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**German Ageing Survey (DEAS):
Questionnaire of the Compact Survey 2020**

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German Ageing Survey – The Second Half of Life

Questionnaire on your current Life situation

Dear participant,

many thanks for taking part in our research work! This survey is funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ).

Previous surveys have shown that individual life situations change time and time again. Even at times of Corona crisis the everyday life, leisure activities and a number of further areas of life have changed radically for many people. Which experiences and changes do you associate with the current situation? We have developed this questionnaire to learn from you your opinion. Please fill out the questionnaire within the next few days and send it back to infas in the enclosed envelope. We pay the postage for replies.

When we are talking about the time since mid-March in the questionnaire, so we mean the period since the beginning of the Corona crisis in Germany. In mid-March there were established protective measures like hygiene- and clearance rules as well as contact restrictions and bans on events.

What happens to your data...

The protection of your data has a high priority for us. The infas Institute for Applied Social Science and the German Centre of Gerontology are responsible for guaranteeing data protection. All your information will be treated as confidential. All data are evaluated exclusively in anonymous form, e. g. 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. More details on the processing of your data you will find in the enclosed declaration of data protection.

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.

Answering the questions is voluntary. Though, the quality of results depends on the completeness of your answers. Therefore we kindly ask you to answer all questions if possible.

Place the completed questionnaire in the included pre-stamped envelope and send it back to us.

Many thanks for your help!

infas Institute and the German Centre of Gerontology (DZA)

1 The next statements relate to how you assess your life as a whole. Use the scale to indicate the extent to which you agree with each statement

Please tick one box per line.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	1	2	3	4	5
In most ways my life is close to my ideal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Forget your actual age for a moment:
How old do you feel, if you had to express it in years?

years

3 Starting at what age would you describe someone as old?

starting at the age of: years

4 The following questions are about the Corona crisis and the effects on you and your environment.

Please indicate to what extent you currently feel the Corona crisis as a threat for yourself.

not at all a treath for me										extreme treath for me
1	2	3	4	5	6	7	8	9	10	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Have people from your personal environment been infected with the coronavirus?

yes

no

don't know

6 Have you been infected with the coronavirus?

yes → Please skip to question 8

no

don't know

7 To what extent do you feel, that you can influence an infection with the coronavirus yourself?

not at all							entirely
1	2	3	4	5	6	7	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8 The following questions are about your household situation and your social relationships. Where are you currently living?

in a private home 1

in a retirement community / nursing home 2 → Please skip to question 14

9 How many people in total live in your household, including yourself?

total of people:

for single households → Please skip to question 12

10 Which people are living together with you in one household?

 Please tick **all** people which live together with you in your household. 1

my spouse/partner

my child/children

my parents or parents-in-law (also single parent)

other relative/s

friend/s

other person/s

11 How would you describe the family-life in your household since the beginning of the Corona crisis in mid-March?

 Please tick **one** box only!

always harmonious 1

mostly harmonious 2

partly/partly 3

seldom harmonious 4

never harmonious 5

12 How close is your contact to your neighbours currently?

 Please tick **one** box only!

very close _____ 1

close _____ 2

not really close _____ 3

only rare _____ 4

no contact _____ 5

13 How has your contact to your neighbours changed since the beginning of the Corona crisis in mid-March?

has become more frequent _____ 1

remained the same _____ 2

has become rarer _____ 3

14 Do you have a spouse or steady partner?

yes _____ 1

no _____ 2 → Please skip to question 18

15 What year was your spouse/partner born?

year of birth:

16 How would you rate your current relationship overall?

very good _____ 1

good _____ 2

average _____ 3

bad _____ 4

very bad _____ 5

17 How has the quality of your partnership changed since mid-March?

improved 1

remained the same 2

has become worse 3

18 Are your parents still alive?

 Please tick **one** box only!

