October 2023

Old Age in Germany (D80+): Research Instruments, English translation

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abbreviated title page

Cover sheet:

# Questionnaire

D80+ High age in Germany

#### Dear participant,

Thank you very much for your support of our research! This study is funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

We would like to find out what constitutes quality of life for you and how the living conditions of older people in Germany can be improved.

Based on the results of the study, we want to make recommendations for an age-friendly society. and improving the well-being of older people in Germany. To get a little closer to this goal We have developed this questionnaire to help us find answers to the most important questions, as personal interviews are not possible due to corona. Please support us with your answers to these most important questions.

Once again, thank you very much for your support in our research!

Jacket sheet: Inside of the abbreviated title page

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DZA Deutsches Zentrum für Altersfragen

Carried out by:

Funded by:





# Questionnaire

D80+ High age in Germany

infas Institute for Applied Social Science GmbH

PO Box 240101 53154 Bonn Tel. 0800/66 44 331 D80plusl@infas.de

#### Dear participant,

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We would like to find out what constitutes quality of life for you and how the living conditions of older people in Germany can be improved.

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Once again, thank you very much for your support in our research!



#### What happens to your details...

The protection of your data is a high priority for us. The infas Institute for Applied Social Sciences and ceres, a research centre of the University of Cologne, bear full responsibility under data protection law.

All your information will be treated confidentially.

All data are only analysed in anonymised form, i.e. without name and address, and only summarised with the data of the other respondents.

The results do not allow any conclusions to be drawn about which person gave which information.

You can find more details on the processing of your data in the enclosed data protection declaration.

Answering the questions is **voluntary**. However, the quality of the results depends on the completeness of your answers. We therefore ask you to answer all questions if possible.

Put the completed questionnaire in the enclosed postage-paid return envelope and send it back to infas.

#### How to fill in the questionnaire:

There are no right or wrong answers and no special knowledge is required to complete it.

X

X

- Answer each question as it applies to you personally.
- Please use the enclosed pen to complete the questionnaire.
- Please tick the appropriate answer options in the boxes provided:
- If you have ever made a mistake with an answer,cross out this box:and tick the correct answer:
- In the large boxes please enter
   the numbers or information requested in each
- Please answer the questions one after the other in the given order.
- When filling in the form, please pay attention to the instructions for the individual questions:
   Please make only one entry.
  - Please pay attention to corresponding notes on skipping questions:
    - $\rightarrow$  Please continue with question xx, page x x

| Sociodemographics  |                                  |   |  |  |
|--|----------------------------------|---|--|--|
| 1 Which gender do you have according to your identity card/passport?   |                                  |   |  |  |
| Male   | <u>Female</u>                    | 2 Divers  | 3  |  |
| 2 When were you born?  |                                  |   |  |  |
| Day Month  | .           Year                 |   |  |  |
| 3 Where were you born?   | •                                |   |  |  |
| Please enter the countr  |                                  | e.g. France instead of Alsac                            |  |  |
| Avec of the present  | She herself <sup>rigin1</sup>    | Mother herkunelt1                                       | Father the reduced |  |
| Area of the present<br>Germany; old  |                                  |   |  |  |
| like new federal states  | s $\square$                      |   |  |  |
| Former German easte  | rn territories                   |   |  |  |
| and Prussia:  - East Prussia with Southern East - West Prussia incl. F - Prussian Province of with Hultschiner L | ree City of Gdansk<br>of Silesia | Prussia, Memelgebiet/Mer<br>ent-day voivodships of Silo |  |  |
| Former Czechoslovaki   | a Former 🗌                       |   |  |  |
| Yugoslavia Former Sov  | viet Union                       |   |  |  |
| Other country, namely  | /:                               |   |  |  |
|  | T                                | T   | T  |  |
|  | Please state                     | the present name of the $lacktriangle$                  | country:   |  |
|  | •                                | •   | •  |  |
|  |                                  |   |  |  |

| Between 1949 and 1990, did you live mainly in present-day Germany?                        | the GDR, in the old Federal Republic or outside |
|---|---|
| Please make only one entry.   |   |
| GDR   | 1   |
| Old Federal Republic  | 2   |
| Outside of today's Germany  | 3   |
| 5 since when have you had German citizenship?   |   |
| Please make only one entry.   |   |
| Always, from birth  | origin4   |
| Since the year:   |   |
| No German citizenship   | 3 origin4                                       |
| 6 In which country did you last attend school?  |   |
| Germany: including old FRG incl. West Berlin, German eastern territories, present-day Ger |   |
| Please make only one entry.   |   |
| In Germany  | → Please continue with question 7               |
| In another country  | <sup>2</sup> → Please continue with question 8  |
| No school   | ₃ → Please continue with question 10, page      |
|   |   |

|        | What is your highest general school-leaving quali  | ficatio  | <u>on</u> ?                              |
|--------|--|----------|--|
| bildu2 | Please make only one entry.  |          |  |
|        | No degree  | 1        |  |
|        | Elementary school leaving certificate, lower secondary school leaving certificate  | 2        |  |
|        | Realschulabschluss (Mittlere Reife) or <u>equivalen</u> qualification (e.g. commercial school)   | <u>t</u> |  |
|        | Polytechnic secondary school of the GDR with completion of grade 8 or  | 4        |  |
|        | Polytechnic Secondary School of the GDR with completion of the   | 5        |  |
|        | Advanced technical college entrance qualification,   | 6        | → Please continue with question 10, page |
|        | General or subject-linked higher education entrance qualification/ Abitur (Gymnasium, Lyceum or Erweiterte Oberschule (EOS), also EOS with apprenticeship) | S<br>7   |  |
|        | Other school-leaving qualification,  |          |  |
|        | namely: Please enter   | 8        |  |
|        |  | ,        |  |
| 8      | How many years did you attend school?  |          |  |
| bilDu3 | Year(s)  |          |  |
| 9      | With what kind of degree did you finish school?  |          |  |
| bilDu4 | Please make only one entry.  |          |  |
|        | Without degree   | 1        |  |
|        | Compulsory school with   | 2        |  |
|        | Secondary school with graduation   | 3        |  |

| 10    | In which country did you do vocational training or study?  |       |  |  |  |
|-------|--|-------|--|--|--|
| form1 | ☞ Germany: including old FRG incl. West Berlin, GE<br>German eastern territories, present-day Germ   |       | . East Berlin, former                      |  |  |
|       | Please make only one entry.  |       |  |  |  |
|       | Only in Germany  | 1     |  |  |  |
|       | In Germany and in another country  | 2     | → Please continue with question 11         |  |  |
|       | In another country   | 3     | → Please continue with question 13         |  |  |
|       | No training or studies   | 4     | → Please continue with question 14, page 8 |  |  |
| 11    | What is your highest vocational training qualifica   | tion? |  |  |  |
| form2 | Please make only one entry.  |       |  |  |  |
|       | No vocational qualification  | 1     |  |  |  |
|       | Vocational-in-company vocational training (apprenticeship) 2   |       |  |  |  |
|       | Vocational-school education (Berufsfachschule, Kollegschule)   | 3     | → Please continue with question 14, page 8 |  |  |
|       | Training at a technical school in the GDR  | 4     |  |  |  |
|       | Training at a technical school, master craftsman school, technical school, administrative school and Business academy or technical academy | 's    |  |  |  |
|       |  |       |  |  |  |
|       | Bachelor   | 6     | → Please continue with question 12         |  |  |
|       | Diploma  | 7     |  |  |  |
|       | Master's degree, state examination, Master   | 8     |  |  |  |
|       | Promotion  | 9     |  |  |  |
|       | Training to become an educator   | 10    |  |  |  |
|       | 2 to 3 years of training at a health care school   | 11    |  |  |  |
|       | 1-year training at a school of health care   | 12    | → Please continue with question 14, page 8 |  |  |
|       | Preparatory Service for the Intermediate Service in public administration  | 13    |  |  |  |
|       | Other professional qualification, namely:  ———————————————————————————————————   | 14    |  |  |  |
|       | <b>→</b>   |       |  |  |  |

| 12        | At which institution did you obtain this degree?  |      |          |  |
|-----------|---|------|----------|--|
| ausbil2_1 | Please make only one entry.   |      |          |  |
|           | University of Cooperative Education   | 1    |          |  |
|           | University of Applied Administrative Sciences   | 2    |          |  |
|           | University of Applied Sciences,<br>Engineering school, other<br>non-university higher education institution | 3    | <b>→</b> | Please continue with question 14, page |
|           | University (scientific university, also: art college, teacher training college, Theological University)     | 4    |          |  |
|           |   |      |          |  |
| 13        | What kind of education was this? Please indicate  | only | you      | r highest professional training.       |
| form3     | Please make only one entry.   |      |          |  |
|           | Trained in a company  | 1    |          |  |
|           | Longer training in a company  | 2    |          |  |
|           | Vocational school attended  | 3    |          |  |
|           | University visited  | 4    |          |  |
|           | Other   | 5    |          |  |
|           |   |      |          |  |

|           | Living  |   |
|-----------|---|---|
| 14        | How do you live?  |   |
| welling_8 | Please make only one entry.   |   |
|           | In a private apartment/house  | 1 |
|           | In a retirement home/nursing home (facility with full inpatient care, residents do not run their own household and are not tenants/owners)  | 2 |
|           | In a residential care group (group-based living mostly within a retirement or nursing home usually combined with full inpatient care)   | 3 |
|           | In a multigenerational house (Residential building with self-contained housing units, residents are tenants/owners of different ages who support each other).   | 4 |
|           | In a retirement home (Facility with well-equipped, self-contained flats, outpatient care is possible across all care levels).   | 5 |
|           | In a retirement home/residential complex with assisted living flats (grouping of self-contained, age-appropriate flats, service and care services are offered)  | 6 |
|           | In an outpatient assisted house or shared apartment (residential building or flat, residents are tenants/owners, outpatient care and nursing services are jointly organised and used)   | 7 |
| 15        | Are you receiving full inpatient care?  |   |
| velling   | A person is provided with full inpatient care if he or she  1. lives in a nursing home/retirement home and  2. is in need of medication and  3. can rely on 24-hour care, support and nursing, and  4. the care, support and nursing is always possible through a nursing specialist. |   |
|           | No $_{\scriptscriptstyle 0} \square \rightarrow$ Please continue with question 20   |   |
|           | Yes 1   |   |
| 16        | Do you feel safe and secure in the facility?  |   |
| cure      | No °  |   |
|           | Yes 1   |   |

| you have enough privacy in the facility?  Private sp  No |  |
|--|--|
| Yes $^{1}\Box$ $\rightarrow$ Please continue wit         | h question 19                            |
| Do you use an outpatient care service or do              | you make use of day care?                |
| Please make an entry in each line.                       | Yes No                                   |
| grooming1 outpatient care service                        |  |
| grooming2Day care  |  |
|  | If you answer <u>both</u> questions      |
|  | with have answered "No": Please          |
| Are you treated with respect and courtesy by             | the staff?                               |
| would No o   |  |
| Yes 1  |  |
| 20 Would you recommend the facility / care serv          | vice to your family members and friends? |
| NO 0   |  |
| Yes 1  |  |
| Asked again: Are you receiving full inpatient of         | care?                                    |
| NO 0   |  |
| Yes $_{1}$ $\rightarrow$ Please continue with            | n question 28, page 1 0                  |
| Are you cared for <u>privately</u> by someone, e.g.      | relatives or acquaintances?              |
| No $_{0}$ $\longrightarrow$ Please continue with         | n question 24                            |
| Yes 1  |  |
| 23 With what amount of hours per week does th            | nis person/these persons care for you?   |
| Please round up to full hours if necessary               | y.                                       |
| Hours  |  |
| you yourself privately care for another per              | rson?                                    |
| No 0   |  |
| Yes 1  |  |

|              | What type of building do you occupy?                          |   |
|--------------|---|---|
| artgeb       | Please make only one entry.                                   |   |
|              | Agricultural residential building                             | 1   |
|              | Detached 1-/2-family house                                    | ₂ → Please continue with question 27                                    |
|              | 1-/2-family house as terraced or semi-detached                | d 🔲   |
|              | Residential house with 3-4 flats                              | 4   |
|              | Residential building with 5-8 flats                           | 5   |
|              | Residential building with 9 or more flats                     | 6   |
|              | High-rise building (9 or more                                 | 7   |
|              | Other   | 8   |
| 26           | Is there a lift?  |   |
| lift         | No o  |   |
|              | Yes 1   |   |
| 27           | On which floor is the flat located?                           |   |
| stock        | Please make only one entry.                                   |   |
|              | Ground 1  | 4th floor or higher 5   |
|              | 1st floor 2   | Over several floors   |
|              | 2nd 3   | Other 7   |
|              | 3rd 4   | 7   |
| 20           | floor   | VS. Albert O  |
| 28<br>state  | How would you rate the condition of the house                 | /facilities?  |
|              | Please make only one entry.                                   |   |
|              | Good to very  |   |
|              | Average   |   |
|              | In need of renovation 3                                       |   |
| 29<br>walkab | How suitable is your non-domestic living environn wheelchair? | nent for getting around or doing things <u>on foot</u> or <u>with</u> a |
|              | Please make only one entry.                                   |   |
|              | Not at all suitable   |   |
|              | Rather not suitable 2   |   |
|              | Rather 3  |   |
|              | Very suitable 4   |   |

| 30             | How closely do you feel connected                               | to your living environment?  |
|----------------|---|--|
| wohnv          | Please make only one entry.                                     |  |
|                | Not narrow at all   |  |
|                | Rather not  | 2  |
|                | Rather  | 3  |
|                | Very  | 4  |
| 31             | Can you trust the people in your ne                             | eighbourhood?  |
| sozkoh         | Neighbours outside the residential be staff are to be included. | ouilding, neighbours in the house, other residents or                                    |
|                | Please make only one entry.                                     |  |
|                | Does not  | 1  |
|                | Rather not  | 2  |
|                | Applies   | 3  |
|                | More likely   | 4  |
|                | Applies   | 5  |
| 32<br>covid1_1 |   | pacts on our daily lives. Perhaps you would have differently before the Corona pandemic. |
|                | How much has the Corona pander                                  | mic affected your confidence in your neighbourhood?                                      |
|                | Please make only one entry.                                     |  |
|                | Not at all  | $\rightarrow$ Please continue with question 34, page 1 2                                 |
|                | A little  |  |
|                | Moderate  | 3  |
|                | Strong  | 4  |
|                | Very strong   | 5  |
| 33             | How positive or negative have you                               | u experienced this change?   |
| FF_covid1      | Please make only one entry.                                     |  |
|                | Predominantly   | 1  |
|                | Overall balanced  | 2  |
|                | Predominantly   | 3  |

|           | Family and household  |
|-----------|---|
| 34        | What is your marital status?  |
| amst1     | Please make only one entry.   |
| Marrie    | ed / Registered civil partnership ₁ → Please continue with question 35              |
|           | Married / Registered civil partnership, but separated from the (marriage) partner   |
|           | Divorced / registered civil partnership annulled → Please continue with question 36 |
|           | Widowed / Registered partner deceased 4   |
|           | Singl → Please continue with question 37  |
| 35        | Since which year have you been married/living in a registered civil partnership?    |
|           | Since the year:  → Please continue with question 39                                 |
| 36        | Since which year have you had the marital status indicated above?                   |
|           | Since the year:   |
| 37        | you currently have a steady partner?  |
| famst7    | No $_{0}$ $\rightarrow$ Please continue with question 39                            |
|           | Yes 1   |
| 38        | Since which year have you had this firm partnership?                                |
|           | Since the year:   |
| 39        | Do you have or have had children and if so, how many?                               |
|           | This means both your own children and children who have grown up with you.          |
|           | No $_{\circ}$ $\rightarrow$ Please continue with question 42                        |
| children1 | Yes Child(ren)  |

| 40 Do you have o   | r have had grandchil   | dren and if so, how mar                            | ny?                               |
|--------------------|------------------------|--|-----------------------------------|
| grandchild<br>No   | ₀ → Please con         | ntinue with question 42                            |                                   |
| Yes                | grandchild             | Grandchild(ren)                                    |                                   |
| 41 Do you have or  | have had great-gran    | ndchildren and if so, hov                          | v many?                           |
| grandchild No      | 0                      |  |                                   |
| Yes                | grandchild             | Great-grandson                                     |                                   |
| 42 Again: Are you  | receiving full inpatie | ent care?  |                                   |
| F2_residenti<br>No | 0                      |  |                                   |
| Yes                | ₁ → Please con         | atinue with question 45,                           | , page 1 5                        |
| 43 How many peo    | ople live permanentl   | y in your household, inc                           | luding yourself?                  |
|                    | •                      | ns who live and work her<br>ving in the household. | e together (e.g. joint shopping). |
| ☞ Please mo        | ake only one entry.    |  |                                   |
| I live alone       |                        | <sub>1</sub> → Please continue                     | with question 45, page 1 5        |
| Multi-person h     | ousehold               | $_{2}\square$ $\rightarrow$ with a total           | of persons                        |

Please provide information for up to three people from your household.

- Please answer the questions for each person in columns.
- Please do <u>not make any</u> entries here for <u>yourself</u> as a household member.

|   | Person 1  | Person 2  | Person 3  |
|---|-----------|-----------|-----------|
| What gender is this person?                       | hhzusa1_2 | hhzusa2_2 | hhzusa3_2 |
| Please make only one entry.                       |           |           |           |
| Male  | 1         | 1         | 1         |
| Female  | 2         | 2         | 2         |
| What is this person's relationship to you?        | hhzusa1_3 | hhzusa2_3 | hhzusa3_3 |
| Please make only one entry.                       |           |           | _         |
| Parents   | 1         | 1         | 1         |
| Parents-in-law (parents of the partner)           | 2         | 2         | 2         |
| (Spouse) Partner                                  | 3         | 3         | 3         |
| Daughter-in-law/son-in-law (partner of the child) | 4         | 4         | 4         |
| Brother-in-law (brother/sister of the partner)    | 5         | 5         | 5         |
| Ex-partner  | 6         | 6         | 6         |
| Child   | 7         | 7         | 7         |
| Grandchild  | 8         | 8         | 8         |
| Great-grandchild                                  | 9         | 8         | 9         |
| Siblings  | 10        | 10        | 10        |
| Aunt/uncle (siblings of parents)                  | 11        | 11        | 11        |
| Cousin (child of aunt/uncle)                      | 12        | 12        | 12        |
| Niece/nephew (child of sibling)                   | 13        | 13        | 13        |
| Other relatives                                   | 14        | 14        | 14        |
| Boyfriend/girlfriend                              | 15        | 15        | 15        |
| (former) work colleagues                          | 16        | 16        | 16        |
| Members of the association or organisation        | 17        | 17        | 17        |
| Volunteers<br>(e.g. from social institutions)     | 18        | 18        | 18        |
| Paid helpers (e.g. caregiver)                     | 19        | 19        | 19        |
| Known   | 20        | 20        | 20        |
| Other person                                      | 21        | 21        | 21        |

| 45              | Has the Corona pandemic changed   | l your               | household composition?  |
|-----------------|-----------------------------------|----------------------|---|
| covid1_2        | Please make only one entry.       |                      |   |
|                 | No                                | o 🗌                  | → Please continue with question 47  |
|                 | Υ                                 |                      |   |
|                 | <u> </u>                          | 1 🗀                  |   |
| 46<br>FF_covid1 | How positive or negative have you | exper                | ienced this change?   |
| FF_COVIG1       | Please make only one entry.       |                      |   |
|                 | Predominantly negative            | 1                    |   |
|                 | Overall balanced                  | 2                    |   |
|                 | Predominantly positive            | 3                    |   |
|                 | Financial situation               |                      |   |
|                 | Fillancial Situation              |                      |   |
| net2            | purposes and anonymously.         | ation v              | vill only be evaluated for scientific lease state the average net earnings, |
|                 | under 150 Euro                    |                      | 3,000 to under 3,250 euros 13   |
|                 | 150 to 450 Euro 2                 |                      | 3,250 to under 3,500 euros 14   |
|                 | 451 to 850 euros 3                |                      | 3,500 to under 3,750 euros 15   |
|                 | 851 to under 1,000 euros 4        |                      | 3,750 to under 4,000 euros 16   |
|                 | 1,000 to under 1,250 euros 5,     | =                    | 4,000 to under 4,500 euros 17   |
|                 | 1,250 to under 1,500 euros 6      | <b>-</b><br>=        | 4,500 to under 5,000 euros 18   |
|                 | 1,500 to under 1,750 euros        |                      | 5,000 to under 5,500 euros  |
|                 | 1,750 to under 2,000 euros 8      |                      | 5,500 to under 6,000 euros  |
|                 | 2,000 to under 2,250 euros        | <b>⊣</b><br>≒        | 6,000 to under 7,500 euros 21   |
|                 | 2,250 to under 2,500 euros 10,    | <u> </u>             | 7,500 to under 10,000 euros 22  |
|                 | 2,500 to under 2,750 euros 11     | <b>⊣</b><br><b>=</b> | 10,000 to under 20,000 euros 23   |
|                 | 2,750 to under 3,000 euros 12,    |                      | 20,000 euros and more   |

| 48        | How much has the Corona pandem    | ic affe | cted your financial situation?     |  |
|-----------|-----------------------------------|---------|------------------------------------|--|
| covid1_3  | Please make only one entry.       |         |                                    |  |
|           | Not at all                        | 1       | → Please continue with question 50 |  |
|           | A little                          | 2       |                                    |  |
|           | Moderate                          | 3       |                                    |  |
|           | Strong                            | 4       |                                    |  |
|           | Very strong                       | 5       |                                    |  |
| 49        | How positive or negative have you | і ехре  | rienced this change?               |  |
| FF_covid1 | Please make only one entry.       |         |                                    |  |
|           | Predominantly                     | 1       |                                    |  |
|           | Overall balanced                  | 2       |                                    |  |
|           | Predominantly                     | 3       |                                    |  |

## Experiencing one's own

| 50       | Do you shape your life according to your own ideas  | ?   |        |              |                   |              |
|----------|---|-----|--------|--------------|-------------------|--------------|
| autonomo | Please make only one entry.   |     |        |              |                   |              |
|          | Does not apply at   |     |        |              |                   |              |
|          | Rather not 2  |     |        |              |                   |              |
|          |   |     |        |              |                   |              |
|          | More likely 3   |     |        |              |                   |              |
|          | Applies exactly 4   |     |        |              |                   |              |
| 51       | the following, we would like to find out how you We are interested in whether and to what extent that can accompany ageing. |     | -      | _            | _                 |              |
|          | Please make an entry in each line.  |     |        |              |                   |              |
|          | How much do you notice with   | Gar | Α      |              |                   | Very         |
|          | Her increasing age that   | not | little | Mode<br>rate | Stron             | stron<br>gly |
|          |   | 1   | 2      | 3            | g<br><sub>4</sub> | 5            |
| alterl1  | You relationships and other people appreciate much more?  |     |        |              |                   |              |
|          |   |     |        |              |                   |              |
| alterl2  | you give your health more Pay attention?  |     | П      |              |                   |              |
| alterl3  |   |     |        |              |                   | <u> </u>     |
| alterio  | your mental capacity decreases?   |     |        |              |                   |              |
| alterl4  | you have more experience and knowledge,   |     |        |              |                   |              |
|          | to assess things and people?  |     |        |              |                   |              |
| alterl5  | you have a better feel for it,  |     |        |              |                   |              |
|          | what is important to you?   |     |        |              |                   |              |
| alterl6  | you have to limit your activities?  |     |        |              |                   |              |
| alterl7  | you have less energy?   |     |        |              |                   |              |
| alterl8  | Get more from the help  | _   | _      |              | _                 | _            |
|          | feel dependent on others?   |     |        |              |                   |              |
| alterl9  | you have more freedom,  | _   | _      |              | _                 |              |
|          | To live your days the way you want?   |     |        |              |                   |              |
| alterl10 | you find it harder to motivate yourself?  |     |        |              |                   |              |
|          |   |     |        |              |                   |              |

| 52         | In the following, we would like to know to what extent you feel valued by society. It is not so much a question of recognition and appreciation by your immediate environment, but rather your assessment of society's view and attitude towards older people. |         |                     |          |            |                  |              |
|------------|--|---------|---------------------|----------|------------|------------------|--------------|
|            | Please make an entry in each li  | ine.    |                     | Meet     | Meets      | Mee              | Meets        |
|            | Do you have the feeling  |         |                     | s<br>not | rather     | ts<br>rathe<br>r | accura<br>te |
|            | to be needed in today's society  | ·?      |                     |          |            |                  |              |
| valuea1    | that today's society values you fo   | or tha  | t,                  |          |            |                  |              |
| valuea i   | what you have done and achieved  | l in yo | our life?           |          |            |                  |              |
| valuea2    | that in today's society you are tro  | eated   | l as if you were a  |          |            |                  |              |
|            | burden (e.g. because of  |         |                     |          |            |                  |              |
| valuea3    | of physical impairments)?  |         |                     |          |            |                  |              |
|            | more appreciated today and   |         |                     |          |            |                  |              |
|            | to be respected than in the past?  |         |                     |          |            |                  |              |
| valuEa4    | How much has the Corona pandem   | ic aff  | ected your feeling  | of being | g valued l | by socie         | ty?          |
| 53         | Please make only one entry.  |         |                     |          |            |                  |              |
|            | Not at all   |         | → Please continue   | with q   | uestion !  | 55               |              |
|            | A little   |         |                     |          |            |                  |              |
|            |  | 2       |                     |          |            |                  |              |
|            | Moderate   | 3       |                     |          |            |                  |              |
|            | Strong   | 4       |                     |          |            |                  |              |
|            | Very strong  | 5       |                     |          |            |                  |              |
| 54         | How positive or negative have you  | expe    | rienced this change | ?        |            |                  |              |
| FF_covid1_ | Please make only one entry.  |         |                     |          |            |                  |              |
|            | Predominantly  | 1       |                     |          |            |                  |              |
|            | Overall balanced   | , [     |                     |          |            |                  |              |
|            |  |         |                     |          |            |                  |              |
|            | Predominantly  | 3 🔲     |                     |          |            |                  |              |
|            |  |         |                     |          |            |                  |              |

|         | Health   |
|---------|--|
| 55      | How would you generally describe your state of health in the last 4 weeks? |
| general | Please make only one entry.  |
|         | Very bad   |
|         | Rather bad 2   |
|         | Rather 3   |
|         | Very 4   |
| 56      | If you had pain, how severe was your pain in the last 4 weeks?             |
| pain    | Please make only one entry.  |
|         | No pain  |
|         | Easy   |
|         | Mode 3   |
|         | Stron 4  |
|         | Very s   |
| 57      | How tall are you? And how much do you weigh approximately?                 |
|         | gewgr1 Size: cm Weight: kg   |
| 58      | Have you unintentionally lost significant weight in the last 12 months?    |
| gewgr3  | No ° _   |

Yes

| Please make an entry in each line.   | Yes | No       |
|--|-----|----------|
| multmor1 Heart attack  |     |          |
| Heart failure (e.g. cardiac insufficiency)   |     |          |
| nultmor3 High blood pressure   |     |          |
| multmor4 Stroke  |     |          |
| Mental or psychiatric illness (e.g. Alzheimer's disease, anxiety, depression)      |     |          |
| multmor6 Cancer  |     |          |
| Diabetes   |     |          |
| Respiratory or lung disease  |     |          |
| Back pain  |     |          |
| multmor10 Stomach or intestinal disease  |     |          |
| nultmor11 Kidney disease   |     |          |
| nultmor12 Liver disease  |     |          |
| Blood disease (e.g. anaemia)   |     |          |
| Joint or bone disease  |     | _        |
| (e.g. osteoarthritis, osteoporosis, arthritis)                                     |     |          |
| Bladder problems   |     | <u>L</u> |
| nultmor16 Sleep disorder   |     |          |
| Eye disease or visual impairment (e.g. macular degeneration, glaucoma or cataract) |     |          |
| This does not mean a visual impairment typical of old age.                         |     |          |
| Ear disease or hearing loss  |     |          |
| Neurological disease<br>(e.g. Parkinson's disease, stroke with paralysis)          |     |          |
| multmor21 (Blood) vascular disease   |     |          |
| nultmor22 Thyroid disease  |     |          |
| Other chronic illness, namely: Flease enter  |     |          |
| →  |     |          |

| 60<br>weak | In the last 4 weeks, have you had difficulty lifting heavier everyday objects, such as shopping bags, due to health impairments? |
|------------|--|
|            | No o   |
|            | Yes 1  |
| 61         | Have you had a fall in the <u>last 12 months</u> ?   |
| fall       | No o   |
|            | Yes 1  |
| 62         | How many different medicines prescribed by a doctor do you take on an average day?   |
| medicate1  | Please also think about insulin, ointments, sleeping pills or longer-acting depot medication.                                    |
|            | I take Medication per day  |
| 63         | Which care degree or care level do you have?   |
| pspgr1_1   | Please make only one entry.  |
|            | No care degree / no care level   |
|            | Care level 1   |
|            | Care level 2 (This corresponds to care level 1 or care level 0)  |
|            | Care level 3 (This corresponds to care level 1 with limited  |
|            | everyday competence or care level 2) 3   |
|            | Care level 4 (This corresponds to care level 2 with limited everyday competence or care level 3)                                 |
|            | Care level 5 (This corresponds to care level 3 with limited  |
|            | everyday competence or care level 3 with hardship  |

| 64 How much help do you need for the follow  | ing activities?               |                     |              |
|--|-------------------------------|---------------------|--------------|
| This refers to help from other people as we bath lift.   | ll as help from aids su       | ch as a walking     | stick or     |
| Please make in each line an indication.  | Only with<br>Help<br>possible | A<br>little<br>Help | None<br>Help |
| funkges8 Using the telephone   |                               |                     |              |
| Getting somewhere you can't get yourself can go there on foot (e.g. the organisation a taxi ride, taking the bus, etc.). |                               |                     |              |
| Buy food or clothes yourself, if you are taken there if necessary  |                               |                     |              |
| funkges11 Prepare your own meals   |                               |                     |              |
| funkges12 Do housework   |                               |                     |              |
| Taking medication (Organise and carry out)  funkges14  Arrangement of financial matters                                  |                               |                     |              |
| How much has the Corona pandemic affectors and the Corona pandemic affectors are please make only one entry.             | ed your <u>health</u> ?       |                     |              |
| Not at all ₁ →   | Please continue witl          | h question 67       |              |
| A little   |                               |                     |              |
| Moderate 3   |                               |                     |              |
| Strong 4   |                               |                     |              |
| Very strong 5  |                               |                     |              |
| How positive or negative have you experient Please make only one entry.  Predominantly  Overall balanced  2              | nced this change?             |                     |              |
| Predominantly 3  |                               |                     |              |

### Everyday life and lifestyle

We are also interested in what interests you have and how you organise your free time. Free time or leisure time means the time that you are free to organise according to your own wishes.

