

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																																																
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; margin-left: 20px;"> <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																																								
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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; margin-left: 20px;"> <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="4" style="padding-top: 10px;">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="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="padding-right: 10px;">A</td> <td>Biological mother <input type="checkbox"/> 22</td> <td style="padding-left: 10px;">1</td> </tr> <tr> <td>B</td> <td>Biological father <input type="checkbox"/> 23</td> <td></td> </tr> <tr> <td>C</td> <td>Stepmother <input type="checkbox"/> 24</td> <td></td> </tr> <tr> <td>D</td> <td>Stepfather <input type="checkbox"/> 25</td> <td></td> </tr> <tr> <td>E</td> <td>Foster mother / adoptive mother <input type="checkbox"/> 26</td> <td></td> </tr> <tr> <td>F</td> <td>Foster father / adoptive father <input type="checkbox"/> 27</td> <td></td> </tr> <tr> <td>G</td> <td>Grandmother <input type="checkbox"/> 28</td> <td></td> </tr> <tr> <td>H</td> <td>Grandfather <input type="checkbox"/> 29</td> <td></td> </tr> <tr> <td>J</td> <td>Other relatives <input type="checkbox"/> 30</td> <td></td> </tr> <tr> <td></td> <td> please specify: _____ 31-70</td> <td></td> </tr> <tr> <td>K</td> <td>Other relatives <input type="checkbox"/> 71</td> <td></td> </tr> <tr> <td></td> <td> please specify: _____ 72-111</td> <td></td> </tr> <tr> <td>L</td> <td>Other person <input type="checkbox"/> 112</td> <td></td> </tr> <tr> <td></td> <td> please specify: _____ 113-152</td> <td></td> </tr> <tr> <td>M</td> <td>Other person <input type="checkbox"/> 153</td> <td></td> </tr> <tr> <td></td> <td> please specify: _____ 154-193</td> <td></td> </tr> </table></p> <hr style="border-top: 1px dashed black;"/> <p>N Grew up in an institution <input type="checkbox"/> 194</p>	A	Biological mother <input type="checkbox"/> 22	1	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		<p>5</p> <hr style="border-top: 1px dashed black;"/> <p>6</p>
A	Biological mother <input type="checkbox"/> 22	1																																																
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G	Grandmother <input type="checkbox"/> 28																																																	
H	Grandfather <input type="checkbox"/> 29																																																	
J	Other relatives <input type="checkbox"/> 30																																																	
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K	Other relatives <input type="checkbox"/> 71																																																	
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L	Other person <input type="checkbox"/> 112																																																	
	 please specify: _____ 113-152																																																	
M	Other person <input type="checkbox"/> 153																																																	
	 please specify: _____ 154-193																																																	

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"/> <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"/> <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.	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? Please do not include brothers or sisters who died at birth! (20 mod.)	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> Brothers 11/12</div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> Sisters 13/14</div>	




20. Please tell me the first names of your brothers and sisters, beginning with the eldest.
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!




	1st Sibling <small>K.5</small>	2nd Sibling <small>K.6</small>	3rd Sibling <small>K.7</small>	4th Sibling <small>K.8</small>	5th Sibling <small>K.9</small>	6th Sibling <small>K.10</small>	7th Sibling <small>K.11</small>	8th Sibling <small>K.12</small>
Question 20	11 12-32	11 12-32	11 12-32	11 12-32	11 12-32	11 12-32	11 12-32	11 12-32
First Name:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Enter code:	<input style="width:100%;" type="text"/> <small>33-35</small>	<input style="width:100%;" type="text"/> <small>33-35</small>	<input style="width:100%;" type="text"/> <small>33-35</small>	<input style="width:100%;" type="text"/> <small>33-35</small>	<input style="width:100%;" type="text"/> <small>33-35</small>	<input style="width:100%;" type="text"/> <small>33-35</small>	<input style="width:100%;" type="text"/> <small>33-35</small>	<input style="width:100%;" type="text"/> <small>33-35</small>
Question 21	Sex:	Sex:	Sex:	Sex:	Sex:	Sex:	Sex:	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?	What year was ... born?	What year was ... born?	What year was ... born?	What year was ... born?	What year was ... born?	What year was ... born?	What year was ... born?
	<input style="width:100%;" type="text"/> <small>37-40</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>37-40</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>37-40</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>37-40</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>37-40</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>37-40</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>37-40</small> D.n. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>37-40</small> D.k. <input type="checkbox"/> 9998
Question 23	Is ... still living?	Is ... still living?	Is ... still living?	Is ... still living?	Is ... still living?	Is ... still living?	Is ... still living?	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
Question 24:	What year did ... die?	What year did ... die?	What year did ... die?	What year did ... die?	What year did ... die?	What year did ... die?	What year did ... die?	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:100%;" type="text"/> <small>42-45</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>42-45</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>42-45</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>42-45</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>42-45</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>42-45</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>42-45</small> D.k. <input type="checkbox"/> 9998	<input style="width:100%;" type="text"/> <small>42-45</small> 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 ----- 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 ----- 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 Don't know <input type="checkbox"/> 8 	30 31 32





