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 167/168 | ● Preparing meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 169/170 | ● Bathing or showering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 171/172 | ● Getting dressed and undressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 173/174 | ● Eating and drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 175/176 | K. 71 | | | | | | | | | | | | | |
| | Always unaided | With occasional help | Always with help | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 6 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the situation with . . . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Doing laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 163/164 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Cleaning your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 164/166 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Buying food and drinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 167/168 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Preparing meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 169/170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Bathing or showering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 171/172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Getting dressed and undressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 173/174 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● Eating and drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 175/176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |





| No. | | K. 33 cont. with |
|------|---|---|
| 513. | <p>A temporary or permanent impairment of health due to a serious illness or accident is a dramatic event in many people's lives. Have you yourself suffered a serious illness or had an accident in the past 6 years?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 119</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> | 514 <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> 519 |
| 514. | <p>Can you tell me what year that was?  If several illnesses or injuries: ask for the <u>most serious one</u>!</p> <p style="text-align: right;">In the year/since <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> 200-203</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 9998</p> | |
| 515. | <p>What kind of illness or injury was it? Please describe it in a few words.</p> <p>_____ 120-199</p> <p>_____</p> <p>_____</p> | |
| 516. | <p>If you think back: how difficult was it for you to deal with this illness or injury?  Show list 516!</p> <p style="text-align: right;">Very difficult <input type="checkbox"/> 1 204</p> <p style="text-align: right;">Difficult <input type="checkbox"/> 2</p> <p style="text-align: right;">A little difficult <input type="checkbox"/> 3</p> <p style="text-align: right;">Hardly difficult <input type="checkbox"/> 4</p> <p style="text-align: right;">Not at all difficult <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 517. | <p>And how often do you think of this event and the changes it caused today?  Show list 518!</p> <p style="text-align: right;">Very often (constantly) <input type="checkbox"/> 1 205</p> <p style="text-align: right;">Often <input type="checkbox"/> 2</p> <p style="text-align: right;">Sometimes <input type="checkbox"/> 3</p> <p style="text-align: right;">Seldom <input type="checkbox"/> 4</p> <p style="text-align: right;">Never <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 518. | <p>If you think back on this event today: Would you say that your life is better or worse overall than before it?  Show list 518!</p> <p style="text-align: right;">Much better <input type="checkbox"/> 1 206</p> <p style="text-align: right;">Somewhat better <input type="checkbox"/> 2</p> <p style="text-align: right;">Remains the same <input type="checkbox"/> 3</p> <p style="text-align: right;">Somewhat worse <input type="checkbox"/> 4</p> <p style="text-align: right;">Much worse <input type="checkbox"/> 5</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |



| No. | | K. 33 | cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 519. | <p>How often in the past 12 months have you been to the following doctors? Please include house calls.</p> <p> Show list 519 and read out examples!</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 5%; text-align: center;">Never</th> <th style="width: 5%; text-align: center;">1 time</th> <th style="width: 5%; text-align: center;">2-3 times</th> <th style="width: 5%; text-align: center;">4-6 times</th> <th style="width: 5%; text-align: center;">7-12 times</th> <th style="width: 5%; text-align: center;">More →</th> <th style="width: 15%; text-align: center;">no. of times:</th> <th style="width: 20%;"></th> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td>General Practitioner</td> <td style="text-align: center;"><input 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<td style="text-align: center;">times</td> <td style="text-align: right;">412/413 414-416</td> </tr> <tr> <td>Neurologist, psychiatrist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> →</td> <td style="text-align: center;">approx. <input style="width: 30px;" type="text"/></td> <td style="text-align: center;">times</td> <td style="text-align: right;">417/418 419-421</td> </tr> <tr> <td>Psychotherapist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td 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<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 387/388 389-391 | Internist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 392/393 394-396 | Gynecologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 397/398 399-401 | Ophthalmologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 402/403 404-406 | Orthopedist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 407/408 409-411 | Ear, nose & throat specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 412/413 414-416 | Neurologist, psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 417/418 419-421 | Psychotherapist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 422/423 424-426 | Dermatologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 427/428 429-431 | Radiologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 432/433 434-436 | Urologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 437/438 439-441 | Other doctor (please note): _____ | | 2 | 3 | 4 | 5 | 6 | approx. <input style="width: 30px;" type="text"/> | times | 442/443 444-446 | K. 67 | |
| | Never | 1 time | 2-3 times | 4-6 times | 7-12 times | More → | no. of times: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Practitioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 382/383 384-386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 387/388 389-391 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 392/393 394-396 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gynecologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 397/398 399-401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 402/403 404-406 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthopedist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 407/408 409-411 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ear, nose & throat specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 412/413 414-416 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurologist, psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 417/418 419-421 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Psychotherapist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 422/423 424-426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dermatologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 427/428 429-431 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 432/433 434-436 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> → | approx. <input style="width: 30px;" type="text"/> | times | 437/438 439-441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other doctor (please note): _____ | | 2 | 3 | 4 | 5 | 6 | approx. <input style="width: 30px;" type="text"/> | times | 442/443 444-446 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 520. | <p>Do you have a General Practitioner who you usually go to first when health problems occur?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 263 No <input type="checkbox"/> 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 521. | <p>How many nights during the past 12 months have you spent in the hospital on an in-patient basis?</p> <p style="text-align: right;">About <input style="width: 30px; border: 1px solid black;" type="text"/> nights 264-266 Not one night <input type="checkbox"/> .995 Don't know <input type="checkbox"/> .998</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 522. | <p>Did you need dental treatments in the past twelve months but did not go to the dentist?</p> <p style="text-align: right;">No <input type="checkbox"/> .1 477 Yes, once <input type="checkbox"/> .2 Yes, several times <input type="checkbox"/> .3</p> | K. 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| No. | | K. 33 cont. with |
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| 522a | <p> Please report with reference to question 322a, page 43: Respondent lives in K. 71 Private household or Residential Home of the Elderly <input type="checkbox"/> .1 177 Assisted living home, Nursing Home or Asylum (not specified) <input type="checkbox"/> .2</p> | 523 557 |
| 523. | <p>Does any chronic physical or mental illness or disability limit you in your daily life? K. 67</p> <p>Yes, somewhat .. <input type="checkbox"/> 1 478 Yes, greatly <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8</p> | |
| 524. | <p>Is your health so severely impaired that you need regular assistance, care or other support?</p> <p>Yes <input type="checkbox"/> 1 349 No <input type="checkbox"/> 2</p> | 525 539 |
| 525. | <p>The following questions are about any assistance or support you may receive and who provides this help. Please read out questions! If answer "yes": show each Persons Card and enter Person Code!</p> <p>A Do you have someone to help you around the house, and if so, who?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small>483-485 486-488 489-491 492</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 482</p> <p>B Are you looked after in some way? For example, does someone read to you or keep you company, and if so, who?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small>494-496 497-499 500-502 503</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 493</p> <p>C Does someone provide care for you, and if so, who?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small>505-507 508-510 511-513 514</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 504</p> <p>D Do you receive any other assistance and if so, from whom?</p> <p>Yes 1 <input type="checkbox"/> ► Person 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Person 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> More than 3 persons named <input type="checkbox"/> 1 <small>516-518 519-521 522-524 525</small></p> <p>No 2 <input type="checkbox"/> Don't know ... 8 <input type="checkbox"/> 515</p> <p> Please enter with reference to 525:</p> <p>Respondent has: K. 67 answered at least one of the questions A-D with "Yes" <input type="checkbox"/> 1 479 answered none of the questions A-D with "Yes" <input type="checkbox"/> 2</p> | 526 531 |

| No. | | K 33 | Cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------|----------|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|--|
| 526. | <p>On average, how much time per week does it take these people to help you and provide assistance? Please give a weekly average number of hours per person.</p> <p> Show Persons Card and enter Person Code!</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Person 1</th> <th style="text-align: center;">Person 2</th> <th style="text-align: center;">Person 3</th> <th style="text-align: center;">Person 4</th> <th style="text-align: center;">Person 5</th> <th style="text-align: center;">Person 6</th> </tr> </thead> <tbody> <tr> <td>Persons code</td> <td style="text-align: center;"> _ _ _ 526-528</td> <td style="text-align: center;"> _ _ _ 529-531</td> <td style="text-align: center;"> _ _ _ 532-534</td> <td style="text-align: center;"> _ _ _ 535-537</td> <td style="text-align: center;"> _ _ _ 538-540</td> <td style="text-align: center;"> _ _ _ 541-543</td> </tr> <tr> <td>Hours per week</td> <td style="text-align: center;"> _ _ 544/545</td> <td style="text-align: center;"> _ _ 546/547</td> <td style="text-align: center;"> _ _ 548/549</td> <td style="text-align: center;"> _ _ 550/551</td> <td style="text-align: center;"> _ _ 552/553</td> <td style="text-align: center;"> _ _ 554/555</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> </tbody> </table> | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | Persons code | _ _ _ 526-528 | _ _ _ 529-531 | _ _ _ 532-534 | _ _ _ 535-537 | _ _ _ 538-540 | _ _ _ 541-543 | Hours per week | _ _ 544/545 | _ _ 546/547 | _ _ 548/549 | _ _ 550/551 | _ _ 552/553 | _ _ 554/555 | Don't know | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | | |
| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons code | _ _ _ 526-528 | _ _ _ 529-531 | _ _ _ 532-534 | _ _ _ 535-537 | _ _ _ 538-540 | _ _ _ 541-543 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours per week | _ _ 544/545 | _ _ 546/547 | _ _ 548/549 | _ _ 550/551 | _ _ 552/553 | _ _ 554/555 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | <input type="checkbox"/> 98 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 527. | <p>Would you describe one of the persons named as your main caregiver / assistance provider? If so, which person is it?</p> <p>Show yellow Persons Card and enter Person Code!</p> <p>Yes, Person Code <input style="width:30px; text-align: center;" type="text" value="1"/><input style="width:30px; text-align: center;" type="text" value="0"/><input style="width:30px; text-align: center;" type="text" value="6"/> (Partner) <input type="checkbox"/> 106</p> <hr style="border-top: 1px dashed black;"/> <p>Yes, Person <input style="width:40px; text-align: center;" type="text"/> <input type="checkbox"/> 586-588</p> <hr style="border-top: 1px dashed black;"/> <p>No, no main supporting person <input type="checkbox"/> 995</p> | 529 | 528 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 528. | <p>Is your main caregiver / assistance provider currently employed? If so: does he/she work more than 30 hours a week, part-time, or in marginal employment?</p> <p> Show List 528!</p> <p>Yes, works more than 30 hours a week <input type="checkbox"/> 1</p> <p>Yes, works part-time (between 15 and 30 hours a week) <input type="checkbox"/> 2</p> <p>Yes, marginal employment (under 15 hours a week) <input type="checkbox"/> 3</p> <p>No, currently not employed <input type="checkbox"/> 4 589</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 529. | <p>Have you ever applied to your long-term care insurance provider for one-time subsidies to make structural changes to your home or to install care-friendly technical equipment?</p> <p>Yes <input type="checkbox"/> 1 374</p> <hr style="border-top: 1px dashed black;"/> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | 530 | 531 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 530. | <p>Were these funds approved?</p> <p> Show List 530!</p> <p>The application for funds was rejected 1 <input type="checkbox"/> 375</p> <p>The application is still pending 2 <input type="checkbox"/></p> <p>The application for funds was approved 3 <input type="checkbox"/> ► What amount? <input style="width:100px; height:20px;" type="text"/> <input style="width:100px; height:20px;" type="text"/></p> <p style="text-align: center;">Don't know 8 <input type="checkbox"/></p> <p style="text-align: center;">Don't know <input type="checkbox"/> 99998 <input type="checkbox"/> 99998</p> <p style="text-align: center;">DM or EUR</p> <p style="text-align: center;">376-380 381-385</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


| No. | | K. 33 Cont. with |
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| 531. | Have you ever applied for regular benefits from the long-term care insurance? Yes <input type="checkbox"/> 1 406 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | 532 537 |
| 532. | Are you currently receiving regular benefits from your long-term care insurance?  Show List 532! <u>One</u> response only! A Yes, the application for regular benefits from the long-term care insurance was approved <input type="checkbox"/> 1 407 ----- B No, the application for regular benefits from the long-term care insurance was approved at the time, but the reasons for needing care no longer exist... <input type="checkbox"/> 2 C No, the application has been submitted but a decision is still pending <input type="checkbox"/> 3 ----- D No, an application (or applications) for regular benefits from the long-term care insurance was (were) submitted but rejected.. <input type="checkbox"/> 4 | 533 536 535 |
| 533. | What care level are you currently assigned to? Care level 1 <input type="checkbox"/> 1 408 Care level 2 <input type="checkbox"/> 2 Care level 3, without hardship provisions . <input type="checkbox"/> 3 Care level 3, with hardship provisions <input type="checkbox"/> 4 Don't know <input type="checkbox"/> 8 | |
| 534. | People can choose from several types of long-term care insurance benefits. What type of benefit do you receive at the moment? Do you receive . . .  Please read out examples! <ul style="list-style-type: none"> ● monthly care allowance <input type="checkbox"/> 1 409 ● care services in your own home in the form of non-cash benefits <input type="checkbox"/> 2 ● or combined benefits: in part care allowance and in part care services at home? <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8 | 536 ! |
| 535. | Have you appealed the rejection of your application? Yes <input type="checkbox"/> 1 412 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | |
| 536. | Do you receive regular care allowances or paid care services from the German social assistance system, i.e., care assistance? Yes <input type="checkbox"/> 1 480 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | K. 67 600 ! |