Please make an entry in each line.

|           |  |                              |                     | Manch-      |            | Very       |
|-----------|--|------------------------------|---------------------|-------------|------------|------------|
|           | How often  | Never                        | Rarely              | times<br>3  | Often<br>4 | Often<br>5 |
| live1_1_2 | spend time with other people (relatives, acquaintances or friends), exchange ideas or do something |                              |                     |             |            |            |
|           | together?  |                              |                     |             |            |            |
| live1_2_2 | do you move physically?  |                              |                     |             |            |            |
| live1_3_2 | do you have peace and time for yourself?   |                              |                     |             |            |            |
| live1_4_2 | sit down with something deeper   |                              |                     |             |            |            |
|           | or study a topic in more detail?   |                              |                     |             |            |            |
| live1_5_2 | Are you creatively active or do you deal with something imaginatively?                             |                              |                     |             |            |            |
| 68        | Now please think about how you have specifically   | spont voi                    | ır fron i           | timo in th  | o last 11  | 2          |
| 00        | months.  | spent you                    | ai iiee i           | unie in u   | ie iast 12 | <u> </u>   |
| A active1 | Have you been active in sports, e.g. gymnastics, described something else?                         | ancing, sw                   | /immin <sub>į</sub> | g, hiking ( | or         |            |
|           | Y 1 No   | $_{0}$ $\longrightarrow$ $I$ | Please (            | continue    | with B,    | page 24    |
|           | $\overline{}$  |                              |                     |             |            |            |
|           | If you have been involved in courts, M/bet everthy   | مانما برمان مانا             | -2                  |             |            |            |
|           | If you have been involved in sports: What exactly Please enter                                     | ala you a                    | ) ?                 |             |            |            |
|           |  |                              |                     |             |            |            |
|           | $\rightarrow$  |                              |                     |             |            |            |
|           |  |                              |                     |             |            |            |
| active1_1 | How often did you exercise in <u>total</u> ?   |                              |                     |             |            |            |
|           | Please make only one entry.  | active1_2                    |                     |             |            |            |
|           |  | Where dic                    | l you do            | most of     | that?      |            |
|           | Weekly 2   | Please                       | e make              | only one    | entry.     |            |
|           | Monthly 3  | At home/                     | in the              |             |            | 1          |
|           | Several times a year 4   | n the imn                    | nediate             | vicinity    |            | 2          |
|           | Once a year  | n the wid                    | er surro            | oundings    |            | 3          |

| B active8 | Have you had a hobby in the <u>last</u><br>needlework, gardening or somet |                        | . stamp collecting, handicrafts,                |           |
|-----------|---|------------------------|---|-----------|
|           | <u>Y</u> 1 Nо   |                        | $_{0}$ $\longrightarrow$ Please continue with C |           |
|           | $\downarrow$  |                        |   |           |
|           | If you have practised a hobby: V  | What exactly did       | l you do? 🕶 Please fill in                      |           |
|           |   |                        |   |           |
|           | <del></del>   |                        |   |           |
| active8_  | How often have you practised a ho   | obby in <u>total</u> ? |   |           |
|           | Please make only one entry  |                        | active8_2                                       |           |
|           | Daily   |                        | Where did you do most of that?                  |           |
|           | Weekly  | 2                      | Please make only one entry.                     |           |
|           | Monthly   | 3                      | At home/in the                                  | 1         |
|           | Several times a year  | 4                      | In the immediate vicinity                       | 2         |
|           | Once a year   | 5                      | In the wider surroundings                       | 3         |
| C         | Have you taken any walks in the   | last 12 months?        | )   |           |
| active13  | Yes 1 No  |                        | 。 → Please continue with qu                     | estion 69 |
|           | $\downarrow$  |                        |   |           |
| active13_ | How often did you do that?  |                        |   |           |
|           | Please make only one entry  | ·                      |   |           |
|           | Daily   | 1                      |   |           |
|           | Weekly  | 2                      |   |           |
|           | Monthly   | 3                      |   |           |
|           | Several times a   | 4                      |   |           |
|           | Once a year   | 5                      |   |           |
| 69_       | How much has the Corona pande   | mic influenced         | our everyday life and leisure time?             |           |
| covid1_6  | •   |                        |   |           |
|           | Not at all  | ₁ → Pleas              | e continue with question 71                     |           |
|           | A little  | 2                      |   |           |
|           | Mode  | 3                      |   |           |
|           |   |                        |   |           |
|           | Stron   | 4                      |   |           |

| 70        | How positive or negative have you experienced this change?   |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|
| FF_covid1 | Please make only one entry.  |  |  |  |  |  |  |  |  |
|           | Predominantly 1  |  |  |  |  |  |  |  |  |
|           | Overall balanced 2   |  |  |  |  |  |  |  |  |
|           | Predominantly 3  |  |  |  |  |  |  |  |  |
|           | Internet use   |  |  |  |  |  |  |  |  |
| 71        | For more and more people, the use of modern technology is also part of everyday life.  |  |  |  |  |  |  |  |  |
| technu2   | Have you used the internet in the <u>last 12 months</u> ?  |  |  |  |  |  |  |  |  |
|           | Use" refers to active use. This also includes the use of internet-linked apps. It does not mean, for example, having someone else look up information for you on the internet. |  |  |  |  |  |  |  |  |
|           | No $_{\circ}$ $\longrightarrow$ Please continue with question 74, page 2 6   |  |  |  |  |  |  |  |  |
|           | Yes 1  |  |  |  |  |  |  |  |  |
| 72        | How much did the Corona pandemic influence your internet use?  |  |  |  |  |  |  |  |  |
| covid1_7  | Please make only one entry.  |  |  |  |  |  |  |  |  |
|           | Not at all → Please continue with question 74, page 2 6  |  |  |  |  |  |  |  |  |
|           | A little 2   |  |  |  |  |  |  |  |  |
|           | Moderate 3   |  |  |  |  |  |  |  |  |
|           | Strong 4   |  |  |  |  |  |  |  |  |
|           | Very strong 5  |  |  |  |  |  |  |  |  |
| 73        | How positive or negative have you experienced this change?   |  |  |  |  |  |  |  |  |
| FF_covid1 | <u>₹</u><br>■ Please make only one entry.  |  |  |  |  |  |  |  |  |
|           | Predominantly 1  |  |  |  |  |  |  |  |  |
|           | Overall balanced 2   |  |  |  |  |  |  |  |  |
|           | Predominantly 3  |  |  |  |  |  |  |  |  |

#### Social inclusion

Social contacts and relationships with other people can look completely different in older age.

Therefore, it is now about people who are important to you and with whom you are in contact. These can be neighbours, friends and acquaintances as well as household members and relatives.

Which people are important to you? Please give details for the up to six most important people.

Please answer the questions for each person in columns.

|  | Person 1  | Person 2  | Person 3   | Person 4  | Person 5  | Person 6  |
|--|-----------|-----------|------------|-----------|-----------|-----------|
| What gender is this person?  | socnet3_1 | socnet3_2 | socnet3_3  | socnet3_4 | socnet3_5 | socnet3_6 |
| Male   | 1         | 1         | 1          | 1         | 1         | 1         |
| Female   | 2         | 2         | 2          | 2         | 2         | 2         |
| How often do you have contact with this person, e.g. through visits, letters, phone calls, text messages | socnet5_1 | socnet5_2 | socnet5_3  | socnet5_4 | socnet5_5 | socnet5_6 |
| or e-mail?   | 1         | 1         | 1          | 1         | 1         | 1         |
| Daily  |           |           |            |           |           |           |
| Weekly   | 2         | 2         | 2          | 2         | 2         | 2         |
| Monthly  | 3         | 3         | 3          | 3         | 3         | 3         |
| Several times a year   | 4         | 4         | 4          | 4         | 4         | 4         |
| Rarer  | 5         | 5         | 5          | 5         | 5         | 5         |
| How closely do you feel connected to this person today?  | socnet6_1 | socnet6_2 | soznetz6_3 | socnet6_4 | socnet6_5 | socnet6_6 |
| Not narrow at all  | 1         | 1         | 1          | 1         | 1         | 1         |
| Less narrow  | 2         | 2         | 2          | 2         | 2         | 2         |
| Narrow   | 3         | 3         | 3          | 3         | 3         | 3         |
| Very narrow  | 4         | 4         | 4          | 4         | 4         | 4         |

<sup>-</sup> Continuation of the question on the next page -

### - Continuation of question 74 -

|  | Person 1  | Person 2  | Person 3  | Person 4  | Person 5  | Person 6  |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| What is this person's relationship to you?                   | socnet4_1 | socnet4_2 | socnet4_3 | socnet4_4 | socnet4_5 | socnet4_6 |
| Parents  | 1         | 1         | 1         | 1         | 1         | 1         |
| Parents-in-law (parents of the partner) (Spouse) Partner     | 2         | 2         | 2         | 2         | 2         | 2         |
| Daughter-in-law/son-in-law (partner of the child)            | 4         | 3         | 4         | 3         | 4         | 4         |
| Brother-in-law/sister-in-law (brother/sister of the partner) | 5         | 5         | 5         | 5         | 5         | 5         |
| Ex-partner   | 6         | 6         | 6         | 6         | 6         | 6         |
| Child  | 7         | 7 -       | 7         | 7         | 7         | 7         |
| Grandchild   | 8         | 8 🗔       | 8         | 8 🗖       | 8         | 8         |
| Great-grandchild   | 9 🔲       | 8 🗀       | 9         | 9 🔲       | 8 🗀       | 9 🔲       |
| Siblings   | 10        | 10        | 10        | 10        | 10        | 10        |
| Aunt/uncle (siblings of parents)                             | 11        | 11        | 11        | 11        | 11        | 11        |
| Cousin<br>(Child of aunt/uncle)                              | 12        | 12        | 12        | 12        | 12        | 12        |
| Niece/nephew<br>(Child of sibling)                           | 13        | 13        | 13        | 13        | 13        | 13        |
| Other relatives  | 14        | 14        | 14        | 14 [      | 14        | 14        |
| Boyfriend/girlfriend   | 15        | 15        | 15        | 15        | 15        | 15        |
| (former) work colleagues                                     | 16        | 16        | 16        | 16        | 16        | 16        |
| Neighbours   | 17        | 17        | 17        | 17        | 17        |           |
| Members of the association or organisation                   | 18        | 18        | 18        | 18        | 18        | 18        |
| Volunteers<br>(e.g. from social institutions)                | 19        | 19        | 19        | 19        | 19        | 19        |
| Paid helpers (e.g. caregiver)                                | 20        | 20        | 20        | 20        | 20        | 20        |
| Known  | 21        | 21        | 21        | 21        | 21        | 21        |
| Other person   | 22        | 22        | 22        | 22        | 22        | 22        |

| 75<br>soznetz7 | If you could indicate more than 6 pm many more people would you hav | people who are important to you: How e indicated? |
|----------------|---|---|
|                | I am other people a   | re important.                                     |
| 76             | How much did the Corona pandemi                                     | c influence your <u>private contacts</u> ?        |
| covid1_8       | Please make only one entry.   |   |
|                | Not at all  | $\rightarrow$ Please continue with question 78    |
|                | A little  | 2   |
|                | Mode  | 3   |
|                | Stron   | 4   |
|                | Very  | 5   |
| 77             | How positive or negative did you ex                                 | sperience this change?                            |
| FF_covid1_     | 8 Please make only one entry.                                       |   |
|                | Predominantly   | 1   |
|                | Overall balanced  | 2   |
|                | Predominantly   | 3   |
| 78             | How often have you felt lonely in th                                | ne <u>last week</u> ?                             |
| lonely         | Please make only one entry.   |   |
|                | Never or almost   |   |
|                | Sometime  | 2   |
|                | Mostly  | 3   |
|                | Always or almost  | 4   |

| 79           | The following is about the support you have received from others or given yourself in the past 12 months. |             |          |                 |         |        |  |  |
|--------------|---|-------------|----------|-----------------|---------|--------|--|--|
|              |   |             |          |                 | No<br>o | Yes    |  |  |
| A<br>sozunt1 | In the past 12 months, have you given money to so or made larger gifts in kind?                           | omeone      | as a gif | ft?             |         |        |  |  |
| sozunt2      | Have you yourself received money as a gift or large 12 months?  | er gifts in | n kind i | in the pas      | t       |        |  |  |
| В            | Please do not include paid services.  |             |          | Manch-          |         |        |  |  |
|              | How often   | Never       | Rarely   | times           | Often   | Always |  |  |
| sozunt3      | Have you helped other people with their Did you help with any tasks or errands?                           |             |          |                 |         |        |  |  |
| sozunt4      | have you received help from other people with tasks and accomplishments?                                  |             |          |                 |         |        |  |  |
| С            | How often   | Never       | Rarely   | Manch-<br>times | Often   | Always |  |  |
| sozunt5      | you have comforted other persons or cheered up?   |             |          |                 |         |        |  |  |
| sozunt6      | were <u>you</u> comforted <u>yourself</u> or cheered up?  |             |          |                 |         |        |  |  |
| 80           | In the following, we would like to find out   |             |          |                 |         |        |  |  |

| In the following, we would like to know how you feel about your relationship to today's            |           |                   |              |           |  |  |  |
|--|-----------|-------------------|--------------|-----------|--|--|--|
| covid1_11 SOCIETY.   |           |                   |              |           |  |  |  |
| Please make an entry in each line.   | Meet<br>s | Meets             | Mee<br>ts    | Mee<br>ts |  |  |  |
| Do you have the feeling  | not<br>to | rather<br>not too | rather<br>to | to        |  |  |  |
| with today's social way of life  |           |                   |              |           |  |  |  |
| to cope worse and worse?   |           |                   |              |           |  |  |  |
| that your own values are becoming less and less in<br>anomy2 line with the values of today's       |           | _                 |              |           |  |  |  |
| Society fit?   |           |                   |              |           |  |  |  |
| that today's society is changing so quickly that you no longer know what you are should orientate? |           |                   |              |           |  |  |  |
| Do you feel that the Corona pandemic has alienated you from society?                               |           |                   |              |           |  |  |  |
| © Please make only one entry.  |           |                   |              |           |  |  |  |
| Not at all   |           |                   |              |           |  |  |  |
| A little 2   |           |                   |              |           |  |  |  |
| Mode 3   |           |                   |              |           |  |  |  |
| Stron 4  |           |                   |              |           |  |  |  |
| Very 5   |           |                   |              |           |  |  |  |
|  |           |                   |              |           |  |  |  |

The following questions are about what is important to you in your life and actions. Please make an entry in each line. Not at Rather not Rather all Very How important is it to you to ... import import import ant ant ant indValue ... to do things your own way? ... to be wealthy, to have a lot of money and afford expensive things? ... avoid what is dangerous and to have a safe environment? indValue... to have a good time and enjoy yourself? indValue... do something good for society? indValue ... that other people recognise your achievements? ... to take a risk sometimes, to experience adventures indValue and live an exciting life? indValue ... ... to avoid offending others? indValue... to take care of nature and the environment? .. Traditions you learned from your family or religion have learned to respect? How important is your faith or spirituality in your life? This can also be spirit1\_1 detached from a particular religion. Please make only one entry. Not important at Rather not Rather Very How easy is it for you to accept that one day you will die and be dead? mortal1 Please make only one entry. Not at all easy

Rather not easy

Rather

Very light

| 86        | How much does the thought of be<br>Attitudes and values | ing de   | ad weigh on you?                                |
|-----------|---|----------|---|
| stertod2  | Please make only one entry.                             |          |   |
|           | Not strong at   | 1        |   |
|           | Rather not  | 2        |   |
|           | Rather  | 3        |   |
|           | Very  | 4        |   |
| 87        | How strong is your fear of your owr                     | n deatl  | h?  |
| stertod3  | Please make only one entry.                             |          |   |
|           | Not strong at   | 1        |   |
|           | Rather not  | 2        |   |
|           | Rather  | 3        |   |
|           | Very  | 4        |   |
|           |   | ic influ | ence your thoughts on your <u>own death and</u> |
| covid1_9  | dying?  |          |   |
|           | Please make only one entry.                             |          |   |
|           | Not at all  | 1        | → Please continue with question 90              |
|           | A little  | 2        |   |
|           | Moderate  | 3        |   |
|           | Strong  | 4        |   |
|           | Very strong   | 5        |   |
| 89        | How positive or negative have you                       | і ехреі  | rienced this change?                            |
| FF_covid1 | Please make only one entry.                             |          |   |
|           | Predominantly   | 1        |   |
|           | Overall balanced  | 2        |   |
|           | Predominantly   | 3        |   |

90 The following statements deal with feelings. Approximately how often have you experienced the following feelings in the last 12 months? Please make an entry in each line. Rather Some-Very How often did you feel ... sometimes Never rarely Often often panas1 ... enthusiastic? panas2 ... attentive? panas3 ... joyfully excited, expectant? panas4 ... stimulated? panas5 ... determined? For the following questions, please think about how you have felt most of the time during the last 14 days. Please make an entry in each line. Yes No depress1 Do you feel depressed? depress2 Do you find it difficult to pull yourself together? depress3 Can you enjoy your life, even if some things are harder for you? depress4 Do you have to brood a lot?

| 92 The follow We dule etilog sand litte utation faction de to life. |          |           |                     |
|---|----------|-----------|---------------------|
| Please make an entry in each line.                                  |          | Neither   |                     |
|   | No<br>o  | Still     | Yes<br><sup>2</sup> |
| Do you feel rather optimistic at the moment?                        |          |           |                     |
| Are there many things you look forward to every day?                |          |           |                     |
| Do you feel that your current life is useful?                       |          |           |                     |
| Do you have a strong will to live at the moment?                    |          |           |                     |
| Does life have meaning for you?                                     |          |           |                     |
| valofii6 Do you feel able to achieve your goals in life?            |          |           |                     |
| Due to your personal attitude towards life (e.g.                    |          |           |                     |
| valoffi7 beliefs), are you are you more hopeful in principle?       |          |           |                     |
|   |          |           |                     |
| Do you plan to make the most of your life?                          |          |           |                     |
| Do you have many ideas, to get out of a difficult situation again?  |          |           |                     |
| Can you imagine many possibilities,                                 |          | _         |                     |
| to achieve the things that are important to you?                    |          |           |                     |
| Always find a way to solve a problem,                               |          |           |                     |
| even when others have already given up?                             |          |           |                     |
| Do you generally achieve the goals you set for yourself?            |          |           |                     |
| How good do you feel when you think about all the things you hav    | e done i | n the pas | t?                  |
| Please make only one entry.   |          |           |                     |
| Very bad  |          |           |                     |
| Rather bad 2  |          |           |                     |
| Partly/pa 3   |          |           |                     |
| Rather 4  |          |           |                     |
| Very 5  |          |           |                     |
|   |          |           |                     |

| 94<br>meainli2 | The second of th |         |          |         |         |                       |                 |          |           |                 |             |
|----------------|--|---------|----------|---------|---------|-----------------------|-----------------|----------|-----------|-----------------|-------------|
|                | ☞ Please n   | nake o  | nly one  | entry.  |         |                       |                 |          |           |                 |             |
|                | Very bad   |         |          |         | 1       |                       |                 |          |           |                 |             |
|                | Rather bad   |         |          |         | 2       |                       |                 |          |           |                 |             |
|                | Partly/pa  |         |          |         | 3       |                       |                 |          |           |                 |             |
|                | Rather   |         |          |         | 4       |                       |                 |          |           |                 |             |
|                | Very   |         |          |         | 5       |                       |                 |          |           |                 |             |
| 95 )<br>at     | All in all, how  |         |          |         |         | ır life at p          | resent?         |          |           |                 |             |
|                | Compl<br>etely   |         |          |         |         |                       |                 |          |           |                 | Complet ely |
|                | dissatisfied   | 1       | 2        | 3       | 4       | 5                     | 6               | 7        | 8         | 9               | satisfied   |
|                |  |         |          |         |         |                       |                 |          |           |                 |             |
|                |  |         |          |         |         |                       |                 |          |           |                 |             |
| 96             | How much ha  | s the C | Corona p | andem   | ic affe | cted your             | well-bei        | ng?      |           |                 |             |
| 96 covid1_10   |  |         |          |         | ic affe | cted your             | <u>well-bei</u> | ng?      |           |                 |             |
|                | 1  |         |          |         | ic affe | cted your<br>→ Please |                 |          | uestion . | 98, pa <u>i</u> | ge 3 6      |
|                | Please n   |         |          |         |         |                       |                 |          | uestion . | 98, pa          | ge 3 6      |
|                | Please n   |         |          |         |         |                       |                 |          | uestion : | 98, pa          | ge 3 6      |
|                | Please n  Not at all  A little   |         |          |         |         |                       |                 |          | uestion . | 98, pa          | ge 3 6      |
|                | Not at all A little Moderate   |         |          |         |         |                       |                 |          | uestion : | 98, pa          | ge 3 6      |
| covid1_10      | Not at all A little Moderate Strong Very strong How positive   | nake o  | nly one  | entry.  |         | → Please              | continu         | e with q | uestion . | 98, pa          | ge 3 6      |
| covid1_10      | Not at all A little Moderate Strong Very strong How positive   | e or ne | nly one  | ave you |         | → Please              | continu         | e with q | uestion . | 98, pa          | ge 3 6      |
| covid1_10      | Not at all A little Moderate Strong Very strong How positive   | e or ne | nly one  | ave you |         | → Please              | continu         | e with q | uestion . | 98, pa          | ge 3 6      |
| covid1_10      | Not at all  A little  Moderate  Strong  Very strong  How positive  10  Please n  | e or ne | nly one  | ave you | ı       | → Please              | continu         | e with q | uestion . | 98, pa          | ge 3 6      |

|        | Biography  |
|--------|--|
| 98     | brizp2_1<br>briep2_1<br>you ever been gainfully employed?  |
| brfzp1 | Please make only one entry.  |
|        | Been gainfully employed   1 Please continue with   |
|        | question 100 Never been employed $\rightarrow$ Please continue with  |
| 99     | question 99 Still employed full-time 3 > Please continue with  |
|        | question 1 0 1   |
| IF3    | If you have never been gainfully employed yourself: If possible, please answer the following questions about your occupation for your last spouse. |
|        | Please make only one entry.  |
|        | I am providing the information for my last (Spouse) partner/my last (spouse) partner.  |
|        | I cannot provide <u>any</u> information for my last (spouse)/partner.  |
|        | (Spouse) partner. $_{_{0}}\square$ $\rightarrow$ Please continue with question 104, p  |
| 100    | Up to which year were you employed full-time?  |
|        | Until the year:  |

101 What was your last/do you have in your main occupation?

| brf2_1   |
|----------|
| brfzp2_1 |
| brfep2_1 |

## Please make only one entry.

Self-employed farmer:

| with a utilised agricultural area of less than 10ha   | 11   |
|---|------|
| with a utilised agricultural area of 10ha and more  | 12   |
| Cooperative farmers (former LPG)  | 13   |
| Academics in a liberal profession:  |      |
| No further employees  | 21   |
| 1 to 4 employees  | 22   |
| 5 and more employees  | 22 🔲 |
| 5 and more employees  |      |
| Self-employed, Ich-AG or PGH member:  |      |
| No further employees  | 31   |
| 1 to 5 employees  | 32   |
| 5 and more employees  | 33   |
| PGH member (PGH = Produktionsgenossenschaft des Handwerks)  | 34   |
| Civil servant, judge, professional soldier:   |      |
| in the ordinary service or in a comparable category   | 41   |
| in the intermediate service or in a comparable category   | 42   |
| in the higher service or in a comparable category   | 43   |
| in the higher service or in a comparable category   | 44   |
| Employee:   |      |
| with executive activity according to general instructions   | _    |
| (e.g. salesperson, data typist, secretarial assistant, nursing assistant)   | 51   |
| with qualified work that is done according to instructions  |      |
| (e.g. clerk, accountant, technical draughtsman)   | 52   |
| with independent performance in a responsible position or with specialist responsibility for personnel (e.g. scientific staff, authorised |      |
| signatories, heads of department or foremen in salaried employment)   | 53   |
| with comprehensive management tasks and decision-making   |      |
| powers (e.g. directors, managing directors, members of the board of directors)  | 54   |
| Workers:  |      |
| unskilled   | 61   |
| semi-skilled  | 62   |
| Skilled worker  | 63   |
| Foreman, column leader  | 64   |
| Foreman, Foreman, Brigadier   | 65   |
|   |      |

| 102                      | Does this profession still have a special designation?         |     |
|--------------------------|--|-----|
| brf3<br>brfzp3<br>brfep3 | Y 1 NO 0 □   |     |
| <u> </u>                 | <b>↓</b>   |     |
|                          | Job title: F Please enter                                      |     |
|                          | $\rightarrow$  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
| 103                      |  | on? |
|                          | Describe the professional activity in detail. Job description: |     |
|                          | Please enter   |     |
|                          | <b>→</b>   |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          | Everyday life  |     |
|                          |  |     |
| 104                      | What could be done to improve your concrete everyday life?     |     |
|                          | Please make a note.  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |
|                          |  |     |

| COVID-19 from t    | he coror                              | navirus?   |                                    |
|--------------------|---------------------------------------|--|------------------------------------|
|                    |                                       |  |                                    |
| 1                  |                                       |  |                                    |
| 2                  |                                       |  |                                    |
| 8                  |                                       |  |                                    |
| nces fallen ill or | even die                              | d from CO  | VID-19 du                          |
|                    |                                       |  |                                    |
| Sick               |                                       |  | Deceased                           |
| 1                  | No<br>o                               |  | Yes N                              |
|                    |                                       |  |                                    |
| covid3_2           |                                       | covid4_2   |                                    |
| covid3_3           |                                       | covid4_3   |                                    |
| the following pro  | otection                              | measures?  | )                                  |
|                    | Yes                                   | No   |                                    |
|                    |                                       |  |                                    |
|                    |                                       |  |                                    |
|                    |                                       |  |                                    |
|                    |                                       |  |                                    |
|                    |                                       |  |                                    |
|                    | a sick Yes covid3_1 covid3_3 covid3_3 | nces fallen ill or even die  Sick Yes No 1 0  covid3_1 | Sick Yes No 1 0 covid4_1  covid3_1 |

What experiences have you had in connection with the Corona pandemic?

| Please m                         | ake a note.                   |                |                  |                  |      |
|----------------------------------|-------------------------------|----------------|------------------|------------------|------|
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
|                                  |                               |                |                  |                  |      |
| ere there any                    | other people pre              | esent while yo | u were filling i | n the questionna | ire? |
| No                               | 0                             |                |                  |                  |      |
| ⁄es                              | 1                             |                |                  |                  |      |
| Thank you ν                      | ery much for co               | ompleting th   | ne questionn     | aire.            |      |
|                                  | the completed que             |                | infas in the e   | nclosed envelope | e.   |
| we will pay th<br>nfas Institute | e postage for you for Applied | 1!             |                  |                  |      |
|                                  | GmbH Postfach                 |                |                  |                  |      |

240101 53154 Bonn

Mantle sheet:

Inside the shortened back

We will pay the postage for you! infas Institute for Applied Social Science **GmbH** 

PO Box 240101 53154 Bonn

Jacket sheet: shortened reverse side





D80+: Old age in Germany

# Template CATI Module 1 (based on PAPI) ZP interview & proxy interview

Status: 28.04.2021



## Content

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### **General Notes**

For the output of the data in SPSS format, the codes for missing values defined in Table 1 are implemented following the DEAS:

Table 1. transcoding table for missing codes

| Reason for non-availability of information     | DEAS | Stata | SPSS output |
|--|------|-------|-------------|
| Denies   | -1   | .V    | -1          |
| don't know                                     | -2   | .W    | -2          |
| Does not apply (overfiltered)                  | -3   | .T    | -3          |
| not surveyed (sample)                          | -4   | .A    | -4          |
| No drop-off                                    | -5   |       |             |
| Not specified                                  | -6   |       |             |
| deleted  | -7   | .G    | -7          |
| Double nomination                              | -8   |       |             |
| Not possible (visual difficulties)             |      | .U    | -9          |
| Not possible (problems with writing)           |      | .X    | -10         |
| Aggregate value not formed (quality assurance) |      | .Q    | -11         |
| Not possible (hand gripping force)             |      | .K    | -12         |

The following meta-information is defined for each variable contained in the dataset:

- Variable name (VARIABLENNAME),
- the assigned variable label (VARIABLENLABEL),
- the wording of the question (QUESTION TEXT),
- any notes to the interviewers (INTERVIEWER NOTE),
- if applicable, the condition under which the corresponding information is recorded (FILTERED),
- the format associated with the variable (OUTPUT FORMAT)
- the intended stored characteristics of the variables, if applicable the value range (VALUE)
- and the value labels provided by the linked format for the output (VALUE LABEL).

## 0 Intro

VARIABLENAME interviewee VARIABLENLABEL

Respondent: ZP vs PX

PROGRAMMING NOTEThis

| info comes from the EKP! |                 |   |
|--------------------------|-----------------|---|
| OUTPUT FORMAT            | VALUE           | VALUE LABEL   |
|                          | 1Target         | person (ZP)   |
|                          | 2               | Proxy interview (PX)                                    |
| VARIABLENAME             | sex p           |   |
| VARIABLENLABELProxy      | : Gender        |   |
| QUESTION TEXT            | What is the gen | der of the (proxy) respondent? INTERVIEWER NOTE         |
|                          | Please documen  | t without asking! If not clear, please ask FILTER GUIDE |
|                          | interviewee IN  | (2)   |
| OUTPUT FORMAT            | VALUE           | VALUE LABEL   |
| GESCHL2F.                | 1               | Male  |
|                          | 2               | Female  |
|                          |                 |   |
|                          | -1              | Denied  |

VARIABLENAME alterp
VARIABLENLABELProxy : Age

QUESTION TEXT How old are you?

FILTER GUIDE interviewee IN (2)

| OUTPUT FORMAT | VALUE   | VALUE LABEL    |
|---------------|---------|----------------|
| BEST8.        | (0-120) | Age indication |
|               |         |                |
|               | -1      | Denied         |
|               | -2      | Don't know     |
|               |         |                |

VARIABLENAME beziehp

VARIABLENLABELProxy : Relationship to ZP

QUESTION TEXT What is your relationship with Mr/Mrs [name ZP]?

INTERVIEWER NOTE Please do NOT read out answer options!

FILTER GUIDE interviewee IN (2)

| I ILI LIX     | COIDE IIIIOI | GOIDE INCOMOGONY (2)   |  |
|---------------|--------------|------------------------|--|
| OUTPUT FORMAT | VALUE        | VALUE LABEL            |  |
| BEZZP4P.      | 1            | Wife/Husband           |  |
|               | 2            | Son/Daughter           |  |
|               | 3            | (Professional) nurse   |  |
|               | 4            | Other:[open: beziehpx] |  |
|               |              |                        |  |

|                    | -2Don't know  |  |
|--------------------|---|--|
|                    | -1 Denied   |  |
| VARIABLENAME       | beziehpx  |  |
| VARIABLE LABEL     | Proxy: Relationship to ZP: Other  |  |
|                    | FILTERSUPPLY interviewee IN (2) AND   |  |
| interviewee IN (4) |   |  |
| OUTPUT FORMAT      | VALUE VALUE LABEL   |  |
| \$900.             | Indication  |  |
| VARIABLENAME       | AGREE6  |  |
| VARIABLENLABEL     | Consent Participation   |  |
| QUESTION TEXT ZP   | As we informed you in the documents sent to you in advance, this study is being carried out by the infas Institute for Applied Social Science on behalf of the University of Cologne.   |  |
|                    | Your participation in the study is of course voluntary.   |  |
|                    | You can end the conversation at any time, even without giving a reason. If you do not want us to use what you tell us or parts of it, you have the right to have the information deleted at any time.  The interview will focus on questions about the housing situation, health and social relationships. We would like to ask for your consent. |  |
|                    | Do you agree with this?   |  |
| FILTER GUIDE       | interviewee IN (1) PROGRAMMING NOTE   |  |
|                    | Code 2 "No" results in an interview termination   |  |
| OUTPUT FORMAT      | VALUE VALUE LABEL   |  |
| IANOE              | 4   |  |

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| J1N2F.        | 1     | yes         |
|               | 2     | no          |

## Intermediate screen

| VARIABLENNAME  | Screen0  |
|----------------|--|
| VARIABLE LABEL | Intermediate screen 0 - General note at the beginning of the interview   |
| QUESTION TEXT  | In order for us to be able to make reliable and valid statements with this study, we must adhere to high scientific standards. In doing so, it is important that we conduct our interviews in a comparable way, i.e. we ask all respondents the same questions. For most questions we give different answer options (e.g. yes/no) so that the answers can be compared with each other. If you are unsure about a question, please simply choose the answer option that seems most appropriate to you. Since we are interested in your personal opinion, there are no right or wrong answers. |
|                | Please answer all questions as spontaneously as you can.   |
|                | If you do not want to answer a question (e.g. for personal reasons) or cannot answer the question (because you do not have the information), please contact us.  missing), please tell me.   |

# From here start PAPI questionnaire

## 1 Socio-demographics

#### QUESTION NUMBER PAPI 1

VARIABLENAME gender

VARIABLENLABELGender according to identity card

QUESTION TEXT ZP According to your identity card/passport, what is your gender?

QUESTION TEXT PX What is the gender of Mr/Mrs [name ZP] according to his/her identity card/passport?

INTERVIEWER'S NOTE

DATA PREPARATION New Code 3: diverse

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| GESCHL2F.     | 1     | Male        |
|               | 2     | Female      |
|               | 3     | Divers      |
|               |       |             |
|               | -2    | Don't know  |

#### QUESTION NUMBER PAPI 2

VARIABLENAME gebdat1
VARIABLENLABELDate of birth (day)

QUESTION TEXT ZP When were you born? Please tell me the day, the month and the year.

QUESTION TEXT PX Mr/Mrs [name ZP] was born [year of birth]. Can you please also tell me the day and

month when Mr/Mrs [name ZP] was born?

PROGRAMMING NOTE If PX: Show year of birth from registration office data.

Please display gebdat1 - gebdat3 on one screen.

| VALUE    | VALUE LABEL       |
|----------|-------------------|
| (1 - 31) | Day specification |
|          |                   |
| -1       | Denied            |
| -2       | Don't know        |
|          | (1 - 31)          |

VARIABLENAME gebdat2

VARIABLE LABEL Date of birth (month)

|               |          | · ,              |
|---------------|----------|------------------|
| OUTPUT FORMAT | VALUE    | VALUE LABEL      |
| 2.            | (1 - 12) | Month indication |
|               | -1       | Denied           |
|               | -2       | Don't know       |

VARIABLENLABELDate of birth (year)

**FILTER** GUIDE interviewee IN (1)

PROGRAMMING NOTE If worth ne year of birth from MA data, then alert

For alert the following standard text: "Please check if this entry is correct". Please

create a dichotomous variable for all alerts.

| OUTPUT FORMAT | VALUE         | VALUE LABEL            |
|---------------|---------------|------------------------|
| 4.            | (1900 - 1940) | Indication of the year |
|               |               |                        |
|               | -1            | Denied                 |
|               | -2            | Don't know             |

#### **ASK NUMBER PAPI**

VARIABLENAME origin1 VARIABLENLABELOrigin : Country

QUESTION TEXT ZP Where were you born?

QUESTION TEXT PX Where was Mr/Mrs [name ZP] born?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

PROGRAMMING NOTEFor code 2: Insert a kind of pop-up here so that the interviewer

can identify the countries of the former German eastern territories (see help text).

DATA PROCESSING query can be taken over in the structure from CAPI (but without herkun1 1 1, herkun1 1 2,

herkun1\_1\_3: here the data is recorded equally open).