No.		K. 13 cont. with
30.	<p>What is the highest level of vocational education/training you have completed?  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.  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: right;">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?  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 style="text-align: right;">Yes <input type="checkbox"/> 1 11</p> <hr/> <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;">102</p> <hr/> <p style="text-align: right;">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 style="text-align: right;">12/13</p> <p>A in early retirement <input type="checkbox"/> 01</p> <hr/> <p>B unemployed <input type="checkbox"/> 02</p> <hr/> <p>C in the approaching retirement part-time employment with zero working hours <input type="checkbox"/> 03</p> <hr/> <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> <hr/> <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> <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</p> <p style="text-align: right;">Don't know <input type="checkbox"/> 98</p>	<p style="text-align: right;">169</p> <hr/> <p style="text-align: right;">165</p> <hr/> <p style="text-align: right;">163</p> <hr/> <p style="text-align: right;">172</p> <hr/> <p style="text-align: right;">173</p> <hr/> <p style="text-align: right;">131</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
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 <li style="text-align: right;">Don't know <input type="checkbox"/> 8 	
117.	<p>About how many people were employed at your place of work including owner and trainees?</p> <p> Show List 117! <i>If not known exactly, get an estimate!</i></p> <ul style="list-style-type: none"> <li style="text-align: right;">fewer than 5 employees ... <input type="checkbox"/> 1 304 <li style="text-align: right;">5 and more, but less than 20 employees ... <input type="checkbox"/> 2 <li style="text-align: right;">20 and more, but less than 100 employees ... <input type="checkbox"/> 3 <li style="text-align: right;">100 and more, but less than 200 employees ... <input type="checkbox"/> 4 <li style="text-align: right;">200 and more, but less than 2,000 employees ... <input type="checkbox"/> 5 <li style="text-align: right;">2,000 employees and more <input type="checkbox"/> 6 <li style="text-align: right;">Don't know <input type="checkbox"/> 8 	
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"/> 337 338-417 	



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




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!  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-top: 1px 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>	


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 style="text-align:center;"><input type="checkbox"/></td> <td 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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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No.		K. 16 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 <li style="text-align: right;">Don't know <input type="checkbox"/> 8 	
150.	<p>Do you plan on changing jobs in the near future?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 354</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>	
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 style="text-align: right;">Easy <input type="checkbox"/> 1 355</p> <p style="text-align: right;">Difficult <input type="checkbox"/> 2</p> <p style="text-align: right;">Almost impossible <input type="checkbox"/> 3</p> <p style="text-align: right;">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 style="text-align: right;">Yes <input type="checkbox"/> 1 376</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>153</p> <hr style="width: 50%; margin: 0 auto;"/> <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 style="text-align: right;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> sessions/courses <small>395-397</small> </p> <p style="text-align: right;">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 style="text-align: right;">Don't know <input type="checkbox"/> 98</p> <p style="text-align: right;"><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/ B Expand job skills to take on additional responsibilities <input type="checkbox"/> 2 452 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: 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
163.	<div data-bbox="199 174 742 253" style="border: 2px solid black; padding: 5px; margin-bottom: 10px;"> <p>Block C: Non-Employed Persons</p> </div> <p>When did you start the approaching retirement part-time employment with zero working hours? Please give me the month and year when this phase began.</p> <p style="text-align: center;"> 11/12 13-16 </p> <p style="text-align: center;"> Since month <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </p> <p style="text-align: center;"> Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998 </p>	
164.	<p>When do you plan to begin retirement?</p> <p style="text-align: center;"> 17/18 19-22 </p> <p style="text-align: center;"> Month <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </p> <p style="text-align: center;"> Don't know yet <input type="checkbox"/> 98 <input type="checkbox"/> 9998 </p>	<p>175 !</p>
165.	<p>Since when have you been unemployed? Please give me the month and year when you became unemployed.</p> <p>(155)</p> <p style="text-align: center;"> 23/24 25-28 </p> <p style="text-align: center;"> Since month <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </p> <p style="text-align: center;"> Don't know <input type="checkbox"/> 98 <input type="checkbox"/> 9998 </p>	
166.	<p>Are you registered as unemployed with the employment office?</p> <p style="text-align: right;"> Yes <input type="checkbox"/> 1 29 No <input type="checkbox"/> 2 </p>	
167.	<p>Do you intend to get a job again soon or in the future? (154 mod.)</p> <p style="text-align: right;"> Yes, as soon as possible <input type="checkbox"/> 1 31 Yes, later <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 8 </p>	
168.	<p>Do you think it will or could be difficult for you to find a new job because of your age? Show List 168!</p> <p style="text-align: right;"> Yes, definitely <input type="checkbox"/> 1 32 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>	<p>171 !</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>	<p>175 !</p>
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>	<p>176 !</p>
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"/> <input type="text"/> 77/78 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 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. 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! 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 type="text" value=""/> <input type="text" value=""/> 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/> <p>if 30 or more hours per week <input type="checkbox"/> 2</p>	<p>181</p> <hr/> <p>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> <p>_____ 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 ----- 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 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.	<p>Just think for a moment of your future: How do you expect your job situation to change in future?</p> <p> Show Orange List C!</p> <p>(174)</p> <p>Will improve greatly <input type="checkbox"/> 1</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 shortly <input type="checkbox"/> 6</p>	<p>K. 60</p> <p>515/516</p> <p>200 !</p> <p>188</p> <p>98/99</p>
188.	<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>(175)</p> <p>A lot <input type="checkbox"/> 1 452</p> <p>A little <input type="checkbox"/> 2</p> <hr/> <p>Not at all <input type="checkbox"/> 3</p>	<p>189</p> <p>200 !</p>
189.	<p>How do you expect your life to change after retirement?</p> <p> Show Orange List C!</p> <p>(176)</p> <p>Will improve greatly <input type="checkbox"/> 1 453</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>200 !</p>
190.	<p>How would you rate your life in retirement at present?</p> <p> Show Orange List A!</p> <p>(177)</p> <p>Very good <input type="checkbox"/> 1 454</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>	
191.	<p>How do you expect your life in retirement to change in the future?</p> <p> Show orange list C!</p> <p>(178)</p> <p>Will improve greatly <input type="checkbox"/> 1 455</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>	





