

# The Second Half of Life

## Attitudes and Living Conditions

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

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

*DEAS@dza.de*

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

transferred from Contact Record:

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

Ser.No.

1-6

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

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

### **What we would like you to do . . .**

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

**Thank you once again for your kind support!**

### **What happens to your data ...**

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

### **How to fill out the questionnaire ...**

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

**Many thanks for your help,**

infas Institute and the German Centre of Gerontology

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

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

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

(2 mod.)

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





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

 Please tick one box **per line!**

(11)

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

6. How strong is your interest in politics?

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

Very strong .....  1 73

Strong .....  2

Average .....  3

Slight .....  4

Not at all .....  5

Don't know .....  8

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

 Please tick only **one** box!

Yes .....  1 74

No .....  2

I was not eligible to  
vote at the time .....  6

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

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

 Please tick only **one** box!

Yes, the CDU .....  1 80/81

Yes, the CSU .....  2

Yes, the SPD .....  3

Yes, the FDP .....  4

Yes, the PDS .....  5

Yes, the Green Party .....  6

Yes, the Republicans .....  7


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

82-101

No, I don't lean towards any party .....  9

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

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

 Please tick one box **per line!**

(9 mod.)

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




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

(19 mod.)

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

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

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

 *Please tick one box per line!*

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

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

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

 Please tick one box *per line!*

(23 mod.)

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

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

 Please enter your ideal age!

I would now like to be   years old

215-217

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

(52)

Starting at the age of

218-220 998,999

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

 Please tick one box **per line!**

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

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

(13)

Approx.   hours

229/230 98,99

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

(14)

On  days per week

231/232 98,99

**20. Do you have any household pets?**

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

(22 mod.)

No, I have no pets ..... 2  233

Yes ..... 1  → that is:

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

Other animals:  246-272

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

(15)

Approx.   hours 273/274

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

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

(16 mod.)

 Please tick everything you watch often.

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

23. How often do you read the newspaper?

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

289-290

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

[Empty text box for newspaper names]

291-350

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

Yes .....  1 360  
↓

No ..... 2  →

**Continue with Question 26**

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

[Empty text box for periodical name]

361-380

[Empty text box for periodical name]

381-400

[Empty text box for periodical name]

401-420

26. Now two questions on listening to the radio:

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

About   hours

421/422

I seldom have the radio on in the background .....  1 423

I never have the radio on in the background .....  2

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

About   hours

424/425

I seldom listen to the radio consciously ..  1 426

I never listen to the radio consciously .....  2

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

About  books

427-429

I haven't read any books .....  995

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

(17 mod.)

 Please tick all topics you read about often.

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

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

No .....  <sup>1 445</sup> → Please go on to **Question 33**

Yes, at home .....  <sup>446</sup> → since (please enter year):     448-451

Yes, at work .....  <sup>447</sup> → since (Please enter year):     452-455

**30. How often do you use the computer?**

Daily .....  <sup>460</sup> → about   hours per day

Several times a week .....  <sup>461/462</sup>

Once a week .....  <sup>3</sup>

1 - 3 times a month .....  <sup>4</sup>

Less often .....  <sup>5</sup>

Never .....  <sup>6</sup>

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

No .....  <sup>1 463</sup> → Please go on to **Question 33**

Yes, at home .....  <sup>464</sup> → since (please enter **year**): 

--	--	--	--

 466-469

Yes, at work .....  <sup>465</sup> → since t (please enter **year**): 

--	--	--	--

 470-473

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

- Daily .....  <sup>474/475</sup> 1
  - Several times a week .....  2
  - Once a week .....  3
  - 1 - 3 times a month .....  4
  - Less often .....  5
  - Never .....  6
- 98, 99

**33. The following relates to relationships with other people.**

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

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

Please tick one box **per line!**


(26)

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

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

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

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


 Please answer **each line!**


(28 mod.)