#### **OUTPUT FORMAT VALUE LABEL**

| GEBORT3F. |    | 1Territory of today's Germany; old and new federal states ☐ continue with herkun3 |
|-----------|----|---|
|           | 2  | Former German Eastern Territories   |
|           | 4  | Former Czechoslovakia, as it stands today, the[open: herkun1_4x]                  |
|           | 5  | Former Yugoslavia, as things stand today[open: herkun1_5x]                        |
|           | 6  | Former Soviet Union, as things stand today[open: herkun1_6x]                      |
|           | 3  | Other country and namely[open: herkun1x]  |
|           |    | -2Don't know  |
|           | -1 | Denied  |

INTERVIEWER NOTE

herkun1 IN (5)

**VALUE** 

FILTER FEEDING

**OUTPUT FORMAT** 

Help textThe former German eastern territories include (old name):

- Poznan (today Poland)
- Pomerania (today Poland)
- Province of Brandenburg (part east of the Oder, now part of Poland)
- Bohemian Switzerland (today Czech Republic)
- Prussia
- East Prussia
  - \* Southern East Prussia (today Poland)
  - \* Northern East Prussia (today Russia)
  - \* Memelgebiet/ Memelland (today Lithuania)
- West Prussia incl. Free City of Danzig (today Poland)
- Prussian Province of Silesia
  - \* Hultschiner Ländchen (today Czech Republic)
  - \*Today's voivodships Silesia, Lower Silesia, Opole, Lubuskie, Greater Poland. Lesser Poland (today Poland)

|                      | Poland, Lesse  | r Poland (today Poland)                       |  |
|----------------------|--|---|--|
| VARIABLENAME         | herkun1x   |   |  |
| VARIABLENLABELOrigin | : Country Other (open)   |   |  |
| QUESTION TEXT        | Other Country of origin:   |   |  |
| INTERVIEWER NOTE     | Please state the country with t  | he current name e.g. France instead of Alsace |  |
| FILTER               | FEEDINGherkun1 IN (3)  |   |  |
| OUTPUT FORMAT        | VALUE  | VALUE LABEL                                   |  |
| \$900.               | IndicationCountry indication   |   |  |
|                      |  |   |  |
|                      |  | -2Don't know                                  |  |
|                      | -1   | Denied  |  |
|                      |  |   |  |
| VARIABLENAME         | herkun1_4x   |   |  |
| VARIABLE LABEL       | Origin: former Czechoslovakia: present country (open) INTERVIEWER        |   |  |
| NOTE                 | Please indicate the country with the current name e.g. France instead of |   |  |
| Alsace QUESTION TEXT | Former Czechoslovakia, according to today's FILTER FEEDING               |   |  |
|                      | herkun1 IN (4)   |   |  |
| OUTPUT FORMAT        | VALUE  | VALUE LABEL                                   |  |
| \$900.               | IndicationCountry indication   |   |  |
|                      |  |   |  |
|                      |  | -2Don't know                                  |  |
|                      | -1   | Denied  |  |
|                      |  |   |  |
| VARIABLENAME         | herkun1_5x   |   |  |
| VARIABLE LABEL       | Origin: former Yugoslavia: present country (open)                        |   |  |
| QUESTION TEXT        |  | Former Yugoslavia, according to today's       |  |

Please state the country with the current name e.g. France instead of Alsace

VALUE LABEL

\$900. IndicationCountry indication

-2Don't know

-1 Denied

VARIABLENAME herkun1\_6x

VARIABLE LABEL Origin: former Soviet Union: present country (open)

**QUESTION TEXT** Former Soviet Union, according to today's ...

INTERVIEWER NOTE Please state the country with the current name e.g. France instead of Alsace

FILTER FEEDING herkun1 IN (6)

VALUE LABEL **OUTPUT FORMAT VALUE** 

\$900. IndicationCountry indication

-1

-2Don't know

Denied

**ASK NUMBER PAPI** 3\_Mother

NOTE TO

The structure of the query can be taken over from CAPI (but without herkunelt1\_1\_1, herkunelt1\_1\_2, **PROGRAMMING** herkunelt1\_1\_3: here the data is recorded openly).

**VARIABLENAME** 

VARIABLENLABELOrigin Mother: Country

QUESTION TEXT ZP Where was your mother born?

QUESTION TEXT PX Where was the mother of Mr/Mrs [name ZP] born? INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

PROGRAMMING NOTEFor Code 2: Insert a kind of pop-up here so that the

interviewer can identify the countries of the former German Eastern territories (see

#### **OUTPUT FORMAT VALUE LABEL**

help text).

1Area of present-day Germany; old as well as new federal states GFBORT3F.

> 2 Former German Eastern Territories

4 Former Czechoslovakia, as things stand today, that's ... [open: herkunelt1\_4x]

5 Former Yugoslavia, as things stand today......[open: herkunelt1\_5x]

6 Former Soviet Union, as things stand today......[open: herkunelt1\_6x]

3 Other country, namely: [open: herkunelt1x]

-2Don't know

Denied -1

Help textThe former German eastern territories include (old name):

- Poznan (today Poland)
- Pomerania (today Poland)
- Province of Brandenburg (part east of the Oder, now part of Poland)
- Bohemian Switzerland (today Czech Republic)
- Prussia
- East Prussia
  - \* Southern East Prussia (today Poland)
  - \* Northern East Prussia (today Russia)
  - \* Memelgebiet/ Memelland (today Lithuania)
- West Prussia incl. Free City of Danzig (today Poland)
- Prussian Province of Silesia
  - \* Hultschiner Ländchen (today Czech Republic)
  - \*Today's voivodships Silesia, Lower Silesia, Opole, Lubuskie, Greater Poland, Lesser Poland (today Poland)

VARIABLENAME herkunelt1x

VARIABLENLABELOrigin Mother:

Country Other (open) QUESTION TEXT Other Country of origin:

INTERVIEWER NOTE Please state the country with the current name e.g. France instead of Alsace

FILTER FEEDINGherkunelt1 IN (3)

OUTPUT FORMAT VALUE VALUE LABEL

\$900. IndicationCountry indication

-2Don't know

-1 Denied

VARIABLENAME herkunelt1\_4x

VARIABLENLABELORIGIN Mother: former Czechoslovakia: present country (open) QUESTION

TEXT Former Czechoslovakia, according to today's ... INTERVIEWER NOTE

Please state the country with the current name e.g. France instead of

Alsace FILTER FEEDING herkunelt1 IN (4)

OUTPUT FORMATVALUEVALUE LABEL\$900.IndicationCountry indication

-2Don't know

-1 Denied

VARIABLENAME herkunelt1\_5x

VARIABLE LABEL Origin Mother: former Yugoslavia: present country (open) QUESTION

TEXT Former Yugoslavia, according to today's ... INTERVIEWER NOTE

Please state the country with its current name e.g. France instead of

Alsace FILTER FEEDING herkunelt1 IN (5)

OUTPUT FORMAT VALUE VALUE LABEL

\$900. IndicationCountry indication

-2Don't know

-1 Denied

VARIABLENAME herkunelt1\_6x

VARIABLE LABEL Origin Mother: former Soviet Union: present country (open)

QUESTION TEXT Former Soviet Union, according to today's ... INTERVIEWER NOTE

 ${\it Please state the country with the current name e.g. France instead of}$ 

Alsace FILTER FEEDING herkunelt1 IN (6)

OUTPUT FORMAT VALUE VALUE LABEL
\$900. IndicationCountry indication

-2Don't know

-1 Denied

ASK NUMBER PAPI 3\_Father

VARIABLENAME herkunelt2

VARIABLENLABELOrigin Father: Country

QUESTION TEXT ZP Where was your father born?

QUESTION TEXT PX Where was the father of Mr/Mrs [name ZP] born?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

PROGRAMMING NOTE For code 2: Insert a kind of pop-up here so that the interviewer can identify the countries

of the former German eastern territories (see help text).

| OUTPUT FORMAT | VALL | VALUE LABEL   |  |  |
|---------------|------|---|--|--|
| GEBORT3F.     |      | 1Area of present-day Germany; old as well as new federal states |  |  |
|               | 2    | Former German Eastern Territories                               |  |  |
|               | 4    | Former Czechoslovakia, as it stands today[open: herkunelt2_4x]  |  |  |
|               | 5    | Former Yugoslavia, as things stand today[open: herkunelt2_5x]   |  |  |
|               | 6    | Former Soviet Union, as things stand today[open: herkunelt2_6x] |  |  |
|               | 3    | Other country, namely: [open: herkunelt2x]                      |  |  |
|               |      | -2Don't know  |  |  |

-2Don't know

-1 Denied

Help textThe former German eastern territories include (old name):

- Poznan (today Poland)
- Pomerania (today Poland)
- Province of Brandenburg (part east of the Oder, now part of Poland)
- Bohemian Switzerland (today Czech Republic)
- Prussia

East

Prussia

- \* Southern East Prussia (today Poland)
- \* Northern East Prussia (today Russia)
- \* Memelgebiet/ Memelland (today Lithuania)
- West Prussia incl. Free City of Danzig (today Poland)
- Prussian Province of Silesia
  - \* Hultschiner Ländchen (today Czech Republic)
  - \*Today's voivodships Silesia, Lower Silesia, Opole, Lubuskie, Greater Poland, Lesser Poland (today Poland)

-2Don't know

-1 Denied

VARIABLENAME herkunelt2x

VARIABLENLABELOrigin Father:

Country Other (open) QUESTION TEXT Other Country of origin:

INTERVIEWER NOTE Please state the country with the current name e.g. France instead of Alsace

FILTER FFEDINGherkunelt2 IN (3)

| FILIER        | reedinglierkuleitz IIV (3) |                                   |  |
|---------------|----------------------------|-----------------------------------|--|
| OUTPUT FORMAT | VALUE                      | VALUE LABEL                       |  |
| \$900.        |                            | SpecificationCountry Other (open) |  |
|               |                            |                                   |  |

-2Don't know

-1 Denied

VARIABLENAME herkunelt2\_4x

VARIABLENLABELORIGIN Father: former Czechoslovakia: present country (open) QUESTION

TEXT Former Czechoslovakia, according to today's ... INTERVIEWER NOTE

Please state the country with the current name e.g. France instead of

Alsace. FILTER FEED herkunelt2 IN (4)

OUTPUT FORMAT VALUE VALUE LABEL

\$900. IndicationCountry indication

-2Don't know

-1 Denied

VARIABLENAME herkunelt2\_5x

VARIABLENLABELORIGIN Father: former Yugoslavia: present country (open)

QUESTION TEXT Former Yugoslavia, according to today's ...

INTERVIEWER'S NOTE Please state the country with the current name e.g. France instead of Alsace.

FILTER FEEDINGherkunelt2 IN (5)

OUTPUT FORMAT VALUE VALUE LABEL

\$900. Indication Country indication

-2 Don't know
-1 Denied

VARIABLENAME herkunelt2\_6x

VARIABLENLABELORIGIN Father: former Soviet Union:

present country (open) QUESTION TEXT

Former Soviet Union, according to

today's ...

INTERVIEWER'S NOTE Please state the country with the current name e.g. France instead of Alsace.

FILTER FEEDINGherkunelt2 IN (6)

OUTPUT FORMAT VALUE VALUE LABEL
\$900. IndicationCountry indication

-2Don't know

-1 Denied

ASK NUMBER PAPI 4

VARIABLENAME origin2

VARIABLENLABELOrigin : in Germany since

QUESTION TEXT ZP How long have you lived in Germany, meaning both old and new federal states?

QUESTION TEXT PX Since when has Mr/Mrs [name ZP] lived in Germany, meaning both old and new

federal states?

FILTER FEEDherkun1 IN (2,3,4,5,6)

PROGRAMMING NOTE if value < gebdat3, then alert

For alert the following standard text: "Please check if this entry is correct". Please

create a dichotomous variable for all alerts.

OUTPUT FORMAT

VALUE

VALUE LABEL

Always, by which we mean from birth
2Since the year ......[herkun2\_1]

-2Don't know

Denied

VARIABLENAME origin2\_1

VARIABLENLABELORIGIN: in Germany since (year)

FILTERFÜHRUNGherkun2 IN (2)

The variable herkun2\_1 (origin: in Germany since (year) records the year; previously, age

was recorded under the same variable name (origin: in Germany since (age)).

OUTPUT FORMAT VALUE VALUE LABEL
4. (1900 - draw date) Since the year

-2Don't know

-1 Denied

ASK NUMBER PAPI

VARIABLENAME origin3

VARIABLENLABELOrigin : Place of residence 1949-1990

QUESTION TEXT ZP Between 1949 and 1990, did you live mainly in the GDR, in the old Federal Republic or

outside of present-day Germany?

QUESTION TEXT PX Between 1949 and 1990, did Mr/Mrs [name ZP] live mainly in the GDR, in the old Federal

Republic or outside present-day Germany?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

| WOHNOR3F.  1 DDR 2 Old Federal Republic 3 Outside of today's Germany  -2Don't know -1 Denied  ASK NUMBER PAPI 6 VARIABLENAME herkun4_0 VARIABLE LABEL Origin: Possession of German nationality QUESTION TEXT ZP Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F.  0 No 1 Yes                              | INTERVIEWER NOTE Please read out answers, enter answer directly if necessary. |  |                            |  |  |
|--|---|--|----------------------------|--|--|
| 2 Old Federal Republic 3 Outside of today's Germany  -2Don't know -1 Denied  ASK NUMBER PAPI VARIABLENAME herkun4_0 VARIABLE LABEL Origin: Possession of German nationality QUESTION TEXT ZP Do you have German citizenship? QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No 1 Yes | OUTPUT FORMAT   | VALUE  | VALUE LABEL                |  |  |
| Outside of today's Germany  -2Don't know  -1 Denied  ASK NUMBER PAPI  VARIABLENAME herkun4_0  VARIABLE LABEL Origin: Possession of German nationality  QUESTION TEXT ZP Do you have German citizenship?  QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F.  0 No 1 Yes                    | WOHNOR3F.   | 1  | DDR                        |  |  |
| -2Don't know -1 Denied  ASK NUMBER PAPI VARIABLENAME herkun4_0 VARIABLE LABEL Origin: Possession of German nationality QUESTION TEXT ZP Do you have German citizenship? QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No 1 Yes  |   | 2  | Old Federal Republic       |  |  |
| ASK NUMBER PAPI 6 VARIABLENAME herkun4_0 VARIABLE LABEL Origin: Possession of German nationality QUESTION TEXT ZP Do you have German citizenship? QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No 1 Yes  |   | 3  | Outside of today's Germany |  |  |
| ASK NUMBER PAPI 6 VARIABLENAME herkun4_0 VARIABLE LABEL Origin: Possession of German nationality QUESTION TEXT ZP Do you have German citizenship? QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No 1 Yes  |   |  |                            |  |  |
| ASK NUMBER PAPI  VARIABLENAME herkun4_0  VARIABLE LABEL Origin: Possession of German nationality  QUESTION TEXT ZP Do you have German citizenship?  QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No 1 Yes  |   |  | -2Don't know               |  |  |
| VARIABLE LABEL VARIABLE LABEL Origin: Possession of German nationality  QUESTION TEXT ZP Do you have German citizenship?  QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No 1 Yes  |   | -1   | Denied                     |  |  |
| VARIABLE LABEL Origin: Possession of German nationality  QUESTION TEXT ZP Do you have German citizenship?  QUESTION TEXT PX Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No 1 Yes   | ASK NUMBER PAPI   | 6  |                            |  |  |
| QUESTION TEXT ZP  Do you have German citizenship?  QUESTION TEXT PX  Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  1  Yes   | VARIABLENAME  | herkun4_0                                      |                            |  |  |
| QUESTION TEXT PX  Does Mr/Mrs [name ZP] have German citizenship?  OUTPUT FORMAT  VALUE  VALUE LABEL  NO  1  Yes  | VARIABLE LABEL  | Origin: Possession of German nationality       |                            |  |  |
| OUTPUT FORMAT VALUE VALUE LABEL  NOJ1F. 0 No  1 Yes  | QUESTION TEXT ZP  | Do you have German citizenship?                |                            |  |  |
| NOJ1F. 0 No<br>1 Yes   | QUESTION TEXT PX  | Does Mr/Mrs [name ZP] have German citizenship? |                            |  |  |
| 1 Yes  |   |  |                            |  |  |
|  | OUTPUT FORMAT   | VALUE  | VALUE LABEL                |  |  |
| -2Don't know   |   |  |                            |  |  |
| -2Don't know   |   | 0  | No                         |  |  |
| -2Don't know   |   | 0  | No                         |  |  |
| ZBOTTINIOW   |   | 0  | No                         |  |  |

| ASK NOWIDER LALL | <b>ASK</b> | NUM | IBER PAP | I 6 |
|------------------|------------|-----|----------|-----|
|------------------|------------|-----|----------|-----|

VARIABLENAME origin4

VARIABLENLABELOrigin : German nationality

-1

QUESTION TEXT ZP Since when have you had German citizenship?

QUESTION TEXT PX Since when has Mr/Mrs [name ZP] had German citizenship?

FILTER FEED herkun4\_0 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL                        |
|---------------|-------|------------------------------------|
|               | 1     | Always, by that we mean from birth |
|               | 2     | Since the year[herkun4_1]          |

Denied

#### -2Don't know

-1 Denied

VARIABLENAME herkun4\_1

VARIABLENLABELORIGIN : German nationality: since (YYYY)

QUESTION TEXT. Since the year ...

FILTER FEEDINGherkun4 IN (2)

|               | ( )                      |                        |
|---------------|--------------------------|------------------------|
| OUTPUT FORMAT | VALUE                    | VALUE LABEL            |
| 4.            | (1900 -<br>Drawing date) | Indication of the year |
|               | -2                       | Don't know             |
|               | -1                       | Denied                 |

#### Intermediate screen

VARIABLENAME screen1

VARIABLE LABEL Intermediate screen 1

QUESTION TEXT ZP Now I would like to talk about your school years and vocational training.

QUESTION TEXT PX Now I would like to talk about the school years and vocational training of Mr/Mrs [name ZP].

#### ASK NUMBER PAPI

VARIABLENAME imagedu1

VARIABLENLABELEducation : School attendance Country

QUESTION TEXT ZP In which country did you last attend school?

QUESTION TEXT PX In which country did Mr/Mrs [name ZP] last attend school?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

Germany: including old FRG incl. West Berlin, GDR incl. East Berlin, former German eastern

territories, present-day Germany

| OUTPUT FORMAT | VALUE | VALUE LABEL          |
|---------------|-------|----------------------|
| SCHLAN3F.     | 1     | In Germany           |
|               | 2     | In another country   |
|               | 3     | No school attendance |
|               |       |                      |
|               | -2    | Don't know           |
|               | -1    | Denied               |

#### ASK NUMBER PAPI 8

VARIABLENAME bildu2

VARIABLENLABELEducation : highest general school-leaving qualification

QUESTION TEXT ZP What is your highest general education <u>school leaving certificate</u>?

QUESTION TEXT PX What is the highest general education <u>school leaving certificate</u> that Mr/Mrs [name ZP] has?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

If the assignment is unclear, ask exactly or enter it under "other school-leaving

qualification"! If asked: EOS = extended secondary school

FILTER FEEDBACKbildu1 IN (1)

#### **OUTPUT FORMAT VALUE LABEL**

SCHOOL9F. 1No degree

- 2 Elementary school leaving certificate, lower secondary school leaving certificate or equivalent
  - qualification
- Realschulabschluss (Mittlere Reife) or equivalent qualification (e.g. commercial school)
- 4 Polytechnic secondary school of the GDR with completion of grade 8 or 9
- 5 Polytechnic Secondary School of the GDR with completion of the 10th grade
- Advanced technical college entrance qualification, completion of a specialised upper secondary school
- 7 General or subject-linked higher education entrance qualification (Gymnasium,

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Lyceum or EOS, also EOS with apprenticeship)

8 Other school-leaving qualification, namely: [open: bildu2x]

-2Don't know

-1 Denied

#### VARIABLENAME bildu2x

VARIABLENLABEL Education: Other highest general school leaving certificate (open)

QUESTION TEXT Other school-leaving qualification:

FILTER GUIDE bildu1 IN (1) AND bildu2 IN (8)

| OUTPUT FORMAT VALUE |         | VALUE LABEL                               |  |
|---------------------|---------|---|--|
| \$900.              | Specify | Other school-<br>leaving<br>qualification |  |
|                     |         | -2Don't know                              |  |
|                     | -1      | Denied                                    |  |

#### ASK NUMBER PAPI

VARIABLENAME imagedu3

VARIABLE LABEL Education: Duration of schooling abroad QUESTION TEXT ZP How many years did you attend school?

QUESTION TEXT PX How many years did Mr/Mrs [name ZP] attend the school?

FILTER FEEDBU1 IN (2)

| OUTPUT FORMAT | VALUE    | VALUE LABEL      |
|---------------|----------|------------------|
| BEST8.        | (0 - 20) | Number of years: |
|               |          |                  |
|               | -1       | Denied           |
|               | -2       | Don't know       |

#### ASK NUMBER PAPI 10

VARIABLENAME bildu4

VARIABLENLABELEducation : School-leaving certificate abroad

QUESTION TEXT ZP What kind of degree did you finish school with?

QUESTION TEXT PX With what kind of degree did Mr/Mrs [name ZP] finish school?

INTERVIEWER'S NOTE Please read out answers.
FILTER FEEDBU1 IN (2)

## OUTPUT FORMAT VALUE LABEL

SCHAUS3F. 1Without conclusion

- 2 Compulsory school with graduation
- 3 Secondary school with graduation

-2Don't know

-1 Denied

#### **ASK NUMBER PAPI** 11

**VARIABLENAME** form1

VARIABLENLABELEducation : in Germany

QUESTION TEXT ZP In which country did you do vocational training or study?

QUESTION TEXT PX In which country did Mr/Mrs [name ZP] do vocational training or study?

INTERVIEWER'S NOTE Please read out answers.

Germany: including old FRG incl. West Berlin, GDR incl. East Berlin, former German eastern territories,

present-day Germany

#### **OUTPUT FORMAT VALUE LABEL**

10nly in Germany AUSBLA4F.

> 2 In Germany and in another country

3 In another country

4 Did not do any training or study

-2Don't know

-1 Denied

#### **ASK NUMBER PAPI** 12

**VARIABLENAME** form2

VARIABLENLABELEducation : highest vocational training qualification

QUESTION TEXT ZP What is your highest <u>vocational training qualification</u>?

QUESTION TEXT PX Which highest</u> vocational training qualification</u> does Mr/Mrs [name ZP] have?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

If assignment is unclear, ask exactly or enter in "another vocational qualification"!

If unskilled and semi-skilled occupations are mentioned, then select "no vocational qualification".

FILTER LEADING TRAINING1 IN (1,2)

#### **OUTPUT FORMAT VALUE LABEL**

1No vocational qualification AUSAB14F.

- 2 Vocational-in-company training (apprenticeship) completed
- 3 Vocational-school education (vocational school, college) completed
- 4 Training completed at a technical school in the GDR
- 5 Completed training at a technical school, master craftsman's school, technical school, administration and business academy or specialised academy
- 6 Bachelor
- 7 Diploma

- 8 Master's degree, state examination, Master
- 9 Promotion
- 11 Training as an educator completed
- 12 2 to 3 years of training completed at a health care school
- 13 Completed 1-year training at a school of health care
- 14 Preparatory service for the intermediate civil service in public administration completed
- 10 Another vocational qualification, namely: [open: ausbil2x]

-2Don't know

-1 Denied

#### ASK NUMBER PAPI

13

VARIABLENAME ausbil2\_1

VARIABLENLABELEducation : highest vocational training qualification: Institution academic degree QUESTION

TEXT ZP. At which institution did you obtain this degree?

QUESTION TEXT PX At which institution did Mr/Mrs [name ZP] obtain this degree?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary. –

FILTERSFILTERINGfrom1 IN (1,2) AND from2 IN (6,7,8)

#### **OUTPUT FORMAT VALUE LABEL**

AKAD. 1 University of Cooperative Education

- 2 University of Applied Administrative Sciences
- 3 University of Applied Sciences, engineering school, other non-university higher education institution
- 4 University (scientific university, also: art college, teacher training college, theological college)

-2Don't know

-1 Denied

VARIABLENAME ausbil2x

VARIABLENLABELEducation : highest vocational qualification (open)

QUESTION TEXT Other vocational qualification:

FILTERSFILTERSFILL1 IN (1,2) ANDFILTER2 IN (10)

#### OUTPUT FORMAT VALUE VALUE LABEL

\$900. IndicationOther vocational

training qualification

-2Don't know

-1 Denied

#### ASK NUMBER PAPI 14

VARIABLENAME form3

VARIABLENLABELEducation : highest vocational training abroad

QUESTION TEXT ZP What kind of education was that? Please tell me only your highest professional

training.

QUESTION TEXT PX What kind of education was it? Please tell me only the highest professional

training of Mr/Mrs [name ZP].

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

FILTER FEEDING TRAIN1 IN (3)

| OUTPUT FORMAT | VALU  | VALUE LABEL                                      |  |  |
|---------------|-------|--|--|--|
| AUAUSL5F.     | 1Tauç | ght in a company                                 |  |  |
|               | 2     | Trained in a company for a longer period of time |  |  |
|               | 3     | Vocational school attended                       |  |  |
|               | 4     | University visited                               |  |  |
|               | 5     | Other  |  |  |
|               |       | -2Don't know                                     |  |  |
|               | -1    | Denied   |  |  |

## 2 Living

| ASK NUMBER PAPI      | 15   |   |  |
|----------------------|--|---|--|
| VARIABLENAME         | residenT_8   |   |  |
| VARIABLE LABEL       | Type of housing  |   |  |
| QUESTION TEXT ZP     | How do yo  | ou live?  |  |
| QUESTION TEXT PX     | How does Mr/Mrs [name ZP] live?                              |   |  |
| INTERVIEWER NOTE     | Please read out answers, enter answer directly if necessary. |   |  |
| <b>OUTPUT FORMAT</b> | VALUE  | VALUE LABEL   |  |
| WHERE9F.             | 1  | In a private apartment/house  |  |
|                      | 2  | In a retirement home/nursing home   |  |
|                      |  | (facility with full inpatient care, residents do not run their own household and are not tenants/owners)  |  |
|                      | 3  | In a residential care group   |  |
|                      |  | (group-based living mostly within a retirement or nursing home usually combined with full inpatient care)   |  |
|                      | 4  | In a multigenerational house  |  |
|                      |  | (Residential building with self-contained housing units, residents are tenants/owners of different ages who support each other).                              |  |
|                      | 5  | In a retirement home  |  |
|                      |  | (Facility with well-equipped, self-contained flats, outpatient care is possible across all care levels).  |  |
|                      | 6  | In a retirement home/residential complex with assisted living flats (group of self-contained, age-appropriate flats, service and care services are provided). |  |
|                      | 7  | In an outpatient assisted house or shared apartment   |  |
|                      |  | (residential building or flat, residents are tenants/owners, outpatient care and nursing services are organised and used jointly)                             |  |
|                      | -2   | Don't know  |  |
|                      |  |   |  |

#### ASK NUMBER PAPI 16

VARIABLENAME dwellingf1

VARIABLENLABELType of residence : full inpatient care

-1

QUESTION TEXT ZP Are you receiving full inpatient care?

QUESTION TEXT PX Is Mr/Mrs [name ZP] being cared for as a full inpatient?

Denied

INTERVIEWER NOTE Criteria for full inpatient care/ nursing:

A person receives full inpatient care if you

(1) lives in a nursing home / old people's home and

(2) is in need of care and

(3) can fall back on 24-hour care, support and nursing, and

(4) the care, support and nursing is always possible by a <u>nursing FACH-kraft</u>.

| OUTPUT FORMAT VALUE |   | VALUE LABEL |  |
|---------------------|---|-------------|--|
| N0J1F.              | 0 | No          |  |
|                     | 1 | Yes         |  |

-1 Denied

ASK NUMBER PAPI 17

VARIABLENAME secure

VARIABLENLABLE safe and secure

QUESTION TEXT ZP Do you feel safe and secure in the facility?

QUESTION TEXT PX Does Mr/Mrs [name ZP] feel safe and secure in the facility?

FILTER FEED wohnf1 IN (1) OUTPUT FORMAT

VALUE VALUE LABEL

N0J1F. 0 No

1 Yes

-2Don't know

-1 Denied

ASK NUMBER PAPI 18

VARIABLENAME private sp
VARIABLE LABEL Privacy

QUESTION TEXT ZP Do you have enough privacy in the facility?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have enough privacy in the facility?

FILTER FEEDING livingf1 IN (1)

OUTPUT FORMAT VALUE VALUE LABEL

N0J1F. 0 No

1 Yes

-2Don't know

-1 Denied

## **QUESTION NUMBER PAPI 19\_1**

VARIABLENAME grou1

VARIABLE LABEL Care use: outpatient care service

QUESTION TEXT ZP Do you use an outpatient care service?

QUESTION TEXT PX Does Mr/Mrs [name ZP] use an outpatient care service?

FILTER FEED livingf1 IN (0)

OUTPUT FORMATVALUEVALUE LABELN0J1F.0No1Yes

-1 Denied

## **QUESTION NUMBER PAPI 19\_2**

VARIABLENAME grou2

VARIABLENLABELCare use : Day care

QUESTION TEXT ZP Do you use day care?

QUESTION TEXT PX Does Mr/Mrs [name ZP] use day care?

FILTER FEED livingf1 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

| ASK NUMBER PAPI  | 20  |
|------------------|---|
| VARIABLENAME     | wuerd   |
|                  | VARIABLENLABELActing with respect and feeling                       |
| QUESTION TEXT ZP | Are you treated with respect and courtesy by the staff?             |
| QUESTION TEXT PX | Is Mr/Mrs [name ZP] treated with respect and courtesy by the staff? |
| FILTERS          | dwellingf1 IN (1) OR pflegnu1 IN (1) OR pflegnu2 IN (1)             |

| FILTERS       |       |              |  |
|---------------|-------|--------------|--|
| OUTPUT FORMAT | VALUE | VALUE LABEL  |  |
| N0J1F.        | 0     | No           |  |
|               | 1     | Yes          |  |
|               |       |              |  |
|               |       | -2Don't know |  |
|               | -1    | Denied       |  |
|               |       |              |  |

## ASK NUMBER PAPI 21

VARIABLENAME empf\_pfl

VARIABLENLABEL Recommendation Care

QUESTION TEXT Would you recommend the facility / care service to your family members and friends?

FILTER FEED livingf1 IN (1) OR pflegnu1 (1) OR pflegnu2 (1)

OUTPUT FORMAT VALUE VALUE LABEL

N0J1F. 0 No

1 Yes

-1 Denied

## QUESTION NUMBER PAPI 22 -> informal filter: Wohnf1

QUESTIONNAIRE 23

**PAPI** 

VARIABLENAME grou3

VARIABLENLABELCare use : be cared for privately

QUESTION TEXT ZP Are you <u>privately</u> cared for by someone, e.g. a relative or acquaintance?

QUESTION TEXT PX Is Mr/Mrs [name ZP] cared for privately by someone, e.g. a relative or acquaintance?

FILTER FEED livingf1 IN (0)

OUTPUT FORMAT VALUE VALUE LABEL

N0J1F. 0 No
1 Yes

-2Don't know
-1 Denied

ASK NUMBER PAPI 24

VARIABLENAME pflegnu3\_1

VARIABLENLABELCare use : to be cared for privately: Hours per week

QUESTION TEXT ZP With what amount of hours per week does this person/these persons care for you?

QUESTION TEXT PX With what amount of hours per week is Mr/Mrs [name ZP] cared for by this

person/these persons?

FILTER FEED livingf1 IN (0) AND pflegnu3 IN (1)

OUTPUT FORMAT VALUE VALUE LABEL

BEST8. (1 - 168) hours per week

-1 Denied

-2Don't know

## **QUESTION NUMBER PAPI 25**

VARIABLENAME grou4

VARIABLENLABEL Care use : private care

QUESTION TEXT ZP Do you yourself care for another person privately?

QUESTION TEXT PX Does Mr/Mrs [name ZP] himself privately care for another person?

| FILTER FEED         | livingf1 IN (0) |              |  |
|---------------------|-----------------|--------------|--|
| OUTPUT FORMAT VALUE |                 | VALUE LABEL  |  |
| N0J1F.              | 0               | No           |  |
|                     | 1               | Yes          |  |
|                     |                 |              |  |
|                     |                 | -2Don't know |  |
|                     | -1              | Denied       |  |

ASK NUMBER PAPI 26

VARIABLENAME artgeb

VARIABLENLABELType of building

QUESTION TEXT ZP What type of building do you occupy?

QUESTION TEXT PX What type of building does Mr/Mrs [name ZP] live in?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

| FILTER FEED   | livingf1 IN (0) |  |
|---------------|-----------------|--|
| OUTPUT FORMAT | VALUE           | VALUE LABEL                                    |
| GEBAEU8F.     | 1               | Agricultural residential building              |
|               | 2               | Detached 1-/2 family house                     |
|               | 3               | 1-/2-family house as terraced or semi-detached |
|               |                 | house  |
|               | 4               | Residential house with 3-4 flats               |
|               | 5               | Residential building with 5-8 flats            |
|               | 6               | Residential building with 9 or more flats      |
|               | 7               | High-rise building (9 or more storeys)         |
|               | 8               | Other  |
|               |                 |  |
|               | -2              | Don't know                                     |
|               | -1              | Denied   |
|               |                 |  |

ASK NUMBER PAPI 27

VARIABLENAME lift

VARIABLE LABEL Lift available QUESTION

TEXT Is a lift available?

FILTER FEED livingf1 IN (0) AND artgeb IN (4,5,6,7,8)

OUTPUT FORMAT VALUE VALUE LABEL

N0J1F. 0 No

1 Yes

-2Don't know

-1 Denied

ASK NUMBER PAPI 28

VARIABLENAME stock
VARIABLE LABEL Floor

QUESTION TEXT On which floor is the flat located? INTERVIEWER

NOTE Please read out answers, enter answer directly if necessary. FILTER FEED

wohnf1 IN (0)

**OUTPUT FORMAT VALUE** VALUE LABEL STOCK7F. Ground floor 1 2 1st floor 3 2nd floor 4 3rd floor 5 4th floor or higher 6 Over several floors Other

-2 Don't know-1 Denied

ASK NUMBER PAPI 29

VARIABLENAME state1

VARIABLENLABEL State of the house

QUESTION TEXT ZP How would you rate the condition of the house/facility?

INTERVIEWER'S NOTE Please read out answers!

OUTPUT FORMAT VALUE VALUE LABEL

ZUST3F. 1 Good to very good

2 Average

3 In need of renovation

-2 Don't know-1 Denied

ASK NUMBER PAPI 30

VARIABLENAME walkab

VARIABLE LABEL Walkability

QUESTION TEXT ZP How suitable is your non-domestic living environment for <u>walking</u> or

<u>To be out and about in a wheelchair</u> or to get things done?

QUESTION TEXT PX How suitable is the non-domestic living environment of Mr/Mrs [name ZP] for this,

<u>to be on foot</u> or <u>with a wheelchair</u> or to do things

do?

INTERVIEWER'S NOTE Please read out answers.