yes both 1

yes, my mother only 2

yes, my father only 3

no, both are dead 4 → Please skip to question 20

don't know 8 → Please skip to question 20

19 How has contact to your parents changed since mid-March? Please take into account all forms of contact, e.g. visits, letters, phone calls, SMS or e-mail.

has become more frequent 1

remained the same 2

has become rarer 3

20 How many children do you have? That means children of your own as well as children who have grown up or are growing up in your household.

number:

If you don't have children → Please skip to question 22

21 How has contact to your child/children changed since mid-March? Please take into account all forms of contact, e.g. visits, letters, phone calls, SMS or e-mail.

has become more frequent 1

remained the same 2

has become rarer 3

22 In the following question we would like to ask you about your other relatives like brothers and sisters, grandchildren or the family of your spouse. How do you currently evaluate your relation to your family in general?

 Please tick **one** box only!

very good 1

good 2

average 3

bad 4

very bad 5

I don't have relatives (any more) 9 → Please skip to question 24

23 How has the quality of the relation to your family changed since mid-March?

improved 1

remained the same 2

has become worse 3

24 How has contact to your friends changed since mid-March? Please take into account all forms of contact, e.g. visits, letters, phone calls, SMS or e-mail.

has become more frequent 1

remained the same 2

has become rarer 3

25 Considered overall, how would you rate your present relationship with your friends?

 Please tick **one** box only!

very good 1

good 2

average 3

bad 4

very bad 5

26 How has the quality of your friendships changed since mid-March?

improved 1

remained the same 2

has become worse 3

27 Since mid-March, are there people you look after or care for regularly due to their poor state of health, either on a private or voluntary basis?

yes 1

no 2 → *Please skip to question 31*

28 Whom have you provided help or care?

 *Please tick **all** persons you have given your help and support!*

my spouse 1

my child/children

my parents or parents-in-law (also single parent)

other relative/s

friend/s

neighbour/s

other person/s

29 Since mid-March, do you remember situations, in which you wished to get more assistance in giving that support, but you didn't?

yes 1

no 2 → *Please skip to question 31*

30 By whom you had wished to get more assistance?

 Please tick **all** persons!

- by my family/relatives 1
- by neighbours, friend/s
- by professional service providers (e.g. nursing services,
paid household staff)
- by other person/s

31 Apart from already mentioned care activities and (sideline) employment: did you help someone, who does not live in this household, privately with homework?

yes 1

no 2 → Please skip to question 33

32 Whom have you provided assistance?

 Please tick **all** persons you helped!

- my spouse 1
- my child/children
- my parents or parents-in-law (also single parent)
- other relative/s
- friend/s
- neighbour/s
- other person/s

33 And what about the other way around: has someone who does not live in your household assisted you with housework (for example cleaning, small repair jobs, or shopping) since mid-March?

yes 1

no 2 → Please skip to question 35

34 Who has provided you assistance?

 Please tick **all** persons, who helped you!

my spouse	<input type="checkbox"/>
my child/children	<input type="checkbox"/>
my parents or parents-in-law (also single parent)	<input type="checkbox"/>
other relative/s	<input type="checkbox"/>
friend/s	<input type="checkbox"/>
neighbour/s	<input type="checkbox"/>
other person/s	<input type="checkbox"/>

35 The following relates to relationship with other people. Please indicate for each of the statements the extent to which they apply to your situation, the way you feel now..



Please tick one box per line.

	strongly agree	agree	disagree	strongly disagree
	1	2	3	4
I miss having people around among which I feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of people I can rely on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel rejected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many people I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss emotional security and warmth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough people I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36 Do you have access to the Internet?

yes, at home	<input type="checkbox"/>	
yes, at work	<input type="checkbox"/>	
no, but I'd like to have access	<input type="checkbox"/>	→ Please skip to question 40
no, and I do not want to have access	<input type="checkbox"/>	→ Please skip to question 40

37 How often do you use the Internet for the following purposes?

 Please tick one box per line!