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




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

 Please tick one box **per line!**

	Yes 1	No 2	
Glasses, contact lenses .....	<input type="checkbox"/>	<input type="checkbox"/>	700
Hearing aids in <b>both ears</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	701
Hearing aid in <b>one ear only</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	702
Cardiac pacemaker .....	<input type="checkbox"/>	<input type="checkbox"/>	703
Cane / walking stick .....	<input type="checkbox"/>	<input type="checkbox"/>	704
Walker, Rollator, 3-wheel walker .....	<input type="checkbox"/>	<input type="checkbox"/>	705
Wheelchair .....	<input type="checkbox"/>	<input type="checkbox"/>	706
False teeth (dentures) .....	<input type="checkbox"/>	<input type="checkbox"/>	707
Artificial limb .....	<input type="checkbox"/>	<input type="checkbox"/>	708
Adult incontinence pads for weak bladder .....	<input type="checkbox"/>	<input type="checkbox"/>	709
Other aids ( <i>please specify</i> ): .....	<input type="checkbox"/>		710
 <input style="width: 500px; height: 25px;" type="text"/>			711-760

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

 Please tick one box **per line!**

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

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

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

Please go on to **Question 39**

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

Please go on to **Question 39**

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

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

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

<p style="text-align: right; margin-right: 20px;">810/811</p> <p>Daily ..... 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 ..... 6 <input type="checkbox"/></p> <p style="text-align: right; margin-right: 20px;">98, 99</p>	}	<p>Total approx. time per week:.....</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="width: 20px;">hours</td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="width: 20px;">minutes</td> </tr> </table>			hours			minutes
		hours			minutes			

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

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

<p style="text-align: right; margin-right: 20px;">816/817</p> <p>Daily ..... 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 ..... 6 <input type="checkbox"/></p> <p style="text-align: right; margin-right: 20px;">98, 99</p>	}	<p>Total approx. time per week:.....</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="width: 20px;">hours</td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="width: 20px;">minutes</td> </tr> </table>			hours			minutes
		hours			minutes			

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

<p style="text-align: right; margin-right: 20px;">822/823</p> <p>Daily ..... 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 ..... 6 <input type="checkbox"/></p> <p style="text-align: right; margin-right: 20px;">98, 99</p>	}	<p>Total approx. time per week:.....</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="width: 20px;">hours</td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="width: 20px;">minutes</td> </tr> </table>			hours			minutes
		hours			minutes			

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

<p style="text-align: right; margin-right: 20px;">828</p> <p>Yes, at least once a year ..... 1 <input type="checkbox"/></p> <p>Yes, but not every year ..... 2 <input type="checkbox"/></p> <p>No ..... 3 <input type="checkbox"/></p>	→	<p><b>How many days a year? approx.</b> <input style="width: 40px; height: 20px;" type="text"/> <b>days</b></p> <p style="text-align: right; margin-right: 20px; font-size: 0.8em;">829-831</p>
--	---	---







**45. Now to another topic:**

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

**Please do not overlook smaller bequests.**

(29)


Yes .....  1 900  
↓

No ..... 2  →

Please go to **Question 46**

**45a Who did you receive the inheritance from?**

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

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

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

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

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

**Please do not overlook smaller bequests.**

(30)

Yes .....  1 936  
↓

No ..... 2  →

**Please go to Question 47**

**What could these inheritances amount to?**

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

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

(34)

Yes .....  1 939  
↓

No ..... 2  →

**Please go to Question 49**

 *Please tick everything that applies!* 1

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

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

Yes .....  1 945  
↓

No ..... 2  →

**Please go to Question 49**

**the amount involved is:**

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

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

(35)

Yes .....  1 948

No .....  2

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

**When was the building you live in built?**

(33)

Before 1919 .....  1 949/950

1919 to 1948 .....  2

1949 to 1971 .....  3

1972 to 1980 .....  4

1981 to 1990 .....  5

1991 or later .....  6

Don't know .....  98

**51. How is your home equipped?**

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

(32 mod.)