OUTPUT FORMAT VALUE VALUE LABEL
SUITABLE4F. 1Gar not suitable

2 Rather not suitable

3 Rather suitable

4 Very suitable

-2Don't know

-1 Denied

#### ASK NUMBER PAPI 31

VARIABLENAME wohnv

VARIABLENLABEL Residential Connectedness

QUESTION TEXT ZP How closely do you feel connected to your living environment?

QUESTION TEXT PX How close does Mr/Mrs [name ZP] feel to his/her living environment?

connected?

INTERVIEWER'S NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL       |
|---------------|-------|-------------------|
| ENG4F.        | 1     | Not narrow at all |
|               | 2     | Rather not narrow |
|               | 3     | Rather narrow     |
|               | 4     | Very narrow       |
|               |       |                   |
|               | -2    | Don't know        |
|               | -1    | Denied            |

| ASK | NUMI | 3EK 1 | API | 5 | 52 |
|-----|------|-------|-----|---|----|

VARIABLENAME sozkoh

VARIABLENLABELSocial cohesion

QUESTION TEXT ZP Can you trust the people in your neighbourhood?

QUESTION TEXT PX Can Mr/Mrs [name ZP] trust the people in his/her neighbourhood?

INTERVIEWER'S NOTE Please read out answers.

Neighbours outside the residential building, neighbours in the house or other residents of the home

are to be included

| OUTPUT FORMAT |                 | WE<br>RT VALUE LABEL  |  |
|---------------|-----------------|-----------------------|--|
| ZUTR5F.       | 1Does not apply |                       |  |
|               | 2               | Rather not applicable |  |
|               | 3               | Applies partly/partly |  |
|               | 4               | More likely to apply  |  |
|               | 5               | Applies               |  |
|               |                 |                       |  |

-2Don't know

-1 Denied

ASK NUMBER PAPI 33

VARIABLENAME covid1\_1

VARIABLE LABEL COVID19: Influence Survey area: housing

QUESTION TEXT ZP The Corona pandemic had many impacts on our daily lives. Maybe you would have

answered some of our questions differently before the Corona pandemic.

How much has the Corona pandemic affected your confidence in your neighbourhood?

QUESTION TEXT PX The Corona pandemic had many impacts on our daily lives. Maybe you would have

answered some of our questions differently before the Corona pandemic.

How much has the Corona pandemic affected Mr/Mrs [name ZP]'s confidence in his/her

neighbourhood?

INTERVIEWER'S NOTE Please read out answers. OUTPUT

FORMAT VALUE VALUE LABEL

covidF. 1Not at all

2 A little

3 Moderate4 Strong

5 Very strong

-2Don't know

-1 Denied

ASK NUMBER PAPI 34

VARIABLENAME ff\_covid1\_1

VARIABLENLABELCOVID19 : Influence Survey area: Housing QUESTION TEXT ZP

How positively or negatively did you experience this change?

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE Please read out answers. FILTER
GUIDE covid1\_1 IN (2,3,4,5) OUTPUT

FORMAT VALUE VALUE LABEL

covidF. 1Predominantly negative

20verall balanced

3Predominantly positive

-2Don't know

-1 Denied

# 3 Family and Household

ASK NUMBER PAPI 35

VARIABLENAME famst1

VARIABLE LABEL Marital status

QUESTION TEXT ZP What is your marital status?

QUESTION TEXT PX What is the marital status of Mr/Mrs [name ZP]?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORMAT | VALUE LABEL |   |  |
|---------------|-------------|---|--|
| FAM9F.        |             | 1Married / Registered civil partnership                                     |  |
|               | 2           | Married / registered civil partnership, but separated from (spouse) partner |  |
|               | 3           | Divorced / registered civil partnership annulled                            |  |
|               | 4           | Widowed / registered partner deceased                                       |  |
|               | 5           | Single  |  |
|               |             |   |  |
|               |             | -2Don't know  |  |
|               | -1          | Denied  |  |

ASK NUMBER PAPI 36

VARIABLENAME famst4

VARIABLENLABELFamily status : when married (YYYY)

QUESTION TEXT ZP How long have you been married/living in a registered partnership?

Civil partnership?

QUESTION TEXT PX Since which year has Mr/Woman [name ZP] been married/living in a registered

civil partnership?

FILTER FEEDINGfamst1 IN (1)

PROGRAMMING NOTEif value < gebdat3, then alert Default text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT | VALUE LABEL                            |                        |
|---------------|--|------------------------|
| 4.            | (1900 - current year of<br>the survey) | Indication of the year |
|               | -1                                     | Denied                 |
|               | -2                                     | Don't know             |

## QUESTION NUMBER PAPI 37\_2

VARIABLENAME famst2

VARIABLENLABELFamily status : when divorced / dissolved (YYYY)

QUESTION TEXT ZP Since which year have you been divorced/Which year has your civil partnership

been dissolved?

QUESTION TEXT PX Since which year has Mr/Mrs [name ZP] been divorced/In which year has his/her civil

partnership been dissolved?

FILTER FEEDfamst1 IN (3)

PROGRAMMING NOTEif value < gebdat3, then alert

Standard text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT | VALUE LABEL                            |                        |
|---------------|--|------------------------|
| 4.            | (1900 - current year of<br>the survey) | Indication of the year |
|               | -1                                     | Denied                 |
|               | -2                                     | Don't know             |

## QUESTION NUMBER PAPI 37\_3

VARIABLENAME famst3

VARIABLENLABELFamily status: when widowed/partner deceased (YYYY)

QUESTION TEXT ZP Since which year have you been widowed/Which year did your partner die?

QUESTION TEXT PX Since which year has Mr/Mrs [name ZP] been widowed / In which year did his/her

partner die?

FILTER FEEDINGfamst1 IN (4)

PROGRAMMING NOTEif value < gebdat3, then alert

Default text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT | VALUE LABEL                            |              |
|---------------|--|--------------|
| 4.            | 4. (1900 - current year of the survey) |              |
|               | -1                                     | Denied       |
|               |  | -2Don't know |

## QUESTION NUMBER PAPI 37\_5

VARIABLENAME famst5

VARIABLE LABEL Marital status: when separated (YYYY)

QUESTION TEXT ZP How long have you been separated?

QUESTION TEXT PX Since which year has Mr/Mrs [name ZP] been living separately?

FILTER FEEDINGfamst1 IN (2)

PROGRAMMING NOTEif value < gebdat3, then alert

Standard text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT | VALUE                               | VALUE LABEL            |
|---------------|-------------------------------------|------------------------|
| 4.            | (1900-act. year of the survey date) | Indication of the year |
|               | -1                                  | Denied                 |
|               | -2                                  | Don't know             |

ASK NUMBER PAPI

38

VARIABLENAME famst7

VARIABLENLABELFamily status : currently stable partnership

QUESTION TEXT ZP Do you currently have a steady partner?

QUESTION TEXT PX Does Mr/Mrs [name ZP] currently have a steady partner?

FILTER FEEDfamst1 IN (2,3,4,5)

| OUTPUT FOR | MAT VALUE | VALUE LABEL  |  |
|------------|-----------|--------------|--|
| N0J1F.     | 0         | No           |  |
|            | 1         | Yes          |  |
|            |           |              |  |
|            |           | -2Don't know |  |
|            | -1        | Denied       |  |

## ASK NUMBER PAPI

39

VARIABLENAME famst8

VARIABLENLABELFamily status : when partnership (YYYY)

QUESTION TEXT ZP How long have you had this firm partnership?

QUESTION TEXT PX Since which year has Mr/Mrs [name ZP] had this firm partnership?

FILTER FEEDINGfamst1 IN (2,3,4,5) AND famst7 IN (1) PROGRAMMING NOTEif value < gebdat3, then alert

Standard text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT | /ALUE                                  | VALUE LABEL            |
|---------------|--|------------------------|
| 4.            | (1900 - current year of<br>the survey) | Indication of the year |
|               | -1                                     | Denied                 |
|               | -2                                     | Don't know             |

40

ASK NUMBER PAPI

VARIABLENAME children1

VARIABLENLABELChildren present

QUESTION TEXT ZP Do you have or have had children? I mean both your own children and children who

grew up with you.

QUESTION TEXT PX Does Mr/Mrs [name ZP] have or have had children? I mean both your own children

and children who grew up with Mr./Mrs.

| MAT VALUE | VALUE LABEL  |                               |
|-----------|--------------|-------------------------------|
| 0         | No           |                               |
| 1         | Yes          |                               |
|           |              |                               |
|           | -2Don't know |                               |
| -1        | Denied       |                               |
|           | 0            | 0 No<br>1 Yes<br>-2Don't know |

QUESTION NUMBER PAPI 40\_1

VARIABLENAME children2

VARIABLENLABELChildren : Number

QUESTION TEXT How many?

FILTERguIDEchildren1 IN (1)

OUTPUT FORMAT VALUE VALUE LABEL

BEST8. (1 - 20) Number of children

-1 Denied

-2Don't know

ASK NUMBER PAPI 41

VARIABLENAME grandchild1

VARIABLENLABEL Grandchildren and great-grandchildren: Number of grandchildren

QUESTION TEXT ZP Do you have or have had grandchildren and if so, how many?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have or had grandchildren and if so, how many? INTERVIEWER

NOTE Ask only for grandchildren, not great-grandchildren. If no grandchildren, please enter 0.

FILTER GUIDE children1 IN (1)

OUTPUT FORMAT VALUE VALUE LABEL

BEST8. (0 - 50) Number of grandchildren

-1 Denied

-2Don't know

ASK NUMBER PAPI 42

VARIABLENAME grandchild2

VARIABLENLABEL Grandchildren and great-grandchildren: Number of great-grandchildren

QUESTION TEXT ZP Do you have or have had great-grandchildren and if so, how many?

QUESTION TEXT PX

Does or did Mr/Mrs [name ZP] have any great-grandchildren and if so, how many?

INTERVIEWER NOTE

Ask only for great-grandchildren, not grandchildren. If no grandchildren, please enter 0.

FILTER GUIDE children1 IN (1) AND grandchildren1 GT 0

OUTPUT FORMAT VALUE VALUE LABEL

BEST8. (0 - 50) Number of great-grandchildren

-1 Denied

-2Don't know

QUESTION NUMBER PAPI 43 -> informal filter IF2\_wohnf1

VARIABLENAME hhgroe

VARIABLE LABEL Household size

QUESTION TEXT ZP How many people live in your household all the time,

including yourself?

This household includes all persons who live and work here together (e.g. joint shopping). Please also consider all children living in the household.

QUESTION TEXT PX How many people live permanently in the household of Mr/Mrs [name ZP],

he/she included himself/herself?

This household includes all persons who live and work together (e.g. joint

shopping). Please also consider all children living in the household.

**FILTER FEED** livingf1 IN (0)

| OUTPUT FORMAT | VALUE    | VALUE LABEL                    |
|---------------|----------|--------------------------------|
| BEST8.        | (1 - 30) | Number of persons in household |
|               | -1       | Denied                         |
|               |          | -2Don't know                   |

#### **QUESTION NUMBER PAPI**

45\_1. Person

**VARIABLENAME** hhzusa1\_1x

VARIABLENLABELHousehold composition: Person 1: Name (open)

QUESTION TEXT ZP Please give details for up to three people from your household. First,

please tell me the first names of the people you live with.

Please also include small children or persons who normally live here but are currently

absent, e.g. in hospital or on holiday.

Let's start with the first person.

QUESTION TEXT PX Please provide information for up to three persons from the household of Mr/Mrs

Name ZP.

First of all, please tell me the first names of the persons with whom Mr/Mrs [name ZP]

lives.

Please also include small children or persons who normally live there but are currently

absent, e.g. in hospital or on holiday.

Let's start with the first person.

INTERVIEWER NOTE ZP Please do <u>not provide any</u> information here for <u>yourself</u> as a household member.

If ZP does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

INTERVIEWER NOTE PX Please do <u>not</u> provide information here for Mr/Mrs [name ZP] as a household member.

If PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

**FILTER FEED** livingf1 IN (0) AND hhgroe GT 1

\$900. SpecificationPerson - First name/Note about the person

-1 Denied

VARIABLENAME hhzusa1\_2

VARIABLENLABELHousehold composition: Person 1: Gender QUESTION TEXT

What is the sex of this person?

INTERVIEWER NOTE Gender: if clear, answer by interviewer
FILTER FEED livingf1 IN (0) AND hhgroe GT 1

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| GESCHL2F.     | 1     | Male         |
|               | 2     | Female       |
|               |       |              |
|               |       | -2Don't know |
|               |       |              |
|               | -1    | Denied       |

VARIABLENAME hhzusa1\_3

VARIABLE LABEL Household composition: Person 1: Relationship QUESTION TEXT ZP What is the relationship of this person to you?

QUESTION TEXT PX What is the relationship between this person and Mr/Mrs [name ZP]?

INTERVIEWER NOTE Categorisation by interviewer. Do not read out!

FILTER FEED livingf1 IN (0) AND hhgroe GT 1

405

PROGRAMMING INSTRUCTIONIf (value IN (201) AND children1 IN (0)) OR (value IN (301) AND

grandchildren1 IN (0)) OR (value IN

(351) AND grandson2 IN (0)), then alert

(Default text for alert: "Please check if this entry is correct").

Display the questions about a person (name, gender and relationship) on a screen.

# OUTPUT FORMAT VALUE VALUE LABEL

PERSHORTF.

| 102 | Parents   |
|-----|---|
| 104 | Parents-in-law (parents of the partner)           |
| 106 | (Spouse) Partner                                  |
| 107 | Daughter-in-law/son-in-law (partner of the child) |
| 111 | Brother-in-law (brother/sister of the partner)    |
| 120 | Ex-partner  |
| 201 | Child   |
| 301 | Grandchild  |
| 351 | Great-grandchild                                  |
| 451 | Siblings  |
| 401 | Aunt/uncle (siblings of parents)                  |
| 403 | Cousin (child of aunt/uncle)                      |

Niece/nephew (child of sibling)

407Other relatives

501 Boyfriend/girlfriend

601 (former) work colleagues

603Association or organisation members 701Volunteers, e.g. from social institutions

702 Paid helpers (e.g. caregiver)

801 Known

901Other person

-2Don't know

-1 Denied

## **QUESTION NUMBER PAPI** 4

45\_2. Person

VARIABLENAME hhzusa2\_1x

VARIABLENLABELHousehold composition: Person 2: Name (open)

QUESTION TEXT ZP Now we come to the second person you live with.

First of all, please tell me the first name of the second person.

QUESTION TEXT PX Now we come to the second person with whom Mr/Mrs [name ZP]

lives.

First of all, please tell me the first name of the second person.

INTERVIEWER'S NOTE If necessary: Please also include small children or people who normally live here but are

currently absent, e.g. in hospital or on holiday.

FILTER FEED livingf1 IN (0) AND hhgroe GT 2

| OUTDI | T 500   |         | A    |
|-------|---------|---------|------|
| OUTPL | JI FORI | VIA I V | ALUE |

VALUE LABEL

\$900. SpecificationPerson - First

name/Note about the person

-2Don't know

-1 Denied

VARIABLENAME hhzusa2\_2

VARIABLENLABELHousehold composition: Person 2: Gender QUESTION TEXT

What is the sex of this person?

INTERVIEWER NOTE Gender: if clear, answer by interviewer
FILTER FEED livingf1 IN (0) AND hhgroe GT 2

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| GESCHL2F.     | 1     | Male        |
|               | 2     | Female      |

-2Don't know

-1 Denied

| VARIABLENAME     | hhzusa2_                                   | 2   |  |
|------------------|--|---|--|
| VARIABLE LABEL   | _  | usaz_s usehold composition: Person 2: Relationship  |  |
| QUESTION TEXT ZP | What is this person's relationship to you? |   |  |
| QUESTION TEXT PX | What is                                    | the relationship between this person and Mr/Mrs [name ZP]?  |  |
| INTERVIEWER NOTE | Categoris                                  | sation by interviewer. Do not read out!   |  |
| FILTER FEED      | livingf1 II                                | N (0) AND hhgroe GT 2   |  |
|                  |  | AMMING INSTRUCTIONif (value IN (201) AND children1 IN (0)) OR(value IN ID grandchild1 IN (0)) OR(value IN (351,) AND grandchildren2 IN (0)), then alert |  |
|                  | -  | text for alert: "Please check if this entry is correct").   |  |
|                  |  | he questions about a person (name, gender and relationship) on a screen.  |  |
| OUTPUT FORMAT    | VALUE                                      | VALUE LABEL   |  |
| PERSHORTF.       | 400  | Devente   |  |
|                  | 102  | Parents   |  |
|                  | 104  | Parents-in-law (parents of the partner)   |  |
|                  | 106  | (Spouse) Partner  |  |
|                  | 107  | Daughter-in-law/son-in-law (partner of the child)   |  |
|                  | 111  | Brother-in-law (brother/sister of the partner)  |  |
|                  | 120  | Ex-partner  |  |
|                  | 201  | Child   |  |
|                  | 301  | Grandchild  |  |
|                  | 351  | Great-grandchild  |  |
|                  | 451  | Siblings  |  |
|                  | 401  | Aunt/uncle (siblings of parents)  |  |
|                  | 403  | Cousin (child of aunt/uncle)  |  |
|                  | 405  | Niece/nephew (child of sibling)   |  |
|                  | 407  | Other relatives   |  |
|                  | 501  | Boyfriend/girlfriend  |  |
|                  | 601  | (former) work colleagues  |  |
|                  | 603  | Members of the association or organisation  |  |
|                  | 701  | Volunteers, e.g. from social institutions   |  |
|                  | 702  | Paid helpers (e.g. caregiver)   |  |
|                  | 801  | Known   |  |
|                  | 901  | Other person  |  |
|                  |  |   |  |
|                  | -2   | Don't know  |  |
|                  | -<br>-1                                    | Denied  |  |
|                  |  |   |  |

# QUESTION NUMBER PAPI 45\_3. Person

VARIABLENAME hhzusa3\_1x

VARIABLENLABELHousehold composition: Person 3: Name (open)

\$900.

QUESTION TEXT ZP Now we come to the third person you live with.

First of all, please tell me the first name of the third person,

QUESTION TEXT PX

Now we come to the third person with whom Mr/Mrs [name ZP] lives.

First of all, please tell me the first name of the third person,

INTERVIEWER'S NOTE If necessary: Please also include small children or people who normally live here but are

currently absent, e.g. in hospital or on holiday.

FILTER FEED livingf1 IN (0) AND hhgroe GT 3

SpecificationPerson - First

OUTPUT FORMAT VALUE VALUE LABEL

name/Note about

the person

-2Don't know

-1 Denied

VARIABLENAME hhzusa3\_2

VARIABLENLABELHousehold composition: Person 3: Gender QUESTION TEXT

What is the sex of this person?

INTERVIEWER NOTE Gender: if clear, answer by interviewer
FILTER FEED livingf1 IN (0) AND hhgroe GT 3

OUTPUT FORMAT VALUE VALUE LABEL

GESCHL2F. 1 Male
2 Female

-2Don't know

-1 Denied

VARIABLENAME hhzusa3\_3

VARIABLE LABEL Household composition: Person 3: Relationship

QUESTION TEXT ZP

What is the relationship of this person to you?

QUESTION TEXT PX What is the relationship between this person and Mr/Mrs [name ZP]?

INTERVIEWER NOTE Categorisation by interviewer. Do not read out!

FILTER FEED livingf1 IN (0) AND hhgroe GT 3

PROGRAMMING INSTRUCTIONif (value IN (201) AND children1 IN (0)) OR(value IN (301) AND

grandchildren1 IN (0)) OR(value IN

(351) AND grandson2 IN (0)), then alert

(Default text for alert: "Please check if this entry is correct").

Display the questions about a person (name, gender and relationship) on a screen.

| OUTPUT FORMAT VALUE VALUE LABEL |
|---------------------------------|
|---------------------------------|

PERSHORTF.

102 Parents

104 Parents-in-law (parents of the partner)

106 (Spouse) Partner

| 107 | Daughter-in-law/son-in-law (partner of the child) |
|-----|---|
| 111 | Brother-in-law (brother/sister of the partner)    |
| 120 | Ex-partner  |
| 201 | Child   |
| 301 | Grandchild  |
| 351 | Great-grandchild                                  |
| 451 | Siblings  |
| 401 | Aunt/uncle (siblings of parents)                  |
| 403 | Cousin (child of aunt/uncle)                      |
| 405 | Niece/nephew (child of sibling)                   |
| 407 | Other relatives                                   |
| 501 | Boyfriend/girlfriend                              |
| 601 | (former) work colleagues                          |
| 603 | Members of the association or organisation        |
| 701 | Volunteers, e.g. from social institutions         |
| 702 | Paid helpers (e.g. caregiver)                     |
| 801 | Known   |
| 901 | Other person                                      |
|     |   |
| -2  | Don't know  |
| -1  | Denied  |

## ASK NUMBER PAPI 46

VARIABLENAME covid1\_2

VARIABLENLABELCOVID19 : Influence Survey area: family and household

QUESTION TEXT ZP Has the Corona pandemic changed your household composition?

QUESTION TEXT PX Has the Corona pandemic changed the household composition of Mr/Mrs [name ZP]?

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| covidF.       | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

## ASK NUMBER PAPI 47

VARIABLENAME FF\_covid1\_2

VARIABLENLABELCOVID19 : Influence Survey area: Family and household QUESTION

TEXT ZP How positively or negatively did you experience this change?

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE Please read out answers.

FILTER FEED covid1\_2 IN (1)

| TIETEITT EED  | 55Vid 1_2 ii V (1) |                        |
|---------------|--------------------|------------------------|
| OUTPUT FORMAT | VALUE              | VALUE LABEL            |
| covidF.       | 1                  | Predominantly negative |
|               | 2                  | Overall balanced       |
|               | 3                  | Predominantly positive |
|               |                    |                        |
|               | -2                 | Don't know             |
|               | -1                 | Denied                 |

# 4 Financial Situation

| ASK NI   | JMBER PAPI | 48 |
|----------|------------|----|
| 721/ 14/ |            | 70 |

NOTE TO PROGRAMMING

This question net2 is based on the CAPI question net2, but with different question text.

VARIABLENAME net2

VARIABLE LABEL Net household income: Income group

QUESTION TEXT ZP What is the total average monthly net income of your household?

This is made up of all sources of income minus taxes and social security contributions. You can be sure that your information will only be evaluated for scientific purposes

and anonymously.

QUESTION TEXT PX What is the total average monthly net income of the household of Mr/Mrs [name

ZP]?

This is made up of all sources of income minus taxes and social security contributions. You can be sure that your information will only be evaluated for scientific purposes

and anonymously.

INTERVIEWER'S NOTE Read out answers, enter directly if necessary.

In the case of self-employed persons, ask for the average net remuneration, i.e. minus

business expenses and taxes.

X-5,500 to under 6,000 euros

Q-6,000 to under 7,500 euros

#### OUTPUT FORMAT VALUE VALUE LABEL

## Programming / Interviewer Template

| NETHH2F. | 1  | B-under 150 euros             |
|----------|----|-------------------------------|
|          | 2  | P-150 to 450 euros            |
|          | 3  | T-451 up to 850 Euro          |
|          | 4  | E-851 up to under 1,000 euros |
|          | 5  | H-1,000 to under 1,250 euros  |
|          | 6  | L 1,250 to under 1,500 euros  |
|          | 7  | N-1,500 to under 1,750 euros  |
|          | 8  | R-1,750 to under 2,000 euros  |
|          | 9  | M-2,000 to under 2,250 euros  |
|          | 10 | \$-2,250 to under 2,500 euros |
|          | 11 | K-2,500 to under 2,750 euros  |
|          | 12 | O-2,750 to under 3,000 euros  |
|          | 13 | C-3,000 to under 3,250 euros  |
|          | 14 | G-3,250 to under 3,500 euros  |
|          | 15 | U-3,500 to under 3,750 euros  |
|          | 16 | J-3,750 to under 4,000 euros  |
|          | 17 | V-4,000 to under 4,500 euros  |
|          | 18 | A 4,500 to under 5,000 euros  |
|          | 19 | Z-5,000 to under 5,500 euros  |

20

21

22 W-7,500 to under 10,000 euros

23 D-10,000 to under 20,000 euros

24 ¥-20,000 and more

-2Don't know

-1 Denied

## ASK NUMBER PAPI 4

VARIABLENAME covid1\_3

VARIABLENLABELCOVID19 : Influence Survey domain: Financial situation QUESTION TEXT

ZP How much has the Corona crisis influenced your <u>financial situation</u>?

QUESTION TEXT PX How much did the Corona pandemic affect the financial situation of Mr/Mrs [name

ZP]?

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORMAT | VALUE   | VALUE LABEL  |
|---------------|---------|--------------|
| covidF.       | 1Not at | all          |
|               | 2       | A little     |
|               | 3       | Moderate     |
|               | 4       | Strong       |
|               | 5       | Very strong  |
|               |         |              |
|               |         | -2Don't know |
|               | -1      | Denied       |
|               |         |              |

## ASK NUMBER PAPI 50

VARIABLENAME FF\_covid1\_3

VARIABLENLABELCOVID19 : Influence Survey area: Financial situation QUESTION

TEXT ZP How positively or negatively did you experience this change?

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE Please read out your answers.

FILTER FEED covid1\_3 IN (2,3,4,5)

|               | 00 110 1_0 11 (_10) 110 |                         |
|---------------|-------------------------|-------------------------|
| OUTPUT FORMAT | VALUE                   | VALUE LABEL             |
| covidF.       |                         | 1Predominantly negative |
|               | 2                       | Overall balanced        |
|               | 3                       | Predominantly positive  |
|               |                         |                         |
|               |                         | -2Don't know            |
|               | -1                      | Denied                  |

ASK NUMBER PAPI 51

VARIABLENAME autonomous
VARIABLE LABEL Autonomy

QUESTION TEXT ZP Do you shape your life according to your own ideas?

QUESTION TEXT PX Does Mr/Mrs [name ZP] organise his/her life according to his/her own ideas?

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL            |
|---------------------|----|------------------------|
| ZUTR4_2F.           |    | 1Does not apply at all |
|                     | 2  | Rather not applicable  |
|                     | 3  | More likely to apply   |
|                     | 4  | Applies exactly        |
|                     |    |                        |
|                     |    | -2Don't know           |
|                     | -1 | Denied                 |

**52** 

## ASK NUMBER PAPI

VARIABLENAME alterl1

VARIABLENLABELiving old age : Valuing relationships and other people more

QUESTION TEXT ZP

In the following we would like to know how you experience your own ageing. We are interested in whether and to what extent you perceive certain changes that can

accompany ageing.

As you get older, how much do you notice that

...you value relationships and other people much more?

QUESTION TEXT PX

In the following, we would like to find out how Mr/Mrs [name ZP] experiences his own ageing. We are interested in whether and to what extent Mr./Mrs. [name of the person] perceives certain changes that can go hand in hand with getting older.

How much does Mr/Woman [name ZP] notice with his/her increasing age that

...he/she values relationships and other people much more?

INTERVIEWER'S NOTE Please read out your answers, enter them directly if necessary.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| AARC5F.       | 1     | Not at all  |
|               | 2     | A little    |
|               | 3     | Moderate    |
|               | 4     | Strong      |
|               | 5     | Very strong |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME alterl2

VARIABLENLABELiving old age : Paying more attention to health

QUESTION TEXT ZP ...you pay more attention to your health?

QUESTION TEXT PX ...he/she pays more attention to his/her own health?

| OUTPUT FORMAT VALUE |             | VALUE LABEL  |
|---------------------|-------------|--------------|
| AARC5F.             | 1Not at all |              |
|                     | 2           | A little     |
|                     | 3           | Moderate     |
|                     | 4           | Strong       |
|                     | 5           | Very strong  |
|                     |             |              |
|                     |             | -2Don't know |
|                     | -1          | Denied       |

VARIABLENAME alterI3

VARIABLENLABEL Ageing experience : mental capacity decreases

QUESTION TEXT ZP ...your mental capacity decreases?

QUESTION TEXT PX ...his/her mental capacity decreases?

| OUTPUT FORMAT VALUE |             | VALUE LABEL  |
|---------------------|-------------|--------------|
| AARC5F.             | 1Not at all |              |
|                     | 2           | A little     |
|                     | 3           | Moderate     |
|                     | 4           | Strong       |
|                     | 5           | Very strong  |
|                     |             |              |
|                     |             | -2Don't know |
|                     | -1          | Denied       |

VARIABLENAME alterI4

VARIABLENLABEL Ageing experience : more experience to assess things and people

QUESTION TEXT ZP ....you have more experience and knowledge to assess things and people?

QUESTION TEXT PX ...he/she has more experience and knowledge to assess things and people?

| OUTPUT FORMAT VALUE |             | VALUE LABEL  |
|---------------------|-------------|--------------|
| AARC5F.             | 1Not at all |              |
|                     | 2           | A little     |
|                     | 3           | Moderate     |
|                     | 4           | Strong       |
|                     | 5           | Very strong  |
|                     |             |              |
|                     |             | -2Don't know |
|                     | -1          | Denied       |
|                     |             |              |

VARIABLENAME alterI5

VARIABLENLABEL Ageing experience : a better sense of what is important

QUESTION TEXT ZP ...you have a better sense of what is important to you?

QUESTION TEXT PX ...he/she has a better sense of what is important to him/her?

| OUTPUT FORMAT VALUE |             | VALUE LABEL  |
|---------------------|-------------|--------------|
| AARC5F.             | 1Not at all |              |
|                     | 2           | A little     |
|                     | 3           | Moderate     |
|                     | 4           | Strong       |
|                     | 5           | Very strong  |
|                     |             |              |
|                     |             | -2Don't know |
|                     | -1          | Denied       |

VARIABLENAME agel6

VARIABLE LABEL Ageing experience: Restriction of activities

QUESTION TEXT ZP. ...you have to limit your activities? QUESTION

TEXT PX ...he/she has to limit his/her activities?

| OUTPUT FORMAT VALUE |             | VALUE LABEL  |
|---------------------|-------------|--------------|
| AARC5F.             | 1Not at all |              |
|                     | 2           | A little     |
|                     | 3           | Moderate     |
|                     | 4           | Strong       |
|                     | 5           | Very strong  |
|                     |             |              |
|                     |             | -2Don't know |
|                     | -1          | Denied       |

VARIABLENAME alter17

VARIABLENLABEL Ageing experience : less energy

QUESTION TEXT ZP ...you have less energy?

QUESTION TEXT PX ...he/she has less energy?

| OUTPUT FORMAT VALUE |             | VALUE LABEL |
|---------------------|-------------|-------------|
| AARC5F.             | 1Not at all |             |
|                     | 2           | A little    |
|                     | 3           | Moderate    |
|                     | 4           | Strong      |
|                     | 5           | Very strong |

-1 Denied

VARIABLENAME alter18

VARIABLE LABEL Ageing experience: Dependence on the help of others

QUESTION TEXT ZP ...you feel more dependent on the help of others?

QUESTION TEXT PX ...he/she feels more dependent on the help of others?

| OUTPUT FORMAT VALUE |             | VALUE LABEL  |
|---------------------|-------------|--------------|
| AARC5F.             | 1Not at all |              |
|                     | 2           | A little     |
|                     | 3           | Moderate     |
|                     | 4           | Strong       |
|                     | 5           | Very strong  |
|                     |             |              |
|                     |             | -2Don't know |
|                     | -1          | Denied       |

VARIABLENAME alterl9

VARIABLE LABEL Ageing experience: Freedom to live days as you wish QUESTION

TEXT ZP ...you have more freedom to live your days the way you want?

QUESTION TEXT PX ...he/she has more freedom to live his/her days the way he/she wants?

| OUTPUT FORMAT VALUE |             | VALUE LABEL  |
|---------------------|-------------|--------------|
| AARC5F.             | 1Not at all |              |
|                     | 2           | A little     |
|                     | 3           | Moderate     |
|                     | 4           | Strong       |
|                     | 5           | Very strong  |
|                     |             |              |
|                     |             | -2Don't know |
|                     | -1          | Denied       |

VARIABLENAME alterI10

VARIABLE LABEL Ageing experience: Motivation is more difficult

QUESTION TEXT ZP ...you find it harder to motivate yourself?

QUESTION TEXT PX ...he/she finds it harder to motivate him/herself?

| OUTPUT FORMAT VALUE |             | VALUE LABEL |
|---------------------|-------------|-------------|
| AARC5F.             | 1Not at all |             |
|                     | 2           | A little    |
|                     | 3           | Moderate    |
|                     | 4           | Strong      |

5 Very strong

-2Don't know

-1 Denied

ASK NUMBER PAPI 53

VARIABLENAME valuea1

VARIABLENLABELValues by others: to be used

QUESTION TEXT ZP In the following we would like to know to what extent you feel valued by

society.

It is not so much a question of recognition and appreciation by your immediate environment, but rather your assessment of society's view and attitude towards

older people.

Do you feel that you are needed in today's society?

QUESTION TEXT PX In the following we would like to know to what extent Mr/Mrs [name ZP]

feels valued by society.

It is not so much a matter of recognition and appreciation by his/her immediate environment, but rather his/her assessment of society's view and attitude towards

older people.

Does Mr/Mrs [name ZP] feel needed in today's society?

INTERVIEWER'S NOTE Please read out your answers, enter them directly if necessary.

| OUTPUT FORMAT VALUE |    | VALUE LABEL           |
|---------------------|----|-----------------------|
| ZUTR4_3F.           |    | 1Does not apply       |
|                     | 2  | Rather not applicable |
|                     | 3  | More likely to apply  |
|                     | 4  | Applies exactly       |
|                     |    |                       |
|                     |    | -2Don't know          |
|                     | -1 | Denied                |

VARIABLENAME valuea2

VARIABLENLABEL Value by others: to be valued for achievements

QUESTION TEXT ZP Do you feel that today's society values you for what you have done and achieved in

your life?