| No. | K. 33 | Cont. with |
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| 537. | <p>Why have you not submitted an application to date?  ShowList 537! Multiple responses possible!</p> <p>A I have not yet looked into it <input type="checkbox"/> 1 413</p> <p>B I may not have a great enough need for care, in which case the application might not be approved <input type="checkbox"/> 414</p> <p>C The benefits approved are of no use, there is too much time and effort involved <input type="checkbox"/> 415</p> <p>D We can manage on our own and do not need outside help <input type="checkbox"/> 416</p> <p>E Other reasons (please note): <input type="checkbox"/> 417</p> <p>_____ 419-458</p> <p>Don't know <input type="checkbox"/> 418</p> | |
| 538. | <p>Do you receive regular care allowances or paid care services from the German social assistance system, i.e., care assistance? K. 67</p> <p>Yes <input type="checkbox"/> 1 481</p> <hr/> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>600</p> <hr/> <p>539</p> |
| 539. | <p>Are there people you look after or care for regularly due to their poor state of health, either on a private or volunteer basis?</p> <p>Yes <input type="checkbox"/> 1 591</p> <hr/> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>540</p> <hr/> <p>600</p> |
| 540. | <p>Who do you assist in this way?  Show Persons Card and enter Person Code!</p> <p>Person 1 Person 2 Person 3 More than 3 persons named</p> <p>Person Code <input type="checkbox"/> 1</p> <p>592-594 595-597 598-600 601</p> | |
| 541. | <p> If several persons were named in Question 540, go on to ask: Which of the persons you have just named do you care for / assist the most?  Show Persons Card and enter Person Code!</p> <p>Person <input type="checkbox"/> 500-502 K. 67</p> | |

| No. | K.33 | Cont. with |
|------|---|----------------------------------|
| 542. | <p>Has the person you care for / assist the most ever applied for one-time subsidies from the long-term care insurance to make structural changes to their home or to install care-friendly technical equipment? What on this list applies?  Show List 542!</p> <p>A No, they never applied for anything like that 1 <input type="checkbox"/> 606</p> <p>B Yes, but the application for funding was rejected 2 <input type="checkbox"/></p> <p>C Yes, but the application for funding is still pending 3 <input type="checkbox"/></p> <p>D Yes, the application for funding was approved 4 <input type="checkbox"/> ► What amount? <input type="text"/> 607-611 DM or EUR <input type="text"/> 612-616</p> <p>Don't know 8 <input type="checkbox"/> Don't know <input type="checkbox"/> 99998 <input type="checkbox"/> 99998</p> | |
| 543. | <p>Has the person you care for / assist the most ever applied for regular benefits from the long-term care insurance?</p> <p>Yes <input type="checkbox"/> 1 617</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> | <p>544</p> <p>550</p> <p>551</p> |
| 544. | <p>Does the person you give the most support to currently receive regular benefits from the long-term care insurance?  Show list 544! <u>One</u> response only!</p> <p>A Yes, the application for regular long-term care insurance benefits was approved <input type="checkbox"/> 1 618</p> <p>B No, the application for regular benefits from the long-term care insurance was approved at the time, but the reasons for needing care no longer exist <input type="checkbox"/> 2</p> <p>C No, an application has been submitted but the decision is still pending <input type="checkbox"/> 3</p> <p>D No, an application (or applications) for regular long-term care insurance benefits was (were) submitted but rejected. <input type="checkbox"/> 4</p> | <p>545</p> <p>551</p> <p>549</p> |
| 545. | <p>What care level is the person you care for/assist the most assigned to?</p> <p>Care level 1 <input type="checkbox"/> 1 619</p> <p>Care level 2 <input type="checkbox"/> 2</p> <p>Care level 3, without hardship provisions . <input type="checkbox"/> 3</p> <p>Care level 3, with hardship provisions <input type="checkbox"/> 4</p> | |

| No. | K.33 | Cont. with |
|------|---|--------------|
| 546. | <p>People can choose from several types of long-term care insurance benefits. What type of benefit does the person you care for / assist the most receive at the moment? Does he/she receive . . .</p> <p> Please read out examples!</p> <ul style="list-style-type: none"> ● monthly care allowance <input type="checkbox"/> 1 640 ● care services in their own home in the form of non-cash benefits <input type="checkbox"/> 2 ● or combined benefits: in part care allowance and in part care services at home? <input type="checkbox"/> 3 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 547. | <p>Has the person you care for / assist the most opted for daytime or nighttime care in a care facility, in other words, partial inpatient care services?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 641</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | |
| 548. | <p>Has the person you care for / assist the most taken advantage of paid substitute care services provided by the long-term care insurance at any time in the past 12 months, for example, during an illness or vacation of the main caregiver? Or did this person spend time in a short-term care facility?</p> <p style="text-align: right;">Yes, a substitute caregiver <input type="checkbox"/> 1 642</p> <p style="text-align: right;">Yes, a stay in a short-term care facility <input type="checkbox"/> 2</p> <p style="text-align: right;">No <input type="checkbox"/> 3</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 551 ! |
| 549. | <p>Has the person you care for / assist the most appealed the rejection of his/her application?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 643</p> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 551 ! |
| 550. | <p>Why has the person you care for / assist the most not submitted an application to date?</p> <p> Show List 550! Multiple responses possible!</p> <p style="text-align: right;">1</p> <ul style="list-style-type: none"> A He/she has not yet looked into it <input type="checkbox"/> 644 B He/she may not have a great enough need for care, in which case the application might not be approved <input type="checkbox"/> 645 C The benefits approved are of no use, there is too much time and effort involved <input type="checkbox"/> 646 D He/she can manage on his/her own and does not need outside help ... <input type="checkbox"/> 647 E Other reasons (<i>please note</i>): <input type="checkbox"/> 648 <p style="text-align: right;">650-699</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 649</p> | |

| No. | | K. 33 cont. with | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|-------------------------------------|------------------------------|----------------------------------|-------------------|---|--|--|--|--|--|----------------------------|------------------------------|---------|---------|---------|---------|---------|---------|-----|--|--|
| 551. | <p>Does the person you care for / assist the most receive regular care allowances or paid care services from the German social assistance system, i.e., care assistance? K. 67</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 503 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 552. | <p>What kind of care or assistance do you provide to the person who you help the most? <i>👉 Please read out examples!</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">Yes 1</th> <th style="width: 5%; text-align: center;">No 2</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Do you help around the house?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">703</td> </tr> <tr> <td>Do you look after him/her or him/her them company?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">704</td> </tr> <tr> <td>Do you perform care services for the person you assist?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">705</td> </tr> </tbody> </table> | | Yes 1 | No 2 | | Do you help around the house? | <input type="checkbox"/> | <input type="checkbox"/> | 703 | Do you look after him/her or him/her them company? | <input type="checkbox"/> | <input type="checkbox"/> | 704 | Do you perform care services for the person you assist? | <input type="checkbox"/> | <input type="checkbox"/> | 705 | | | | | | | | | |
| | Yes 1 | No 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you help around the house? | <input type="checkbox"/> | <input type="checkbox"/> | 703 | | | | | | | | | | | | | | | | | | | | | | | |
| Do you look after him/her or him/her them company? | <input type="checkbox"/> | <input type="checkbox"/> | 704 | | | | | | | | | | | | | | | | | | | | | | | |
| Do you perform care services for the person you assist? | <input type="checkbox"/> | <input type="checkbox"/> | 705 | | | | | | | | | | | | | | | | | | | | | | | |
| 553. | <p>How much time do you spend per week helping the person you care for / assist the most? Please give a weekly average number of hours.</p> <p style="text-align: right;">Approx. <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> hours 706-708 Don't know <input type="checkbox"/> 998</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 554. | <p>Who else - apart from you - is involved in providing assistance to the person you look after? <i>👉 Show Persons Card and enter Person Code!</i></p> <p>Nobody else <input type="checkbox"/> 1 709</p> <p>The following persons: 2</p> <div style="margin-left: 40px;"> </div> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Person 1</td> <td style="width: 12.5%;">Person 2</td> <td style="width: 12.5%;">Person 3</td> <td style="width: 12.5%;">Person 4</td> <td style="width: 12.5%;">Person 5</td> <td style="width: 12.5%;">Person 6</td> <td style="width: 12.5%;">More than 6 Persons named</td> <td style="width: 12.5%;">Don't know</td> </tr> <tr> <td>Persons Code <input style="width: 40px; border: 1px solid black;" type="text"/></td> <td>..... <input style="width: 40px; border: 1px solid black;" type="text"/></td> <td>..... <input style="width: 40px; border: 1px solid black;" type="text"/></td> <td>..... <input style="width: 40px; border: 1px solid black;" type="text"/></td> <td>..... <input style="width: 40px; border: 1px solid black;" type="text"/></td> <td>..... <input style="width: 40px; border: 1px solid black;" type="text"/></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 998</td> </tr> <tr> <td>710-712</td> <td>713-715</td> <td>716-718</td> <td>719-721</td> <td>722-724</td> <td>725-727</td> <td>728</td> <td></td> </tr> </table> | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | More than 6 Persons named | Don't know | Persons Code <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 998 | 710-712 | 713-715 | 716-718 | 719-721 | 722-724 | 725-727 | 728 | | |
| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 | Person 6 | More than 6 Persons named | Don't know | | | | | | | | | | | | | | | | | | | |
| Persons Code <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input style="width: 40px; border: 1px solid black;" type="text"/> | <input type="checkbox"/> 1 | <input type="checkbox"/> 998 | | | | | | | | | | | | | | | | | | | |
| 710-712 | 713-715 | 716-718 | 719-721 | 722-724 | 725-727 | 728 | | | | | | | | | | | | | | | | | | | | |
| 555. | <p>Would you describe yourself as the main caregiver / assistance provider to the person you look after?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 729 No <input type="checkbox"/> 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 556. | <p>Looking at the care / assistance services you provide as a whole, how much of a burden are they for you? Would you say . . . <i>👉 Please read out examples!</i></p> <ul style="list-style-type: none"> ● not a burden at all <input type="checkbox"/> 1 730 ● a minor burden <input type="checkbox"/> 2 ● quite a burden <input type="checkbox"/> 3 ● or a major burden? <input type="checkbox"/> 4 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | <p>600 !</p> | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | | cont. with |
|---------------|---|-----------------------|
| 557. | Are you currently receiving regular benefits from the long-term care insurance? K. 71 Yes <input type="checkbox"/> 1 178 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | 558 559 |
| 558. | What care level are you currently assigned to? K. 71 Care level 1 <input type="checkbox"/> 1 179 Care level 2 <input type="checkbox"/> 2 Care level 3, without hardship provisions . <input type="checkbox"/> 3 Care level 3, with hardship provisions <input type="checkbox"/> 4 Don't know <input type="checkbox"/> 8 | 600 ! |
| 559. | Have you ever applied for regular benefits from the long-term care insurance? K. 71 Yes, but the application was rejected <input type="checkbox"/> 1 180 Yes, the application is still pending <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 4 | 560 600 |
| 560. | Did you appeal the rejection of your application? K. 71 Yes <input type="checkbox"/> 1 181 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 | |
| | | |
| No. | PERSONAL NETWORK K. 33 | cont. with |
| 600. (600) | <p>We now want to look at people who are important to you and who you maintain regular contact with. These can include co-workers, neighbours, friends, acquaintances, relatives, and members of your household. Which people are important to you?</p> <p>If there are several, please just name the eight most important. Please give me these people's first names and the first letters of their last names.</p> <p> Do not accept answers like "I know too many people" and continue with the aid of the following Question 600a:</p> | |




**Interviewer: Enter all persons named (maximum of 8) with name and sex!
Then ask Questions 601 to 606 for each person!**