Bath/shower inside the home .....  1 951

Toilet inside the home .....  952

Central heating .....  953

Balcony or terrace .....  954

Yard or use of shared yard .....  955

**52. Does your household have...**

 Please tick one box **per line!**

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

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

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

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

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

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

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

 Please tick **everything** that applies!

(36 mod.)

1

My home holds many memories for me .....  962

I do not feel safe on the streets after dark .....  963

There are enough shopping facilities in the vicinity .....  964

There are not enough doctors and pharmacies in the vicinity .....  965

I am attached to the neighbourhood .....  966

There is a lot of noise pollution in my neighbourhood .....  967

There are good public transport services in my neighbourhood .....  968

None of this applies to me .....  969

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

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

 Please tick **one** box only!

970/971

Yes, often .....  1

Yes, sometimes .....  2

No .....  3

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

98,99

**55. How close is your contact to your neighbours?**

 Please tick **one** box only!

(39)

Very close .....  1 972

Close .....  2

Not really close .....  3

Only rare .....  4

No contact .....  5

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

(43)

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

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


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

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

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

**If so, for what purpose?**

(44)

Yes .....  1 1000  


No .....  2 

**Please go to Question 59**

**for:**

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

1005-1034

 If you have put money aside:

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

 Please enter the amount either in DM or in EUR!

DM or  EUR

1035-1039

1040-1044

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

**What does it all amount to roughly?**

(45)

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

98, 99



**Please go to Question 60**

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

(46)

Yes .....  1 1072  
↓

No ..... 2  →

*Please go to Question 61*

for normal everyday things .....  1073

for special purchases .....  1074

for the apartment / house .....  1075

for vacations .....  1076

to support family members .....  1077

for another purpose (please specify): .....  1078

↙  1079-1108

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

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

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

DM **or**

EUR

1110-1115

1116-1121

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

(47)

Yes .....  1 1122  
↓


No, I have no debts ..... 2  →

*Please go to Question 62*

**the sum is:**

- |                                 |                    |                                  |                                       |
|---------------------------------|--------------------|----------------------------------|---------------------------------------|
|                                 | less than 1,000 DM | (less than 511 EUR) .....        | <input type="checkbox"/> 01 1050/1051 |
| 1,000 and more, but less than   | 5,000 DM           | (511 and more, but less than     | 2,556 EUR) .....                      |
| 5,000 and more, but less than   | 10,000 DM          | (2,556 and more, but less than   | 5,113 EUR) .....                      |
| 10,000 and more, but less than  | 25,000 DM          | (5,113 and more, but less than   | 12,782 EUR) .....                     |
| 25,000 and more, but less than  | 50,000 DM          | (12,782 and more, but less than  | 25,564 EUR) .....                     |
| 50,000 and more, but less than  | 100,000 DM         | (25,564 and more, but less than  | 51,129 EUR) .....                     |
| 100,000 and more, but less than | 200,000 DM         | (51,129 and more, but less than  | 102,258 EUR) .....                    |
| 200,000 and more, but less than | 500,000 DM         | (102,258 and more, but less than | 255,646 EUR) .....                    |
| 500,000 and more, but less than | 1,000,000 DM       | (255,646 and more, but less than | 511,292 EUR) .....                    |
| 1,000,000 DM or more            |                    | (511,292 EUR or more) .....      | <input type="checkbox"/> 10 1068/1069 |

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

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

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

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

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

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

(48 mod.)

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

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

(49)

Yes .....  1 1401  
↓

No ..... 2  →

Please go to **Question 64**

**What income do these other members of your household receive?**

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

**Other household members**

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

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

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

(50)

**Other income of your household**

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

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

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

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

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

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

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

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

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

**Please note your comments in the space below:**

(55)


1550-1700

**66. And finally please enter:**

(56)

1530/1531

My age .....   years


Sex:                      Male .....  1 1532

                                Female .....  2

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

Yes, I filled it out alone .....  1 1533

No, someone helped me .....  2

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

The interviewer .....  1 1534

Someone else .....  2

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