QUESTION TEXT PX Does Mr/Mrs [name ZP] feel that today's society values him/her for what he/she

has done and achieved in his/her life?

| OUTPUT FORMAT VALUE |   | VALUE LABEL           |
|---------------------|---|-----------------------|
| ZUTR4_3F.           |   | 1Does not apply       |
|                     | 2 | Rather not applicable |
|                     | 3 | More likely to apply  |
|                     | 4 | Applies exactly       |

ZΡ

PX

-2 Don't know-1 Denied

VARIABLENAME valuea3

VARIABLE LABEL Appreciation by others: being treated as a burden

QUESTION TEXT Do you feel that in today's society you are treated as if you are a burden (e.g. because of

physical impairments)?

QUESTION TEXT Does Mr/Mrs [name ZP] feel that he/she is treated as if he/she is a burden in today's

society (e.g. due to physical impairments)?

| OUTPUT FORMAT VALUE |    | VALUE LABEL           |  |
|---------------------|----|-----------------------|--|
| ZUTR4_3F.           | 1  | Does not apply        |  |
|                     | 2  | Rather not applicable |  |
|                     | 3  | More likely to apply  |  |
|                     | 4  | Applies exactly       |  |
|                     |    |                       |  |
|                     | -2 | Don't know            |  |
|                     | -1 | Denied                |  |

VARIABLENAME valuEa4

VARIABLE LABEL Appreciation by others: being appreciated more than before

QUESTION TEXT Do you feel that you are more appreciated and respected today than in the past?

ZΡ

OUTPUT FORMAT VALUE VALUE LABEL

| 1  | Does not apply        |
|----|-----------------------|
| 2  | Rather not applicable |
| 3  | More likely to apply  |
| 4  | Applies exactly       |
|    |                       |
| -2 | Don't know            |
| -1 | Denied                |
|    | 2<br>3<br>4           |

#### ASK NUMBER PAPI 54

VARIABLENAME covid1\_4

VARIABLENLABELCOVID19 : Influence Survey area: Dealing with age

QUESTION TEXT ZP How much has the Corona pandemic affected your feeling of being valued by society?

QUESTION TEXT PX How much has the Corona pandemic affected Mr/Mrs [name ZP]'s feeling of being

valued by society?

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| covidF.       | 1     | Not at all  |
|               | 2     | A little    |
|               | 3     | Moderate    |
|               | 4     | Strong      |
|               | 5     | Very strong |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |
|               |       |             |

## ASK NUMBER PAPI

VARIABLENAME FF\_covid1\_4

VARIABLENLABELCOVID19 : Influence Survey area: Dealing with age QUESTION TEXT

ZP How positively or negatively have you experienced this change?

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE Please read out your answers.

**55** 

FILTER FEED covid1\_4 IN (2,3,4,5)

| OUTPUT FORMAT | VALUE | VALUE LABEL             |
|---------------|-------|-------------------------|
| covidF.       |       | 1Predominantly negative |
|               | 2     | Overall balanced        |
|               | 3     | Predominantly positive  |
|               |       |                         |
|               |       | -2Don't know            |
|               | -1    | Denied                  |

# 6 Health

ASK NUMBER PAPI 56

VARIABLENAME general

VARIABLENLABELGeneral health assessment

QUESTION TEXT ZP Another important area for quality of life is often health, which is why we are also

interested in your health in our study.

How would you generally describe your state of health in the last 4 weeks?

Was he...

QUESTION TEXT PX Another important area for quality of life is often health, which is why we are also

interested in the health of Mr/Mrs [name ZP] in our study.

How would you generally describe the state of health of Mr/Mrs [name ZP] in the last

<u>4 weeks</u>?

Was he...

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| ALLGES4F.     | 1     | Very bad    |
|               | 2     | Rather bad  |
|               | 3     | Rather good |
|               | 4     | Very good   |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

ASK NUMBER PAPI 57

VARIABLENAME pain
VARIABLE LABEL Pain

QUESTION TEXT ZP If you had pain, how severe was your pain in the <u>last 4 weeks</u>?

QUESTION TEXT PX If Mr/Mrs [name ZP] has had pain, how severe has his/her pain been in the last 4 weeks?

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| PAIN5F.       |       | 1No pain     |
|               | 2     | Easy         |
|               | 3     | Moderate     |
|               | 4     | Strong       |
|               | 5     | Very strong  |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

VARIABLENAME gewgr1

VARIABLENLABELWeight and size: Size (cm)

QUESTION TEXT ZP Can you please tell me how tall you are?

QUESTION TEXT PX Can you please tell me how tall Mr/Mrs [name ZP] is?

PROGRAMMING NOTE If 150 > gewgr1 > 190 then alert

Standard text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT VALUE |            | VALUE LABEL  |
|---------------------|------------|--------------|
| BEST8.              | (40 - 250) | Size (in cm) |
|                     |            |              |
|                     | -1         | Denied       |
|                     |            | -2Don't know |

#### **QUESTION NUMBER PAPI 58\_2**

VARIABLENAME gewgr2

VARIABLE LABEL Weight and height: Weight (kg)

QUESTION TEXT ZP And how much do you weigh

approximately?

QUESTION TEXT PX And how much does Mr/Mrs [name ZP] weigh approximately?

PROGRAMMING NOTE Please calculate BMI (kg/m²) using the inputs of gewgr1 and gewgr2. Alert when 22

> BMI > 33; If height is missing, then 30 > gewgr2 > 150

Standard text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT VALUE |            | VALUE LABEL  |
|---------------------|------------|--------------|
| BEST8.              | (35 - 300) | Weight (kg)  |
|                     |            |              |
|                     | -1         | Denied       |
|                     |            | -2Don't know |

ASK NUMBER PAPI 59

VARIABLENAME gewgr3

VARIABLENLABELWeight and size: weight loss

QUESTION TEXT ZP Have you unintentionally lost significant weight in the <u>last 12 months</u>?

QUESTION TEXT PX Has Mr/Mrs [name ZP] unintentionally lost significant weight in the last 12 months?

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| N0J1F.              | 0  | No           |  |
|                     | 1  | Yes          |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |

ASK NUMBER PAPI 60

VARIABLENAME multmor1

VARIABLE LABEL Multimorbidity: Heart attack

QUESTION TEXT ZP I will now read out individual disease areas to you.

Can you please tell me which of these following disease areas in you

<u>currently</u> receiving medical treatment (e.g. medically prescribed drugs or other

forms of therapy)?

Are you receiving medical treatment for ...?

... of a heart attack

Can you please tell me which of these following disease areas Mr/Mrs [name ZP] <u>is currently</u> being treated for medically (e.g. with medically prescribed medication or

other forms of therapy)?

Is Mr/Mrs [name ZP] receiving medical treatment for ...?

## ... of a heart attack

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| N0J1F               | 0  | No           |  |
|                     | 1  | Yes          |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |

VARIABLENAME multmor2

VARIABLE LABEL Multimorbidity: Heart failure

QUESTION TEXT ... a cardiac insufficiency (among other things heart failure)

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| N0J1F               | 0  | No           |
|                     | 1  | Yes          |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

VARIABLENAME multmor3

VARIABLENLABELMultimorbidity : hypertension

QUESTION TEXT ... Hypertension

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| N0J1F               | 0  | No           |
|                     | 1  | Yes          |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

VARIABLENAME multmor4

VARIABLENLABELMultimorbidity : Stroke

QUESTION TEXT

... of a stroke

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor5

VARIABLENLABELMultimorbidity : mental illness

QUESTION TEXT ... a mental or psychiatric illness (including Alzheimer's disease, anxiety, depression)

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor6

VARIABLENLABELMultimorbidity

cancer QUESTION TEXT ... cancer

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor7

VARIABLENLABELMultimorbidity : diabetes

QUESTION TEXT ... diabetes

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENLABELMultimorbidity : respiratory or pulmonary disease

QUESTION TEXT ... a respiratory or pulmonary disease

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor9

VARIABLENLABELMultimorbidity : Back pain

QUESTION TEXT ... back pain

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor10

VARIABLENLABELMultimorbidity : gastric or intestinal disease

QUESTION TEXT ... of a gastric or intestinal disease

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor11

VARIABLENLABELMultimorbidity : Kidney disease

QUESTION TEXT ... of kidney disease

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENLABELMultimorbidity : liver disease

QUESTION TEXT ... liver disease

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor13

VARIABLE LABEL Multimorbidity: Blood disorder

QUESTION TEXT ... a blood disorder (including anaemia)

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor14

VARIABLENLABLEMultimorbidity : joint or bone disease

QUESTION TEXT ... a joint or bone disease (including osteoarthritis, osteoporosis, arthritis)

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor15

VARIABLENLABELMultimorbidity : bladder condition QUESTION TEXT ... of a bladder

condition

| VALUE | VALUE LABEL |
|-------|-------------|
| 0     | No          |
| 1     | Yes         |
|       |             |
| -2    | Don't know  |
| -1    | Denied      |
|       | 0 1 -2      |

VARIABLENLABELMultimorbidity : Sleep disorders

QUESTION TEXT ... Sleep disorders

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor17

VARIABLENLABELMultimorbidity : eye disease or visual impairment.

QUESTION TEXT ... an eye disease or visual disorder (including macular degeneration, glaucoma or cataract).

This does not refer to a visual impairment typical of old age.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor18

VARIABLENLABELMultimorbidity : ear disease or hearing loss

QUESTION TEXT ... an ear disease or hearing loss

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor19

VARIABLE LABEL Multimorbidity: neurological disease

QUESTION TEXT ... a neurological disease (including Parkinson's disease, stroke with

paralysis)

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |
|               |       |             |

VARIABLENLABELMultimorbidity : (blood) vascular

disease QUESTION TEXT... of a (blood) vascular disease

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor22

VARIABLENLABELMultimorbidity : Thyroid disease

QUESTION TEXT ... thyroid disease

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor20

VARIABLENLABELMultimorbidity : further chronic disease

QUESTION TEXT ... another chronic disease that has not been mentioned yet?

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F         | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME multmor20x

VARIABLENLABELMultimorbidity: other chronic disease (open) QUESTION

TEXT Which?

FILTER FEEDINGmultmor20 IN (1)

\$900. VALUE LABEL

\$100. Disclosure of other chronic disease

-1 Denied

ASK NUMBER PAPI 61

VARIABLENAME weak

VARIABLE LABEL Weakness

QUESTION TEXT ZP In the last 4 weeks, have you had difficulty lifting heavier everyday objects, such as

shopping bags, due to health impairments?

QUESTION TEXT PX In the last 4 weeks, has Mr/Mrs [name ZP] had difficulty lifting heavier everyday

objects, such as shopping bags, due to health impairments?

| OUTPUT FORMAT    | VALU  | E LABEL  |  |
|------------------|---|--|--|
| N0J1F.           | 0   | No   |  |
|                  | 1   | Yes  |  |
|                  |   |  |  |
|                  |   | -2Don't know                                     |  |
|                  | -1  | Denied   |  |
|                  |   |  |  |
| ASK NUMBER PAPI  | 62  |  |  |
| VARIABLENAME     | fall1   |  |  |
| VARIABLE LABEL   | Fall in                                       | Fall incidents                                   |  |
| QUESTION TEXT ZP | Have you fallen in the <u>last 12</u> months? |  |  |
| QUESTION TEXT PX | Has N   | Ir/Mrs [name ZP] fallen in the <u>last 12 mo</u> |  |
| OUTPUT FORMAT    | VALU  | E LABEL  |  |
| N0J1F.           | 0   | No   |  |
|                  | 1   | Yes  |  |
|                  |   |  |  |
|                  | -1  | Denied   |  |
|                  |   | -2Don't know                                     |  |

#### **QUESTION NUMBER PAPI 63**

VARIABLENAME mediA1

VARIABLENLABELMedication : Quantity

QUESTION TEXT ZP How many different medicines prescribed by a doctor do you take on an average

day?

Please also consider insulin, ointments, sleeping pills or longer-acting depot medication.

QUESTION TEXT PX How many different medicines prescribed by a doctor does Mr/Mrs [name ZP] take on an

average day?

Please also consider insulin, ointments, sleeping pills or longer-acting depot medication.

| OUTPUT FORMAT | VALUE  | VALUE LABEL         |
|---------------|--------|---------------------|
| BEST8.        | Number | Number of medicines |

-1 Denied

#### -2Don't know

VARIABLENAME pspgr1

VARIABLE LABEL Care level/degree of care

QUESTION TEXT ZP Do you have a care degree or a care level?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have a care degree or a care level?

LISTLIST 27

INTERVIEWER NOTE Please read out answers and present list 27.

DATA PREPARATION Here, response categories 1 and 2 were merged into 1

| OUTPUT FORMAT VALUE | VALUE LABEL                             |
|---------------------|---|
| 0                   | No                                      |
| 1                   | Yes, a care degree or care level exists |
|                     | -2Don't know                            |
| -1                  | Denied                                  |

#### ASK NUMBER PAPI 64

VARIABLENAME pspgr1\_1

VARIABLENLABELPflegestufe/Pflegegrad : Care degree Designation

FRAGETEXT ZP Which care level do you have?

QUESTION TEXT PX Which care level does Mr/Mrs [name ZP] have?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

FILTER FEED pspgr1 IN (1)

## OUTPUT FORMAT VALUE LABEL

| PFLEGR6F. | 1Grade | of care 1  |
|-----------|--------|--|
|           | 2      | Care level 2   |
|           |        | (This corresponds to care level 1 or care level 0)   |
|           | 3      | Care level 3   |
|           |        | (This corresponds to care level 1 with limited everyday competence or care level 2)                    |
|           | 4      | Care level 4   |
|           |        | (This corresponds to care level 2 with limited everyday competence or care level 3)                    |
|           | 5      | Care level 5   |
|           |        | (This corresponds to care level 3 with limited everyday competence or care level 3 with hardship case) |
|           |        |  |
|           |        |  |

## -1 Denied

-2Don't know

## ASK NUMBER PAPI 65

VARIABLENAME funkges8

VARIABLENLABELFunctional health: Using the telephone

QUESTION TEXT ZP Now I would like to ask you about some activities of daily life.

How much help do you need for the following activities?

Using the phone

QUESTION TEXT PX Now I would like to ask you about some activities of daily life of Mr/Mrs [name ZP].

How much help does Mr/Mrs [name ZP] need for the following activities?

Using the phone

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

This refers to help from other people as well as help from aids, such as a walking stick or bath

lift.

| OUTPUT FORMAT VALUE |  | VALUE LABEL              |
|---------------------|--|--------------------------|
| ADL3F.              |  | 0Only possible with help |
| 1<br>2              |  | A little help            |
|                     |  | No help                  |
|                     |  |                          |
|                     |  | -2Don't know             |
| -1                  |  | Denied                   |
|                     |  |                          |

VARIABLENAME funkges9

VARIABLENLABELFunctional health: Organise routes outside walking range (bus, taxi)

QUESTIONEXT ZP Getting somewhere you cannot walk yourself (e.g. the

Organising a taxi ride, taking the bus, etc.)

QUESTION TEXT PX Getting somewhere that Mr/Mrs [name ZP] cannot walk to themselves (e.g.

organising a taxi ride, going by bus, etc.).

| OUTPUT FORMAT VALUE |  | VALUE LABEL              |  |
|---------------------|--|--------------------------|--|
| ADL3F.              |  | 0Only possible with help |  |
| 1 2                 |  | A little help            |  |
|                     |  | No help                  |  |
|                     |  |                          |  |
|                     |  | -2Don't know             |  |
| -1                  |  | Denied                   |  |
|                     |  |                          |  |

VARIABLENAME funkges10

VARIABLENLABELFunctional health: buying food and clothes yourself

QUESTION TEXT ZP Buying food or clothes yourself if you are taken there if necessary

QUESTION TEXT PX

Buying food or clothes yourself if you take him/her there if necessary

| OUTPUT FORMAT VALUE  ADL3F.  1 2 |  | VALUE LABEL              |
|----------------------------------|--|--------------------------|
|                                  |  | 0Only possible with help |
|                                  |  | A little help            |
|                                  |  | No help                  |

-2Don't know

-1 Denied

VARIABLENAME funkges11

VARIABLENLABELFunctional health: preparing own

| VALUE LABEL              |
|--------------------------|
| 0Only possible with help |
| A little help            |
| No help                  |
|                          |
| -2Don't know             |
| Denied                   |
|                          |

VARIABLENAME funkges12

VARIABLENLABELFunctional health: Doing

housework QUESTION TEXT Doing housework

| OUTPUT FORMAT VALUE ADL3F.  1 2 |  | VALUE LABEL              |  |
|---------------------------------|--|--------------------------|--|
|                                 |  | 0Only possible with help |  |
|                                 |  | A little help            |  |
|                                 |  | No help                  |  |
|                                 |  |                          |  |
|                                 |  | -2Don't know             |  |
| -1                              |  | Denied                   |  |

VARIABLENAME funkges13

VARIABLE LABEL Functional health: Taking medication QUESTION TEXT

Taking medication (organising and carrying out)

| OUTPUT FORMAT VALUE ADL3F. |   | VALUE LABEL              |  |
|----------------------------|---|--------------------------|--|
|                            |   | 0Only possible with help |  |
|                            | 1 | A little help            |  |
| 2                          |   | No help                  |  |
|                            |   |                          |  |
|                            |   | -2Don't know             |  |
| -1                         |   | Denied                   |  |
|                            |   |                          |  |

VARIABLENAME funkges14

VARIABLENLABELFunctional health: Regulation of

financial matters QUESTION TEXT Regulation of financial matters

| OUTPUT FORMAT VALUE |    | VALUE LABEL              |
|---------------------|----|--------------------------|
| ADL3F.              |    | 0Only possible with help |
| 1                   |    | A little help            |
|                     | 2  | No help                  |
|                     |    |                          |
|                     |    | -2Don't know             |
|                     | -1 | Denied                   |
|                     |    |                          |

## ASK NUMBER PAPI

66

-1

Denied

VARIABLENAME

covid1\_5

VARIABLENLABELCOVID19

: Influence Survey domain: Health QUESTION TEXT ZP

How much has the Corona pandemic affected your <u>health</u>?

QUESTION TEXT PX

How much has the Corona pandemic affected the <u>health of Mr/Mrs [name ZP]?</u>

INTERVIEWER NOTE Please read out answers.

| INTERVIEWER NOTE PIE |           |   |  |  |
|----------------------|-----------|---|--|--|
| OUTPUT FORMAT        | VALUE     | VALUE LABEL   |  |  |
| covidF.              | 1Not at   | all   |  |  |
|                      | 2         | A little  |  |  |
|                      | 3         | Moderate  |  |  |
|                      | 4         | Strong  |  |  |
|                      | 5         | Very strong   |  |  |
|                      |           | -2Don't know  |  |  |
|                      | -1        | Denied  |  |  |
| ASK NUMBER PAPI      | 67        |   |  |  |
| VARIABLENAME         | FF_covid  | l1_5  |  |  |
| VARIABLE LABEL       | Influence | e Survey area: Health   |  |  |
| QUESTION TEXT ZP     | How po    | sitive or negative have you experienced this change?                |  |  |
| QUESTION TEXT PX     | How pos   | sitively or negatively did Mr/Mrs [name ZP] experience this change? |  |  |
| INTERVIEWER'S NOTE   | Please re | ad out your answers.  |  |  |
| FILTER FEED          | covid1_5  | 5 IN (2,3,4,5)  |  |  |
| OUTPUT FORMAT        | VALUE     | VALUE LABEL   |  |  |
| covidF.              |           | 1Predominantly negative   |  |  |
|                      | 2         | Overall balanced  |  |  |
|                      | 3         | Predominantly positive  |  |  |
|                      |           | -2Don't know  |  |  |
|                      |           |   |  |  |

68

# 7 Everyday life and lifestyle

ASK NUMBER PAPI

VARIABLENAME live1\_1\_2

VARIABLENLABLE lifestyle : spending time with other people: Frequency

QUESTION TEXT ZP We are also interested in what interests you have and how you organise your free time.

Free time or leisure time means the time that you are free to organise according to your

own wishes.

<u>How often</u> do you spend time with other people - relatives, acquaintances or

friends - exchanging ideas or doing something together?

QUESTION TEXT PX We are also interested in what interests Mr/Mrs [name ZP] has and how he/she

organises his/her free time. By free time or leisure time we mean the time that he/she is

free to organise according to his/her own wishes.

<u>How often</u> does Mr/Woman [name ZP] spend time with other people - relatives,

acquaintances or friends - exchanging ideas or doing something together?

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| HAUF5_2F.           | 1  | Never        |  |
|                     | 2  | Rare         |  |
|                     | 3  | Sometimes    |  |
|                     | 4  | Frequently   |  |
|                     | 5  | Very often   |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |

VARIABLENAME live1\_2\_2

VARIABLE LABEL Lifestyle: physical activity: Frequency

QUESTION TEXT ZP <u>How often</u> do you take physical exercise?

QUESTION TEXT PX <u>How often</u> does Mr/Woman [name ZP] exercise physically?

| OUTPUT FORMAT VALUE |           | VALUE | VALUE LABEL  |  |
|---------------------|-----------|-------|--------------|--|
|                     | HAUF5_2F. | 1     | Never        |  |
|                     |           | 2     | Rare         |  |
|                     |           | 3     | Sometimes    |  |
|                     |           | 4     | Frequently   |  |
|                     |           | 5     | Very often   |  |
|                     |           |       |              |  |
|                     |           |       | -2Don't know |  |
|                     |           | -1    | Denied       |  |
|                     |           |       |              |  |

VARIABLENLABLE lifestyle : Time for yourself: Frequency

QUESTION TEXT ZP <u>How often</u> do you have peace and time for yourself?

QUESTION TEXT PX <u>How often</u> does Mr/Woman [name ZP] have peace and time to himself/herself?

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| HAUF5_2F.           | 1  | Never        |
|                     | 2  | Rare         |
|                     | 3  | Sometimes    |
|                     | 4  | Frequently   |
|                     | 5  | Very often   |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

VARIABLENAME live1\_4\_2

VARIABLENLABELifestyle : Study the topic more closely: Frequency

QUESTION TEXT ZP <u>How often</u> do you look into something more deeply or study a topic more

closely?

QUESTION TEXT PX <u>How often</u> does Mr/Mrs [name ZP] look into something in more depth or study

a topic in more detail?

| OUTPUT FORM | AT VALUE | VALUE LABEL  |
|-------------|----------|--------------|
| HAUF5_2F.   | 1        | Never        |
|             | 2        | Rare         |
|             | 3        | Sometimes    |
|             | 4        | Frequently   |
|             | 5        | Very often   |
|             |          |              |
|             |          | -2Don't know |
|             | -1       | Denied       |

VARIABLENAME live1\_5\_2

VARIABLENLABLE lifestyle : Creative activity: Frequency

QUESTION TEXT ZP <u>How often</u> do you create or engage with something imaginatively?

QUESTION TEXT PX <u>How often</u> does Mr/Woman [name ZP] engage in creative activity or

deal with something imaginatively?

| OUTPUT FORMAT VALUE |   | VALUE LABEL |
|---------------------|---|-------------|
| HAUF5_2F.           | 1 | Never       |
|                     | 2 | Rare        |
|                     | 3 | Sometimes   |
|                     | 4 | Frequently  |
|                     | 5 | Very often  |
|                     |   |             |

-2Don't know

-1 Denied

QUESTION NUMBER PAPI 69\_A

VARIABLENAME active1
VARIABLENLABELActivities : Sport

QUESTION TEXT ZP Now please think about how you specifically spent your free time in the

<strong>last 12 months</strong>.

Which of the following activities did you do there?

Do you have

do sports, e.g. gymnastics, dancing, swimming, hiking or something else?

QUESTION TEXT PX

Now please think about how Mr/Mrs [name ZP] has specifically spent his/her free time

in the last 12 months.

Which of the following activities did Mr/Mrs [name ZP] do there?

Did Mr/Mrs [name ZP]

do sports, e.g. gymnastics, dancing, swimming, hiking or something else?

| OUTPUT FORMAT VALUE |        | VALUE LABEL |              |
|---------------------|--------|-------------|--------------|
|                     | N0J1F. | 0           | No           |
|                     |        | 1           | Yes          |
|                     |        |             |              |
|                     |        |             | -2Don't know |
|                     |        | -1          | Denied       |

#### QUESTION NUMBER PAPI 69\_A

VARIABLENAME active1x

VARIABLENLABELActivities : Sport: Description (open)

QUESTION TEXT ZP What exactly did you do there?

QUESTION TEXT PX What exactly did Mr/Mrs [name ZP] do there?

INTERVIEWER NOTE Please provide specific information about the activity and the context in which it took place (e.g. "visit

gym", not just "fitness").

FILTER FEEDINGactive 1 IN (1)

| OUTPUT FORMAT | VALUE      | VALUE LABEL       |
|---------------|------------|-------------------|
| \$900.        | Indication | Description Sport |
|               | -2         | Don't know        |
|               | -1         | Denied            |

## QUESTION NUMBER PAPI 69\_A

VARIABLENAME active1\_1

VARIABLENLABELActivities : Sport: Frequency

QUESTION TEXT ZP How often did you exercise in total?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] exercise in total?

INTERVIEWER NOTE Please read out answers.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive1 IN (1)

| OUTPUT FORM | AT VALUE | VALUE LABEL          |
|-------------|----------|----------------------|
| ACTIVEH5F.  | 1        | Daily                |
|             | 2        | Weekly               |
|             | 3        | Monthly              |
|             | 4        | Several times a year |
|             | 5        | Once a year          |
|             |          |                      |
|             |          | -2Don't know         |
|             | -1       | Denied               |

#### QUESTION NUMBER PAPI 69\_A

VARIABLENAME active1\_2

VARIABLENLABELActivities : Sport: Place

QUESTION TEXT ZP Where did you do most of this?

QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?

INTERVIEWER NOTE Please read out answers.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive 1 IN (1)

|               |       | · /                       |
|---------------|-------|---------------------------|
| OUTPUT FORMAT | VALUE | VALUE LABEL               |
| AKTIVO3F.     | 1     | At home/in the home       |
|               | 2     | In the immediate vicinity |
|               | 3     | In the wider surroundings |
|               |       |                           |
|               | -2    | Don't know                |
|               | -1    | Denied                    |

#### QUESTION NUMBER PAPI 69\_B

VARIABLENAME active8

VARIABLENLABELActivities : Hobby

QUESTION TEXT ZP Have you had a hobby in the last 12 months, e.g. stamp collecting, handicrafts,

needlework, gardening or something else?

QUESTION TEXT PX In the last 12 months, has Mr/Mrs [name ZP] had a hobby, e.g. stamp collecting,

handicrafts, needlework, gardening or something else?

INTERVIEWER NOTE If necessary, point out to the interviewee again that this is only about the last year!

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| N0J1F.              | 0  | No           |
|                     | 1  | Yes          |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

## QUESTION NUMBER PAPI 69\_B

VARIABLENAME active8x

VARIABLENLABELActivities : Hobby: Description (open)

QUESTION TEXT ZP What exactly did you do there?

QUESTION TEXT PX What exactly did Mr/Mrs [name ZP] do there?

INTERVIEWER NOTE Please provide specific information about the activity and the context in which it took place (e.g.

"working in the garden", not just "gardening").

FILTER FEEDINGactive8 IN (1)

| OUTPUT FORMAT | VALUE      | VALUE LABEL   |
|---------------|------------|---------------|
| \$1500.       | Indication | Type of hobby |
|               |            |               |
|               | -2         | Don't know    |
|               | -1         | Denied        |

VARIABLENAME active8\_1

VARIABLENLABELActivities : Hobby: Frequency

QUESTION TEXT ZP How often have you practised a hobby in total?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] practise a hobby in total?

INTERVIEWER NOTE Please read out answers.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive8 IN (1)

|                     |    | \                    |
|---------------------|----|----------------------|
| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
| ACTIVEH5F.          | 1  | Daily                |
|                     | 2  | Weekly               |
|                     | 3  | Monthly              |
|                     | 4  | Several times a year |
|                     | 5  | Once a year          |
|                     |    |                      |
|                     |    | -2Don't know         |
|                     | -1 | Denied               |
|                     |    |                      |

VARIABLENAME active8\_2

VARIABLENLABELActivities : Hobby: Place

QUESTION TEXT ZP Where did you do most of this?

QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?

INTERVIEWER NOTE Please read out answers.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive8 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL               |
|---------------|-------|---------------------------|
| AKTIVO3F.     | 1     | At home/in the home       |
|               | 2     | In the immediate vicinity |
|               | 3     | In the wider surroundings |
|               |       |                           |
|               | -2    | Don't know                |
|               | -1    | Denied                    |

#### **QUESTION NUMBER PAPI** 69\_C

VARIABLENAME active13
VARIABLENLABELActivities : Walks

QUESTION TEXT ZP Have you taken any walks in the <u>last 12 months</u>?

QUESTION TEXT PX Has Mr/Mrs [name ZP] taken any walks in the last 12 months?

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| N0J1F.              | 0  | No           |  |
|                     | 1  | Yes          |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |

VARIABLENAME active13\_1

VARIABLENLABELActivities : Walks: frequency

QUESTION TEXT ZP How often did you do this?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?

INTERVIEWER NOTE Please read out answers.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive 13 IN (1)

| 12121        | . ==     | B11104041010111(1)   |
|--------------|----------|----------------------|
| OUTPUT FORMA | AT VALUE | VALUE LABEL          |
| ACTIVEH5F.   | 1        | Daily                |
|              | 2        | Weekly               |
|              | 3        | Monthly              |
|              | 4        | Several times a year |
|              | 5        | Once a year          |
|              |          |                      |

-2Don't know

-1 Denied

ASK NUMBER PAPI 70

VARIABLENAME covid1\_6

VARIABLENLABELCOVID19 : Influence Survey area: everyday activities and leisure time

QUESTION TEXT ZP How much has the Corona pandemic influenced your everyday life and leisure time?

QUESTION TEXT PX How much has the Corona pandemic affected Mr/Mrs [name ZP]'s everyday life and

leisure time?

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| covidF.       | 1     | Not at all  |
|               | 2     | A little    |
|               | 3     | Moderate    |
|               | 4     | Strong      |
|               | 5     | Very strong |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

## ASK NUMBER PAPI 71

VARIABLENAME FF\_covid1\_6

VARIABLENLABELCOVID19 : Influence Survey area: Daily life and leisure QUESTION TEXT ZP

How positively or negatively did you experience this change?

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE Please read out your answers.

FILTER FEED covid1\_6 IN (2,3,4,5)

| OUTPUT FORMAT | VALUE | VALUE LABEL             |
|---------------|-------|-------------------------|
| covidF.       |       | 1Predominantly negative |
|               | 2     | Overall balanced        |
|               | 3     | Predominantly positive  |
|               |       |                         |
|               |       | -2Don't know            |
|               | -1    | Denied                  |

# 8 Use of technology

ASK NUMBER PAPI 72

VARIABLENAME technu2

VARIABLENLABEL Technology use: Internet

QUESTION TEXT ZP For more and more people, the use of modern technology is also part of everyday life.

Have you used the internet in the last 12 months?

QUESTION TEXT PX For more and more people, the use of modern technology is also part of everyday life.

Has Mr/Mrs [name ZP] used the internet in the last 12 months?

INTERVIEWER'S NOTE By "use" we mean active use. This also includes the use of internet-linked apps. It

does not mean, for example, having someone else look up information for you on

the internet.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

ASK NUMBER PAPI 73

VARIABLENAME covid1\_7

VARIABLENLABELCOVID19 : Influence Survey domain: technology use QUESTION TEXT ZP

How much has the Corona pandemic influenced your internet use?

QUESTION TEXT PX How much did the Corona pandemic affect Mr/Mrs [name ZP]'s internet use?

INTERVIEWER'S NOTE Please read out your answers.

FILTER FEEDING technu2 IN (1)

|               |         | · ,          |
|---------------|---------|--------------|
| OUTPUT FORMAT | VALUE   | VALUE LABEL  |
| covidF.       | 1Not at | all          |
|               | 2       | A little     |
|               | 3       | Moderate     |
|               | 4       | Strong       |
|               | 5       | Very strong  |
|               |         |              |
|               |         | -2Don't know |
|               | -1      | Denied       |
|               |         |              |

ASK NUMBER PAPI 74

VARIABLENAME FF\_covid1\_7

VARIABLENLABELCOVID19 : Influence Survey area: Use of technology QUESTION

TEXT ZP How positively or negatively did you experience this change?

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

## INTERVIEWER'S NOTE Please read out your answers.

FILTER FEEDtechnu2 IN (1) AND covid1\_7 IN (2,3,4,5)

| OUTPUT FORMAT | VALUE | VALUE LABEL            |
|---------------|-------|------------------------|
| covidF.       | 1     | Predominantly negative |
|               | 2     | Overall balanced       |
|               | 3     | Predominantly positive |
|               |       |                        |
|               | -2    | Don't know             |
|               | -1    | Denied                 |

## 9 Social Inclusiveness

ASK NUMBER PAPI 75

VARIABLENAME soznet1
VARIABLENLABELSoc . network

QUESTION TEXT ZP

Social contacts and relationships with other people can look completely different

n old age.

Therefore, it is now about people who are important to you and with whom you are in contact. These can be neighbours, friends and acquaintances as well as household

members and relatives.

Which people are important to you? Please name up to 6 of the most important ones.

QUESTION TEXT PX

Social contacts and relationships with other people can look completely different

in old age.

Therefore, it is now about people who are important to Mr/Mrs [name ZP] and with whom he/she is in contact. These can be neighbours, friends and acquaintances as well

as household members and relatives.

Which people are important to Mr/Mrs [name ZP]? Please

name up to 6 of the most important ones.

INTERVIEWER NOTE If ZP/PX does not wish to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further course of the interview. If you want, you can also use a made-up name."

OUTPUT FORMAT VALUE VALUE LABEL

SOCNET2F. 0Cannot name a person

1 can name people

-2Don't know

-1 Denied

#### 1. Person

VARIABLENAME soznetz2\_1x

VARIABLENLABELSoc . network: 1st person: Name (open)

QUESTION TEXT Can you please tell me the name of the first person?