No.	MARITAL STATUS AND PARTNER	K. 18	cont. with
200.	<p>What is your marital status?</p> <p> Show List 200! <u>One response only!</u></p> <p>(200)</p> <p><input type="checkbox"/> ¹¹ 1 ... Married, living together with spouse</p> <p> ↳ When did you marry this spouse? year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 12-15</p> <hr/> <p><input type="checkbox"/> 2 ... Married, living separated from spouse</p> <p> ↳ Since when have you separated and year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 16-19</p> <p> ↳ when did you marry this spouse? year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 20-23</p> <p><input type="checkbox"/> 3 ... Divorced</p> <p> ↳ Since when have you been divorced and year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 24-27</p> <p> ↳ when did you marry this spouse? year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 28-31</p> <p><input type="checkbox"/> 4 ... Widowed</p> <p> ↳ Since when have you been widowed year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 32-35</p> <p> ↳ when did you marry your deceased spouse? year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36-39</p> <hr/> <p><input type="checkbox"/> 5 ... Single</p> <p> ↳ Do you have a steady partner at the moment? Yes <input type="checkbox"/> 1 40 204</p> <p> No <input type="checkbox"/> 2 203</p>		
201.	<p>What year was your spouse born?</p> <p>(201)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 41-44 9998</p>	<p>206 !</p>
202.	<p>Do you have a steady partner at the moment?</p> <p>(202)</p>	<p>Yes <input type="checkbox"/> 1 45</p> <p>No <input type="checkbox"/> 2</p>	<p>204 221</p>
203.	<p>Did you ever have a steady partner who you were not married to?</p> <p>(203)</p>	<p>Yes <input type="checkbox"/> 1 46</p> <p>No <input type="checkbox"/> 2</p>	<p>237 246</p>
204.	<p>Do you live together with this partner? If so, since when?</p> <p>(207)</p> <p>Yes 1 <input type="checkbox"/> ⁴⁷ ▶ since <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 48-51</p> <p>No 2 <input type="checkbox"/> 9998</p>	<p>year</p>	
205.	<p>What year was this partner born?</p> <p>(208)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 52-55 9998</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> <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>	<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</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>_____ 297/298 299-378 97, 98, 99</p>	<p>215</p> <p>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>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>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><input type="text"/> <input type="text"/> <input type="text"/> hours per week 542/543 97, 98, 99</p>	<p>243</p> <p>!</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
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"/> 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 No <input type="checkbox"/> 2 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>Up to the year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1165-1168</p> <p>Don't know <input type="checkbox"/> 9998</p> <p>-----</p> <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 No <input type="checkbox"/> 2 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: 100px; margin-left: auto; margin-right: 0;"/> No <input type="checkbox"/> 2 </div>	237 240				
237.	How long have you been without a steady relationship? (228) <div style="text-align: right;"> 1354-1357 Since <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <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> </tr> </table> 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 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</p> <p>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</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!</p> <p>(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!</p> <p>(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!</p> <p>(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 ----- 11/12 Total of <input type="text" value=""/> <input type="text" value=""/> people	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	<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	<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:  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"/>
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 type="text"/>								
Please check again that all persons living in the household are included!								
127-129								