No person named 1 } *cont. with*
Declined 7 } **Q. 608**

| | K.34 1st Person 11 | K.35 2nd Person 11 | K.36 3rd Person 11 |
|--|--|--|--|
| 600a Please give me the names of the people you (600) have regular contact with and who are important to you. <i>Married couples count as <u>two</u> people.</i> What is the sex of this person? | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 |
| 601. <i>Show persons card!</i> (601) What is your relationship to this person? Please give me the relevant code number from this Persons Card. <i>If respondent names persons not on the Persons Card: Enter these on Peersons Card!</i> | Code from Persons Card: [][] [][] 33-35 998 If code under 300: next person | Code from Persons Card: [][] [][] 33-35 998 If code under 300: next Person | Code from Persons Card: [][] [][] 33-35 998 If code under 300: next Person |
| 602. How often do you have contact with..... that is, through visits, letters, or telephone? <i>Show List 602!</i> | K.68 11/12 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K.68 13/14 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 | K.68 15/16 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97,98 |
| 603. How far away does..... live from you at the moment? <i>Show list 603 !</i> | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town,but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | 41 In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 |
| 604. How close is your relationship to..... today? <i>Show list 604!</i> | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If code under 400: next person |
| 605. Can you tell me how old.....is? (602) | [][] years 36-37 97,98,99 | [][] years 36-37 97,98,99 | [][] years 36-37 97,98,99 |
| 606. For how many years have you known (603) each other? | [][] years 38-39 97,98,99 | [][] years 38-39 97,98,99 | [][] years 38-39 97,98,99 |

| K. 37 4th Person 11 | K. 38 5th Person 11 | K. 39 6th Person 11 | K. 40 7th Person 11 | K. 41 8th Person 11 |
|--|--|--|--|--|
| Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 | Name: _____ _____ 12-31 male <input type="checkbox"/> 1 32 female <input type="checkbox"/> 2 |
| Code from Persons Card: [][][] 33-35 998 If Code under 300: next person | Code from Persons Card: [][][] 33-35 998 If Code under 300: next person | Code from Persons Card: [][][] 33-35 998 If Code under 300: next person | Code from Persons Card: [][][] 33-35 998 If Code under 300: next person | Code from Persons Card: [][][] 33-35 998 If Code under 300: next person |
| K. 68 17/18 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97, 98 | K. 68 19/20 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97, 98 | K. 68 21/22 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97, 98 | K. 68 23/24 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97, 98 | K. 68 25/26 Daily <input type="checkbox"/> 1 Several times a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 1-3 times a month <input type="checkbox"/> 4 Several times a year . <input type="checkbox"/> 5 Less often <input type="checkbox"/> 6 Never <input type="checkbox"/> 7 97, 98 |
| In the neighbourhood <input type="checkbox"/> 1 the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 | In the neighbourhood <input type="checkbox"/> 1 In the same town <input type="checkbox"/> 2 In another town, but it can be reached within two hours <input type="checkbox"/> 3 Farther away, in Germany <input type="checkbox"/> 4 Farther away, abroad <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 8 |
| 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person | 42 Very close <input type="checkbox"/> 1 Close <input type="checkbox"/> 2 Moderately close <input type="checkbox"/> 3 Not very close <input type="checkbox"/> 4 Not at all close <input type="checkbox"/> 5 If Code under 400: next person |
| [][] years 36-37 97, 98, 99 | [][] years 36-37 97, 98, 99 | [][] years 36-37 97, 98, 99 | [][] years 36-37 97, 98, 99 | [][] years 36-37 97, 98, 99 |
| [][] years 38-39 97, 98, 99 | [][] years 38-39 97, 98, 99 | [][] years 38-39 97, 98, 99 | [][] years 38-39 97, 98, 99 | [][] years 38-39 97, 98, 99 |

| | | |
|------|---|---|
| 607. | <p> Only if 8 persons named: If you could have named more than 8 persons who are important to you and with whom you have regular contact: how many additional persons would you have named? (604 mod.)</p> | <p style="text-align: right;">K. 41</p> <p>No other persons <input type="checkbox"/> 1 43 1 to 2 persons <input type="checkbox"/> 2 3 to 5 persons <input type="checkbox"/> 3 6 to 10 persons <input type="checkbox"/> 4 11 persons and more <input type="checkbox"/> 5</p> |
|------|---|---|

| No. | | K.42 Cont. with |
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| 608. | <p>We would now like to find out about your relationship with friends and acquaintances. How would you rate your present relationship with your friends and acquaintances?</p> <p> Show orange list A!</p> <p>(605)</p> <p>Very good <input type="checkbox"/> 1 27/28 Good <input type="checkbox"/> 2 Average <input type="checkbox"/> 3 Bad <input type="checkbox"/> 4 Very bad <input type="checkbox"/> 5</p> <hr/> <p>Not applicable <input type="checkbox"/> 6</p> | K.68 609 700 98,99 |
| 609. | <p>How has your relationship with friends and acquaintances changed over the past 6 years?</p> <p> Show orange list B!</p> <p>(606)</p> <p>Has improved greatly <input type="checkbox"/> 1 12 Has improved somewhat <input type="checkbox"/> 2 Has stayed the same <input type="checkbox"/> 3 Has worsened somewhat <input type="checkbox"/> 4 Has gotten a lot worse <input type="checkbox"/> 5</p> | 8,9 |
| 610. | <p>How you expect your relationship with friends and acquaintances to change in the future?</p> <p> Show orange list C!</p> <p>(607)</p> <p>Will improve greatly <input type="checkbox"/> 1 13 Will improve somewhat <input type="checkbox"/> 2 Will remain the same <input type="checkbox"/> 3 Will worsen somewhat <input type="checkbox"/> 4 Will get much worse <input type="checkbox"/> 5</p> | 8,9 |






| No. | SOCIAL SUPPORT K.42 | cont. with |
|------|---|----------------|
| 700. | <p>In the following questions, you can name both the people you have mentioned so far and different people as well.</p> <p>When you have important personal decisions to make, do you have anyone you can ask for advice? (700)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 14</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 701 703 |
| 701. | <p>Which person or people are they? Enter code from Persons Card! (701)</p> <p style="text-align: center;">Person Person Person Person Person More than 5 Persons named</p> <p>Person Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1</p> <p style="text-align: center;">15-17 18-20 21-23 24-26 27-29 30</p> | |
| 702. | <p>And how often in the past 12 months have you asked someone for advice in making an important decision. Was it..... Please read out examples! (702)</p> <ul style="list-style-type: none"> ● often <input type="checkbox"/> 1 31 ● sometimes <input type="checkbox"/> 2 ● seldom <input type="checkbox"/> 3 ● or never <input type="checkbox"/> 4 | |
| 703. | <p>And how often in the past 12 months have others asked you for advice, for example, when they had to take an important decision? Was it..... Please read out examples! (703)</p> <ul style="list-style-type: none"> ● often <input type="checkbox"/> 1 32 ● sometimes <input type="checkbox"/> 2 ● seldom <input type="checkbox"/> 3 ● or never <input type="checkbox"/> 4 | |
| 704. | <p>Do you have someone you can turn to when you need comfort or cheering up, for example, when you are feeling sad? (704)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 33</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 705 707 |
| 705. | <p>Which person or people are they? Enter code from Persons Card! (705)</p> <p style="text-align: center;">Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1</p> <p style="text-align: center;">34-36 37-39 40-42 43-45 46-48 49</p> | |
| 706. | <p>And how often in the past 12 months did someone comfort you or cheer you up? Was it..... Please read out examples! (706)</p> <ul style="list-style-type: none"> ● often <input type="checkbox"/> 1 50 ● sometimes <input type="checkbox"/> 2 ● seldom <input type="checkbox"/> 3 ● or never <input type="checkbox"/> 4 | |

| No. | | K.42 Cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------------|--|--------------------------|--|------------|--|--|---|---|---|----|--|--|--------------------------|--------------------------|--|--------------------------|---------|---------------------|--------------------------|--------------------------|--|--------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|------|
| 707. | <p>And how often in the past 12 months did you comfort or cheer up others? Was it . . .</p> <p> Please read out examples!</p> <p>(707 mod.)</p> <ul style="list-style-type: none"> ● often <input type="checkbox"/> 1 51 ● sometimes <input type="checkbox"/> 2 ● seldom <input type="checkbox"/> 3 ● or never <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 708. | <p>Apart from the care activities already mentioned and activities you do as part of your main job or a second job: Have you, in the past 12 months, helped someone who does not live in your household with housework such as cleaning, small repair jobs, or shopping?</p> <p>(708)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 52</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 709 710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 709. | <p>Which person or people were they? Enter code from Persons Card!</p> <p>(709)</p> <p style="text-align: center;"> Person Person Person Person Person More than 5 Persons named </p> <p>Persons Code <input type="checkbox"/> 1</p> <p style="text-align: center;"> 53-55 56-58 59-61 62-64 65-67 68 </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710. | <p>And what about the other way around: has someone who does not live in your household helped you in the past 12 months with housework such as cleaning, small repair jobs, or shopping?</p> <p>(710)</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 70</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">No <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p> | 711 712 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 711. | <p>Which person or people were they? Enter code from Persons Card!</p> <p>(711)</p> <p style="text-align: center;"> Person Person Person Person Person More than 5 Persons named </p> <p>Persons Code <input type="checkbox"/> 1</p> <p style="text-align: center;"> 71-73 74-76 77-79 80-82 83-85 86 </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 712. | <p>Could you use more help or assistance such as . . .</p> <p> Please read out examples! "Doesn't apply" only with...!</p> <p>(714 mod.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Doesn't apply, because in asylum</td> <td style="text-align: center;">Don't know</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">6</td> <td style="text-align: center;">98</td> <td></td> </tr> <tr> <td>● advice in difficult situations</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">182/183</td> </tr> <tr> <td>● cheering up</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">184/185</td> </tr> <tr> <td>● help with household chores?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">186/187</td> </tr> </table> | | Yes | No | Doesn't apply, because in asylum | Don't know | | | 1 | 2 | 6 | 98 | | ● advice in difficult situations | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | 182/183 | ● cheering up | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | 184/185 | ● help with household chores? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 186/187 | K.71 |
| | Yes | No | Doesn't apply, because in asylum | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 6 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● advice in difficult situations | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | 182/183 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● cheering up | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | 184/185 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● help with household chores? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 186/187 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | K.42 | Cont. with |
|------|--|------------|
| 713. | <p>Relationships with other people can also sometimes give rise to problems. Are there people who are causing you worry or concern at present? If so, who? Enter code from Persons Card! (715 mod.) No <input type="checkbox"/> 2 128 Yes, they are: ... <input type="checkbox"/> 1 Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="checkbox"/> 1 129-131 132-134 135-137 138-140 141-143 144</p> | |
| 714. | <p>Are there people who get on your nerves at the moment or who you often quarrel with? If so, who? Enter code from Persons Card! No <input type="checkbox"/> 2 145 Yes, they are: ... <input type="checkbox"/> 1 Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="checkbox"/> 1 146-148 149-151 152-154 155-157 158-160 161</p> <p>Don't know <input type="checkbox"/> 998</p> | |
| 715. | <p>Do you feel like there are people who often order you around or encroach on your independence? If so, who? Enter code from Persons Card! No <input type="checkbox"/> 2 182 Yes, they are: ... <input type="checkbox"/> 1 Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="checkbox"/> 1 183-185 186-188 189-191 192-194 195-197 198</p> <p>Don't know <input type="checkbox"/> 998</p> | |
| 716. | <p>Are there people who currently give you great joy or happiness? If so, who? Enter code from Persons Card! No <input type="checkbox"/> 2 199 Yes, they are: ... <input type="checkbox"/> 1 Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="checkbox"/> 1 200-202 203-205 206-208 209-211 212-214 215</p> <p>Don't know <input type="checkbox"/> 998</p> | |
| 717. | <p>If you think about your friends and acquaintances, your family, and other people that you have everyday dealings with, which of these people do you spend most of your time with? Enter Code from Persons Card! Person Person Person Person Person More than 5 Persons named</p> <p>Persons Code <input type="checkbox"/> 1 216-218 219-221 222-224 225-227 228-230 231</p> <p>I am always alone . <input type="checkbox"/> 995 Don't know <input type="checkbox"/> 998</p> | |

| | | |
|-----------|---|--|
| No | | cont. with |
| 801. | And the other way around: have you, in the past 12 months, been given money, major gift items, or financial support? Please ask Questions 801A - 801D consecutively for all persons named! (801) | K. 46 Yes <input type="checkbox"/> 1 62 ----- No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8 801A 802 |

| | K. 47 1st Person 11 | K. 48 2nd Person 11 | K. 49 3rd Person 11 | K. 50 4th Person 11 |
|--|---|---|---|---|
| 801A Who did the gift(s) come from? (A) Enter code in header: | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Code from Persons Card 12-14 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 801B Were the gifts . . . (B) Multiple responses possible! gifts of money <input type="checkbox"/> 1 15 major gift items <input type="checkbox"/> 1 16 regular financial support? <input type="checkbox"/> 1 17 or other (please note) <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 | <input type="checkbox"/> 1 15 <input type="checkbox"/> 1 16 <input type="checkbox"/> 1 17 <input type="checkbox"/> 1 18 _____ 19-48 |
| 801C If you add this all together, (C) how much would it amount to over the past 12 months? Show List 800 and ask for Code Letter! Declined <input type="checkbox"/> 97 Don't know <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="text"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="text"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="text"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 | Note Code Letter: 50/51 <input type="text"/> <input type="checkbox"/> 97 <input type="checkbox"/> 98 |
| 801D Is there someone else you (E) have received money or larger gift items from in the past 12 months? Yes No | 52 1 <input type="checkbox"/> ► 2nd Person 2 <input type="checkbox"/> ► Q. 802 | 52 1 <input type="checkbox"/> ► 3rd Person 2 <input type="checkbox"/> ► Q. 802 | 52 1 <input type="checkbox"/> ► 4th Person 2 <input type="checkbox"/> ► Q. 802 | 52 1 <input type="checkbox"/> ► Q. 801E 2 <input type="checkbox"/> ► Q. 802 |
| 801E More than 4 persons named: (F) Which people were they? | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 53-55 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 56-58 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-61 | K. 50 |