INTERVIEWER'S NOTE If ZP/PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

FILTER FEEDsoznetz1 IN (1)

| OUTPUT FORMAT VALUE | VALUE LABEL                           |
|---------------------|---------------------------------------|
| \$900.              | SpecificationName of the first person |

-2Don't know

-1 Denied

VARIABLENAME soznetz3\_1

VARIABLE LABEL Soc. network: 1st person: gender QUESTION TEXT What is the gender of this person?

INTERVIEWER NOTE <em>Evaluation by interviewer</em>: Gender.

If it is not clear how to assess, ask.

FILTER FEEDINGsoznetz1 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| GESCHL2F.     | 1     | Male         |
|               | 2     | Female       |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

VARIABLENAME socnet4\_1

VARIABLENLABELSoc . network: 1st person: relationship

QUESTION TEXT ZP What is the relationship between &It;name> and you?

QUESTION TEXT PX What is the relationship between <name&gt; and Mr/Mrs [name ZP]?

INTERVIEWER NOTE Categorisation by interviewer. Do not read out!

FILTER FEEDsoznetz1 IN (1)

PROGRAMMING NOTE if (value IN (201) AND children1 IN (0)) OR (value IN (301) AND grandchildren1 IN (0)) OR (value IN

(351) AND grandson2 IN (0)), then alert

(Default text for alert: "Please check if this entry is correct").

| OUTPUT FORMAT | VALUE | VALUE LABEL                                       |
|---------------|-------|---|
| PERSCART.     |       |   |
|               | 102   | Parents   |
|               |       | 104Parents-in-law (parents of the partner)        |
|               | 106   | (Spouse) Partner                                  |
|               | 107   | Daughter-in-law/son-in-law (partner of the child) |

| 111 | Brother-in-law (brother/sister of the partner) |
|-----|--|
| 120 | Ex-partner                                     |
| 201 | Child  |
| 301 | Grandchild                                     |
| 351 | Great-grandchild                               |
| 451 | Siblings                                       |
| 401 | Aunt/uncle (siblings of parents)               |
| 403 | Cousin (child of aunt/uncle)                   |
| 405 | Niece/nephew (child of sibling)                |
| 407 | Other relatives                                |
| 501 | Boyfriend/girlfriend                           |
| 601 | (former) work colleagues                       |
| 602 | Neighbours                                     |
| 603 | Members of the association or organisation     |
| 701 | Volunteers, e.g. from social institutions      |
| 702 | Paid helpers (e.g. caregiver)                  |
| 801 | Known  |
| 901 | Other person                                   |
|     |  |
| -2  | Don't know                                     |
| -1  | Denied   |

VARIABLENAME socnet5\_1

VARIABLENLABELSoc . network: 1st person: Frequency Contact

QUESTION TEXT ZP How often do you have contact with <name&gt;, e.g. through visits, letters, phone calls,

SMS or email?

QUESTION TEXT PX How often does Mr/Woman [name ZP] have contact with <name&gt;, e.g. through

visits, letters, phone calls, text messages or email?

INTERVIEWER NOTE Please read out answers.

FILTER FEEDsoznetz1 IN (1)

|             |           | (.)                  |  |
|-------------|-----------|----------------------|--|
| OUTPUT FORM | 1AT VALUE | VALUE LABEL          |  |
| CONTH5F.    | 1         | Daily                |  |
|             | 2         | Weekly               |  |
|             | 3         | Monthly              |  |
|             | 4         | Several times a year |  |
|             | 5         | Rarer                |  |
|             |           |                      |  |
|             |           | -2Don't know         |  |
|             | -1        | Denied               |  |
|             |           |                      |  |

VARIABLENAME soznetz6\_1

VARIABLENLABELSoc . network: 1st person: connectedness

QUESTION TEXT ZP How closely do you feel connected to &It;Name> today?

QUESTION TEXT PX How closely does Mr/Mrs [name ZP] feel connected to <name&gt; today?

INTERVIEWER NOTE Please read out answers.

FILTER FEEDINGsoznetz1 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL       |
|---------------|-------|-------------------|
| VERBUN4F.     | 1     | Not narrow at all |
|               | 2     | Less narrow       |
|               | 3     | Narrow            |
|               | 4     | Very narrow       |
|               |       |                   |
|               | -2    | Don't know        |
|               | -1    | Denied            |

#### 2.Person

VARIABLENAME socnet2\_2

VARIABLENLABELSoc . network: 2nd person: no other person

QUESTION TEXT Is there another person who is important to you? Can you please tell me the name of the

next (second) person?

INTERVIEWER'S NOTE If ZP/PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

If the person refuses to be named, but can provide information about the person, please

enter "xxx" under names.

FILTER FEEDsoznetz1 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL   |
|---------------|-------|---|
| Nopersf.      |       | 0can name other person, namely [open: soznetz2_2x]. |
|               | 1     | cannot name another person                          |

-1Refuses to provide information on another person

VARIABLENAME soznetz2\_2x

VARIABLENLABELSoc . network: 2 Person: Name (open)

QUESTION TEXT Can you please tell me the name of the second person?

INTERVIEWER'S NOTE If ZP/PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

FILTER FEEDINGsoznetz1 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--|
| \$900.        |       | SpecificationName of the second person             |
|               |       | -2Don't know                                       |
|               |       | -1Refuses to provide information on another person |

VARIABLENAME socnet3\_2

VARIABLE LABEL Soc. network: 2nd person: gender QUESTION TEXT What is the gender of this person?

INTERVIEWER NOTE <em>Evaluation by interviewer</em>: Gender. If it is not clear, ask the

interviewer.

**FILTER FEED** soznetz1 IN (1) AND soznetz2\_2 IN (0)

|                     |    | ` '          |  |
|---------------------|----|--------------|--|
| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
| GESCHL2F.           | 1  | Male         |  |
|                     | 2  | Female       |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |
|                     |    |              |  |

**VARIABLENAME** socnet4\_2

VARIABLENLABELSoc . network: 2nd person: relationship

QUESTION TEXT ZP What is the relationship between <name&gt; and you?

**QUESTION TEXT PX** What is the relationship between <name&gt; and Mr/Mrs [name ZP]?

**INTERVIEWER NOTE** Categorisation by interviewer. Do not read out!

FILTER FEED soznetz1 IN (1) AND soznetz2\_2 IN (0)

901

Other person

PROGRAMMING NOTE if (value IN (201) AND children1 IN (0)) OR (value IN (301) AND grandchildren1 IN (0)) OR

(value IN (351,) AND grandchild2 IN (0)), then alert

| (Default text for alert: "Please check if this entry is correct"). |       |   |  |  |  |
|--|-------|---|--|--|--|
| OUTPUT FORMAT  | VALUE | VALUE LABEL                                       |  |  |  |
| PERSCART.  |       |   |  |  |  |
|  | 102   | Parents   |  |  |  |
|  | 104   | Parents-in-law (parents of the partner)           |  |  |  |
|  | 106   | (Spouse) Partner                                  |  |  |  |
|  | 107   | Daughter-in-law/son-in-law (partner of the child) |  |  |  |
|  | 111   | Brother-in-law (brother/sister of the partner)    |  |  |  |
|  | 120   | Ex-partner  |  |  |  |
|  | 201   | Child   |  |  |  |
|  | 301   | Grandchild  |  |  |  |
|  | 351   | Great-grandchild                                  |  |  |  |
|  | 451   | Siblings  |  |  |  |
|  | 401   | Aunt/uncle (siblings of parents)                  |  |  |  |
|  | 403   | Cousin (child of aunt/uncle)                      |  |  |  |
|  | 405   | Niece/nephew (child of sibling)                   |  |  |  |
|  | 407   | Other relatives                                   |  |  |  |
|  | 501   | Boyfriend/girlfriend                              |  |  |  |
|  | 601   | (former) work colleagues                          |  |  |  |
|  | 602   | Neighbours  |  |  |  |
|  | 603   | Members of the association or organisation        |  |  |  |
|  | 701   | Volunteers, e.g. from social institutions         |  |  |  |
|  | 702   | Paid helpers (e.g. caregiver)                     |  |  |  |
|  | 801   | Known   |  |  |  |
|  | 004   | 0.0   |  |  |  |

#### -2Don't know

-1 Denied

VARIABLENAME socnet5\_2

VARIABLENLABELSoc . network: 2nd person: Frequency Contact

QUESTION TEXT ZP How often do you have contact with <name&gt;, e.g. through visits, letters, phone calls,

SMS or email?

QUESTION TEXT PX How often does Mr/Woman [name ZP] have contact with <name&gt;, e.g. through

visits, letters, phone calls, SMS or email?

INTERVIEWER NOTE Please read out answers.

FILTER FEED soznetz1 IN (1) AND soznetz2\_2 IN (0)

| OUTPUT FORM | AT VALUE | VALUE LABEL          |
|-------------|----------|----------------------|
| CONTH5F.    | 1        | Daily                |
|             | 2        | Weekly               |
|             | 3        | Monthly              |
|             | 4        | Several times a year |
|             | 5        | Rarer                |
|             |          |                      |
|             |          | -2Don't know         |
|             | -1       | Denied               |

VARIABLENAME soznet6\_2

VARIABLENLABELSoc . network: 2nd person: connectedness

QUESTION TEXT ZP How closely do you feel connected to <Name&gt; today?

QUESTION TEXT PX How closely does Mr/Mrs [name ZP] feel connected to <name&gt; today?

INTERVIEWER NOTE Please read out answers.

FILTER FEED soznetz1 IN (1) AND soznetz2\_2 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL       |
|---------------|-------|-------------------|
| VERBUN4F.     | 1     | Not narrow at all |
|               | 2     | Less narrow       |
|               | 3     | Narrow            |
|               | 4     | Very narrow       |
|               |       |                   |
|               | -2    | Don't know        |
|               | -1    | Denied            |

#### 3. Person

VARIABLENAME socnet2\_3

VARIABLENLABELSoc . network: 3rd person: no other person

QUESTION TEXT Is there another person who is important to you? Can you please tell me the name of

the next (third) person?

INTERVIEWER'S NOTE If ZP/PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further course

of the interview. If you want, you can also use a made-up name."

If the person refuses to be named, but can provide information about the person, please enter

"xxx" under names.

FILTER FEED soznetz1 IN (1) AND soznetz2\_2 IN (0)

| OUTPUT FORMAT VALUE | VALUE LABEL  |
|---------------------|--|
| Nopersf.            | Ocan name other person, namely [open: socnet2_3x]  |
| 1                   | cannot name another person                         |
|                     | -1Refuses to provide information on another person |

VARIABLENAME soznetz2\_3x

VARIABLENLABELSoc . network: 3rd person: Name (open)

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0)

PROGRAMMING NOTEPlease record all the characteristics of a person first

(soznetz2\_1 to soznetz6\_1), then move on to the next person. Up to max. 6 persons

OUTPUT FORUM
T VALUE LABEL
(soznetz2\_6 to soznetz6\_6).

\$900. Name of the third person

-2Don't know

-1 Denied

VARIABLENAME soznetz3\_3

VARIABLE LABEL Soc. network: 3rd person: Gender QUESTION TEXT What is the gender of this person?

If it is not possible to assess the situation clearly, ask.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0)

| OUTPUT FORMA | T VALUE | VALUE LABEL |
|--------------|---------|-------------|
| GESCHL2F.    | 1       | Male        |
|              | 2       | Female      |

## -2Don't know

-1 Denied

VARIABLENAME socnet4\_3

VARIABLENLABELSoc . network: 3rd person: relationship

QUESTION TEXT ZP What is the relationship between <name&gt; and you?

QUESTION TEXT PX What is the relationship between <name&gt; and Mr/Mrs [name ZP]?

INTERVIEWER NOTE Categorisation by interviewer. Do not read out!

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0)

PROGRAMMING NOTE if (value IN (201) AND children1 IN (0)) OR (value IN (301) AND grandchildren1 IN (0)) OR (value IN

(351) AND grandson2 IN (0)), then alert

| ,             | ,     | for alert: "Please check if this entry is correct"). |  |  |
|---------------|-------|--|--|--|
| OUTPUT FORMAT | VALUE | VALUE LABEL  |  |  |
| PERSCART.     |       |  |  |  |
|               | 102   | Parents  |  |  |
|               |       | 104Parents-in-law (parents of the partner)           |  |  |
|               | 106   | (Spouse) Partner                                     |  |  |
|               |       | 107Daughter-in-law/son-in-law (partner of the child) |  |  |
|               |       | 111Brother-in-law (brother/sister of the partner)    |  |  |
|               | 120   | Ex-partner   |  |  |
|               | 201   | Child  |  |  |
|               | 301   | Grandchild   |  |  |
|               | 351   | Great-grandchild                                     |  |  |
|               | 451   | Siblings   |  |  |
|               |       | 401Aunt/uncle (siblings of parents)                  |  |  |
|               |       | 403Cousin (child of aunt/uncle)                      |  |  |
|               |       | 405Niece/nephew (child of sibling)                   |  |  |
|               |       | 407Other relatives                                   |  |  |
|               | 501   | Boyfriend/girlfriend                                 |  |  |
|               | 601   | (former) work colleagues                             |  |  |
|               | 602   | Neighbours   |  |  |
|               |       | 603Association or organisation members               |  |  |
|               |       | 701Volunteers, e.g. from social institutions         |  |  |
|               |       | 702 Paid helpers (e.g. caregiver)                    |  |  |
|               | 801   | Known  |  |  |
|               |       | 901Other person                                      |  |  |
|               |       | -2Don't know   |  |  |
|               | -1    | Denied   |  |  |

VARIABLENAME socnet5\_3

VARIABLENLABELSoc . network: 3rd person: Frequency Contact

QUESTION TEXT ZP How often do you have contact with <name&gt;, e.g. through visits, letters, phone calls,

SMS or email?

QUESTION TEXT PX How often does Mr/Woman [name ZP] have contact with <name&gt;, e.g. through

visits, letters, phone calls, SMS or email?

INTERVIEWER NOTE Please read out answers.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0)

| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
|---------------------|----|----------------------|
| CONTH5F.            | 1  | Daily                |
|                     | 2  | Weekly               |
|                     | 3  | Monthly              |
|                     | 4  | Several times a year |
|                     | 5  | Rarer                |
|                     |    |                      |
|                     |    | -2Don't know         |
|                     | -1 | Denied               |

VARIABLENAME soznetz6\_3

VARIABLENLABELSoc . network: 3rd person: connectedness

QUESTION TEXT ZP How closely do you feel connected to &It;Name> today?

QUESTION TEXT PX How closely does Mr/Mrs [name ZP] feel connected to ⁢name> today?

INTERVIEWER NOTE Please read out answers.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL       |
|---------------|-------|-------------------|
| VERBUN4F.     | 1     | Not narrow at all |
|               | 2     | Less narrow       |
|               | 3     | Narrow            |
|               | 4     | Very narrow       |
|               |       |                   |
|               | -2    | Don't know        |
|               | -1    | Denied            |

#### 4. Person

VARIABLENAME socnet2\_4

VARIABLENLABELSoc . network: 4th person: no other person

QUESTION TEXT Is there another person who is important to you? Can you please tell me the name

of the next (fourth) person?

INTERVIEWER'S NOTE If ZP/PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

If the person refuses to be named, but can provide information about the person, please

enter "xxx" under names.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0)

| OUTPUT FORUM<br>T |   | VALUE LABEL                     |
|-------------------|---|---------------------------------|
| Nopersf.          |   | 0can name other person, namely: |
|                   |   | [open: soznetz2_4x]             |
|                   | 1 | cannot name another person      |

-1Refuses to provide information on another person

VARIABLENAME soznetz2\_4x

VARIABLENLABELSoc . network: 4th person: Name (open)

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0)

| OUTPUT FORMAT | VALUE       | VALUE LABEL               |
|---------------|-------------|---------------------------|
| \$900.        | Indication. | Name of the fourth person |
|               | -2          | Don't know                |
|               | -1          | Denied                    |

VARIABLENAME soznetz3\_4

VARIABLE LABEL Soc. network: 4th person: gender QUESTION TEXT What is the gender of this person?

INTERVIEWER NOTE <em>Evaluation by interviewer</em>: Gender. If it is not clear, ask the

interviewer.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0)

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| GESCHL2F.           | 1  | Male         |
|                     | 2  | Female       |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |
|                     |    |              |

**VARIABLENAME** socnet4\_4

VARIABLENLABELSoc . network: 4th person: relationship

QUESTION TEXT ZP What is the relationship between <name&gt; and you?

QUESTION TEXT PX What is the relationship between <name&gt; and Mr/Mrs [name ZP]?

**INTERVIEWER NOTE** Categorisation by interviewer. Do not read out!

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0)

PROGRAMMING NOTE if (value IN (201) AND children1 IN (0)) OR (value IN (301) AND grandchildren1 IN (0)) OR (value IN

(351) AND grandson2 IN (0)), then alert

| (Default text for alert: "Please check if this entry is correct"). |       |  |
|--|-------|--|
| OUTPUT FORMAT  | VALUE | VALUE LABEL  |
| PERSCART.  |       |  |
|  | 102   | Parents  |
|  |       | 104Parents-in-law (parents of the partner)           |
|  | 106   | (Spouse) Partner                                     |
|  |       | 107Daughter-in-law/son-in-law (partner of the child) |
|  |       | 111Brother-in-law (brother/sister of the partner)    |
|  | 120   | Ex-partner   |
|  | 201   | Child  |
|  | 301   | Grandchild   |
|  | 351   | Great-grandchild                                     |
|  | 451   | Siblings   |
|  |       | 401Aunt/uncle (siblings of parents)                  |
|  |       | 403Cousin (child of aunt/uncle)                      |
|  |       | 405Niece/nephew (child of sibling)                   |
|  |       | 407Other relatives                                   |
|  | 501   | Boyfriend/girlfriend                                 |
|  | 601   | (former) work colleagues                             |
|  | 602   | Neighbours   |
|  |       | 603Association or organisation members               |
|  |       | 701Volunteers, e.g. from social institutions         |
|  |       | 702 Paid helpers (e.g. caregiver)                    |
|  | 801   | Known  |
|  |       | 901Other person                                      |
|  |       | -2Don't know   |
|  | -1    | Denied   |

**VARIABLENAME** socnet5\_4

VARIABLENLABELSoc . network: 4th person: Frequency Contact QUESTION TEXT ZP How often do you have contact with <name&gt;, e.g. through visits, letters, phone calls,

SMS or email?

QUESTION TEXT PX How often does Mr/Woman [name ZP] have contact with &It;name>, e.g. through

visits, letters, phone calls, text messages or email?

INTERVIEWER NOTE Please read out answers.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0)

| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
|---------------------|----|----------------------|
| CONTH5F.            | 1  | Daily                |
|                     | 2  | Weekly               |
|                     | 3  | Monthly              |
|                     | 4  | Several times a year |
|                     | 5  | Rarer                |
|                     |    |                      |
|                     |    | -2Don't know         |
|                     | -1 | Denied               |

VARIABLENAME soznetz6\_4

VARIABLENLABELSoc . network: 4th person: connectedness

QUESTION TEXT ZP How closely do you feel connected to &It;Name> today?

QUESTION TEXT PX How closely does Mr/Mrs [name ZP] feel connected to <name&gt; today?

INTERVIEWER NOTE Please read out answers.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL       |
|---------------|-------|-------------------|
| VERBUN4F.     | 1     | Not narrow at all |
|               | 2     | Less narrow       |
|               | 3     | Narrow            |
|               | 4     | Very narrow       |
|               |       |                   |
|               | -2    | Don't know        |
|               | -1    | Denied            |

#### 5. Person

VARIABLENAME soznetz2\_5

VARIABLENLABELSoc . network: 5th person: no other person

QUESTION TEXT Is there another person who is important to you? Can you please tell me the name of

the next (fifth) person?

INTERVIEWER'S NOTE If ZP/PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

If the person refuses to be named, but can provide information about the person, please enter

"xxx" under names.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--|
| Nopersf.      |       | 0can name other person, namely:<br>[open: soznetz2_5x] |
|               | 1     | cannot name another person                             |
|               |       | -1Refuses to provide information on another person     |

VARIABLENAME soznetz2\_5x

VARIABLENLABELSoc . network: 5th person: Name (open)

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN

(0) AND soznetz2\_5 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL              |
|---------------|-------|--------------------------|
| \$900.        |       | Name of the fifth person |
|               |       |                          |
|               |       | -2Don't know             |
|               | -1    | Denied                   |

VARIABLENAME soznetz3\_5

VARIABLE LABEL Soc. network: 5th person: gender QUESTION TEXT What is the gender of this person?

INTERVIEWER NOTE <em>Evaluation by interviewer</em>: Gender. If it is not clear, ask the

interviewer.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN

(0) AND soznetz2\_5 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| GESCHL2F.     | 1     | Male        |
|               | 2     | Female      |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME

VARIABLENLABELSoc

. network: 5th person: relationship

QUESTION TEXT ZP

What is the relationship between <name&gt; and you?

QUESTION TEXT PX

What is the relationship between &lt;name&gt; and Mr/Mrs [name ZP]?

INTERVIEWER NOTE

Categorisation by interviewer. Do not read out!

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN

(0) AND soznetz2\_5 IN (0)

PROGRAMMING NOTE if (value IN (201) AND children1 IN (0)) OR (value IN (301) AND grandchildren1 IN (0)) OR (value IN

(351) AND grandson2 IN (0)), then alert

| (Default text for alert: "Please check if this entry is correct"). |       |  |
|--|-------|--|
| OUTPUT FORMAT  | VALUE | VALUE LABEL  |
| PERSCART.  |       |  |
|  | 102   | Parents  |
|  |       | 104Parents-in-law (parents of the partner)           |
|  | 106   | (Spouse) Partner                                     |
|  |       | 107Daughter-in-law/son-in-law (partner of the child) |
|  |       | 111Brother-in-law (brother/sister of the partner)    |
|  | 120   | Ex-partner   |
|  | 201   | Child  |
|  | 301   | Grandchild   |
|  | 351   | Great-grandchild                                     |
|  | 451   | Siblings   |
|  |       | 401Aunt/uncle (siblings of parents)                  |
|  |       | 403Cousin (child of aunt/uncle)                      |
|  |       | 405Niece/nephew (child of sibling)                   |
|  |       | 407Other relatives                                   |
|  | 501   | Boyfriend/girlfriend                                 |
|  | 601   | (former) work colleagues                             |
|  | 602   | Neighbours   |
|  |       | 603Association or organisation members               |
|  |       | 701Volunteers, e.g. from social institutions         |
|  |       | 702 Paid helpers (e.g. caregiver)                    |
|  | 801   | Known  |
|  |       | 901Other person                                      |
|  |       | -2Don't know   |
|  | -1    | Denied   |
|  | •     | Domos  |

VARIABLENAME socnet5\_5

VARIABLENLABELSoc . network: 5th person: Frequency Contact

QUESTION TEXT ZP How often do you have contact with <name&gt;, e.g. through visits, letters, phone calls,

SMS or email?

QUESTION TEXT PX How often does Mr/Woman [name ZP] have contact with &It;name>, e.g. through

visits, letters, phone calls, SMS or email?

INTERVIEWER NOTE Please read out answers.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0) AND soznetz2\_5 IN (0)

| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
|---------------------|----|----------------------|
| CONTH5F.            | 1  | Daily                |
|                     | 2  | Weekly               |
|                     | 3  | Monthly              |
|                     | 4  | Several times a year |
|                     | 5  | Rarer                |
|                     |    |                      |
|                     |    | -2Don't know         |
|                     | -1 | Denied               |

VARIABLENAME soznetz6\_5

VARIABLENLABELSoc . network: 5th person: connectedness

QUESTION TEXT ZP How closely do you feel connected to &It;Name> today?

QUESTION TEXT PX How closely does Mr/Mrs [name ZP] feel connected to <name&gt; today?

INTERVIEWER NOTE Please read out answers. and present list 50.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0) AND soznetz2\_5 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL       |
|---------------|-------|-------------------|
| VERBUN4F.     | 1     | Not narrow at all |
|               | 2     | Less narrow       |
|               | 3     | Narrow            |
|               | 4     | Very narrow       |
|               |       |                   |
|               | -2    | Don't know        |
|               | -1    | Denied            |

#### 6. Person

VARIABLENAME soznet2\_6

VARIABLENLABELSoc . network: 6th person: no other person

QUESTION TEXT Is there another person who is important to you? Can you please tell me the name of

the next (sixth) person?

INTERVIEWER'S NOTE If ZP/PX does not want to name names, read out the following text:

"Stating the name is only to help clarify which person we are talking about in the further

course of the interview. If you want, you can also use a made-up name."

If the person refuses to be named, but can provide information about the person, please enter

"xxx" under names.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN

(0) AND soznetz2\_5 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--|
| Nopersf.      |       | Ocan name other person, namely: [open: socnet2_6x] |
|               | 1     | cannot name another person                         |
|               |       | -1Refuses to provide information on another person |

VARIABLENAME soznetz2\_6x

VARIABLENLABELSoc . network: 6th person: name (open)

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN

(0) AND soznetz2\_5 IN (0) AND soznetz2\_6 IN (0)

PROGRAMMING NOTEPlease record all the characteristics of a person first

(soznetz2\_1 to soznetz6\_1), then move on to the next person. Up to max. 6 persons

OUTPUT FORMAT VALUE VALUE LABEL

(soznetz2\_6 to soznetz6\_6).

\$900. Name of the sixth person

-2Don't know

-1 Denied

VARIABLENAME soznet3\_6

VARIABLE LABEL Soc. network: 6th person: gender QUESTION TEXT What is the gender of this person?

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN

(0) AND soznetz2\_5 IN (0) AND soznetz2\_6 IN (0)

| OUTPUT FORMAT VALUE |   | VALUE LABEL |
|---------------------|---|-------------|
| GESCHL2F.           | 1 | Male        |
|                     | 2 | Female      |

#### -2Don't know

-1 Denied

VARIABLENAME

VARIABLENLABELSoc

. network: 6th person: relationship

QUESTION TEXT ZP

What is the relationship between <name&gt; and you?

QUESTION TEXT PX

What is the relationship between &lt;name&gt; and Mr/Mrs [name ZP]?

INTERVIEWER NOTE

Categorisation by interviewer. Do not read out!

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0) AND soznetz2\_5 IN (0) AND soznetz2\_6 IN (0)

PROGRAMMING NOTE if (value IN (201) AND children1 IN (0)) OR(value IN (301) AND grandchildren1 IN (0)) OR(value IN (351)

AND grandson2 IN (0)), then alert

| AND grandson2 IN (0)), then alert |       |  |  |  |
|-----------------------------------|-------|--|--|--|
|                                   |       | alert: "Please check if this entry is correct").     |  |  |
| OUTPUT FORMAT                     | VALUE | VALUE LABEL  |  |  |
| PERSCART.                         |       |  |  |  |
|                                   | 102   | Parents  |  |  |
|                                   |       | 104Parents-in-law (parents of the partner)           |  |  |
|                                   | 106   | (Spouse) Partner                                     |  |  |
|                                   |       | 107Daughter-in-law/son-in-law (partner of the child) |  |  |
|                                   |       | 111Brother-in-law (brother/sister of the partner)    |  |  |
|                                   | 120   | Ex-partner   |  |  |
|                                   | 201   | Child  |  |  |
|                                   | 301   | Grandchild   |  |  |
|                                   | 351   | Great-grandchild                                     |  |  |
|                                   | 451   | Siblings   |  |  |
|                                   |       | 401Aunt/uncle (siblings of parents)                  |  |  |
|                                   |       | 403Cousin (child of aunt/uncle)                      |  |  |
|                                   |       | 405Niece/nephew (child of sibling)                   |  |  |
|                                   |       | 407Other relatives                                   |  |  |
|                                   | 501   | Boyfriend/girlfriend                                 |  |  |
|                                   | 601   | (former) work colleagues                             |  |  |
|                                   | 602   | Neighbours   |  |  |
|                                   |       | 603Association or organisation members               |  |  |
|                                   |       | 701Volunteers, e.g. from social institutions         |  |  |
|                                   |       | 702 Paid helpers (e.g. caregiver)                    |  |  |
|                                   | 801   | Known  |  |  |
|                                   |       | 901Other person                                      |  |  |
|                                   |       |  |  |  |
|                                   |       | -2Don't know   |  |  |
|                                   | -1    | Denied   |  |  |

VARIABLENAME socnet5\_6

VARIABLENLABELSoc . network: 6th person: Frequency Contact

QUESTION TEXT ZP How often do you have contact with &It;name>, e.g. through visits, letters, phone calls,

SMS or email?

QUESTION TEXT PX How often does Mr/Woman [name ZP] have contact with <name&gt;, e.g. through

visits, letters, phone calls, text messages or email?

INTERVIEWER NOTE Please read out answers.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0) AND soznetz2\_5 IN (0) AND soznetz2\_6 IN (0)

| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
|---------------------|----|----------------------|
| CONTH5F.            | 1  | Daily                |
|                     | 2  | Weekly               |
|                     | 3  | Monthly              |
|                     | 4  | Several times a year |
|                     | 5  | Rarer                |
|                     |    |                      |
|                     |    | -2Don't know         |
|                     | -1 | Denied               |

VARIABLENAME soznetz6\_6

VARIABLENLABELSoc . network: 6th person: connectedness

QUESTION TEXT ZP How closely do you feel connected to &It;Name> today?

QUESTION TEXT PX How closely does Mr/Mrs [name ZP] feel connected to ⁢name> today?

INTERVIEWER NOTE Please read out answers.

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN (0) AND soznetz2\_5 IN (0) AND soznetz2\_6 IN (0)

| OUTPUT FORMAT | VALUE | VALUE LABEL       |
|---------------|-------|-------------------|
| VERBUN4F.     | 1     | Not narrow at all |
|               | 2     | Less narrow       |
|               | 3     | Narrow            |
|               | 4     | Very narrow       |
|               |       |                   |
|               | -2    | Don't know        |
|               | -1    | Denied            |
|               |       |                   |

VARIABLENAME soznet7

VARIABLENLABELSoc . network: Number of other persons

 ${\tt QUESTION\ TEXT\ ZP}\qquad \textbf{If you could name more than 6 people who are important to you.}$ 

How many more people would you have named?

QUESTION TEXT PX If you could name more than 6 people who are important to Mr/Mrs [name ZP].

How many more people would you have named?

FILTERSoznetz1 IN (1) AND soznetz2\_2 IN (0) AND soznetz2\_3 IN (0) AND soznetz2\_4 IN

(0) AND soznetz2\_5 IN (0) AND soznetz2\_6 IN (0)

Note from ceres: Please keep the formal definition of the filter condition for the documentation.

| OUTPUT FORMAT | VALUE     | VALUE LABEL             |
|---------------|-----------|-------------------------|
| BEST8.        | (0 - 100) | Number of other persons |
|               | -1        | Denied                  |
|               | -2        | Don't know              |

## ASK NUMBER PAPI

77

VARIABLENAME

covid1\_8

VARIABLENLABELCOVID19

: Influence Survey domain: Social contacts and social participation QUESTION TEXT

ZP

How much has the Corona pandemic influenced your private contacts?

QUESTION TEXT PX

How much did the Corona pandemic affect Mr/Mrs [name ZP]'s private contacts?

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| covidF.       | 1     | Not at all  |
| :             | 2     | A little    |
| ;             | 3     | Moderate    |
| •             | 4     | Strong      |
| !             | 5     | Very strong |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

## **ASK NUMBER PAPI**

**78** 

**VARIABLENAME** 

FF\_covid1\_8

VARIABLENLABELCOVID19

: Influence Survey domain: Social contacts and social participation QUESTION TEXT

ZP

How positively or negatively have you experienced this change?

QUESTION TEXT PX

How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE

Please read out your answers.

FILTER FEED

covid1\_8 IN (2,3,4,5)

| $\alpha$ | TOLI | FFOR   | A A A T      |
|----------|------|--------|--------------|
| ()()     | וווי | T FORI | $NI\Delta I$ |
|          |      |        |              |

#### VALUE VALUE LABEL

covidF.

1Predominantly negative

2 Overall balanced

3

Predominantly positive

-2Don't know

#### -1 Denied

ASK NUMBER PAPI 79

VARIABLENAME **lonely** 

VARIABLE LABEL Loneliness

QUESTION TEXT ZP How often have you felt lonely in the <u>last week</u>?

QUESTION TEXT PX How often has Mr/Mrs [name ZP] felt lonely in the last week?

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL             |
|---------------|-------|-------------------------|
| ONE4F.        | 1     | Never or almost never   |
|               | 2     | Sometimes               |
|               | 3     | Mostly                  |
|               | 4     | Always or almost always |
|               |       |                         |
|               | -2    | Don't know              |
|               | -1    | Denied                  |

#### **QUESTION NUMBER PAPI 80\_A**

VARIABLENAME sozunt1

VARIABLENLABELsoz . support: greater gifts made

QUESTION TEXT ZP The following is about the support you have received from others <strong>in the

past 12 months</strong> or have given yourself.

Have you given money or major gifts in kind to anyone in the past 12 months?

QUESTION TEXT PX The following is about the support that Mr/Mrs [name ZP] receives from others.

<strong>has received or given himself in the past 12 months</strong>.

Has Mr/Mrs [name ZP] given money or major gifts in kind to anyone in the past 12

months?

| OUTPUT FORMAT | VALUE | LABEL        |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

VARIABLENAME sozunt2

VARIABLENLABEL soc. support: receive larger gifts

QUESTION TEXT ZP Have you yourself <u>received</u> money as a gift or larger gifts in kind in the past 12 months?

QUESTION TEXT PX In the past 12 months, has Mr/Mrs [name ZP] himself <u>received</u> money as a gift or <u>received</u> major gifts in kind?

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| N0J1F.              | 0  | No           |
|                     | 1  | Yes          |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

## **QUESTION NUMBER PAPI 80\_B**

VARIABLENAME sozunt3

VARIABLENLABELsoz . support: support given

QUESTION TEXT ZP How often have you helped other people with their chores or tasks?

We do not mean paid services.

QUESTION TEXT PX How often did Mr/Mrs [name ZP] help other people with their tasks or errands?

We do not mean paid services.