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;">K. 61</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>	
329a	<p> Please enter as in Question 329:</p> <p>Respondent has K. 61</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>	331 330
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 style="text-align: right;">Yes, I want to move to another country <input type="checkbox"/> 1</p> <hr style="border-top: 1px dashed black;"/> <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? 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!</p> <p>(331) 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 ten years?</p> <p> Show orange list B!</p> <p>(332) 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>	
336.	<p>How do you expect your housing situation to change in the future?</p> <p> Show orange list C!</p> <p>(333) Will improve greatly <input type="checkbox"/> 1 114</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>	
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"/> <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="width: 50%; margin-left: 0;"/> <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>342</p> <p>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>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>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>	<p>400 !</p>
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>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>	<p>344 345</p>
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>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>_____ 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 style="text-align: right;"> 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 ten years?</p> <p> Show orange list B!</p> <p>(401)</p> <p style="text-align: right;"> 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 style="text-align: right;"> 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
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

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><i>If H: other group:</i></p> <p>_____ 14-33</p>	<p>Since</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>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</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>▼</p> <p>next group</p>	<p>Hours / day <input type="checkbox"/> <input type="checkbox"/> 45/46</p> <p>Hours / week <input type="checkbox"/> <input type="checkbox"/> 47/48</p> <p>Hours / month <input type="checkbox"/> <input type="checkbox"/> 49/50</p> <p>Days / year <input type="checkbox"/> <input type="checkbox"/> 51/52</p>		
<p>2. Code letter: <input type="checkbox"/> ^{K.63}</p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p>	<p>Since</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>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</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>▼</p> <p>next group</p>	<p>Hours / day <input type="checkbox"/> <input type="checkbox"/> 45/46</p> <p>Hours / week <input type="checkbox"/> <input type="checkbox"/> 47/48</p> <p>Hours / month <input type="checkbox"/> <input type="checkbox"/> 49/50</p> <p>Days / year <input type="checkbox"/> <input type="checkbox"/> 51/52</p>		
<p>3. Code letter: <input type="checkbox"/> ^{K.64}</p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p>	<p>Since</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>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</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>▼</p> <p>Next group</p>	<p>Hours / day <input type="checkbox"/> <input type="checkbox"/> 45/46</p> <p>Hours / week <input type="checkbox"/> <input type="checkbox"/> 47/48</p> <p>Hours / month <input type="checkbox"/> <input type="checkbox"/> 49/50</p> <p>Days / year <input type="checkbox"/> <input type="checkbox"/> 51/52</p>		
<p>4. Code letter: <input type="checkbox"/> ^{K.65}</p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p>	<p>Since</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>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</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>▼</p> <p>Next group</p>	<p>Hours / day <input type="checkbox"/> <input type="checkbox"/> 45/46</p> <p>Hours / week <input type="checkbox"/> <input type="checkbox"/> 47/48</p> <p>Hours / month <input type="checkbox"/> <input type="checkbox"/> 49/50</p> <p>Days / year <input type="checkbox"/> <input type="checkbox"/> 51/52</p>		
<p>5. Code letter: <input type="checkbox"/> ^{K.66}</p> <p><i>If H: other group:</i></p> <p>_____ 14-33</p>	<p>Since</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>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</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 41-44</p> <p>No <input type="checkbox"/> 2</p> <p>↓</p>	<p>Hours / day <input type="checkbox"/> <input type="checkbox"/> 45/46</p> <p>Hours / week <input type="checkbox"/> <input type="checkbox"/> 47/48</p> <p>Hours / month <input type="checkbox"/> <input type="checkbox"/> 49/50</p> <p>Days / year <input type="checkbox"/> <input type="checkbox"/> 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"/> <small>K.27 11 12/13</small> If O: other group: _____ _____ <small>14-33</small>	Since _____ <small>34-37</small> Don't know <input type="checkbox"/> <small>9998</small>	Several times a week .. <input type="checkbox"/> <small>K.67 1 11/12</small> 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: <small>39</small> _____ <small>40-43</small> No <input type="checkbox"/> 2 ↓ next group	Hours / day _____ <small>44/45</small> Hours / week _____ <small>46/47</small> Hours / month _____ <small>48/49</small> Days / year _____ <small>50/51</small>
2. Code letter: <input type="checkbox"/> <small>K.28</small> If O: other group: _____ _____	Since _____ Don't know <input type="checkbox"/> <small>9998</small>	Several times a week .. <input type="checkbox"/> <small>K.67 1 13/14</small> 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 _____ <small>44/45</small> Hours / week _____ <small>46/47</small> Hours / month _____ <small>48/49</small> Days / year _____ <small>50/51</small>
3. Code letter: <input type="checkbox"/> <small>K.29</small> If O: other group: _____ _____	Since _____ Don't know <input type="checkbox"/> <small>9998</small>	Several times a week .. <input type="checkbox"/> <small>K.67 1 15/16</small> 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"/> <small>K.30</small> If O: other group: _____ _____	Since _____ Don't know <input type="checkbox"/> <small>9998</small>	Several times a week .. <input type="checkbox"/> <small>K.67 1 17/18</small> 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"/> <small>K.31</small> If O: other group: _____ _____	Since _____ Don't know <input type="checkbox"/> <small>9998</small>	Several times a week .. <input type="checkbox"/> <small>K.67 1 19/20</small> 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"/> <small>52/53</small>	<input type="checkbox"/> <small>54/55</small>	<input type="checkbox"/> <small>56/57</small>	<input type="checkbox"/> <small>58/59</small>
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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: 100%;"/> <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: 100%;"/> <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 style="text-align: center;">1</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 style="text-align: center;">1</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 style="text-align: center;">1</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 style="text-align: center;">1</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	1	<input type="checkbox"/>	103	C Children of neighbours	1	<input type="checkbox"/>	104	D Children of friends or acquaintances	1	<input type="checkbox"/>	105	E Other (please note):	1	<input type="checkbox"/>	106	K. 67	424																																																																																																																																																																																																												