| No. | | K.51 | Cont. with |
|------|--|------|------------|
| 802. | <p>What is the total net monthly income of your household? By that, I mean the sum total of all wages/salaries, income from self-employment, and retirement benefits after deduction of all tax and social security contributions. Please include income from public aid, income from rentals and leases, interest, child benefits and other sources of income. (806)</p> <p> Tick currency!</p> <p style="text-align: right;">in DM EUR</p> <p>Monthly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>₁ <input type="checkbox"/>₂ 16</p> <p style="text-align: center;">11-15</p> <p>Amount was estimated <input type="checkbox"/> 1 17</p> <p>Don't know <input type="checkbox"/> 99998</p> <p>Declined <input type="checkbox"/> 99997</p> | | 804 |
| 803. | <p>As with all information obtained in this interview, your data will of course remain anonymous and cannot be traced back to you. The results of the survey will also be analyzed in terms of income. For this purpose, all we need to know are basic income groups. It would be helpful if you could tell us which income group you belong to. Please just give me the letter on this list that corresponds to your household net income.</p> <p> Show List 803</p> <p>(807)</p> <p>Code Letter: <input type="checkbox"/> 18/19</p> <p>Declined <input type="checkbox"/> 97</p> | | 803 |
| 804. | <p>This question concerns the estimation of your standard of living, that is, what you are able to afford. How would you rate your current standard of living?</p> <p> Show orange list A!</p> <p>(808)</p> <p>Very good <input type="checkbox"/> 1 20</p> <p>Good <input type="checkbox"/> 2</p> <p>Average <input type="checkbox"/> 3</p> <p>Bad <input type="checkbox"/> 4</p> <p>Very bad <input type="checkbox"/> 5</p> | | |
| 805. | <p>How has your standard of living changed over the past 6 years?</p> <p> Show orange list B!</p> <p>(809 mod.)</p> <p>Has improved greatly <input type="checkbox"/> 1 21</p> <p>Has improved somewhat <input type="checkbox"/> 2</p> <p>Has stayed the same <input type="checkbox"/> 3</p> <p>Has worsened somewhat <input type="checkbox"/> 4</p> <p>Has gotten a lot worse <input type="checkbox"/> 5</p> | | |
| 806. | <p>And if you think about the future, how do you expect your standard of living to change in the future?</p> <p> Show orange list C!</p> <p>(810)</p> <p>Will improve greatly <input type="checkbox"/> 1 22</p> <p>Will improve somewhat <input type="checkbox"/> 2</p> <p>Will remain the same <input type="checkbox"/> 3</p> <p>Will worsen somewhat <input type="checkbox"/> 4</p> <p>Will get much worse <input type="checkbox"/> 5</p> | | |
| 807. | <p>If you had to pay a large bill within a period of one week, for example, a bill for 1,500 euros: Would you be able to pay it alone?</p> <p style="text-align: right;">K.68</p> <p>Yes <input type="checkbox"/> 1 29</p> <p>No <input type="checkbox"/> 2</p> | | |

901.  **Please consult Task Sheet "Digit-Symbol-Test"!**

Now that our discussion is over, I would like to ask you if you would be willing to take part in one last exercise. It will take about two minutes. It relates to speed of thought and association. We would like this information to be included in our findings.

 **The exercise requires:**

- (1) a stopwatch or a watch with a second hand,
- (2) a good pen or pencil for the interviewee (soft pencil or ballpoint pen) plus
- (3) the Task List (do not forget to enter serial number of person in the Task List!).

The object of this exercise is to assign the numbers from 1 to 9 to a specific symbol.

The number belonging to each of the symbols is shown at the top of the Task Sheet.

The symbols must be entered by the respondent in the empty spaces under the numbers.

The first seven examples above the thick black line in the top row of tasks help to explain the exercise.

The respondent completes the Task Sheet alone. It should be ensured that the respondent completes one problem after the next (in order) and does not start with all the symbols assigned to Figure 1 and then all symbols assigned to Figure 2, etc.

The task is to be completed in 90 seconds, or one and a half minutes.

Please emphasise the speed factor.

 **Point to the key in the top section of the Task Sheet.**

Please look at this horizontally split box or square. Note that each box contains a number in the upper half and a small symbol in the lower half. A different symbol has been assigned to each number.

 **Point to the example boxes.**

Now here, you see boxes with numbers where the lower half of the box is empty.

Please insert the number that belongs to the symbol in the blank;


In this case, the number assigned to the symbol is "2", so we write in this number.

 **Here you should enter the corresponding symbol in the first blank (an upside-down "T")**


Here is a "1", so we insert its symbol here; here is a "3", so we insert its symbol here.

 **You should enter the corresponding symbols. After giving these four examples, pose the following question and point to the next blank:**

What should be inserted here?

 **If the respondent gives the wrong answer, correct him/her. Repeat the question "What should be inserted here?" with the next examples. After completing the seven examples, say:**

Now you start here and fill in as many blanks as you can until I say "stop", without leaving any out..

 **Set the stopwatch or look at the second hand of the watch and give the respondent 90 seconds to complete the task! After 90 seconds have elapsed, say:**

Please stop!




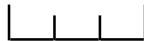

 **Do not forget to tick:**

Respondent completed task sheet 1 30

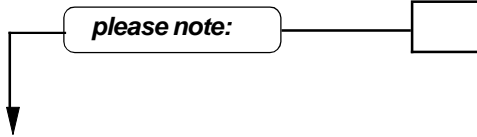
Respondent did not complete task sheet ... 2

K.68

Thank you for taking the time to talk to us!

| No. | K.52 | Cont. with |
|-----|---|---------------------------|
| 1. | <p style="border: 2px solid black; padding: 5px; display: inline-block;">To be completed from here on without respondent!</p> <p>Location within town:</p> <p>Isolated buildings / widely dispersed development ... <input type="checkbox"/> 1 11</p> <p>Self-contained housing development outside town ... <input type="checkbox"/> 2</p> <p>Location on the outskirts <input type="checkbox"/> 3</p> <p>Near the center of town <input type="checkbox"/> 4</p> <p>In the center of town / city <input type="checkbox"/> 5</p> | |
| 2. | <p> If not a city with at least 100,000 inhabitants:</p> <p>Distance from center of nearest city (with a minimum of 100,000 inhabitants)</p> <div style="display: flex; align-items: center; justify-content: center;">  km </div> <p style="text-align: right; font-size: small;">12-14 97, 98, 99</p> | |
| 3. | <p>Predominant type of construction in the city / area:</p> <p style="text-align: center; font-size: x-small;">15/16</p> <p>Farm buildings <input type="checkbox"/> 1</p> <p>1- 2-family homes</p> <p>● detached <input type="checkbox"/> 2</p> <p>● row houses <input type="checkbox"/> 3</p> <p>Apartment buildings</p> <p>● detached <input type="checkbox"/> 4</p> <p>● row houses <input type="checkbox"/> 5</p> <p>● self-contained housing development <input type="checkbox"/> 6</p> <p>High-rise buildings (minimum 6 floors) <input type="checkbox"/> 7</p> <p>Industrial areas or commercial parks <input type="checkbox"/> 8</p> <p>Not applicable <input type="checkbox"/> 9</p> | |
| 4. | <p>Type of building:</p> <p>Detached or semi-detached <input type="checkbox"/> 1 17</p> <p>Apartment building <input type="checkbox"/> 2</p> <p> with  units</p> <p style="text-align: right; font-size: small;">K.52 70-72</p> | |
| 5. | <p>Description of immediate neighborhood:</p> <div style="display: flex; justify-content: space-between; align-items: center;"> Upscale <div style="display: flex; align-items: center;"> 1 2 3 4 5 </div> Very modest </div> <p style="text-align: center; font-size: x-small;">20</p> | |
| 6. | <p>Overall state of surrounding area:</p> <div style="display: flex; justify-content: space-between; align-items: center;"> Well-tended <div style="display: flex; align-items: center;"> 1 2 3 4 5 </div> Untended </div> <p style="text-align: center; font-size: x-small;">21</p> | |
| 7. | <p>State of building in which respondent lives:</p> <div style="display: flex; justify-content: space-between; align-items: center;"> Well-maintained <div style="display: flex; align-items: center;"> 1 2 3 4 5 </div> Dilapidated </div> <p style="text-align: center; font-size: x-small;">22</p> | |
| 7a | <p> Please enter:</p> <p>Interview took place in home of respondent <input type="checkbox"/> 1 73</p> <hr style="border-top: 1px dashed black;"/> <p>Interview did not take place in home of respondent <input type="checkbox"/> 2</p> <p style="text-align: right; font-size: x-small;">K.52</p> | <p>8</p> <p>11</p> |

| No. | K.52 | Cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------------|----------------------------------|-----------|---|-----------------------|--------------------------------|-----------------------------|------------------------|-----------------------------|------------------------------------|-----------------------------|--|-----------------------------|-----------|-------------------|--------------------------|-------|--------------------------|-------|--------------------------|-----------------------|------|--------------------------|-------|--------------------------|-------|--------------------------|-----------|---------|--------------------------|-------|--------------------------|-------|--------------------------|----------|--|
| 8. | The home of the respondent can be reached: <ul style="list-style-type: none"> ● without stairs <input type="checkbox"/> 1 23 ● up 10 or fewer steps <input type="checkbox"/> 2 ● up more than 10 steps <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Elevator available: <ul style="list-style-type: none"> Yes <input type="checkbox"/> 1 24 No <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Overall impression of home: <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td style="text-align: right;">bright</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">dark</td> </tr> <tr> <td style="text-align: right;">cheap furnishings</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">expensive furnishings</td> </tr> <tr> <td style="text-align: right;">neat</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">neglected</td> </tr> <tr> <td style="text-align: right;">cramped</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">=====</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: left;">spacious</td> </tr> </table> | | 1 | 2 | 3 | 4 | 5 | | bright | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | dark | cheap furnishings | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | expensive furnishings | neat | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | neglected | cramped | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | spacious | |
| | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| bright | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | dark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| cheap furnishings | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | expensive furnishings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| neat | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | neglected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| cramped | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | spacious | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Was the interview conducted alone with the respondent or was a third party present during interview? If so, who? <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;">Interview alone with respondent</td> <td style="text-align: right;">1 <input type="checkbox"/> 30</td> <td rowspan="5" style="vertical-align: middle; text-align: center; font-size: 2em;">14</td> </tr> <tr> <td colspan="2"><hr style="border-top: 1px dashed black;"/></td> </tr> <tr> <td>Spouse / partner present</td> <td style="text-align: right;"><input type="checkbox"/> 31</td> </tr> <tr> <td>Children present</td> <td style="text-align: right;"><input type="checkbox"/> 32</td> </tr> <tr> <td>Other family members present</td> <td style="text-align: right;"><input type="checkbox"/> 33</td> </tr> <tr> <td>Other person present (<i>please note</i>):</td> <td style="text-align: right;"><input type="checkbox"/> 34</td> <td style="vertical-align: middle; text-align: center; font-size: 2em;">12</td> </tr> </table> | Interview alone with respondent | 1 <input type="checkbox"/> 30 | 14 | <hr style="border-top: 1px dashed black;"/> | | Spouse / partner present | <input type="checkbox"/> 31 | Children present | <input type="checkbox"/> 32 | Other family members present | <input type="checkbox"/> 33 | Other person present (<i>please note</i>): | <input type="checkbox"/> 34 | 12 | | | | | | | | | | | | | | | | | | | | | | |
| Interview alone with respondent | 1 <input type="checkbox"/> 30 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <hr style="border-top: 1px dashed black;"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse / partner present | <input type="checkbox"/> 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children present | <input type="checkbox"/> 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other family members present | <input type="checkbox"/> 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other person present (<i>please note</i>): | <input type="checkbox"/> 34 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | <i>In case of non-German respondents:</i> Was interview translated by third party? <ul style="list-style-type: none"> Yes, (almost) completely <input type="checkbox"/> 1 35 Yes, partly <input type="checkbox"/> 2 No <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Did any of the persons present intervene in the interview? <ul style="list-style-type: none"> Yes, occasionally <input type="checkbox"/> 1 36 Yes, often <input type="checkbox"/> 2 No <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | How would you describe the willingness of the respondent to answer questions? <ul style="list-style-type: none"> Good <input type="checkbox"/> 1 37 Average <input type="checkbox"/> 2 Bad <input type="checkbox"/> 3 Initially good, then worsened <input type="checkbox"/> 4 Initially bad, then improved <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | K.52 | Cont. with |
|-----|--|------------|
| 15. | <p>How would you rate the information supplied by respondent?</p> <p>Generally reliable <input type="checkbox"/> 1 38</p> <p>Generally less reliable <input type="checkbox"/> 2</p> <p>Less reliable on some questions <input type="checkbox"/> 3</p> <p><i>please note:</i></p>  <hr/> <hr/> <hr/> <hr/> <hr/> | |
| 16. | <p>The respondent had difficulty answering the following questions:</p> <p>Q. No. What kind of difficulty? <i>(please note in brief):</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | |