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| HAEUF5F.            | 1  | Never        |  |
|                     | 2  | Rare         |  |
|                     | 3  | Sometimes    |  |
|                     | 4  | Frequently   |  |
|                     | 5  | Always       |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |

VARIABLENAME sozunt4

VARIABLENLABELsoz . support: receive support

QUESTION TEXT ZP How often have you received help from other people to do tasks and accomplish things?

We do not mean paid services.

QUESTION TEXT PX How often did Mr/Mrs [name ZP] receive help from other people with tasks and

accomplishments?

We do not mean paid services.

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| HAEUF5F.      | 1     | Never       |
|               | 2     | Rare        |
|               | 3     | Sometimes   |
|               | 4     | Frequently  |
|               | 5     | Always      |
|               |       |             |
|               | -2    | Don't know  |

-1 Denied

### **QUESTION NUMBER PAPI80\_C**

VARIABLENAME sozunt5

VARIABLENLABELsoz . support: comfort given

QUESTION TEXT ZP How often have you comforted or cheered up other people?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] comfort or cheer up other people?

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| HAEUF5F.      | 1     | Never       |
|               | 2     | Rare        |
|               | 3     | Sometimes   |
|               | 4     | Frequently  |
|               | 5     | Always      |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

VARIABLENAME sozunt6

VARIABLENLABELsoz . support: receive comfort

QUESTION TEXT ZP How often have you been comforted or cheered up yourself?

QUESTION TEXT PX How often was Mr/Mrs [name ZP] himself comforted or cheered up?

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| HAEUF5F.      | 1     | Never       |
|               | 2     | Rare        |
|               | 3     | Sometimes   |
|               | 4     | Frequently  |
|               | 5     | Always      |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

#### ASK NUMBER PAPI 81

VARIABLENAME generat1

VARIABLENLABELGenerativity : Importance: Sharing experiences

QUESTION TEXT ZP How important is it to you to pass on your experience to younger people?

QUESTION TEXT PX How important is it for Mr/Mrs [name ZP] to pass on his/her experience to

younger people?

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
|---------------------|----|----------------------|
| WICHT4F.            | 1  | Not important at all |
|                     | 2  | Rather not important |
|                     | 3  | Rather important     |
|                     | 4  | Very important       |
|                     |    |                      |
|                     | -2 | Don't know           |
|                     | -1 | Denied               |
|                     |    |                      |

VARIABLE NAME generat1\_2

VARIABLE LABEL Generativity: Frequency: Passing on experiences

QUESTION TEXT How often do you do that?

ZP QUESTION How often does Mr/Mrs [name ZP] do this?

**TEXT PX** 

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| HAEUF4F.            | 1  | Never        |
|                     | 2  | Rather rare  |
|                     | 3  | Sometimes    |
|                     | 4  | Frequently   |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

VARIABLENAME generat2

VARIABLENLABELGenerativity : Importance: imparting social values

QUESTION TEXT ZP How important is it to you to teach social values (e.g. helpfulness) to younger

people?

QUESTION TEXT PX How important is it for Mr/Mrs [name ZP] to teach social values (e.g.

helpfulness) to younger people?

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORM | AT VALUE  | VALUE LABEL          |
|-------------|-----------|----------------------|
| WICHT4F.    | 1Not at a | ll important         |
|             | 2         | Rather not important |
|             | 3         | Rather important     |
|             | 4         | Very important       |
|             |           |                      |
|             |           | -2Don't know         |
|             | -1        | Denied               |

VARIABLENAME generat2\_2

VARIABLENLABELGenerativity : Frequency: Teaching social values

QUESTION TEXT ZP

How often do you do that?

QUESTION TEXT PX

How often does Mr/Mrs [name ZP] do this?

**INTERVIEWER NOTE** 

Please read out the answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL |  |
|---------------------|----|-------------|--|
| HAEUF4F.            | 1  | Never       |  |
|                     | 2  | Rather rare |  |
|                     | 3  | Sometimes   |  |
|                     | 4  | Frequently  |  |
|                     |    |             |  |
|                     | -2 | Don't know  |  |
|                     | -1 | Denied      |  |

VARIABLENAME generat3

VARIABLE LABEL Generativity: Importance: Being a role model

QUESTION TEXT ZP How important is it for you to be a role model for younger people?

QUESTION TEXT PX How important is it for Mr/Mrs [name ZP] to be a role model for younger

people?

INTEDVIEWEDIC NOTE

lloaco road out the ancwers

| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
|---------------------|----|----------------------|
| WEIGHT4F.           | 1  | Not important at all |
|                     | 2  | Rather not important |
|                     | 3  | Rather important     |
|                     | 4  | Very important       |
|                     |    |                      |
|                     | -2 | Don't know           |
|                     | -1 | Denied               |

VARIABLENAME generat3\_2

VARIABLE LABEL Generativity: Frequency: Being a role model

QUESTION TEXT ZP How often do you do that?

QUESTION TEXT PX How often does Mr/Mrs [name ZP] do this?

| INTEDVIEWEDIC NOTE |       | ice read out the answers |
|--------------------|-------|--------------------------|
| OUTPUT FORMAT      | /ALUE | VALUE LABEL              |
| HAEUF4F.           | 1     | Never                    |
|                    | 2     | Rather rare              |
|                    | 3     | Sometimes                |
|                    | 4     | Frequently               |
|                    |       |                          |
|                    | -2    | Don't know               |
|                    | -1    | Denied                   |
|                    | _     |                          |

ASK NUMBER PAPI

82

**VARIABLENAME** 

anomy1

VARIABLENLABELAnomie: social way of life QUESTION TEXT ZP In the following.

In the following, we would like to know how you feel about your relationship to today's

society.

Do you feel that you are getting worse and worse at coping with today's social way of life?

**QUESTION TEXT PX** 

In the following we would like to know how Mr/Mrs [name ZP] feels about his/her

relationship to today's society.

Does Mr/Mrs [name ZP] feel that he/she is getting worse and worse at coping with today's way of life in society?

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL           |
|---------------------|----|-----------------------|
| ZUTR4_1F.           |    | 1Does not apply       |
|                     | 2  | Rather not applicable |
|                     | 3  | More likely to apply  |
|                     | 4  | Applies               |
|                     |    |                       |
|                     |    | -2Don't know          |
|                     | -1 | Denied                |

VARIABLENAME anomy2
VARIABLENLABELAnomie: values

QUESTION TEXT ZP Do you have the feeling that your own values fit less and less with the values of

today's society?

QUESTION TEXT PX Does Mr/Mrs [name ZP] feel that his/her own values are becoming less and less in line

with the values of today's society?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORMAT VALUE |    | VALUE LABEL           |
|---------------------|----|-----------------------|
| ZUTR4_1F.           |    | 1Does not apply       |
|                     | 2  | Rather not applicable |
|                     | 3  | More likely to apply  |
|                     | 4  | Applies               |
|                     |    |                       |
|                     |    | -2Don't know          |
|                     | -1 | Denied                |

VARIABLENAME anomy3
VARIABLENLABELAnomy: Orientation

QUESTION TEXT ZP Do you feel that today's society is changing so fast that you no longer know what to look

for?

# QUESTION TEXT PX Does Mr/Mrs [name ZP] feel that today's society is changing so fast that he/she no longer knows what to look for?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORMAT VALUE |    | VALUE LABEL           |
|---------------------|----|-----------------------|
| ZUTR4_1F.           |    | 1Does not apply       |
|                     | 2  | Rather not applicable |
|                     | 3  | More likely to apply  |
|                     | 4  | Applies               |
|                     |    |                       |
|                     |    | -2Don't know          |
|                     | -1 | Denied                |

#### ASK NUMBER PAPI

VARIABLENAME covid1\_11

VARIABLENLABELCOVID19 : Corona pandemic alienates from society

QUESTION TEXT ZP Do you feel that the Corona pandemic has alienated you from society?

QUESTION TEXT PX Does Mr/Mrs [name ZP] feel that the Corona pandemic has alienated him/her

from society?

INTERVIEWER'S NOTE Please read out your answers.

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| INTERVIEWERONOTE | r ieuse rei | uu out your unswers. |
|------------------|-------------|----------------------|
| OUTPUT FORMAT    | VALUE       | VALUE LABEL          |
| covidF.          | 1Not at     | all                  |
|                  | 2           | A little             |
|                  | 3           | Moderate             |
|                  | 4           | Strong               |
|                  | 5           | Very strong          |
|                  |             |                      |
|                  |             | -2Don't know         |
|                  | -1          | Denied               |
|                  |             |                      |

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## 10 Value system

ASK NUMBER PAPI

VARIABLENAME indValue1

VARIABLENLABELIndiv . value system: doing things your own way

QUESTION TEXT ZP Every person has certain ideas that determine their life and behaviour.

We have already touched on a few of them. How

important is it to you

... do things your own way?

QUESTION TEXT PX Every person has certain ideas that determine their life and behaviour.

We have already touched on a few of them. How

important is it to Mr/Mrs [name ZP]?

... to do things his/her own way?

INTERVIEWER NOTE Please read out answers, enter directly if necessary

| OUTPUT FORMAT | VALUE                 | VALUE LABEL          |
|---------------|-----------------------|----------------------|
| WICHT4F.      | 1Not at all important |                      |
|               | 2                     | Rather not important |
|               | 3                     | Rather important     |
|               | 4                     | Very important       |
|               |                       |                      |
|               |                       | -2Don't know         |
|               | -1                    | Denied               |

VARIABLENAME indValue2

VARIABLENLABELIndiv . value system: being wealthy

QUESTION TEXT ... being wealthy, having a lot of money and being able to afford expensive things?

| OUTPUT FORMAT VALUE |                       | VALUE LABEL          |
|---------------------|-----------------------|----------------------|
| WICHT4F.            | 1Not at all important |                      |
|                     | 2                     | Rather not important |
|                     | 3                     | Rather important     |
|                     | 4                     | Very important       |
|                     |                       |                      |
|                     |                       | -2Don't know         |
|                     | -1                    | Denied               |
|                     |                       |                      |

VARIABLENAME indValue3

VARIABLENLABELIndiv . value system: avoid dangers and have a safe environment QUESTION

TEXT ... to avoid what is dangerous and have a safe environment?

OUTPUT FORMAT VALUE VALUE LABEL

WICHT4F. 1Not at all important

| 2  | Rather not important |
|----|----------------------|
| 3  | Rather important     |
| 4  | Very important       |
|    |                      |
| -2 | Don't know           |
| -1 | Denied               |

VARIABLENAME indValue4

VARIABLE LABEL Indiv. value system: having a good time

QUESTION TEXT ... have a good time and enjoy yourself?

| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
|---------------------|----|----------------------|
| WICHT4F.            | 1  | Not important at all |
|                     | 2  | Rather not important |
|                     | 3  | Rather important     |
|                     | 4  | Very important       |
|                     |    |                      |
|                     | -2 | Don't know           |
|                     | -1 | Denied               |

VARIABLE NAME indValue5

VARIABLE LABEL Indiv. value system: Doing good for society

QUESTION TEXT ... to do something good for society?

| OUTPUT FORMAT VALUE | VALUE LABEL                        |
|---------------------|------------------------------------|
| WICHT4F. 1          | Not important at all               |
| 2                   | Rather not important               |
| 3                   | Rather important                   |
| 4                   | Very important                     |
|                     |                                    |
| -2                  | Don't know                         |
| -1                  | Denied                             |
| VARIABLE NAME       | indValue6                          |
| VARIABLE LABEL      | Indiv. value system: getting achie |
| QUESTION TEXT       | that other people recognise        |
| ZP                  | that other people recognise        |

| OUTPUT FORMAT VALUE | VALUE LABEL |  |
|---------------------|-------------|--|
| PX                  |             |  |

| WICHT4F. | 1 | Not important at all |
|----------|---|----------------------|
|          | 2 | Rather not important |
|          | 3 | Rather important     |
|          | 4 | Very important       |

-2 Don't know -1 Denied

indValue7 VARIABLENAME

VARIABLE LABEL Indiv. value system: taking risks

ng life?

| VARIABLE LABEL |         | indiv. value system: taking risks                   |  |
|----------------|---------|---|--|
| QUESTION TEXT  |         | to take a risk, experience adventure and lead an ex |  |
| OUTPUT FORMAT  | T VALUE | VALUE LABEL   |  |
| WICHT4F.       | 1       | Not important at all                                |  |
|                | 2       | Rather not important                                |  |
|                | 3       | Rather important                                    |  |
|                | 4       | Very important                                      |  |
|                | -2      | Don't know  |  |
|                | -1      | Denied  |  |
| VARIABLENAME   |         | indValue8   |  |
| VARIABLE LABEL |         | Indiv. value system: avoid offending others         |  |
| QUESTION TEXT  |         | to avoid offending others?                          |  |
| OUTPUT FORMAT  | VALUE   | VALUE LABEL   |  |
|                |         |   |  |
| WICHT4F.       | 1       | Not important at all                                |  |
|                | 2       | Rather not important                                |  |
|                | 3       | Rather important                                    |  |
|                | 4       | Very important                                      |  |
|                | -2      | Don't know  |  |
|                | -1      | Denied  |  |

| VARIABLENAME | indValue9 |
|--------------|-----------|
|              |           |

VARIABLE LABEL Indiv. value system: taking care of nature and the environment

| ne environment? | VALUE LABEL                        | VALUE | OUTPUT FORMA   |
|-----------------|------------------------------------|-------|----------------|
|                 |                                    |       |                |
|                 | Not important at all               | 1     | WICHT4F.       |
|                 | Rather not important               | 2     |                |
|                 | Rather important                   | 3     |                |
|                 | Very important                     | 4     |                |
|                 |                                    |       |                |
|                 | Don't know                         | -2    |                |
|                 | Denied                             | -1    |                |
|                 |                                    |       |                |
|                 | indValue10                         |       | VARIABLENAME   |
| o be respected  | Indiv. value system: traditions to |       | VARIABLE LABEL |

QUESTION TEXT ... respect traditions that you have learned from your family or religion?

ZP ... respect traditions that he/she has learned from his/her family or religion?

|                     |    | <del>-</del>         |
|---------------------|----|----------------------|
| OUTPUT FORMAT VALUE |    | VALUE LABEL          |
| PX                  |    |                      |
|                     |    |                      |
| WICHT4F.            | 1  | Not important at all |
|                     | 2  | Rather not important |
|                     | 3  | Rather important     |
|                     | 4  | Very important       |
|                     |    |                      |
|                     | -2 | Don't know           |
|                     | -1 | Denied               |

#### ASK NUMBER PAPI

VARIABLENAME spirit8

VARIABLENLABELSpirituality: importance of faith in life

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QUESTION TEXT ZP How important is your faith or spirituality to you in your life?

This can also be detached from a particular religion.

QUESTION TEXT PX How important is Mr/Mrs [name ZP]'s faith or spirituality in his/her life?

This can also be detached from a particular religion.

INTERVIEWER NOTE Please read out answers, if necessary enter them directly...

| OUTPUT FORMAT VALUE |                | VALUE LABEL          |
|---------------------|----------------|----------------------|
| WICHT4F.            | 1Not at all in | nportant             |
|                     | 2              | Rather not important |
|                     | 3              | Rather important     |
|                     | 4              | Very important       |
|                     |                |                      |
|                     |                | -2Don't know         |
|                     | -1             | Denied               |

| ASK | NUM | BER PA | PI | 86 |
|-----|-----|--------|----|----|
|-----|-----|--------|----|----|

VARIABLENAME stertod1

VARIABLENLABELSetting on dying and death: Acceptance

QUESTION TEXT ZP How easy is it for you to accept that one day you will die and be dead?

QUESTION TEXT PX How easy is it for Mr/Woman [name ZP] to accept that he/she will die one day and is

dead?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORMAT V | /ALUE       | VALUE LABEL     |
|-----------------|-------------|-----------------|
| EASY4F.         | 1Not easy a | at all          |
|                 | 2           | Rather not easy |
|                 | 3           | Rather light    |
|                 | 4           | Very light      |
|                 |             |                 |

-2Don't know

-1 Denied

ASK NUMBER PAPI 87

VARIABLENAME stertod2

VARIABLE LABEL Setting. on dying and death: Stressful thought

QUESTION TEXT ZP How much of a burden is the thought of being dead?

QUESTION TEXT PX How much does the thought of being dead weigh on Mr/Mrs [name ZP]?

INTERVIEWER'S NOTE Please read out answers.

| OUTPUT FORMAT VALUE |             | VALUE LABEL       |
|---------------------|-------------|-------------------|
| STRONG4F.           | 1Not strong | at all            |
|                     | 2           | Rather not strong |
|                     | 3           | Rather strong     |
|                     | 4           | Very strong       |
|                     |             |                   |
|                     |             | -2Don't know      |
|                     | -1          | Denied            |

ASK NUMBER PAPI 88

VARIABLENAME stertod3

VARIABLENLABELSetting on dying and death: Fear of

your own dying QUESTION TEXT ZP How strong is your fear of your own dying?

QUESTION TEXT PX How strong is Mr/Mrs [name ZP]'s fear of his own death?

INTERVIEWER'S NOTE Please read out answers.

| OUTPUT FORMAT VALUE |               | VALUE LABEL       |
|---------------------|---------------|-------------------|
| STRONG4F.           | 1Not strong a | t all             |
|                     | 2             | Rather not strong |
|                     | 3             | Rather strong     |
|                     | 4             | Very strong       |
|                     |               |                   |
|                     |               | -2Don't know      |
|                     | -1            | Denied            |

ASK NUMBER PAPI 89

VARIABLENAME covid1\_9

VARIABLENLABELCOVID19 : Influence Survey domain: Values and attitudes

QUESTION TEXT ZP How much did the Corona pandemic influence your thoughts about your own

death and dying?

QUESTION TEXT PX How much did the Corona pandemic influence Mr/Mrs [name ZP]'s thoughts on his/her

own death and dying?

INTERVIEWER'S NOTE Please read out your answers.

|               |       | au out your union cro |
|---------------|-------|-----------------------|
| OUTPUT FORMAT | VALUE | VALUE LABEL           |
| covidF.       | 1     | Not at all            |
|               | 2     | A little              |
|               | 3     | Moderate              |
|               | 4     | Strong                |
|               | 5     | Very strong           |
|               |       |                       |
|               | -2    | Don't know            |
|               | -1    | Denied                |
|               |       |                       |

### ASK NUMBER PAPI 90

VARIABLENAME FF\_covid1\_9

VARIABLENLABELCOVID19 : Influence Survey area: Values and attitudes QUESTION

TEXT ZP How positively or negatively did you experience this change?

Denied

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE Please read out your answers.
FILTER FEED covid1\_9 IN (2,3,4,5)

-1

| OUTPUT FORMAT | VALUE | VALUE LABEL             |
|---------------|-------|-------------------------|
| covidF.       |       | 1Predominantly negative |
|               | 2     | Overall balanced        |
|               | 3     | Predominantly positive  |
|               |       |                         |
|               |       | -2Don't know            |

## 11 Well-being and Life satisfaction

ASK NUMBER PAPI 91

VARIABLENAME panas1

VARIABLENLABELPANAS : enthusiastic

QUESTION TEXT ZP The following statements deal with feelings.

Please tell me approximately how often you have experienced the feelings mentioned in the

<strong>last 12 months</strong>.

How often have you felt ... in the last year?

... enthusiastic

QUESTION TEXT PX The following statements deal with feelings.

Please tell me how often Mr/Mrs [name ZP] has the above feelings in the

<strong>last 12 months</strong> approximately.

How often has Mr/Mrs [name ZP] felt ... in the last year?

... enthusiastic

INTERVIEWER'S NOTE Please read out answers.

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| PANAS5F.            | 1  | Never        |  |
|                     | 2  | Rather rare  |  |
|                     | 3  | Sometimes    |  |
|                     | 4  | Frequently   |  |
|                     | 5  | Very often   |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |

VARIABLENAME panas2

VARIABLENLABELPANAS : attentive

QUESTION TEXT ... attentive

| OUTPUT FORMAT VALUE |         | VALUE LABEL  |
|---------------------|---------|--------------|
| PANAS5F.            | 1       | Never        |
|                     | 2Rarely |              |
|                     | 3       | Sometimes    |
|                     | 4       | Frequently   |
|                     |         | 5Very often  |
|                     |         |              |
|                     |         | -2Don't know |
|                     | -1      | Denied       |
|                     |         |              |

VARIABLENAME panas3

VARIABLENLABELPANAS : joyfully excited, expectantly

QUESTION TEXT ... joyfully excited, expectantly

| OUTPUT FORMAT | VALU<br>E | VALUE LABEL |
|---------------|-----------|-------------|
| PANAS5F.      | 1         | Never       |
|               | 2         | Rather rare |
|               | 3         | Sometimes   |
|               | 4         | Frequently  |
|               | 5         | Very often  |
|               |           |             |
|               | -2        | Don't know  |
|               | -1        | Denied      |

VARIABLENAME panas4

VARIABLE LABEL PANAS: animated

QUESTION TEXT ... stimulated

| VALU<br>E | VALUE LABEL |
|-----------|-------------|
| 1         | Never       |
| 2         | Rather rare |
| 3         | Sometimes   |
| 4         | Frequently  |
| 5         | Very often  |
|           |             |
| -2        | Don't know  |
| -1        | Denied      |
|           | E 1 2 3 4 5 |

VARIABLE NAME panas5

VARIABLE LABEL PANAS: Determined

QUESTION TEXT ... determined

**OUTPUT FORMAT** VALU VALUE LABEL Ε PANAS5F. 1 Never 2 Rather rare 3 Sometimes 4 Frequently 5 Very often -2 Don't know -1 Denied

QUESTION TEXT ZP Now it's about your mood.

For the following questions, please think about how you have felt most of the time during

the last 14 days.

Are you feeling depressed?

QUESTION TEXT PX Now it is about the mood of Mr/Mrs [name ZP].

For both of the following questions, please think about how Mr/Mrs [name ZP] has felt

most of the time during the last 14 days.

Does Mr/Mrs [name ZP] feel depressed?

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| N0J1F.              | 0  | No           |  |
|                     | 1  | Yes          |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |

VARIABLENAME depress2

VARIABLE LABEL Depressiveness: it is hard to get up?

QUESTION TEXT ZP

Do you find it difficult to pull yourself

together?

QUESTION TEXT PX Does Mr/Mrs [name ZP] find it difficult to get up?

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| N0J1F.              | 0  | No           |
|                     | 1  | Yes          |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

VARIABLENAME depress3

VARIABLENLABELDepressiveness : Enjoying life

QUESTION TEXT ZP Can you enjoy your life even if some things are harder for you?

QUESTION TEXT PX Can Mr/Mrs [name ZP] enjoy his/her life even if some things are harder for

him/her?

| OUTPUT FORM | 1AT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| N0J1F.      | 0         | No           |  |
|             | 1         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME depress4

VARIABLENAME Depressiveness:

brooding a lot QUESTION TEXT ZP Do you have

to brood a lot?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have to brood a lot?

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

ASK NUMBER PAPI

93

VARIABLENAME

valofli1

VARIABLENLABELValuation of Life: optimistic

**QUESTION TEXT ZP** 

The following questions are about your attitude to life.

Do you feel rather optimistic at the moment?

QUESTION TEXT PX

The following questions are about Mr/Mrs [name ZP]'s attitude towards life.

Does Mr/Mrs [name ZP] feel rather optimistic at the moment?

INTERVIEWER'S NOTE

Please read out answers.

| VALUE | VALUE LABEL  |
|-------|--------------|
| 0     | No           |
| 1     | Neither/nor  |
| 2     | Yes          |
|       |              |
|       | -2Don't know |
| -1    | Denied       |
|       | 0 1 2        |

VARIABLENAME valofli2

VARIABLE LABEL Valuation of Life: looking forward to many things every

day QUESTION TEXT ZP Are there many things you look forward to every day?

QUESTION TEXT PX Are there many things that Mr/Mrs [name ZP] looks forward to every day?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORM | NAT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| NWNJ3F.     | 0         | No           |  |
|             | 1         | Neither/nor  |  |
|             | 2         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME

valofli3

VARIABLENLABELValuation of Life: perceive present

life as useful QUESTION TEXT ZP

Do you feel that your current life is

useful?

QUESTION TEXT PX

Does Mr/Mrs [name ZP] find his/her current life useful?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORI | MAT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| NWNJ3F.     | 0         | No           |  |
|             | 1         | Neither/nor  |  |
|             | 2         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME valofli5

VARIABLENLABELValuation of Life: strong will to live

QUESTION TEXT ZP Do you have a strong will to live at the moment?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have a strong will to live at the moment?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORM | 1AT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| NWNJ3F.     | 0         | No           |  |
|             | 1         | Neither/nor  |  |
|             | 2         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME valofli6

VARIABLENLABELValuation of Life:

Life has a meaning QUESTION TEXT ZP Does life have meaning

for you?

QUESTION TEXT PX Does life have a meaning for Mr/Mrs [name ZP]?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORM | AT VALUE | VALUE LABEL  |  |
|-------------|----------|--------------|--|
| NWNJ3F.     | 0        | No           |  |
|             | 1        | Neither/nor  |  |
|             | 2        | Yes          |  |
|             |          |              |  |
|             |          | -2Don't know |  |
|             | -1       | Denied       |  |
|             |          |              |  |

VARIABLENAME valofli7

VARIABLENLABELValuation of Life: Achieving Life Goals

QUESTION TEXT ZP Do you feel able to achieve your goals in life?

QUESTION TEXT PX Does Mr/Mrs [name ZP] feel able to achieve his/her life goals?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORM | NAT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| NWNJ3F.     | 0         | No           |  |
|             | 1         | Neither/nor  |  |
|             | 2         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME valofli8

VARIABLENLABELValuation of Life: hopeful attitude

QUESTION TEXT ZP Based on your personal attitude to life (e.g. beliefs), are you more hopeful in

principle?

QUESTION TEXT PX Is Mr/Mrs [name ZP] on principle more hopeful because of his/her personal

attitude to life (e.g. principles of faith)?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORM | 1AT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| NWNJ3F.     | 0         | No           |  |
|             | 1         | Neither/nor  |  |
|             | 2         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME valofli9

VARIABLE LABEL Valuation of Life: making the most of life QUESTION

TEXT ZP Do you plan to make the most of your life?

QUESTION TEXT PX Does Mr/Mrs [name ZP] intend to make the most of his/her life?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |  |
|---------------------|----|--------------|--|
| NWNJ3F.             | 0  | No           |  |
|                     | 1  | Neither/nor  |  |
|                     | 2  | Yes          |  |
|                     |    |              |  |
|                     |    | -2Don't know |  |
|                     | -1 | Denied       |  |
|                     |    |              |  |

VARIABLENAME valofli10

VARIABLENLABELValuation of Life: Finding ideas out of difficult situations

QUESTION TEXT ZP Do you have many ideas for getting out of a difficult situation?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have many ideas for getting out of a difficult situation?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORM | 1AT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| NWNJ3F.     | 0         | No           |  |
|             | 1         | Neither/nor  |  |
|             | 2         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME valofli11

VARIABLENLABELValuation of Life: ways to achieve important things

QUESTION TEXT ZP Can you think of many ways to achieve the things that are important to you?

QUESTION TEXT PX Can Mr/Mrs [name ZP] think of many ways to achieve the things that are important to

him/her?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| AT VALUE | VALUE LABEL  |                                       |
|----------|--------------|---------------------------------------|
| 0        | No           |                                       |
| 1        | Neither/nor  |                                       |
| 2        | Yes          |                                       |
|          |              |                                       |
|          | -2Don't know |                                       |
| -1       | Denied       |                                       |
|          | 0 1 2        | 0 No 1 Neither/nor 2 Yes -2Don't know |

VARIABLENAME valofli12

VARIABLENLABELValuation of Life: Way to solve problem

QUESTION TEXT ZP Do you always find a way to solve a problem, even when others have already

given up?

QUESTION TEXT PX Does Mr/Mrs [name ZP] always find a way to solve a problem even when others

have already given up?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| NWNJ3F.       | 0     | No           |
|               | 1     | Neither/nor  |
|               | 2     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

VARIABLENAME valofli13

VARIABLENLABELValuation of Life: achieving self-set goals

QUESTION TEXT ZP Do you generally achieve the goals you set for yourself?

QUESTION TEXT PX Does Mr/Mrs [name ZP] generally achieve the goals he/she sets for him/herself?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

| OUTPUT FORM | 1AT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| NWNJ3F.     | 0         | No           |  |
|             | 1         | Neither/nor  |  |
|             | 2         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

ASK NUMBER PAPI 94

VARIABLENAME meainli1

VARIABLENLABELMeaning in Life: Past: Own doing

QUESTION TEXT ZP How good do you feel when you think about all the things you have done in the

past?

QUESTION TEXT PX How good does Mr/Mrs [name ZP] feel when he/she thinks about all the things

he/she has done in the past?

INTERVIEWER'S NOTE Please read out answers.

| OUTPUT FORM | MAT VALUE | VALUE LABEL   |   |
|-------------|-----------|---------------|---|
| GOOD5F.     |           | 1Very poor    | _ |
|             | 2         | Rather bad    |   |
|             | 3         | Partly/partly |   |
|             | 4         | Rather good   |   |
|             | 5         | Very good     |   |
|             |           |               |   |
|             |           | -2Don't know  |   |
|             | -1        | Denied        |   |

ASK NUMBER PAPI 95

VARIABLENAME meainli2

VARIABLENLABELMeaning in Life: Past: Meaning even in bad things

QUESTION TEXT ZP How well do you manage, even in the unpleasant things that happen in the

What is the meaning of what has happened in the past?

QUESTION TEXT PX How well does Mr/Mrs [name ZP] manage to make sense of even the unpleasant

things that have happened in the past?

INTERVIEWER'S NOTE Please read out answers.

|             | 011012    | ricase read out answers. |  |
|-------------|-----------|--------------------------|--|
| OUTPUT FORM | NAT VALUE | VALUE LABEL              |  |
| GOOD5F.     |           | 1Very poor               |  |
|             | 2         | Rather bad               |  |
|             | 3         | Partly/partly            |  |
|             | 4         | Rather good              |  |

5 Very good
-2Don't know

-1 Denied

VARIABLENAME

zufri

VARIABLENLABELGeneral satisfaction

QUESTION TEXT ZP

All in all, how satisfied are you with your life at present?

Please answer on a scale from 0 to 10. '0' means that you are completely !!un!!satisfied, '10' means you are completely satisfied. With the numbers in between you can grade your judgement.

QUESTION TEXT PX All in all, how satisfied is Mr/Mrs [name ZP] with his/her life at present?

Please answer on a scale from 0 to 10. '0' means that Mr/Mrs [name ZP] is completely

!!un!!satisfied, '10' means that Mr/Mrs [name ZP] is completely satisfied.

With the numbers in between you can grade your judgement.

| OUTPUT FORMAT | VALUE | VALUE LABEL            |
|---------------|-------|------------------------|
| ALGZU10F.     | 0     | 0=Totally dissatisfied |
|               | 1     | 1                      |
|               | 2     | 2                      |
|               | 3     | 3                      |
|               | 4     | 4                      |
|               | 5     | 5                      |
|               | 6     | 6                      |
|               | 7     | 7                      |
|               | 8     | 8                      |
|               | 9     | 9                      |
|               | 10    | 10=Totally satisfied   |
|               |       |                        |
|               | -2    | Don't know             |
|               | -1    | Denied                 |

ASK NUMBER PAPI 97

VARIABLENAME covid1\_10

VARIABLENLABELCOVID19 : Influence Survey domain: well-being and life satisfaction QUESTION TEXT ZP

How much did the Corona crisis affect your life in the area of wellbeing and

Life satisfaction influenced?

QUESTION TEXT PX How much has the Corona pandemic affected the well-being of Mr/Mrs [name ZP]?

INTERVIEWER'S NOTE Please read out your answers.

| Trease read out your answers. |         | du out your unswers. |
|-------------------------------|---------|----------------------|
| OUTPUT FORMAT                 | VALUE   | VALUE LABEL          |
| covidF.                       | 1Not at | all                  |
|                               | 2       | A little             |
|                               | 3       | Moderate             |
|                               | 4       | Strong               |
|                               | 5       | Very strong          |
|                               |         |                      |
|                               |         | -2Don't know         |
|                               | -1      | Denied               |

#### ASK NUMBER PAPI 98

VARIABLENAME FF\_covid1\_10

VARIABLENLABELCOVID19 : Influence Survey domain: Well-being and life satisfaction QUESTION TEXT

ZP How positively or negatively did you experience this change?

QUESTION TEXT PX How positively or negatively did Mr/Mrs [name ZP] experience this change?

INTERVIEWER'S NOTE Please read out your answers.

FILTER FEED covid1\_10 IN (2,3,4,5)

| OUTPUT FORMAT | VALUE | VALUE LABEL             |
|---------------|-------|-------------------------|
| covidF.       |       | 1Predominantly negative |
|               | 2     | Overall balanced        |
|               | 3     | Predominantly positive  |
|               |       |                         |
|               |       | -2Don't know            |
|               | -1    | Denied                  |

## 12 Biography

#### **QUESTION NUMBER PAPI** 99

VARIABLENAME brfzp1

VARIABLENLABELE Occupational biography Target person: End of full-time occupation QUESTION TEXT ZP

Have you ever been gainfully employed?

QUESTION TEXT PX Has Mr/Mrs [name ZP] ever been gainfully employed?

INTERVIEWER'S NOTE Please read out your answers, enter them directly if necessary.

| OUTPUT FORMA | T VALUE | VALUE LABEL                   |
|--------------|---------|-------------------------------|
| BEREND3F.    | 1Been   | gainfully employed            |
|              | 2       | Never been gainfully employed |
|              | 3       | Still in full-time employment |
|              |         |                               |
|              |         | -2Don't know                  |
| -1           |         | Denied                        |

ASK NUMBER PAPI 101

VARIABLENAME brfzp1\_1

VARIABLENLABELE Occupational biography Target person: End of main occupation (YYYY)

QUESTION TEXT ZP Up to what year were you in full-time employment?