A Grandchildren	1	<input type="checkbox"/>	102																																																																																																																																																																																																																																
B Children of siblings	1	<input type="checkbox"/>	103																																																																																																																																																																																																																																
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E Other (please note):	1	<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 style="text-align: center;">1</td> <td style="text-align: right;">322</td> </tr> <tr> <td>Per week</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>Less often</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> <td></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																																																																																																																																																																																																															
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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 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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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?</p> <p>(426c) 266-270 264/265</p> <p>About <input type="text"/> hours per day 1 <input type="checkbox"/></p> <p>Several times a week 2 <input type="checkbox"/></p> <p>Once a week 3 <input type="checkbox"/></p> <p>1 - 3 times a month 4 <input type="checkbox"/></p> <p>Less often 5 <input type="checkbox"/></p> <p>Never <input type="checkbox"/> 6</p> <p style="text-align: center;">▼</p>	<p style="text-align: right;">K. 67</p> <p> Multiple responses possible!</p> <p style="text-align: right;">1</p> <p>Usually alone <input type="checkbox"/> 271</p> <p>With partner <input type="checkbox"/> 272</p> <p>With relatives <input type="checkbox"/> 273</p> <p>With friends <input type="checkbox"/> 274</p> <p>With a club <input type="checkbox"/> 275</p> <p>With others <input type="checkbox"/> 276</p>
<p>430.</p>	<p>How often do you go to sporting events?</p> <p>(426d) 279-283 277/278</p> <p>About <input type="text"/> hours per day 1 <input type="checkbox"/></p> <p>Several times a week 2 <input type="checkbox"/></p> <p>Once a week 3 <input type="checkbox"/></p> <p>1 - 3 times a month 4 <input type="checkbox"/></p> <p>Less often 5 <input type="checkbox"/></p> <p>Nie <input type="checkbox"/> 6</p> <p style="text-align: center;">▼</p>	<p style="text-align: right;">K. 67</p> <p> Multiple responses possible!</p> <p style="text-align: right;">1</p> <p>Usually alone <input type="checkbox"/> 284</p> <p>With partner <input type="checkbox"/> 285</p> <p>With relatives <input type="checkbox"/> 286</p> <p>With friends <input type="checkbox"/> 287</p> <p>With a club <input type="checkbox"/> 288</p> <p>With others <input type="checkbox"/> 289</p>
<p>431.</p>	<p>How often do you play board games such as chess, play cards, or do puzzles?</p> <p>(426e) 292-296 290/291</p> <p>About <input type="text"/> hours per day 1 <input type="checkbox"/></p> <p>Several times a week 2 <input type="checkbox"/></p> <p>Once a week 3 <input type="checkbox"/></p> <p>1-3 times a month 4 <input type="checkbox"/></p> <p>Less often 5 <input type="checkbox"/></p> <p>Never <input type="checkbox"/> 6</p> <p style="text-align: center;">▼</p>	<p style="text-align: right;">K. 67</p> <p> Multiple responses possible!</p> <p style="text-align: right;">1</p> <p>Usually alone <input type="checkbox"/> 297</p> <p>With partner <input type="checkbox"/> 298</p> <p>With relatives <input type="checkbox"/> 299</p> <p>With friends <input type="checkbox"/> 300</p> <p>With a club <input type="checkbox"/> 301</p> <p>With others <input type="checkbox"/> 302</p>
<p>432.</p>	<p>How often do you take classes or go to lectures, for example, for education and further training?</p> <p>(426f) 305-309 303/304</p> <p>About <input type="text"/> hours per day 1 <input type="checkbox"/></p> <p>Several times a week 2 <input type="checkbox"/></p> <p>Once a week 3 <input type="checkbox"/></p> <p>1 - 3 times a month 4 <input type="checkbox"/></p> <p>Less often 5 <input type="checkbox"/></p> <p>Never <input type="checkbox"/> 6</p>	<p style="text-align: right;">K. 67</p> <p> Multiple responses possible!</p> <p style="text-align: right;">1</p> <p>Usually alone <input type="checkbox"/> 310</p> <p>With partner <input type="checkbox"/> 311</p> <p>With relatives <input type="checkbox"/> 312</p> <p>With friends <input type="checkbox"/> 313</p> <p>With a club <input type="checkbox"/> 314</p> <p>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																																																																																																																
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 . . .	<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> 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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	
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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													
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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 <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;" 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																																																																																																																																
519.	<p>How often in the past 12 months have you been to the following doctors? Please include house calls. Show list 519 and read out examples!</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></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:center;"><input type="checkbox"/></td> <td 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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:40px;" 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
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</small> <small style="margin-left: 100px;">486-488</small> <small style="margin-left: 100px;">489-491</small> <small style="margin-left: 100px;">492</small></p> <p>No 2 <input type="checkbox"/></p> <p>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</small> <small style="margin-left: 100px;">497-499</small> <small style="margin-left: 100px;">500-502</small> <small style="margin-left: 100px;">503</small></p> <p>No 2 <input type="checkbox"/></p> <p>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</small> <small style="margin-left: 100px;">508-510</small> <small style="margin-left: 100px;">511-513</small> <small style="margin-left: 100px;">514</small></p> <p>No 2 <input type="checkbox"/></p> <p>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</small> <small style="margin-left: 100px;">519-521</small> <small style="margin-left: 100px;">522-524</small> <small style="margin-left: 100px;">525</small></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know ... 8 <input type="checkbox"/> 515</p> <p> Please enter with reference to 525:</p> <p style="margin-left: 200px;">Respondent has: K. 67</p> <p style="margin-left: 200px;">answered at least one of the questions A-D with "Yes" <input type="checkbox"/> 1 479 526</p> <p style="margin-left: 200px;">-----</p> <p style="margin-left: 200px;">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		
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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> <p>528</p> <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> <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:100px;" type="text"/> <input style="width:100px;" type="text"/></p> <p style="text-align:center;">Don't know 8 <input type="checkbox"/></p> <p style="text-align:right;">DM or EUR</p> <p style="text-align:center;">376-380 381-385</p> <p style="text-align:right;">Don't know <input type="checkbox"/> 99998 <input type="checkbox"/> 99998</p>																																												