| No. | K. 52 | Cont. with |
|-----|--|------------|
| 17. | <p>Length of oral interview: <input type="text"/> <input type="text"/> <input type="text"/> minutes 42-44</p> <p>Date of Interview: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year 45/46 47/48 49-52</p> <p>Location of interview: _____</p> | |
| 18. | <p>Interviewer:</p> <p>Male <input type="checkbox"/> 1 53</p> <p>Female <input type="checkbox"/> 2</p> <p><input type="text"/> <input type="text"/> years old 54-55</p> <p>My vocational education/training qualifications:</p> <p>No completed vocational education/training <input type="checkbox"/> 1 56/57</p> <p>In-firm training with final certificate of completion, but without apprenticeship <input type="checkbox"/> 2</p> <p>Completed trade or agricultural apprenticeship (vocational school degree) <input type="checkbox"/> 3</p> <p>Completed commercial apprenticeship (vocational school degree) <input type="checkbox"/> 4</p> <p>Internship, traineeship <input type="checkbox"/> 5</p> <p>Specialized vocational school degree <input type="checkbox"/> 6</p> <p>Master craftsman, technician, or equivalent specialized vocational training <input type="checkbox"/> 7</p> <p>Post-secondary technical college certificate (incl. engineering college) <input type="checkbox"/> 8</p> <p>University Degree <input type="checkbox"/> 9</p> <p>Other vocational training (please supply): <input type="checkbox"/> 10</p> <p>_____</p> <p>Interviewer No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 58-63</p> | |
| | <p>I confirm with this signature that I have conducted the interview accurately and in accordance with all instructions:</p> <p>_____ Signature</p> | |

| No. | K. 52 | Cont. with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------------|--------------------------|-------|---|--------------------------|---|--------------------------------|--------------------------|--------------------------|------------------------|--------------------------|-------|------------------------------------|--------------------------|-------------------|--|--------------------------|--------------------------|-------|--------------------------|--------------------------|--|--------------------------|-------|--------------------------|-------|--------------------------|--------------|---------|--------------------------|-------|--------------------------|-------|--------------------------|-------------|--|
| 8. | The home of the respondent can be reached: <ul style="list-style-type: none"> ● without stairs <input type="checkbox"/> 1 23 ● up 10 or fewer steps <input type="checkbox"/> 2 ● up more than 10 steps <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Elevator available: <ul style="list-style-type: none"> Yes <input type="checkbox"/> 1 24 No <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Overall impression of home: <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%; text-align: center;">1</th> <th style="width: 10%; text-align: center;">2</th> <th style="width: 10%; text-align: center;">3</th> <th style="width: 10%; text-align: center;">4</th> <th style="width: 10%; text-align: center;">5</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>bright</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>dark 25</td> </tr> <tr> <td>cheap furnishings</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>expensive furnishings 26</td> </tr> <tr> <td>neat</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>neglected 27</td> </tr> <tr> <td>cramped</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>spacious 28</td> </tr> </tbody> </table> | | 1 | 2 | 3 | 4 | 5 | | bright | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | dark 25 | cheap furnishings | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | expensive furnishings 26 | neat | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | neglected 27 | cramped | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | spacious 28 | |
| | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| bright | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | dark 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| cheap furnishings | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | expensive furnishings 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| neat | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | neglected 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| cramped | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | spacious 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Was the interview conducted alone with the respondent or was a third party present during interview? If so, who? <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;">Interview alone with respondent</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: right;">1 30</td> </tr> <tr> <td colspan="3"><hr style="border-top: 1px dashed black;"/></td> </tr> <tr> <td>Spouse / partner present</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">31</td> </tr> <tr> <td>Children present</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">32</td> </tr> <tr> <td>Other family members present</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">33</td> </tr> <tr> <td>Other person present (<i>please note</i>):</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">34</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> </table> | Interview alone with respondent | <input type="checkbox"/> | 1 30 | <hr style="border-top: 1px dashed black;"/> | | | Spouse / partner present | <input type="checkbox"/> | 31 | Children present | <input type="checkbox"/> | 32 | Other family members present | <input type="checkbox"/> | 33 | Other person present (<i>please note</i>): | <input type="checkbox"/> | 34 | _____ | | | 14 12 | | | | | | | | | | | | | | |
| Interview alone with respondent | <input type="checkbox"/> | 1 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <hr style="border-top: 1px dashed black;"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse / partner present | <input type="checkbox"/> | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children present | <input type="checkbox"/> | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other family members present | <input type="checkbox"/> | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other person present (<i>please note</i>): | <input type="checkbox"/> | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | <i>In case of non-German respondents:</i> Was interview translated by third party? <ul style="list-style-type: none"> Yes, (almost) completely <input type="checkbox"/> 1 35 Yes, partly <input type="checkbox"/> 2 No <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Did any of the persons present intervene in the interview? <ul style="list-style-type: none"> Yes, occasionally <input type="checkbox"/> 1 36 Yes, often <input type="checkbox"/> 2 No <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | How would you describe the willingness of the respondent to answer questions? <ul style="list-style-type: none"> Good <input type="checkbox"/> 1 37 Average <input type="checkbox"/> 2 Bad <input type="checkbox"/> 3 Initially good, then worsened <input type="checkbox"/> 4 Initially bad, then improved <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | K.52 | Cont. with |
|-----|--|------------|
| 15. | <p>How would you rate the information supplied by respondent?</p> <p>Generally reliable <input type="checkbox"/> 1 38</p> <p>Generally less reliable <input type="checkbox"/> 2</p> <p>Less reliable on some questions <input type="checkbox"/> 3</p> <p><i>please note:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| 16. | <p>The respondent had difficulty answering the following questions:</p> <p>Q. No. What kind of difficulty? <i>(please note in brief):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

| | | |
|------------|-------|-----------------------|
| No. | K. 52 | Cont. with |
|------------|-------|-----------------------|

17. Length of oral interview: minutes 42-44

Date of Interview:
Day Month Year
45/46 47/48 49-52

Location of interview: _____

18. **Interviewer:**

Male 1 53

Female 2

years old 54-55

My vocational education/training qualifications:

- No completed vocational education/training 1 56/57
- In-firm training with final certificate of completion, but without apprenticeship 2
- Completed trade or agricultural apprenticeship (vocational school degree) 3
- Completed commercial apprenticeship (vocational school degree) 4
- Internship, traineeship 5
- Specialized vocational school degree 6
- Master craftsman, technician, or equivalent specialized vocational training 7
- Post-secondary technical college certificate (incl. engineering college) 8
- University Degree 9
- Other vocational training (*please supply*): 10

Interviewer No.:
58-63

**I confirm with this signature that
I have conducted the interview accurately and
in accordance with all instructions:**

Signature



ANSWER OPTIONS

The Second Half of Life

Attitudes and Personal Situations

Information to Users of the English Version of the DEAS 2002 Answer Options for the Interview

This document contains the English translation of the answer options for the interview used in 2002 in the second wave of the German Ageing Survey (DEAS 2002). Most of the instruments in this interview schedule were originally constructed in German. When translating these instruments from German to English, we were supported by English native speakers fluent in German. Due to the specific situation in Germany, e.g. in terms of the educational system, the labour market, the health care system or the tax system, there exist German concepts and words which are not easy to translate. Moreover, some decisions in the translation process might be disputable. If you have any questions concerning the answer options for the interview, please do not hesitate to contact us:

DEAS@dza.de

(Note: In some cases we used the authorized German translation of instruments originally published in other languages. When the original instrument was published in English, we use the original version of this instrument here. In the case of other languages we use the authorized English translation).

Group A

Early retiree groups, groups to prepare for retirement

Group B

Senior support groups, senior citizen cooperatives

Group C

Groups for volunteer work and aid

Group D

Senior citizen projects run by political parties or unions, senior citizen delegations and advisory boards

Group E

Senior citizen programs at universities and academies, continuing education programs

Group F

Company senior citizen groups

Group G

Senior leisure complexes, senior centers

Group H

Other senior groups (e.g., sports and dance groups)
(please specify)

- A Self-help group**
- B Citizens' initiative**
- C Charitable organization** (e.g., Arbeiterwohlfahrt, Red Cross, veterans' associations)
- D Volunteer fire department**
- E Hobby and collectors' clubs**
- F Social club** (e.g., bowling or cards)
- G Sports club**
- H Refugee or displaced persons' organization**
- J Union**
- K Company or professional association**
- L Political party**
- M Church or religious group**
- N Folk society or civic association**
- O Cultural association**
- P Music and dance group**
- Q Other** (*please specify*)

- A less than 500 DM**
(less than 256 EUR)
- B 500 to less than 1.000 DM**
(256 to less than 511 EUR)
- C 1.000 to less than 2.000 DM**
(511 to less than 1.023 EUR)
- D 2.000 to less than 5.000 DM**
(1.023 to less than 2.556 EUR)
- E 5.000 to less than 10.000 DM**
(2.556 to less than 5.113 EUR)
- F 10.000 to less than 20.000 DM**
(5.113 to less than 10.226 EUR)
- G 20.000 DM or more**
(10.226 EUR or more)

- A less than 300 DM**
(less than 153 EUR)
- B 300 to less than 600 DM**
(153 to less than 307 EUR)
- C 600 to less than 1.000 DM**
(307 to less than 511 EUR)
- D 1.000 to less than 1.400 DM**
(511 to less than 716 EUR)
- E 1.400 to less than 1.800 DM**
(716 to less than 920 EUR)
- F 1.800 to less than 2.500 DM**
(920 to less than 1.278 EUR)
- G 2.500 to less than 3.500 DM**
(1.278 to less than 1.789 EUR)
- H 3.500 to less than 4.500 DM**
(1.789 to less than 2.300 EUR)
- J 4.500 to less than 5.500 DM**
(2.300 to less than 2.812 EUR)
- K 5.500 to less than 6.500 DM**
(2.812 to less than 3.323 EUR)
- L 6.500 to less than 7.500 DM**
(3.323 to less than 3.834 EUR)
- M 7.500 to less than 10.000 DM**
(3.834 to less than 5.113 EUR)
- N 10.000 to less than 15.000 DM**
(5.113 to less than 7.669 EUR)
- O 15.000 DM or more**
(7.669 EUR or more)

Further documentation

- **Person card**
- **Occupational Status**

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Ser. No.

1-6

Person Card

| Family | |
|---|--|
| 101 Grandfather/-mother of the respondent or of his/her spouse 102 Father 103 Mother 104 Mother-in-law / Partner's mother 105 Father-in-law / Parther's father 106 <u>Spouse/Partner</u> 107 Daugther-in-law / Son's partner 108 Son-in-law / Daugther's partner 111 Brother-in-law / Partner's brother 112 Sister-in-law / Partner's sister | <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 5px; text-align: center;">Siblings:</div> 321 1. Sibling _____ 322 2. Sibling _____ 323 3. Sibling _____ 324 4. Sibling _____ 325 5. Sibling _____ 326 6. Sibling _____ 327 7. Sibling _____ 328 8. Sibling _____ 329 Other sibling _____ |
| <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 5px; text-align: center;">Children:</div> 201 1. Child _____ 202 2. Child _____ 203 3. Child _____ 204 4. Child _____ 205 5. Child _____ 206 6. Child _____ 207 7. Child _____ 208 8. Child _____ 209 Other Child _____ | <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 5px; text-align: center;">Other relatives</div> 401 Aunt 402 Uncle 403 Cousin (male) 404 Cousin (female) 405 Niece 406 Nephew 407 Other relatives |
| 301 Grandchild | |

| Other non-relative persons | |
|---|--|
| 501 Friend 1 _____ 502 Friend 2 _____ 503 Friend 3 _____ 504 Friend 4 _____ 505 Friend 5 _____ 506 Other friends | |
| 601 Colleagues 602 Neighbours 603 Members of the association/organisation | |
| 701 Volunteers, for example from welfare services 702 Paid helpers | |
| 801 Acquaintances | |
| Other persons (please note): 901 _____ 902 _____ 903 _____ 904 _____ 905 _____ | |

Occupational Status

Please give the general category number (10, 20 . . .) only when unable to name the precise category!