	daily	several times a week	once a week	1 to 3 times a month	less often	never
	1	2	3	4	5	6
contact with friends and relatives (e.g. e-mail, facebook, chat, video telephony like Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
search for new social contacts (e.g. friends, partner, like-minded persons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
search for information (e.g. news, advisers, Wikipedia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
banking business (e.g. online- banking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
entertainment (e.g. listening to music, watching films, playing games, watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shopping (e.g. amazon, eBay, online pharmacy, food delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
create own contents (e. g. texts, photos, music, uploading videos for blogs, websites, online selling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
consultations with doctors or therapists via an online platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use of applications for monitoring and increase of health and well-being (e.g. sleep analysis, mindfulness apps, heart rate monitor, pedometer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contact with authorities and service providers (e.g. apply for documents, appointments with doctors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
religious purposes (e.g. online worships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38 Do you use the internet at home more often or less often since mid-March?

more often 1

remained the same 2

rarer 3

39 Do you use the internet at work more often or less often since mid-March?

more often 1

remained the same 2

rarer 3

40 The following question is about your health.

How would you rate your present state of health?

very good 1

good 2

average 3

bad 4

very bad 5

41 The following statements aim to study how you feel during the past week.

Please indicate those answer, which best corresponds to your situation during the past week.

*Please tick one box **per line!***



during the past week ...	rarely	sometimes	often	always
	1	2	3	4
... I had difficulties to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I felt depressed/down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I felt exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I felt afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... my sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I was sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I could not get "going"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I looked to the future full of hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42 How often do you engage in physical activities such as hiking, soccer, gymnastics, or swimming?

daily	1 <input type="checkbox"/>
several times a week	2 <input type="checkbox"/>
once a week	3 <input type="checkbox"/>
1- 3 times a month	4 <input type="checkbox"/>
less often	5 <input type="checkbox"/>
never	6 <input type="checkbox"/>

43 Have your sports activities changed since mid-March?

yes, I do more sports	1 <input type="checkbox"/>
yes, I do less sports	2 <input type="checkbox"/>
no, remained the same	3 <input type="checkbox"/>

44 How often do you go for walks?daily 1 several times a week 2 once a week 3 1-3 times a month 4 less often 5 never 6

45 Has this changed since mid-March?yes, I more often go for walks 1 yes, I less often go for walks 2 no, remained the same 3

46 Everyone gets older. What ageing means for the individual can vary differently. The following statements relate to changes that could possibly take place as people get older.

Please indicate to what extent you agree or disagree with the following statements.

 *Please tick one box per line!*

	strongly agree	agree	disagree	strongly disagree
	1	2	3	4
The older I get everything gets worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have just as much energy as last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The older I get the less useful I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With increasing my life is better than I expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now I am just as happy as in my younger years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47 Since mid-March, have you been discriminated because of your age or placed in a worse position than others? Can you tell us in which areas of life this occurred?

Yes, I have been discriminated because of my age

no

→ Please skip to question 49



namely:

Please tick **all** statements that apply!

1

at work or looking for work (e.g. awarding of positions, in the workplace itself or dismissal from employment)

in medical care (e.g. medical diagnoses, treatments or prescriptions)

in every day life (e.g. when shopping, at events or in personal relationships)

in other areas, namely *(Please specify)*

→

48 Since the beginning of the corona crisis in mid-March, has it changed how often you have been discriminated because of your age or placed in worse position than others?

yes, I have been discriminated or placed at a disadvantage more often

yes, I have been discriminated or placed at a disadvantage less often

no, has not changed

49 The following questions are about your employment and economic situation. Are you currently receiving an old-age pension, a disability pension benefit or any retirement benefits from your gainful employment?