No.		K. 33 Cont. with
531.	Have you ever applied for regular benefits from the long-term care insurance? <p style="text-align: right;">Yes <input type="checkbox"/> 1 406</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>	532 537
532.	Are you currently receiving regular benefits from your long-term care insurance?  Show List 532! <u>One</u> response only! <p style="margin-left: 40px;">A Yes, the application for regular benefits from the long-term care insurance was approved <input type="checkbox"/> 1 407</p> <hr style="border-top: 1px dashed black;"/> <p style="margin-left: 40px;">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 style="margin-left: 40px;">C No, the application has been submitted but a decision is still pending <input type="checkbox"/> 3</p> <hr style="border-top: 1px dashed black;"/> <p style="margin-left: 40px;">D No, an application (or applications) for regular benefits from the long-term care insurance was (were) submitted but rejected.. <input type="checkbox"/> 4</p>	533 536 535
533.	What care level are you currently assigned to? <p style="text-align: right;">Care level 1 <input type="checkbox"/> 1 408</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> <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p>	
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 <p style="text-align: right;">Don't know <input type="checkbox"/> 8</p>	536 !
535.	Have you appealed the rejection of your application? <p style="text-align: right;">Yes <input type="checkbox"/> 1 412</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>	
536.	Do you receive regular care allowances or paid care services from the German social assistance system, i.e., care assistance? <p style="text-align: right;">Yes <input type="checkbox"/> 1 480</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>	K. 67 600 !