10 Self-employed farmers and members of farmers cooperatives

- 11 Self-employed farmers with less than 10 hectares of fields in agricultural use
- 12 Self-employed farmers with between 10 and 50 hectares of fields in agricultural use
- 13 Self-employed farmers with more than 50 hectares of fields in agricultural use
- 14 Members of a farmers cooperative (former GDR)

20 Academic/scientific freelance professionals (e.g., medical doctors or lawyers with their own practice)

- 21 Alone or 1 employee
- 22 2 to 9 employees
- 23 10 or more employees

25 Family members helping out in the family

30 Self-employed persons in sales, trade, industry and services as well as craft cooperative members, self-employed craftsmen and businessmen, as well as other non-academic/scientific freelance professional occupations

- 31 Alone or 1 employee
- 32 2 to 9 employees
- 33 10 to 49 employees
- 34 50 employees and more
- 35 Member of a producers cooperative (former GDR)
- 36 Other, non-academic/scientific freelance professional occupations

40 Civil servants

- 41 Low-level Civil Service (with "Volksschulabschluss" or "POS / 8th grade" as highest level of completed schooling)
- 42 Middle-level Civil Service (with "Mittlere Reife" or "POS / 10th grade" as highest level of completed schooling)
- 43 High-level Civil Service (with "Abitur" or "EOS diploma" as highest level of completed schooling)
- 44 Executive Civil Service (with higher education)

50 Employee in the provision services, administration, sales, transport, industry, health care services, education, members of the military ("Bundeswehr", NVA or armed forces of other countries) and the police (if not employed in the civil service)

- 51 White-collar workers with simple tasks (e.g., salesperson, office worker, typist)
- 52 Qualified professionals (e.g., case officer, accountant, technical draftsman)
- 53 High qualified professionals (e.g., research assistant, doctor, teacher, chief accountant, area supervisor, department head)
- 54 Managerial (e.g., director, sole manager, chief executive, officer, mayor)
- 55 Industrial or plant foreman

60 Workers

- 61 Untrained workers
- 62 Semi-trained workers
- 63 Trained workers
- 64 Assistant foreman, team leaders, brigade leaders
- 65 Foreman

The Second Half of Life

Attitudes and Living Conditions

Information to Users of the English Version of the DEAS 2002 Drop-off Questionnaire

This document contains the English translation of the drop-off questionnaire used in 2002 in the second wave of the German Ageing Survey (DEAS 2002). Most of the instruments in this drop-off questionnaire were originally constructed in German. When translating these instruments from German to English, we were supported by English native speakers fluent in German. Due to the specific situation in Germany, e.g. in terms of the educational system, the labour market, the health care system or the tax system, there exist German concepts and words which are not easy to translate. Moreover, some decisions in the translation process might be disputable. If you have any questions concerning the drop-off questionnaire, please do not hesitate to contact us:

DEAS@dza.de

(Note: In some cases we used the authorized German translation of instruments originally published in other languages. When the original instrument was published in English, we use the original version of this instrument here. In the case of other languages we use the authorized English translation).

transferred from Contact Record:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Ser.No.

1-6

All rights concerning the formulation of the questions and design of the questionnaire are held by the German Centre of Gerontology, Berlin, and the infas Institute for Applied Social Sciences, Bonn

This questionnaire is based on the research instruments developed by the Research Group on Ageing and the Life Course of the Free University Berlin and the Research Group for Psychogerontology of the University of Nijmegen for the first survey in 1996.

What we would like you to do . . .

Thank you for taking part in our research work. This work was commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. In the oral interview, you answered our questions on various aspects of life. In this written questionnaire we would like to look into some aspects of your life in greater detail.

Thank you once again for your kind support!

What happens to your data ...

The Infas Institute for Applied Social Science and the German Centre of Gerontology are responsible for guaranteeing data protection. All data supplied by you will be treated with strict confidentiality. All data are evaluated exclusively in anonymous form, i.e., without name and address, and only in conjunction with the information supplied by other interviewees. The results cannot be linked to the person who supplied the data. In other words, data protection is fully and comprehensively guaranteed.

How to fill out the questionnaire ...

- There are no right or wrong answers, and no special knowledge is required to fill out the questionnaire. You should answer each question for yourself personally.
- Please tick the selected response in the corresponding box.
- Please answer one question after the other in the order given.
- Please note the comments on the various questions when completing the questionnaire.
- Place the completed questionnaire in the enclosed reply envelope. A member of our staff will pick it up at the scheduled time.

Many thanks for your help,

infas Institute and the German Centre of Gerontology

1. Everybody gets older. But ageing can mean very different things to different people. The following statements relate to changes in the context of your activities and social contacts.

Please indicate the extent to which you agree with each statement.

 **Please give a response *to each statement!***

(2 mod.)

| | Strongly agree | Agree | Disagree | Strongly disagree | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----|
| | 1 | 2 | 3 | 4 | |
| Ageing means to me that I can still put my ideas into practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19 |
| My age has no influence on how adventurous I am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 |
| Ageing means to me that my capabilities are increasing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21 |
| Ageing means to me that I feel less respected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 |
| For me, getting older means that I am still able to have close contact with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23 |
| For me, getting older means that I am less healthy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 |
| Ageing means to me that I feel lonely more often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 |
| For me, getting older means that I can put my creativity to better use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26 |
| For me, getting older means that my emotional life has less ups and downs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27 |
| For me, getting older means that my unpleasant qualities are becoming more apparent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28 |
| Ageing means to me that I have a better idea of what I want | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29 |
| My age has no influence on how seriously I take my desires | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 |
| For me, getting older means that I am better able to influence and shape the course of my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31 |

5. Some people think they are able to influence and shape the course of their lives. Others believe they can only influence things to a very limited extent or that they have no influence at all on what happens in their lives.

Please indicate the extent to which you believe that you can influence the following aspects of your life.

 Please tick one box **per line!**

(11)

| | Practically no influence | Weak influence | Moderate influence | Strong influence | |
|--|--------------------------------|--------------------------|--------------------------|--------------------------|----|
| | 1 | 2 | 3 | 4 | |
| Relationship with partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 64 |
| Family relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 65 |
| Relationships with friends and acquaintances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 66 |
| Leisure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 67 |
| Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 68 |
| Standard of living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 69 |
| Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70 |
| <i>Please respond only to the one of the two statements below that currently applies to you:</i> | | | | | |
| Job situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 71 |
| or | | | | | |
| Life in retirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 72 |

6. How strong is your interest in politics?

(7)  Please tick only **one** box!

Very strong 1 73

Strong 2

Average 3

Slight 4

Not at all 5

Don't know 8

7. Did you vote in the last 1998 German federal elections?

 Please tick only **one** box!

Yes 1 74

No 2

I was not eligible to
vote at the time 6

8. Many people in Germany lean towards a particular political party over the long term, even if they occasionally vote for a different party. What about you:

(8) **Do you – generally speaking – lean towards one particular party?**

 Please tick only **one** box!

Yes, the CDU 1 80/81

Yes, the CSU 2

Yes, the SPD 3

Yes, the FDP 4

Yes, the PDS 5

Yes, the Green Party 6

Yes, the Republicans 7

Yes, another party 8 → **Which party?**

82-101

No, I don't lean towards any party 9

9. The following statements relate to the relationship between the elderly and the young.

Please indicate the extent to which you agree with these statements.


 Please tick one box **per line!**

(9 mod.)

| | Strongly agree | Agree | Disagree | Strongly disagree | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| | 1 | 2 | 3 | 4 | |
| Older people don't concern themselves enough with the future of the young | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 102 |
| Young people don't concern themselves enough with the needs of the elderly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 103 |
| It's time for more young people in the ranks of political leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 104 |
| Older people should leave their jobs so younger people can take them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 105 |
| In making important decisions, we should rely on the advice of older, experienced people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 106 |
| What young people today are living on was built by the older generation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 107 |
| Older people have neglected the environment, to the detriment of younger generations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 108 |

10. The following statements relate to social security.

Please indicate the extent to which you agree with these statements.

 Please tick one box *per line!*
(10 mod.)

Strongly agree **Agree** **Disagree** **Strongly disagree**

1 2 3 4

The state is responsible for seeing that people are well provided for in old age 109

The state is responsible for seeing that people are well provided for when they are unemployed 110

Pensions should take childrearing years more fully into account in calculating retirement benefits 111

People should provide for old age themselves so that they do not become a burden for others later on 112

The working population has an obligation to pay contributions or taxes in order to ensure that older people have an adequate standard of living 113

Old people have earned their pensions with the contributions they paid 114

The family should be primarily responsible for older family members 115

The younger generation will no longer be able in the future to bear the financial burden of providing for the old 116

Pensions are too low and should be increased, even if this means higher contributions or taxes 117

Pensions will be secure in the future 118


11. What religious group do you belong to?

(18 mod.)

The Protestant Church (not including free churches) 1 119

The Roman Catholic Church 2

Another Christian community 3

 that is: 120-148

Another non-Christian community 4

 that is: 149-178

No religious group 5


12. How often do you usually go to church (or the mosque, synagogue) or to another religious assembly (or service)?

(19 mod.)

- 179/180
- Several times a week 1
- Once a week 2
- 1 - 3 times per month 3
- Several times a year 4
- Less often 5
- Never 6

13. The next statements deal with your estimation of yourself and your life. Please indicate the extent to which you agree with each statement.

We would like to ask you to rate yourself using the following sentences.

 *Please tick one box per line!*

| | Strongly agree | Agree | Disagree | Strongly disagree | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| | 1 | 2 | 3 | 4 | |
| For me the future is full of hope | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 181 |
| I feel that I have a number of good qualities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 182 |
| There are lots of ways around any problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 183 |
| Thinking about my future makes me worry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 184 |
| I certainly feel useless at times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 185 |
| I have been pretty successful in life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 186 |
| I feel that I'm a person of worth, at least on an equal plane with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 187 |
| I feel I do not have much to be proud of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 188 |

**14. Now let us return to your image of ageing:
We now refer to changes that affect your life in general.**

Please indicate the extent to which you agree with each statement.

 Please tick one box *per line!*

(23 mod.)

| | Strongly agree | Agree | Disagree | Strongly disagree | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| | 1 | 2 | 3 | 4 | |
| Ageing means to me that I can deal with my physical weaknesses better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 200 |
| Ageing means to me that I continue to make plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 201 |
| For me, getting older means that I am able to enjoy life less and less | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 202 |
| Ageing means to me that I cannot take as much on as before | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 203 |
| Ageing means to me that I feel less needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 204 |
| Ageing means to me that I can still learn new things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 205 |
| For me, getting older means that I am becoming a stranger to myself because so much about me is changing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 206 |
| Whether or not I am content with my appearance has nothing to do with my age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 207 |
| Ageing means to me that I am bored more often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 208 |
| Ageing means to me that I cannot make up for my physical losses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 209 |
| For me, getting older means that I am more often dissatisfied with myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 210 |
| How self-confident I am is not related to my age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 211 |
| Ageing means to me that I know myself better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 212 |
| Ageing means to me that I am less energetic and fit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 213 |
| Ageing means to me that I am more relaxed about a lot of things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 214 |

15. You must have heard people say that they would like to be younger or older than they actually are. If you imagine that you could choose your age: how old would like to be now?

 Please enter your ideal age!

I would now like to be years old

215-217

**16. Just one last question on the subject of getting older:
Starting at what age would you describe someone as old?**

(52)

Starting at the age of

218-220 998,999

**17. The following statements relate to your life at present and in the future.
Please indicate the extent to which you agree with each statement.**

 Please tick one box **per line!**

| | Strongly agree | Agree | Disagree | Strongly disagree | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| | 1 | 2 | 3 | 4 | |
| I look to the future with confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 221 |
| I wish I could have more respect for myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 222 |
| I can think of many ways to get the things in life that are most important to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 223 |
| I meet the goals that I set for myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 224 |
| At times I think I am no good at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 225 |
| I take a positive attitude towards myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 226 |
| Even when others get discouraged, I know I can find a way to solve the problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 227 |
| The future holds a lot of good in store for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 228 |

**18. We would now like to talk about your everyday routine:
How much time on average do you spend outside the house
on a normal weekday?**

(13)

Approx. hours

229/230 98,99

**19. And how many days per week are you at home all day -
apart from brief outings to do the shopping or go for walks?**

(14)

On days per week

231/232 98,99

20. Do you have any household pets?

 Please give the number in each case, i.e. **2** cats.

(22 mod.)

No, I have no pets 2 233

Yes 1 → that is:

- dog/s 234/235
- cat/s 236/237
- rodent/s 238/239
- bird/s 240/241
- fish 242/243
- horse/s 244/245

Other animals: 246-272

21. How many hours in total, on an average weekday, do you spend watching television?

(15)

Approx. hours 273/274

- I seldom watch TV 1 275
- I never watch TV 2

22. Thinking of television, which of the following programs do you watch often?

(16 mod.)

 Please tick everything you watch often.

- Shows, game shows 1 276
- Sports 277
- Talk shows 278
- News 279
- Political shows 280
- Arts and cultural programs 281
- Travel programs, nature films 282
- Health shows 283
- Action films, thrillers 284
- Soap operas 285
- Popular theater, folksy films, folk music 286
- Classical music, opera, theater 287
- I don't watch any of them often 288

23. How often do you read the newspaper?

- Daily 1 289-290
 Several times a week 2
 Once a week 3
 1-3 times a month..... 4
 Less often 5
 Never 6

24. If you read a daily newspaper at least several times a week:
 Which newspaper(s) do you read?

291-350

25. Do you regularly read a weekly, bi-weekly or monthly periodical, newspaper or magazine?

Yes 1 360
 ↓

No 2 →

Continue with **Question 26**

What periodical, newspaper or magazine is that?
 If you read several, please name the three main ones!

361-380

381-400

401-420

26. Now two questions on listening to the radio:

a) How many hours a day do you have the radio on
 (e.g., for background music) while doing
other things, without listening consciously?

About hours 421/422

I seldom have the radio on
 in the background 1 423

I never have the radio on
 in the background 2

b) How many hours a day do you listen to the
 radio consciously, listening closely
 to the programs?

About hours 424/425

I seldom listen to the radio consciously .. 1 426

I never listen to the radio consciously 2

27. How many books have you read in your
 spare time over the past 12 months?

About books 427-429

I haven't read any books 995

28. When you read books, newspapers or periodicals in your spare time, what do you read most?

(17 mod.)

 Please tick all topics you read about often.