yes

→ Please skip to question 60

no

→ Please skip to question 50

50 What is your current employment situation? If you have several jobs, please indicate your main activity status, that means that job in which you spend most time. Are you currently... _____

employed in a regular salaried position
(also short-time) 1

marginal employed 2

employed as a civil servant 3

self-employed/freelance, without employees 4

self-employed/freelance, with employees 5

unemployed: 6

↳ *Since:*

month	year

→ Please skip to question 61

not working for other reasons 7

→ Please skip to question 61

51 Have you started your current main employment before the Corona crisis in mid-March?

yes 1

no 2 → Please skip to question 53

52 How many years have you been practicing your job?

since less than 3 years 1

since 3 to 5 years 2

since 6 years or longer 3

53 How has your workload changed since mid-March?



Please tick one box per line!

	reduced 1	hasn't changed 2	increased 3
pressure by strenuous or repetitive physical activities like carrying heavy objects, standing or sitting for long periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pressure to complete heavy workloads or meet tight deadlines, nervous tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pressure by new job responsibilities, e.g., new duties or switching to computerized systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54 How many hours per week do you currently work in your primary occupation including overtime? How many hours do you work in the home office?

Please round up to full hours.



hours per week
in total: hours

therefrom:
at home: hours

And before the beginning of the Corona crisis in mid-March?

hours per week
in total: hours

therefrom:
at home: hours

55 Are you currently...

...(also) employed or employed as a civil servant

→ Please skip to question 56

...exclusively self-employed or freelancer

→ Please skip to question 58

56 Which of the following changes have occurred in your employment relationship since mid-March?

Please tick all statements that apply!

I had to work short-time and still do so

I had to work short-time, but do not anymore

I was released from work with continued payment and I am still released

I was released from work temporarily, but not anymore

I took unplanned paid vacation leave

I took unpaid vacation leave

I reduced overtime or work time credit

I worked overtime more than usual

I worked more hours at home than usual

I changed the employer

I have terminated a self-employment

57 Are you currently...

... exclusively employed or employed as a
civil servant

1

→ Please skip to question 61

...(also) self-employed or freelancer

2

→ Please skip to question 58

58 Which of the following changes have occurred in your self-employment or
freelance work since mid-March?

 Please tick all statements that apply!

1

I had to reduce the amount of my business activities

I had to stop my business activities

I have extended my business activities

I had to adapt contents or processes of my/the business
activities

I had to apply for short-time work for employees

I had to dismiss employees

I have hired new staff

59 Since mid-March, have you applied for state benefits for self-employed persons
or companies to compensate financial burdens?

 Please tick all benefits you have applied for!

1

non-repayable urgent financial support

special loan with state guarantee

deferral of tax payments

short-time allowance for employees

further state benefits for self-employed persons or companies

→ Please skip to question 61

60 Sometimes pensioners and retirees keep working after retirement. What about you: Are you currently employed/working?

Yes, and I was employed already before mid-March 1

Yes, but only since mid-March or later 2

No, I had to terminate employment due to Corona crisis 3

No, regardless of Corona crisis 4

61 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?

very good 1

good 2

average 3

bad 4

very bad 5

62 How has your standard of living changed since mid-March?

has improved greatly 1

has even improved 2

has remained the same 3

has fallen 4

has gotten much worse 5

63 Now please think of your total household income: Has the average of your household income changed since the beginning of the Corona crisis in mid-March?

significantly reduced 1

reduced a bit 2

not changed 3

increased a bit 4

significantly increased 5

64 What is the monthly net income of your household in total? This means income from own employment, pension, retirement, after tax and social security contributions. Please also add incomes from social benefits, letting and leasing, interests incomes, child benefit and other income. You might estimate the amount.

Euro monthly

65 And finally please enter:

my month of birth: my year of birth: **19**

my sex (according to ID card or passport):

male 1 female 2 Divers 3

66 The date on which you filled out the questionnaire:

today is: . . 2020

Thank you for your patience and valuable help with our study!

Please put the completed questionnaire in the enclosed self-addressed envelope and send it back to infas. We pay the postage for replies.

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