No.	K. 33	Cont. with
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 (<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?  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 K. 67</p> <p>500-502</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 <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> <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.	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 Yes <input type="checkbox"/> 1 503 No <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 8																	
552.	What kind of care or assistance do you provide to the person who you help the most? <i>☞ Please read out examples!</i> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Yes 1</th> <th style="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.	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. 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																	
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> Nobody else <input type="checkbox"/> 1 709 The following persons: <input type="checkbox"/> 2 <div style="margin-top: 10px;">  </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Persons Code</td> <td style="width: 15%; text-align: center;"><input style="width: 40px; border: 1px solid black;" type="text"/> 710-712</td> <td style="width: 15%; text-align: center;"><input style="width: 40px; border: 1px solid black;" type="text"/> 713-715</td> <td style="width: 15%; text-align: center;"><input style="width: 40px; border: 1px solid black;" type="text"/> 716-718</td> <td style="width: 15%; text-align: center;"><input style="width: 40px; border: 1px solid black;" type="text"/> 719-721</td> <td style="width: 15%; text-align: center;"><input style="width: 40px; border: 1px solid black;" type="text"/> 722-724</td> <td style="width: 15%; text-align: center;"><input style="width: 40px; border: 1px solid black;" type="text"/> 725-727</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> 1 728</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> 998</td> </tr> </table>	Persons Code	<input style="width: 40px; border: 1px solid black;" type="text"/> 710-712	<input style="width: 40px; border: 1px solid black;" type="text"/> 713-715	<input style="width: 40px; border: 1px solid black;" type="text"/> 716-718	<input style="width: 40px; border: 1px solid black;" type="text"/> 719-721	<input style="width: 40px; border: 1px solid black;" type="text"/> 722-724	<input style="width: 40px; border: 1px solid black;" type="text"/> 725-727	<input type="checkbox"/> 1 728	<input type="checkbox"/> 998								
Persons Code	<input style="width: 40px; border: 1px solid black;" type="text"/> 710-712	<input style="width: 40px; border: 1px solid black;" type="text"/> 713-715	<input style="width: 40px; border: 1px solid black;" type="text"/> 716-718	<input style="width: 40px; border: 1px solid black;" type="text"/> 719-721	<input style="width: 40px; border: 1px solid black;" type="text"/> 722-724	<input style="width: 40px; border: 1px solid black;" type="text"/> 725-727	<input type="checkbox"/> 1 728	<input type="checkbox"/> 998										
555.	Would you describe yourself as the main caregiver / assistance provider to the person you look after? Yes <input type="checkbox"/> 1 729 No <input type="checkbox"/> 2																	
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> <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	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>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>
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K. 41

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.	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="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;"> 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="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;"> 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> <th></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> <th></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"/></td> <td style="text-align: right;">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"/></td> <td style="text-align: right;">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"/></td> <td style="text-align: right;">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																							
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● help with household chores?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127																							

No	FINANCIAL DEALINGS AND STANDARD OF LIVING	cont. with
800.	<p>Many people give other people money or gift items, or support them financially. The recipients may include parents, children, grandchildren or other relatives, or friends or acquaintances. What about you?</p> <p>Have you, in the past 12 months, given anyone money or major gift items, or provided anyone with regular financial support?</p> <p> Please ask Questions 800A - 800D consecutively for all persons named!</p> <p>(800)</p>	<p>Yes <input type="checkbox"/> 1 232 <small>K.42</small></p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 8</p> <p>800A</p> <p>801</p>