- Politics, economics 430
- Culture, art 431
- Nature, animals, gardening 432
- Sports 433
- Cars, motorcycles 434
- Fashion, cosmetics 435
- Home, cooking, food, drink 436
- Health 437
- Science, technology, computers 438
- Self-help books, self-awareness, personality 439
- Gossip / news from the lives of famous people 440
- Classic or modern literature 441
- Popular literature, i.e. dime novels 442
- I don't read any of these often 443
- I never read 444

**29. Do you use a computer at home or at work?
By this we mean personal computers (PCs) but also mainframe computers
but not purely video game consoles.**

No ^{1 445} → Please go on to **Question 33**

Yes, at home ⁴⁴⁶ → since (please enter year): 448-451

Yes, at work ⁴⁴⁷ → since (Please enter year): 452-455

30. How often do you use the computer?

Daily ⁴⁶⁰ → about hours per day

Several times a week ^{461/462}

Once a week ³

1 - 3 times a month ⁴

Less often ⁵

Never ⁶

31. Does this computer(s) have access to the Internet or to other online resources?

No ^{1 463} → Please go on to **Question 33**

Yes, at home ⁴⁶⁴ → since (please enter **year**):

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

 466-469

Yes, at work ⁴⁶⁵ → since t (please enter **year**):

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

 470-473

32. How often do you write or receive e-mails?

- Daily ^{474/475} 1
 - Several times a week 2
 - Once a week 3
 - 1 - 3 times a month 4
 - Less often 5
 - Never 6
- 98, 99

33. The following relates to relationships with other people.

Please indicate for each of the statements, the extent to which they apply to your situation, the way you feel now.

If you are not quite sure, select the answer you think is closest.

Please tick one box **per line!**

(26)


Strongly agree Agree Disagree Strongly disagree

| | 1 | 2 | 3 | 4 | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----|
| There is always someone around that I can talk to about my day to day problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 476 |
| I miss having people who I feel comfortable with | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 477 |
| There are plenty of people that I can depend on if I'm in trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 478 |
| I wish I had a really close friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 479 |
| Often, I feel rejected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 480 |
| There are many people that I can count on completely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 481 |
| I miss having a sense of security and warmth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 482 |
| I feel my circle of friends and acquaintances is too limited | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 483 |
| There are enough people that I feel close to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 484 |
| I can rely on my friends whenever I need them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 485 |
| I miss having a really close relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 486 |
| I prefer being with people in my own age group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 487 |

34. We would now like to talk about your state of health:

Which of the following illnesses and health problems do you have, and how severe are your symptoms at present?


Please indicate whether you have the illness or health problem in question, and then the extent to which you are having symptoms of this disorder at present.


 Please answer **each line!**

(28 mod.)


| | I have | | Current symptoms | | | |
|---|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | No 2 | Yes 1 | none 1 | mild 2 | moderate 3 | severe 4 |
| Cardiac and circulatory disorders | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bad circulation | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Joint, bone, spinal or back problems | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory problems, asthma, shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stomach and intestinal problems | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gall bladder, liver or kidney problems | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bladder problems | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insomnia | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye problems, vision impairment | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear problems, hearing problems | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other illnesses or health problems (<i>please specify</i>): | | Yes | none | mild | moderate | severe |
| <input type="text"/> | | 1 | 1 | 2 | 3 | 4 |
| | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 526-555 | 524 | | | | 525 |
| <input type="text"/> | | Yes | none | mild | moderate | severe |
| | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 558-587 | 556 | | | | 557 |

36. Do you use one or more of the following types of aids?

 Please tick one box **per line!**

| | Yes | No | |
|--|--------------------------|--------------------------|---------|
| | 1 | 2 | |
| Glasses, contact lenses | <input type="checkbox"/> | <input type="checkbox"/> | 700 |
| Hearing aids in both ears | <input type="checkbox"/> | <input type="checkbox"/> | 701 |
| Hearing aid in one ear only | <input type="checkbox"/> | <input type="checkbox"/> | 702 |
| Cardiac pacemaker | <input type="checkbox"/> | <input type="checkbox"/> | 703 |
| Cane / walking stick | <input type="checkbox"/> | <input type="checkbox"/> | 704 |
| Walker, Rollator, 3-wheel walker | <input type="checkbox"/> | <input type="checkbox"/> | 705 |
| Wheelchair | <input type="checkbox"/> | <input type="checkbox"/> | 706 |
| False teeth (dentures) | <input type="checkbox"/> | <input type="checkbox"/> | 707 |
| Artificial limb | <input type="checkbox"/> | <input type="checkbox"/> | 708 |
| Adult incontinence pads for weak bladder | <input type="checkbox"/> | <input type="checkbox"/> | 709 |
| Other aids (<i>please specify</i>): | <input type="checkbox"/> | | 710 |
|  <input style="width: 500px; height: 20px;" type="text"/> | | | 711-760 |

37. Have you made one or several of the following written powers of attorney or decrees?

 Please tick one box **per line!**

| | Yes | No | Don't know what that is | |
|--------------------------------------|--------------------------|--------------------------|----------------------------|-----|
| | 1 | 2 | 8 | |
| Precautionary power of attorney..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 790 |
| Living will | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 791 |
| Stipulations on future care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 792 |

38. Have you ever smoked or do you smoke now?

- I have never smoked
(except for trying a cigarette
on rare occasions) 1 793
- I used to smoke, but have not smoked
for at least one year 2
- I stopped smoking within the
past 12 months 3
- I smoke at present 4

Please go on to **Question 39**

- How often do you smoke at the moment?** 794
- I smoke occasionally 1
 - I smoke every day 2

Please go on to **Question 39**

- How many do you now smoke daily?**
- Cigarettes no. 795-797
 - Cigars / stogies / cigarillos no. 798-800
 - Pipe no. 801-803

39. How often do you do endurance sports, i.e., swimming, long-distance running, jogging, cycling or similar activities?

Please include activities in a fitness studio (aerobics, treadmill, ergometer, etc.).

| | | | | | | | | | | | |
|----------------------------|---------|---|--------------------------|-------------------------------------|--|---------|---------|--|--|-------|---------|
| Daily | 810/811 | 1 | <input type="checkbox"/> | } Total approx. time per week:..... | <table border="1"> <tr> <td>812/813</td> <td>814/815</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>hours</td> <td>minutes</td> </tr> </table> | 812/813 | 814/815 | | | hours | minutes |
| 812/813 | 814/815 | | | | | | | | | | |
| | | | | | | | | | | | |
| hours | minutes | | | | | | | | | | |
| Several times a week | | 2 | <input type="checkbox"/> | | | | | | | | |
| Once a week | | 3 | <input type="checkbox"/> | | | | | | | | |
| 1 - 3 times a month | | 4 | <input type="checkbox"/> | | | | | | | | |
| Less often | | 5 | <input type="checkbox"/> | | | | | | | | |
| Never | | 6 | <input type="checkbox"/> | | | | | | | | |
| | 98,99 | | | | | | | | | | |

40. How often do you do strength training or combat sports, i.e. weightlifting, bodybuilding, karate, judo, or similar activities?

Please include activities in a fitness studio (weights, machines, etc.).

| | | | | | | | | | | | |
|----------------------------|---------|---|--------------------------|-------------------------------------|--|---------|---------|--|--|-------|---------|
| Daily | 816/817 | 1 | <input type="checkbox"/> | } Total approx. time per week:..... | <table border="1"> <tr> <td>818/819</td> <td>820/821</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>hours</td> <td>minutes</td> </tr> </table> | 818/819 | 820/821 | | | hours | minutes |
| 818/819 | 820/821 | | | | | | | | | | |
| | | | | | | | | | | | |
| hours | minutes | | | | | | | | | | |
| Several times a week | | 2 | <input type="checkbox"/> | | | | | | | | |
| Once a week | | 3 | <input type="checkbox"/> | | | | | | | | |
| 1 - 3 times a month | | 4 | <input type="checkbox"/> | | | | | | | | |
| Less often | | 5 | <input type="checkbox"/> | | | | | | | | |
| Never | | 6 | <input type="checkbox"/> | | | | | | | | |
| | 98,99 | | | | | | | | | | |

41. How often do you do relaxation or meditation exercises, i.e., yoga, autogenic training, progressive muscle relaxation (PMR), tai chi, or qi gong?

| | | | | | | | | | | | |
|----------------------------|---------|---|--------------------------|-------------------------------------|--|---------|---------|--|--|-------|---------|
| Daily | 822/823 | 1 | <input type="checkbox"/> | } Total approx. time per week:..... | <table border="1"> <tr> <td>824/825</td> <td>826/827</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>hours</td> <td>minutes</td> </tr> </table> | 824/825 | 826/827 | | | hours | minutes |
| 824/825 | 826/827 | | | | | | | | | | |
| | | | | | | | | | | | |
| hours | minutes | | | | | | | | | | |
| Several times a week | | 2 | <input type="checkbox"/> | | | | | | | | |
| Once a week | | 3 | <input type="checkbox"/> | | | | | | | | |
| 1 - 3 times a month | | 4 | <input type="checkbox"/> | | | | | | | | |
| Less often | | 5 | <input type="checkbox"/> | | | | | | | | |
| Never | | 6 | <input type="checkbox"/> | | | | | | | | |
| | 98,99 | | | | | | | | | | |

42. Do you go on sports vacations once or several times a year, that is, vacations devoted mainly to sports such as hiking, sailing, skiing, riding, or other sports?

| | | | | | | |
|---------------------------------|---------|---|--------------------------|---------------------------------|----------------------|------|
| Yes, at least once a year | 828 | 1 | <input type="checkbox"/> | → How many days a year? approx. | <input type="text"/> | days |
| Yes, but not every year | | 2 | <input type="checkbox"/> | | | |
| No | | 3 | <input type="checkbox"/> | | | |
| | 829-831 | | | | | |

45. Now to another topic:

Have you or your spouse/partner ever received an inheritance?

Please do not overlook smaller bequests.

(29)


Yes 1 900
↓

No 2 →

Please go to **Question 46**

45a Who did you receive the inheritance from?

 Please tick **all** people from whom you have received an inheritance!

- 1
- My parents 901
- Parents of spouse/partner 902
- Grandparents 903
- Grandparents of spouse/partner 904
- Spouse/partner 905
- Spouse from a previous marriage 906
- Brothers or sisters 907
- Others (please specify): 908
-  909-933

45b If you add it all together, what would be the approximate value of these inheritances today?

- Less than 5,000 DM (less than 2,556 EUR) 1 934/935
- 5,000 and more, but less than 25,000 DM (2,556 and more, but less than 12,782 EUR) 2
- 25,000 and more, but less than 100,000 DM (12,782 and more, but less than 51,129 EUR) 3
- 100,000 and more, but less than 500,000 DM (51,129 and more, but less than 255,646 EUR) 4
- 500,000 and more, but less than 1,000,000 DM (255,646 and more, but less than 511,292 EUR) 5
- 1,000,000 DM or more (511,292 EUR or more) 6

46. Do you or your spouse/partner expect to inherit in the future?

Please do not overlook smaller bequests.

(30)

Yes 1 936
↓

No 2 →

Please go to Question 47

What could these inheritances amount to?

- Less than 5,000 DM (less than 2,556 EUR) 1 937/938
- 5,000 and more, but less than 25,000 DM (2,556 and more, but less than 12,782 EUR) 2
- 25,000 and more, but less than 100,000 DM (12,782 and more, but less than 51,129 EUR) 3
- 100,000 and more, but less than 500,000 DM (51,129 and more, but less than 255,646 EUR) 4
- 500,000 and more, but less than 1,000,000 DM (255,646 and more, but less than 511,292 EUR) 5
- 1,000,000 DM or more (511,292 EUR or more) 6

47. Do you or your spouse/partner own a house, apartment, or land?

(34)

Yes 1 939
↓

No 2 →

Please go to Question 49

 *Please tick everything that applies!* 1

- Detached house, row house, semi-detached house 940
- Multi-family home 941
- Apartment 942
- Vacation home or apartment 943
- Other property 944

48. Do you or your spouse/partner have any debts to pay off as a result of acquiring property?

Yes 1 945
↓

No 2 →

Please go to Question 49

the amount involved is:

- Less than 5,000 DM (less than 2,556 EUR) 1 946/947
- 5,000 and more, but less than 25,000 DM (2,556 and more, but less than 12,782 EUR) 2
- 25,000 and more, but less than 100,000 DM (12,782 and more, but less than 51,129 EUR) 3
- 100,000 and more, but less than 500,000 DM (51,129 and more, but less than 255,646 EUR) 4
- 500,000 and more, but less than 1,000,000 DM (255,646 and more, but less than 511,292 EUR) 5
- 1,000,000 DM or more (511,292 EUR or more) 6

49. Do you have an allotment garden, weekend house, or camper parked at a permanent site?

(35)

Yes 1 948

No 2

50. We would like to learn about your housing situation.

When was the building you live in built?

(33)

Before 1919 1 949/950

1919 to 1948 2

1949 to 1971 3

1972 to 1980 4

1981 to 1990 5

1991 or later 6

Don't know 98

51. How is your home equipped?

 Please tick **everything** that is part of your home!

(32 mod.)