	K.43 1st Person 11	K.44 2nd Person 11	K.45 3rd Person 11	K.46 4th Person 11
<p>800A Who was it?</p> <p> Enter code in header!</p>	<p>Code from Persons Card 12-14</p> <p><input type="text"/></p>	<p>Code from Persons Card 12-14</p> <p><input type="text"/></p>	<p>Code from Persons Card 12-14</p> <p><input type="text"/></p>	<p>Code from Persons Card 12-14</p> <p><input type="text"/></p>
<p>800B Did you give...</p> <p> Multiple responses possible!</p> <p>gifts of money</p> <p>major gift items</p> <p>regular financial support?</p> <p>or other (please note)</p>	<p><input type="checkbox"/> 1 15</p> <p><input type="checkbox"/> 1 16</p> <p><input type="checkbox"/> 1 17</p> <p><input type="checkbox"/> 1 18 _____</p> <p>19-48</p>	<p><input type="checkbox"/> 1 15</p> <p><input type="checkbox"/> 1 16</p> <p><input type="checkbox"/> 1 17</p> <p><input type="checkbox"/> 1 18 _____</p> <p>19-48</p>	<p><input type="checkbox"/> 1 15</p> <p><input type="checkbox"/> 1 16</p> <p><input type="checkbox"/> 1 17</p> <p><input type="checkbox"/> 1 18 _____</p> <p>19-48</p>	<p><input type="checkbox"/> 1 15</p> <p><input type="checkbox"/> 1 16</p> <p><input type="checkbox"/> 1 17</p> <p><input type="checkbox"/> 1 18 _____</p> <p>19-48</p>
<p>800C If you add all the gifts together, about how much would their value amount to over the past 12 months?</p> <p> Show List 800 and ask for Code Letter!</p> <p>Declined</p> <p>Don't know</p>	<p>Note Code Letter: 50/51</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> 97</p> <p><input type="checkbox"/> 98</p>	<p>Note Code Letter: 50/51</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> 97</p> <p><input type="checkbox"/> 98</p>	<p>Note Code Letter: 50/51</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> 97</p> <p><input type="checkbox"/> 98</p>	<p>Note Code Letter: 50/51</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> 97</p> <p><input type="checkbox"/> 98</p>
<p>800D Is there someone else you have given money or major gift items to in the past 12 months?</p> <p>Yes</p> <p>No</p>	<p>52</p> <p>1 <input type="checkbox"/> ► 2nd Person</p> <p>2 <input type="checkbox"/> ► Q. 801</p>	<p>52</p> <p>1 <input type="checkbox"/> ► 3rd Person</p> <p>2 <input type="checkbox"/> ► Q. 801</p>	<p>52</p> <p>1 <input type="checkbox"/> ► 4th Person</p> <p>2 <input type="checkbox"/> ► Q. 801</p>	<p>52</p> <p>1 <input type="checkbox"/> ► Q. 800E</p> <p>2 <input type="checkbox"/> ► Q. 801</p>
<p>800E More than 4 persons named:</p> <p>Which people were they?</p>	<p><input type="text"/></p> <p>53-55</p>	<p><input type="text"/></p> <p>56-58</p>	<p><input type="text"/></p> <p>59-61</p>	<p>K.46</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 <input type="checkbox"/> 2nd Person No <input type="checkbox"/> 2 <input type="checkbox"/> Q. 802	52 <input type="checkbox"/> 1 <input type="checkbox"/> 2nd Person <input type="checkbox"/> 2 <input type="checkbox"/> Q. 802	52 <input type="checkbox"/> 1 <input type="checkbox"/> 3rd Person <input type="checkbox"/> 2 <input type="checkbox"/> Q. 802	52 <input type="checkbox"/> 1 <input type="checkbox"/> 4th Person <input type="checkbox"/> 2 <input type="checkbox"/> Q. 802	52 <input type="checkbox"/> 1 <input type="checkbox"/> Q. 801E <input type="checkbox"/> 2 <input type="checkbox"/> 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!

K.68

 **Do not forget to tick:**

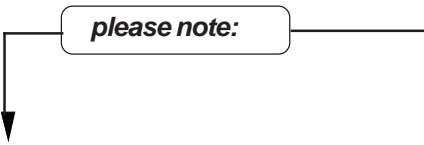
Respondent completed task sheet 1 30

Respondent did not complete task sheet ... 2

Thank you for taking the time to talk to us!

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 style="width: 20%;"></td> <td style="text-align: center; width: 10%;">1</td> <td style="width: 10%;"></td> <td style="text-align: center; width: 10%;">2</td> <td style="width: 10%;"></td> <td style="text-align: center; width: 10%;">3</td> <td style="width: 10%;"></td> <td style="text-align: center; width: 10%;">4</td> <td style="width: 10%;"></td> <td style="text-align: center; width: 10%;">5</td> <td style="width: 20%;"></td> </tr> <tr> <td>bright</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>dark</td> <td style="text-align: right;">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>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>expensive furnishings</td> <td style="text-align: right;">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>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>neglected</td> <td style="text-align: right;">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>=====</td> <td><input type="checkbox"/></td> <td>=====</td> <td><input type="checkbox"/></td> <td>spacious</td> <td style="text-align: right;">28</td> </tr> </table>		1		2		3		4		5		bright	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	dark	25	cheap furnishings	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	expensive furnishings	26	neat	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	neglected	27	cramped	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	spacious	28	
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cramped	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<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%;"></td> <td style="text-align: right;">1</td> </tr> <tr> <td>Interview alone with respondent</td> <td style="text-align: right;"><input type="checkbox"/> 30</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> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> </table>		1	Interview alone with respondent	<input type="checkbox"/> 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																																											
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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 style="text-align: right;">Generally reliable <input type="checkbox"/> 1 38</p> <p style="text-align: right;">Generally less reliable <input type="checkbox"/> 2</p> <p style="text-align: right;">Less reliable on some questions <input type="checkbox"/> 3</p> <div style="margin-left: 100px;"> <p>please note:</p>  </div> <hr/> <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/>	