Bath/shower inside the home 1 951

Toilet inside the home 952

Central heating 953

Balcony or terrace 954

Yard or use of shared yard 955

52. Does your household have...

 Please tick one box **per line!**

| | Yes | No | |
|-----------------------|--------------------------|--------------------------|-----|
| | 1 | 2 | |
| washing machine | <input type="checkbox"/> | <input type="checkbox"/> | 956 |

| | | | |
|------------------|--------------------------|--------------------------|-----|
| dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | 957 |
|------------------|--------------------------|--------------------------|-----|

| | | | |
|------------------------------|--------------------------|--------------------------|-----|
| freezer / deep freezer | <input type="checkbox"/> | <input type="checkbox"/> | 958 |
|------------------------------|--------------------------|--------------------------|-----|

| | | | |
|-----------------------|--------------------------|--------------------------|-----|
| video equipment | <input type="checkbox"/> | <input type="checkbox"/> | 959 |
|-----------------------|--------------------------|--------------------------|-----|

| | | | |
|---------------------|--------------------------|--------------------------|-----|
| computer (PC) | <input type="checkbox"/> | <input type="checkbox"/> | 960 |
|---------------------|--------------------------|--------------------------|-----|

| | | | |
|--------------|--------------------------|--------------------------|-----|
| car(s) | <input type="checkbox"/> | <input type="checkbox"/> | 961 |
|--------------|--------------------------|--------------------------|-----|

53. If you think of your home and living environment, which of the following statements would apply to you?

 Please tick **everything** that applies!

(36 mod.)

1

My home holds many memories for me 962

I do not feel safe on the streets after dark 963

There are enough shopping facilities in the vicinity 964

There are not enough doctors and pharmacies in the vicinity 965

I am attached to the neighbourhood 966

There is a lot of noise pollution in my neighbourhood 967

There are good public transport services in my neighbourhood 968

None of this applies to me 969

54. If you think back over the past 12 months:

Did you sometimes or often prefer to remain at home because you were afraid of being attacked, robbed or molested in some way?

 Please tick **one** box only!

970/971

Yes, often 1

Yes, sometimes 2

No 3

Does not apply to me, since I
(almost) never leave the home
for health reasons 6

98,99

55. How close is your contact to your neighbours?

 Please tick **one** box only!

(39)

Very close 1 972

Close 2

Not really close 3

Only rare 4

No contact 5

**56. The following questions relate to your financial situation.
Do you or your spouse/partner have life insurance?**

(43)

- Yes 1 973
- No 2
- Don't know 8

57. Have you informed yourself about the state-subsidised "Riester" retirement plan?

 Please tick **everything** that applies to you!

- Yes, I already have a savings plan for a private, state-subsidised "Riester" retirement 974
- Yes, I have received professional advice (i.e., from a bank / savings bank, investment / tax consultant, consumer advice organization) 975
- Yes, I ordered some brochures 976
- Yes, I have obtained information from other sources, (i.e., newspaper, television, radio, internet) 977
- No, I have not yet informed myself 978
- No, I do not intend to inform myself 979
- No, that no longer applies to me as I have already retired / will be retiring shortly 980

58. Have you or your spouse / partner put money aside regularly or irregularly over the past 12 months?

If so, for what purpose?

(44)

Yes 1 1000
↓

No 2 →

Please go to **Question 59**

for:

- Things we want to buy 1001
- Old age 1002
- Family 1003
- Another purpose (please specify): 1004

1005-1034

 If you have put money aside:

How much would you estimate that it was roughly if you add up over the past 12 months?

 Please enter the amount either in DM **or** in EUR!

1035-1039

DM
or

1040-1044

EUR

59. When you think of all your assets, that is, savings accounts, building contracts, life insurance, bonds, and valuables belonging to you or your spouse/partner, with the exception of real estate:

What does it all amount to roughly?

(45)

- less than 1,000 DM
(less than 511 EUR)
 01 1050/1051
 - 1,000 and more, but less than 5,000 DM
(511 and more, but less than 2,556 EUR)
 02 1052/1053
 - 5,000 and more, but less than 10,000 DM
(2,556 and more, but less than 5,113 EUR)
 03 1054/1055
 - 10,000 and more, but less than 25,000 DM
(5,113 and more, but less than 12,782 EUR)
 04 1056/1057
 - 25,000 and more, but less than 50,000 DM
(12,782 and more, but less than 25,564 EUR)
 05 1058/1059
 - 50,000 and more, but less than 100,000 DM
(25,564 and more, but less than 51,129 EUR)
 06 1060/1061
 - 100,000 and more, but less than 200,000 DM
(51,129 and more, but less than 102,258 EUR)
 07 1062/1063
 - 200,000 and more, but less than 500,000 DM
(102,258 and more, but less than 255,646 EUR)
 08 1064/1065
 - 500,000 and more, but less than 1,000,000 DM
(255,646 and more, but less than 511,292 EUR)
 09 1066/1067
 - 1,000,000 DM or more
(511,292 EUR or more)
 10 1068/1069
-
- I have no assets
 11 1070/1071

98, 99



*Please go to **Question 60***

60. Have you or your spouse/partner had to fall back on your savings or assets over the past 12 months? If so, for what purpose?

(46)

Yes 1 1072
↓

No 2 →

Please go to Question 61

for normal everyday things 1073

for special purchases 1074

for the apartment / house 1075

for vacations 1076

to support family members 1077

for another purpose (please specify): 1078

↙ 1079-1108

☞ *If you have fallen back on savings or assets:*

What would be your rough estimate of how much it added up to in all over the past 12 months?

☞ *Please given the amount either in DM or in EUR!*

DM

or

EUR

1110-1115

1116-1121

61. Apart from mortgages: do you or your spouse/partner have any debts at the moment from loans, i.e., from a bank or savings bank, store or mail order company, or a private individual? If so, what is the amount?

(47)

Yes 1 1122
↓


No, I have no debts 2 →

Please go to Question 62

the sum is:

- | | | | | | | | |
|---------------------------------|--------------|----------------------------------|--------------|-------|--------------------------|----|-----------|
| less than | 1,000 DM | (less than | 511 EUR) | | <input type="checkbox"/> | 01 | 1050/1051 |
| 1,000 and more, but less than | 5,000 DM | (511 and more, but less than | 2,556 EUR) | | <input type="checkbox"/> | 02 | 1052/1053 |
| 5,000 and more, but less than | 10,000 DM | (2,556 and more, but less than | 5,113 EUR) | | <input type="checkbox"/> | 03 | 1054/1055 |
| 10,000 and more, but less than | 25,000 DM | (5,113 and more, but less than | 12,782 EUR) | | <input type="checkbox"/> | 04 | 1056/1057 |
| 25,000 and more, but less than | 50,000 DM | (12,782 and more, but less than | 25,564 EUR) | | <input type="checkbox"/> | 05 | 1058/1059 |
| 50,000 and more, but less than | 100,000 DM | (25,564 and more, but less than | 51,129 EUR) | | <input type="checkbox"/> | 06 | 1060/1061 |
| 100,000 and more, but less than | 200,000 DM | (51,129 and more, but less than | 102,258 EUR) | | <input type="checkbox"/> | 07 | 1062/1063 |
| 200,000 and more, but less than | 500,000 DM | (102,258 and more, but less than | 255,646 EUR) | | <input type="checkbox"/> | 08 | 1064/1065 |
| 500,000 and more, but less than | 1,000,000 DM | (255,646 and more, but less than | 511,292 EUR) | | <input type="checkbox"/> | 09 | 1066/1067 |
| 1,000,000 DM or more | | (511,292 EUR or more) | | | <input type="checkbox"/> | 10 | 1068/1069 |

62. What income do you and your spouse/partner receive?

 Please check this list for yourself, and, if applicable, for your spouse / partner. First tick the income types that apply, and then give the amount of these types of income in DM or EUR per month.

Please give net amounts in each case, that is, income after deduction of all taxes and social security contributions.

If you can't remember the various amounts exactly, please consult your records.

Please tick the relevant types of income even if you can't state the exact sum.

We would like to take this opportunity to repeat explicitly that your data – as all other information provided in this interview – will of course remain completely anonymous, meaning that the data cannot be traced back either to you or to your household.

(48 mod.)

| | You yourself | Your spouse/partner <i>(only if you live together with a spouse/partner)</i> |
|--|--|--|
| Income from own employment | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1150 1151-1155 1156-1160 | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1170 1171-1175 1176-1180 |
| Pension, retirement, widow's or survivor's pension, invalidity or occupational disability pension. | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1190 1191-1195 1196-1200 | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1210 1211-1215 1216-1220 |
| Company pension or supplementary benefits for former public sector employees | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1230 1231-1235 1236-1240 | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1250 1251-1255 1256-1260 |
| Early retirement or other benefits paid by employer | per month DM oder per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1270 1271-1275 1276-1280 | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1290 1291-1295 1296-1300 |
| Benefits paid by unemployment agency, i.e., unemployment benefits or support, transitional funds for retirees. | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1310 1311-1315 1316-1320 | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1330 1331-1335 1336-1340 |
| Sick pay from health insurance | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1350 1351-1355 1356-1360 | per month DM or per month EUR No Yes <input type="checkbox"/> <input type="checkbox"/> → 2 1 1370 1371-1375 1376-1380 |

63. Do any other people live in your household apart from you and your spouse / partner?

(49)

Yes 1 1401
↓

No 2 →

Please go to **Question 64**

What income do these other members of your household receive?

Please look at the following list and tick the relevant types of income.

Other household members

- Income from own employment 1402
- Pension, retirement, widow's or survivor's pension, invalidity or occupational disability pension 1403
- Company pension or supplementary benefits for former public sector employees . 1404
- Early retirement or other benefits paid by employer 1405
- Benefits paid by unemployment agency, i.e., unemployment benefits or support, transitional funds for retirees 1406
- Sick pay from health insurance 1407

64. And which of the following income types do you or your household also receive?

Please read the following list. Tick the relevant types of income and also enter the monthly amount.

(50)

Other income of your household

| No | Yes | per month DM | or | per month EUR |
|----|-----|-----------------|----|------------------|
| ▼ | ▼ | ▼ | ▼ | ▼ |

| | | | | | |
|---|--------------------------|----------------------------|---|-----------|---|
| Welfare assistance, i.e., regular payments or assistance in specific situations | <input type="checkbox"/> | <input type="checkbox"/> → | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| | 2 | 1 | 1410 | 1411-1415 | 1416-1420 |

| | | | | | |
|--|--------------------------|----------------------------|---|-----------|---|
| Other government benefits, i.e., child benefits, housing benefits, grants for education and further training | <input type="checkbox"/> | <input type="checkbox"/> → | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| | 2 | 1 | 1430 | 1431-1435 | 1436-1440 |

| | | | | | |
|---|--------------------------|----------------------------|---|-----------|---|
| Income from rentals and leases, interest and income from capital assets | <input type="checkbox"/> | <input type="checkbox"/> → | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| | 2 | 1 | 1450 | 1451-1455 | 1456-60 |

| | | | | | |
|--|--------------------------|----------------------------|---|-----------|---|
| Regular income from a private life insurance policy or private provision schemes | <input type="checkbox"/> | <input type="checkbox"/> → | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| | 2 | 1 | 1470 | 1471-1475 | 1476-1480 |

| | | | | | |
|---|--------------------------|----------------------------|---|-----------|---|
| Benefits from long-term care insurance | <input type="checkbox"/> | <input type="checkbox"/> → | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| | 2 | 1 | 1490 | 1491-1495 | 1496-1500 |
| <p>☞ Please include if you or another member of the household are in need of care!</p> <p>Which care level was granted?</p> | | | | | |
| | | <input type="checkbox"/> 1 | Care level 1 | | 1501 |
| | | <input type="checkbox"/> 2 | Care level 2 | | |
| | | <input type="checkbox"/> 3 | Care level 3 | | |
| | | <input type="checkbox"/> 8 | Don't know | | |

| | | | | | |
|---|--------------------------|---|---------------|--|------|
| What sort of benefits are involved? | <input type="checkbox"/> | 1 | Services | | 1502 |
| ☞ Please mark everything that applies to you! | <input type="checkbox"/> | 1 | Cash benefits | | 1503 |
| | <input type="checkbox"/> | 1 | Don't know | | 1504 |

| | | | | | | | |
|---|--------------------------|---|---|--|---|--|---|
| Other income not listed (please specify): | <input type="checkbox"/> | 1 | → | | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%; height: 100%;" type="text"/> | 1510 | | | | 1511-1515 | | 1516-1520 |

65. Thank you for your cooperation. We hope that you enjoyed answering these questions. Do you have any comments or suggestions on the questionnaire or the individual questions? Perhaps we have overlooked a question that you think is particularly important. We would very much welcome your suggestions.

Please note your comments in the space below:

(55)

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

1550-1700

66. And finally please enter:

(56)

1530/1531


My age years

Sex: Male 1 1532
 Female 2

67. Did you fill out the questionnaire alone or did someone help you?

Yes, I filled it out alone 1 1533

No, someone helped me 2

 **Who helped you to fill it out?**

The interviewer 1 1534

Someone else 2

Thank you for your patience and valuable help with our study!
 Please put the completed questionnaire in the enclosed self-addressed envelope.
 A member of our staff will pick it up at the scheduled time.