FILTER FEEDbrfzp1 IN (1)

PROGRAMMING NOTE if value < gebdat3, then alert

Standard text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT | VALUE LABEL                                 |                        |
|---------------|---|------------------------|
| 4.            | (1900 - current year of<br>the survey date) | Indication of the year |
|               | -1  | Denied                 |
|               |   | -2Don't know           |

### ASK NUMBER PAPI 102

VARIABLENAME brfzp2

VARIABLENLABELE Occupational biography Target person: occupational position

QUESTION TEXT ZP What was your last/do you have in your main occupation?

QUESTION TEXT PX What was the occupational status of Mr/Mrs [name ZP] in his/ her last/ main occupation?

INTERVIEWER'S NOTE Read aloud categories

PGH = Production cooperative of the craft sector

FILTER FEEDbrfzp1 IN (1,3)

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--|
| CAREER7F      | 10    | Self-employed farmers or cooperative farmers                                   |
|               | 20    | Academics in the liberal professions (doctors, lawyers, tax consultants, etc.) |
|               | 25    | Assisting family members   |
|               | 30    | Self-employed, Ich-AG or PGH member  |
|               | 40    | Civil servants, judges, professional soldiers, namely                          |
|               | 50    | Employees  |
|               | 60    | Workers  |
|               | -2    | Don't know   |
|               | -1    | Denied   |
|               |       |  |

**VARIABLENAME** 

brfzp2\_1

VARIABLENLABELE Occupational

biography Target person: occupational position -

more specific QUESTION TEXT. Can you be more specific?

INTERVIEWER NOTE

Please read out answers, enter answer directly if necessary. PGH = Production cooperative of the craft sector

FILTER FEEDbrfzp1 IN (1,3)AND brfzp2 IN (10,20,30,40,50,60)

| $\alpha$ | ITPI | IT | FOI | $D \wedge A$ | $\Lambda T$ |
|----------|------|----|-----|--------------|-------------|
|          | 1171 | ,, |     | $\pi m$      | AI          |

#### VALUE LABEL

#### **BERUFSUB**

- 11 11 - Self-employed farmer: with a utilised agricultural area of less than 10ha 12 12 - Self-employed farmers: with a utilised agricultural area of 10ha and more 13 13 - Self-employed farmers: Cooperative farmers (formerly LPG) 21 21 - Academics in independent profession no other employees 22 22 - Academics in independent profession: 1 to 4 employees 23 23 - Academics in independent profession: 5 and more employees 31 31 - Self-employed, Ich-AG or PGH member no other employees 32 32 - Self-employed, Ich-AG or PGH member: 1 to 5 employees 33 33 - Self-employed, Ich-AG or PGH member: 5 and more employees 34 34 - Self-employed, Ich-AG or PGH member: PGH member 41 41 - Civil servants, judges, professional soldiers in the ordinary service or in a comparable category
  - 42 42 - Officials, judges, professional soldiers: in the intermediate service or in a comparable category

comparable career bracket

- 43 43 - Civil servants, judges, professional soldiers: in the higher service or in a
- 44 44 - Civil servants, judges, professional soldiers: in the higher service or in a comparable category

- 51 Salaried employees: with executive activity according to general instructions (e.g. salesperson, data typist, secretarial assistants, care assistants).
- 52 Salaried employees: with skilled work done according to instructions (e.g. clerk, accountant, technical draughtsman).
- 53 Salaried employees: with independent performance in a responsible position or with specialist responsibility for personnel (e.g. scientific staff, authorised signatories, heads of department or foremen in salaried employment).
- 54 Salaried employees: with comprehensive management tasks and decisionmaking powers (e.g. directors, managing directors, members of the board of directors).
- 61 61 unskilled worker
- 62 62 Labourer: semi-skilled
- 63 63 Labourer: Skilled worker
- 64 64 Workers: foreman, column leader
- 65 Workers: foreman, foreman, brigadier

-2Don't know

-1 Denied

## ASK NUMBER PAPI

103

VARIABLENAME

brfzp3

VARIABLENLABELE Occupational biography Target person: has special designation QUESTION TEXT Does this occupation still have a special designation?

FILTER FEEDbrfzp1 IN (1,3)

| OUTPUT FORI | MAT VALUE | VALUE LABEL  |  |
|-------------|-----------|--------------|--|
| N0J1F.      | 0         | No           |  |
|             | 1         | Yes          |  |
|             |           |              |  |
|             |           | -2Don't know |  |
|             | -1        | Denied       |  |

VARIABLENAME brfzp3x

VARIABLENLABELE Occupational biography Target person: Job title (open)

QUESTION TEXT Job title (open)

FILTER FEEDbrfzp1 IN (1,3) AND brfzp3 IN (1)

| OUTPUT FORMAT VALUE |            | VALUE LABEL  |
|---------------------|------------|--------------|
| \$900.              | Indication | Job title    |
|                     |            |              |
|                     |            | -2Don't know |
|                     | -1         | Denied       |

ASK NUMBER PAPI 104

VARIABLENAME brfzp4x

VARIABLE LABEL Job biography target person: Job description (open)

QUESTION TEXT ZP What was the last occupation you did/do in your previous main occupation?

Describe the professional activity to me in detail.

QUESTION TEXT PX What was the most recent occupation of Mr/Mrs [name ZP] in his/her previous

main occupation/is Mr/Mrs [name ZP] in his/her main occupation?

Describe the professional activity to me in detail.

FILTER FEEDbrfzp1 IN (1,3)

\$900. Specify Job description
-2Don't know

VARIABLENAME brfep

-1

VARIABLENLABELE Occupational biography Spouse: Consent

Denied

QUESTION TEXT PX (Spouse) partner explicitly consents to having his/her last professional status collected.

INTERVIEWER NOTE

Please clarify whether consent can be obtained from the data subject!

FILTER GUIDE PX

respondent IN (2) AND (brfzp1 IN (2) AND famst1 IN (1,2,3,6,7,8))

OUTPUT FORMAT VALUE VALUE LABEL

NOJ1F. 0 No

1 Yes

VARIABLENAME brfep1

VARIABLENLABELE Occupational biography of spouse: End of main occupation QUESTION

TEXT ZP Has your (spouse)/last spouse ever been gainfully employed?

QUESTION TEXT PX Has the (spouse) partner/last spouse of Mr/Mrs [name ZP] ever been gainfully

employed?

INTERVIEWER'S NOTE Please read out your answers, enter them directly if necessary.

FILTER FEED ZPbrfzp1 IN (2)

FILTER GUIDE PXbrfzp1 IN (2) AND ((famst1 IN (1,2,3,5) AND brfep IN (1)) OR famst1 IN (4,))

OUTPUT FORMAT VALUE VALUE LABEL

BEREND3F. 1Been gainfully employed

Never been gainfully employed

3 Still in full-time employment

-2Don't know

-1 Denied

VARIABLENAME brfep1\_1

VARIABLENLABELEBiography of spouse: End of main occupation (YYYY)

QUESTION TEXT ZP Up to which year was your (spouse)partner/your last spouse in full-time

employment?

QUESTION TEXT PX Up to which year was the (spouse)partner/last spouse of Mr/Mrs [name ZP] in full-time

employment?

FILTER FEED ZPbrfzp1 IN (2) AND brfep1 IN (1)

FILTER GUIDE PX brfzp1IN (2) AND ((famst1 IN (1,2,3,5) AND brfep IN (1)) OR famst1 IN (4,)) AND brfep1 IN

(1)

PROGRAMMING NOTEif value < gebdat3, then alert

Standard text for alert: "Please check if this entry is correct".

| OUTPUT FO | RMAT VALUE                             | VALUE LABEL            |
|-----------|--|------------------------|
| 4.        | (1900 - current year of<br>the survey) | Indication of the year |
|           | -1                                     | Denied                 |
|           | -2                                     | Don't know             |

**VARIABLENAME** brfep2

VARIABLENLABELE Occupational biography Spouse: occupational status

QUESTION TEXT ZP What was your (spouse's)partner's/last spouse's occupational position in

his/her last/has your (spouse's) partner's main occupation?

QUESTION TEXT PX What was the occupational status of the (spouse)partner/last spouse of

Mr/Mrs [name ZP] in his/ her last/ has his/ her (spouse) partner in

his/her main gainful activity?

INTERVIEWER'S NOTE Read aloud categories

PGH = Production cooperative of the craft sector

FILTER GUIDE ZP brfzp1 IN (2) AND brfep1 IN (1,3)

brfzp1 IN (2) AND ((famst1 IN (1,2,3,5) AND brfep IN (1)) OR famst1 IN (4)) AND brfep1 FILTER GUIDE PX

IN (1,3)

**OUTPUT FORMAT** VALUE VALUE LABEL **VOCATION7F** 10Self-employed farmers or cooperative farmers 20Academics in independent professions (doctors, lawyers, tax consultants, etc.) 25Assisting family members 30 Self-employed , Ich-AG or PGH member 40Civil servants , judges, professional soldiers, namely ... 50 **Employees** 60 Workers

-2Don't know

-1 Denied

VARIABLENAME brfep2\_1

VARIABLENLABELE Occupational biography of spouse: occupational status - more specific

QUESTION TEXT. Can you be more specific?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

PGH = Production cooperative of the craft sector

FILTER GUIDE ZP brfzp1 IN (2) AND brfep1 IN (1,3) AND brfep2 IN (10,20,30,40,50,60) FILTER GUIDE

PX brfzp1IN (2) AND ((famst1 IN (1,2,3,5) AND brfep IN (1)) OR famst1 IN (4)) AND brfep1

| IN (1,3) AND brfep2 IN (10,20,30,40,50,60) |       |  |  |
|--|-------|--|--|
| OUTPUT FORMAT                              | VALUE | VALUE LABEL  |  |
| BERUFSUB                                   |       |  |  |
|  | 11    | 11 - Self-employed farmer:   |  |
|  |       | with a utilised agricultural area of less than 10ha                            |  |
|  | 12    | 12 - Self-employed farmers: with a utilised agricultural area of 10ha and more |  |
|  | 13    | 13 - Self-employed farmers: Cooperative farmers (formerly LPG)                 |  |
|  |       | 2121 - Academics in  |  |

independent profession: no

other employees

2222 - Academics in independent profession: 1 to 4 employees

2323 - Academics in independent profession: 5 and more employees

3131 - Self-employed, Ich-AG or PGH

member: no other employees

3232 - Self-employed, Ich-AG or PGH member: 1 to 5 employees

3333 - Self-employed, Ich-AG or PGH member: 5 and more employees

3434 - Self-employed, Ich-AG or PGH member: PGH member

4141 - Civil servants, judges, professional soldiers:

in the ordinary service or in a comparable category

4242 - Officials, judges, professional soldiers: in the intermediate service or in a comparable category

4343 - Officials, judges, professional soldiers: in the higher service or in a comparable category

4444 - Civil servants, judges, professional soldiers: in the higher service or in a comparable category

#### 5151 - Employee:

with executive activity according to general instructions (e.g. salesperson, data typist, secretarial assistant, care assistant)

5252 - Salaried employees: with skilled work done according to instructions (e.g. clerk, accountant, technical draughtsman).

- Salaried employees: with independent performance in a responsible position or with specialist responsibility for personnel (e.g. scientific staff, authorised signatories, heads of department or foremen in salaried employment).

 - Salaried employees: with extensive management tasks and decisionmaking powers (e.g. directors, managing directors, members of the board of directors)

61 61 -

Labourer:

unskilled

62 62 - Labourer: semi-skilled

63 - Labourer: Skilled worker

64 64 - Workers: foreman, column leader

65 - Workers: foreman, foreman, brigadier

-2Don't know

-1 Denied

VARIABLENAME brfep3

VARIABLENLABELE Occupational biography Spouse: has special designation

QUESTION TEXT Does this occupation have any other special designation?

\$900.

FILTER FEED ZPbrfzp1 IN (2) AND brfep1 IN (1,3)

FILTER GUIDE PX brfzp1IN (2) AND ((famst1 IN (1,2,3,5) AND brfep IN (1)) OR famst1 IN (4,)) AND brfep1 IN

(1,3)

|               | • • •       | <u></u>      |
|---------------|-------------|--------------|
| OUTPUT FORMAT | VALUE LABEL |              |
| N0J1F.        | 0           | No           |
|               | 1           | Yes          |
|               |             |              |
|               |             | -2Don't know |
|               | -1          | Denied       |
|               |             |              |

VARIABLENAME brfep3x

VARIABLENLABELEVE Occupational biography Spouse: Job title (open)

QUESTION TEXT Job title (open)

FILTER FEED ZPbrfzp1 IN (2) AND brfep1 IN (1,3) AND brfep3 IN (1)

FILTER GUIDE PX brfzp1IN (2) AND ((famst1 IN (1,2,3,5) AND brfep IN (1)) OR famst1 IN (4,)) AND brfep1 IN

(1,3) AND brfep3 IN (1)

OUTPUT FORMAT VALUE VALUE LABEL

Indication

-2Don't know

Job title

-1 Denied

VARIABLENAME brfep4x

VARIABLE LABEL Occupational biography of spouse: Occupational description (open)

QUESTION TEXT ZP What was your (spouse's)/last spouse's last professional activity in his/her previous

main gainful activity/is your (spouse's)/last spouse's last professional activity in his/her

main gainful activity?

Describe the professional activity to me in detail.

QUESTION TEXT PX What was the last occupation of the (spouse)partner/last spouse of Mr/Mrs [name ZP]

in his/her previous main occupation/ does the (spouse)partner/last spouse of Mr/Mrs

[name ZP] carry out in his/her previous main occupation/ does the

(spouse)partner/last spouse carry out in his/her previous main occupation/ does the

(spouse)partner/last spouse carry out in his/her previous main occupation?

What is your main occupation? Describe the

professional activity in detail.

FILTER FEED ZPbrfzp1 IN (2) AND brfep1 IN (1,3)

FILTER GUIDE PX brfzp1IN (2) AND ((famst1 IN (1,2,3,5) AND brfep IN (1)) OR famst1 IN (4,)) AND brfep1 IN

(1,3)

| OUTPUT FORMAT VALUE |         | VALUE LABEL     |
|---------------------|---------|-----------------|
| \$900.              | Specify | Job description |
|                     |         | -2Don't know    |
|                     | -1      | Denied          |

PAPI QUESTION NUMBER 105

VARIABLENAME request

VARIABLENLABELWish to politics

QUESTION TEXT ZP In the last few minutes of the interview, we would like to know what could be done to

improve your specific everyday life?

If you allow me, I would like to record the answer, then it is ensured that nothing

important is lost to me.

QUESTION TEXT PX In the last few minutes of the interview, we would like to know what could be done to

improve the concrete everyday life of Mr/Mrs [name ZP]?

If you allow me, I would like to record the answer, then it is ensured that nothing

important is lost to me.

INTERVIEWER NOTE If interviewee indicates "don't know", please record anyway or make an appropriate entry.

If necessary, start audio recording!

If the CP says little, please motivate him/her to continue by asking questions, e.g. "What do

you mean exactly?", "Can you give an example?" or "You have already mentioned many

things during our conversation, can you explain again?

PROGRAMMING NOTEIf audio recording is possible, then start recording;

if no, wunschx variable is shown and filled in.

OUTPUT FORMAT VALUE LABEL

WUNSCH2F. 1Yes , respondent agrees with the recording

2 No, respondent does not agree with the

recording

-1 Denied

VARIABLENAME wunschx

VARIABLENLABELWish to the policy (open)

QUESTION TEXT ZP What could be done to improve your concrete everyday life?

QUESTION TEXT PX What could be done to improve the concrete everyday life of Mr/Mrs [name ZP]?

INTERVIEWER NOTE If ZP indicates "don't know", please record anyway or make an appropriate entry.

If necessary, start audio recording!

If the CP says little, please motivate him/her to continue by asking questions, e.g. "What do you mean exactly?", "Can you give an example?" or "You have already mentioned many things

during our conversation, can you explain again?

FILTER FEED WISH IN (2)

PROGRAMMING NOTE Show the interviewer note also when recording is started so that interviewers can assist here as well.

| OUTPUT FORMAT VALUE |         | VALUE LABEL  |  |
|---------------------|---------|--------------|--|
| \$9000.             | Specify | Wish         |  |
|                     |         |              |  |
|                     |         | -2Don't know |  |
|                     | -1      | Denied       |  |

## 13 COVID19

ASK NUMBER PAPI 106

VARIABLENAME covid2

VARIABLENLABELCOVID19 : own disease

QUESTION TEXT ZP Were you or have you yourself contracted COVID-19 from the coronavirus? QUESTION

TEXT PX Was or is Mr/Mrs [name ZP] himself/herself ill with COVID-19 due to the coronavirus?

INTERVIEWER'S NOTE Please read out your answers.

| INTERVIEWERS NOTE  | rieuse redu out your unswers. |   |
|--------------------|-------------------------------|---|
| OUTPUT FORMAT      | VALUE                         | VALUE LABEL   |
| Covid2F. <b>zp</b> | 0                             | No  |
|                    | 1                             | Yes, I was diagnosed with COVID-19, but I have since recovered. |
|                    | 2                             | Yes, I currently have COVID-19.                                 |
| Covid2F. <b>PX</b> | 0                             | No  |
|                    | 1                             | Yes, he/she had a diagnosis but has recovered in the meantime.  |
|                    | 2                             | Yes, he/she is currently ill.                                   |
|                    | -2                            | Don't know  |
|                    | -1                            | Denied  |
|                    |                               |   |

## QUESTION NUMBER PAPI 107\_1

| VARIABLENAME       | covid3_1, covid3_2, covid3_3, covid3_4  |
|--------------------|---|
| VARIABLE LABEL     | COVID19: Illness Environment: (Life/marital) partner  |
|                    | COVID19: Disease environment: Family environment  |
|                    | COVID19: Disease environment: Friends/acquaintances   |
|                    | COVID19: Disease environment: No  |
| QUESTION TEXT ZP   | Have any of your relatives or acquaintances contracted COVID-19 from the coronavirus?                 |
| QUESTION TEXT PX   | Were or are relatives or acquaintances of Mr/Mrs [name ZP] ill with COVID-19 due to the coronavirus-? |
| INTERVIEWER'S NOTE | Please read out your answers.   |
|                    | DATA PREPARATIONThis is a new variable!   |
| PROGRAMMING NOTE   | Multiple choice   |
|                    | covid3_4 is exclusive category, i.e. if this is selected, no other selection is possible.             |

| OUTPUT FORMAT | VALUE | VALUE LABEL                       |
|---------------|-------|-----------------------------------|
| N0J1F.        | (0)   | not named                         |
|               | (1)   | called                            |
|               |       |                                   |
| covid3_1      | 1yes  | , (life/marriage) partner/partner |
| covid3_2      | 2yes  | , in the family environment       |
| covid3_3      | 3yes  | , among friends/acquaintances     |
| covid3_4      | 4     | No                                |

-2Don't know

-1 Denied

#### **QUESTION NUMBER PAPI** 107\_2

VARIABLENAME covid4\_1, covid4\_2, covid4\_3, covid4\_4

VARIABLENLABELCOVID19: Death Environment: (Life/marital) partner

COVID19: Death environment: Family environment

COVID19: Death environment:

Friends/acquaintances COVID19: Death

environment: No

QUESTION TEXT ZP Have any relatives or acquaintances of yours died from COVID-19 due to the

coronavirus?

QUESTION TEXT PX Have any relatives or acquaintances of Mr/Mrs [name ZP] died from COVID-19 due

to coronavirus?

INTERVIEWER'S NOTE Please read out your answers.

| OUTPUT FORMAT | VALUE | VALUE LABEL                       |
|---------------|-------|-----------------------------------|
| N0J1F.        | (0)   | not named                         |
|               | (1)   | called                            |
|               |       |                                   |
| Covid4_1      | 1yes  | , (life/marriage) partner/partner |
| Covid4_2      | 2yes  | , in the family environment       |
| Covid4_3      | 3yes  | , among friends/acquaintances     |
| Covid4_4      | 4     | No                                |
|               |       |                                   |
|               |       | -2Don't know                      |
|               | -1    | Denied                            |

### ASK NUMBER PAPI 108

VARIABLENNAMEcovid5\_1 , covid5\_2, covid5\_3, covid5\_4

VARIABLENLABELCOVID19: special protection measure: quarantine

COVID19: special protection measure: visiting ban COVID19: special protection measure: other COVID19:

special protection measure: no

QUESTION TEXT ZP Have you been affected by one or more of the following protective measures?

QUESTION TEXT PX Was Mr/Mrs [name ZP] affected by one or more of the following

protective measures?

INTERVIEWER'S NOTE Please read out your answers.

|               | •       |                                  |
|---------------|---------|----------------------------------|
| OUTPUT FORMAT | VALUE   | VALUE LABEL                      |
| N0J1F.        | (0)     | not named                        |
|               | (1)     | called                           |
|               |         |                                  |
| covid5_1      | 1       | Quarantine                       |
| covid5_2      | 2Ban on | contact or visitation            |
| covid5_3      |         | 3Other (continue with covid5_3x) |
|               |         |                                  |

Page

Programming template CATI Module 1 (Basic

covid5\_4

4

No

-2Don't know

-1

Denied

VARIABLENAME

covid5\_3x

VARIABLENLABELCOVID19: special protection measure: other (open) QUESTIONEXT

**ZPWhich** 

**FILTER** 

FEEDcovid5\_3 IN (1)

**OUTPUT FORMAT** 

VALUE LABEL

\$9000.

(open specification)

-2Don't know

-1 Denied

**ASK NUMBER PAPI** 

109

VARIABLENAME

covidx

VARIABLENLABELCOVID19: Experience with Corona (open)

QUESTION TEXT ZP

What experiences have you had in connection with the Corona pandemic?

QUESTION TEXT PX

What experiences did Mr/Mrs [name ZP] have in connection with the

Corona pandemic?

**OUTPUT FORMAT** 

**VALUE VALUE LABEL** 

\$9000.

(open specification)

-2Don't know

-1

Denied

## 14 Conclusion of the conversation

#### **QUESTION NUMBER PAPI 111**

VARIABLENNAME panel

VARIABLE LABEL Panel readiness

QUESTION TEXT Finally, a completely different question:

It is planned to continue this research project with another survey at a later date.

May we keep your address so that we can contact you again in due course? Of course,

participation in the next survey is also voluntary.

FILTER GUIDE interviewee IN (1) PROGRAMMING NOTE

ATTENTION: Panel question goes only to ZP!

Panel question not required for proxy interview, must be recorded in advance

together with consent in PX interview and documented there.

ceres: Please enter in the intro if consent can be recorded and documented on the phone by

interviewers.

| OUTPUT FORMAT VALUE |   | VALUE LABEL |
|---------------------|---|-------------|
| N0J1F.              | 0 | No          |
|                     | 1 | Yes         |

| address_zp |
|------------|
|            |

VARIABLE LABEL Address recording ZP

QUESTION TEXT ZP So that we can send you a thank you letter after the interview,

I would now like to briefly record your address.

INTERVIEWER NOTE ZP

The address mask appears on the next page.

Please record the full address of the target person here.

When you have finished, please read out all the information again. Pay attention to upper and lower case! Check the correctness of the names. If necessary, have the

information spelled out for you.

FILTER GUIDE ZP respondent IN (1) AND panel IN (1)

VARIABLENAME address\_px

VARIABLE LABEL Address recording PX

QUESTION TEXT ZP So that we can reach you again for another survey, I would like to briefly record

your current address and complete your contact details.

INTERVIEWER NOTE

7P

The address mask appears on the next page.

Please include the full address of the deputy here. Please also ask for

<u>telephone numbers</u> and e-mail addresses!

When you have finished, please read out all the information again. Pay attention to upper and lower case! Check the correctness of the names. If necessary, have the

information spelled out for you.

If necessary, you can explain: "The address is only for the purpose of sending you a thank you

letter after the survey with a short questionnaire "Feedback on the

Interview conversation" can send. "

FILTER FEED ZPinterviewee IN (2)

## Intermediate screen

VARIABLENNAME Screen 2

VARIABLE LABEL Intermediate screen 2

QUESTION TEXT

Now we have reached the end of the interview.

infas: Here reference must still be m a d e to CATI module 2

->now on to the interviewer questionsPlease answer interviewer questions

immediately!

FILTER CONFIGURATION interviewee IN (1,2)

PROGRAMMING NOTEContinue to the interview questions (please insert our standard page here) 1: -> now continue to the interview questions

# Interview questions on the interview situation

| VARIABLENAME         | einwill  |  |  |
|----------------------|--|--|--|
|                      | VARIABLEN  | LABEL Consent given  |  |
| QUESTION TEXT        | How was consent given for the interview?   |  |  |
| OUTPUT FORMAT        | VALUE  | VALUE LABEL  |  |
| EINWIL4F.            | 1  | ZP spontaneously decided himself                             |  |
|                      | 2  | ZP decided by himself after reflection time                  |  |
|                      | 3  | ZP decided after consultation with others                    |  |
|                      | 4  | Other person decided for ZP                                  |  |
| VARIABLENAME         | third  |  |  |
| VARIABLE LABEL       | Other persons present besides the target person  |  |  |
| QUESTION TEXT        | Were there other people present in the interview? FILTER   |  |  |
| FEED                 | interviewee IN (1)   |  |  |
| OUTPUT FORMAT        | VALUE  | VALUE LABEL  |  |
| N0J1F.               | 0  | No   |  |
|                      | 1  | Yes  |  |
|                      |  | -2Don't know   |  |
|                      |  |  |  |
| VARIABLENAME         | third1_1, third1_2, third1_3, third1_4, third1_5, third1_6   |  |  |
|                      | VARIABLENLABELOther persons present besides the TARGET PERSON: Partner   |  |  |
|                      | Other persons present besides the TARGET PERSON: Children Other persons present besides the TARGET PERSON: Other relatives Other |  |  |
|                      | persons present besides the TARGET PERSON: Other persons Other persons   |  |  |
|                      | -  | des the TARGET PERSON: Carers                                |  |
|                      | Other persor   | ns present besides the TARGET PERSON: not to be assigned     |  |
| QUESTION TEXT        | Which perso  | ns were present?   |  |
|                      | FILTERED ir  | nterviewer IN (1) AND third IN (1)                           |  |
| OUTPUT FORMAT        | VALUE  | VALUE LABEL  |  |
| N0J1F.               | (0)  | not named  |  |
|                      | (1)  | called   |  |
| third1_1             | 1  | Partner  |  |
| third1_2             | 2  | Children   |  |
| third1_3             |  | 3Other relatives   |  |
| third1_4             |  | 40ther persons   |  |
|                      | 5  | Caregivers   |  |
| third1_5<br>third1_6 | 6unassignab  | -  |  |
|                      |  |  |  |
| VARIABLENAME         | thirdp   |  |  |
|                      | VARIABLEN  | LABELOther persons present in addition to the EXPRESS PERSON |  |

| QUESTION TEXT   | Were there a   | any other people present in the interview?  |  |
|-----------------|--|---|--|
| FILTER          | GUIDE interviewee IN (2)                                       |   |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| N0J1F.          | 1  | Yes   |  |
|                 | 0  | No  |  |
|                 | -2   | Don't know  |  |
| VARIABLENAME    | thirdp1_1, th  | irdp1_2, thirdp1_3, thirdp1_4, thirdp1_5, thirdp1_6, thirdp1_7  |  |
|                 | VARIABLENLABELOther persons present next to the CALLER: Target |   |  |
|                 | person Other   | persons present next to the CALLER: Partner Other persons   |  |
|                 | •  | to the CALLER: Children   |  |
|                 | ·  | as present in addition to the OUTPUT PERSON: Other relatives Other  |  |
|                 | •  | tent in addition to the OUTPUT PERSON: Caregivers   |  |
|                 | ·  | is present in addition to the OUTCOMING PERSON: Other persons Idition to the OUTCOMING PERSON: not to be assigned |  |
| QUESTION TEXT   | ·  | ins were present?   |  |
| QUEUTION TEXT   | -  | IFIGURATION interviewee IN (2) AND thirdp IN (1)  |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| N0J1F.          | (0)  | not named   |  |
|                 | (1)  | called  |  |
|                 |  |   |  |
| thirdp1_1       | 1  | Target  |  |
| thirdp1_2       | 2  | Partner   |  |
| thirdp1_3       | 3  | Children  |  |
| thirdp1_4       |  | 4Other relatives  |  |
| thirdp1_5       | 5  | Caregivers  |  |
| thirdp1_6       |  | 6Other persons  |  |
| thirdp1_7       | 7unassignab  | ole   |  |
|                 |  |   |  |
| VARIABLENAME    | third_1  |   |  |
|                 |  | LABELOther persons present: Atmosphere influenced   |  |
| QUESTION TEXT   | Did you feel parties?  | that the interview atmosphere was influenced by the presence of third   |  |
| FILTER GUIDE ZP | respondent II  | N (1) AND third IN (1) FILTER   |  |
| GUIDE PX        | respondent II  | N (2) AND thirdp IN (1)   |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| POSNEG4F.       | 0  | No  |  |
|                 | 1  | Yes, positive   |  |
|                 | 2  | Yes, negative   |  |
|                 | 3  | Yes, positive and negative  |  |
| VARIABLENAME    | third_2  |   |  |
|                 | <del>_</del>   |   |  |

|                 | VARIABLENI   | LABELOther persons present: response behaviour influenced                                  |  |
|-----------------|--|--|--|
| QUESTION TEXT   | Did you feel that the respondent's response behaviour was influenced by the presence of third parties? |  |  |
| FILTER GUIDE ZP | respondent II  | N (1) AND third IN (1) FILTER  |  |
| GUIDE PX        | respondent II  | N (2) AND thirdp IN (1)  |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL  |  |
| POSNEG4F.       | 0  | No   |  |
|                 | 1  | Yes, positive  |  |
|                 | 2  | Yes, negative  |  |
|                 | 3  | Yes, positive and negative   |  |
| VARIABLENAME    | third_3  |  |  |
|                 | VARIABLENI   | LABELOther persons present: Response behaviour influenced: Strength                        |  |
| QUESTION TEXT   | How much w parties?  | vas the respondent's response behaviour influenced by the presence of third                |  |
| FILTER GUIDE ZP | respondent II  | N (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER                                       |  |
| GUIDE PX        | respondent II  | N (2) AND thirdp IN (1) AND third_2 IN (1,2,3)   |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL  |  |
| STRONG5F.       |  | 1Very strong   |  |
|                 | 2  | Strong   |  |
|                 | 3  | Medium   |  |
|                 | 4  | Little   |  |
|                 | 5  | Very little  |  |
| VARIABLENAME    | through  |  |  |
| VARIABLE LABEL  | Implementation   | on difficulty  |  |
| QUESTION TEXT   | •  | It was it to conduct the interview in the given form?                                      |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL  |  |
| SCHWIN5F.       | 1  | Very difficult   |  |
|                 | 2  | Difficult  |  |
|                 | 3  | Medium   |  |
|                 | 4  | Not difficult  |  |
|                 | 5  | Not difficult at all   |  |
| VARIABLENAME    | underbr  |  |  |
|                 |  | LABELFrequency Interruptions   |  |
| QUESTION TEXT   | How often v  | were there interruptions to the interview, e.g. telephone calls, oing to the toilet, etc.? |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL  |  |
| SUBB4F.         |  | 1Frequently (>3)   |  |
|                 | 2  | Sometimes (2-3)  |  |
|                 | 3  | Rare (1)   |  |
|                 |  |  |  |

|                  | 4               | None   |
|------------------|-----------------|--|
| VARIARI ENIAME   |                 |  |
| VARIABLENAME     | underbrx        |  |
| VARIABLE LABEL   |                 | of interruptions: Causes (open)  |
| QUESTION TEXT    |                 | ne causes of the interruptions?  |
|                  |                 | DING IN (1,2,3)  |
| OUTPUT FORMAT    | VALUE           | VALUE LABEL  |
| \$9000.          | Specify         | Causes   |
| VARIABLENAME     | wirkpers1       |  |
|                  | VARIABLENI      | LABELZP appears disturbed, fearful, intimidated  |
| QUESTION TEXT ZP |                 | et seem disturbed, frightened or display intimidating behaviour (e.g. o avoid third parties overhearing)?    |
| QUESTION TEXT PX |                 | ity seem disturbed, anxious or show intimidating behaviour (e.g.<br>o avoid third parties overhearing)?      |
| OUTPUT FORMAT    | VALUE           | VALUE LABEL  |
| NIFRJA3F.        | 1Not at         | all  |
|                  | 2               | Questionable (not clearly yes or no)   |
|                  | 3               | Definitely yes   |
|                  |                 |  |
| VARIABLENAME     | wirkpers2       |  |
|                  | VARIABLENI      | LABELZP appears irritable, quick-tempered  |
| QUESTION TEXT ZP |                 | et person seem irritable or quick-tempered to you (e.g. did the person der or abusive during the interview)? |
| QUESTION TEXT PX |                 | ity seem irritable or short-tempered to you (e.g. did the person become usive during the interview)?         |
| OUTPUT FORMAT    | VALUE           | VALUE LABEL  |
| NIFRJA3F.        | 1Not at         | all  |
|                  | 2               | Questionable (not clearly yes or no)   |
|                  | 3               | Definitely yes   |
|                  |                 |  |
| VARIABLENAME     | IVcomment_1     | Lx   |
| VARIABLE LABEL   |                 | comment (open)   |
| INTERVIEWER NOTE | Here is space f | for comments on the interview  |
| OUTPUT FORMAT    | VALUE           | VALUE LABEL  |
| \$9000.          |                 | IndicationNotes on the interview / comments  |
|                  |                 |  |
| VARIABLENAME     | interviewer o   | uestion_I04_NEW  |
| VARIABLE LABEL   | Closing text    |  |
|                  |                 | His is to certify that I have conducted the interview properly.  |

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 1     | Yes         |
|               | 0     | No          |





D80+: Old age in Germany

# Template CATI Module 2 (contents in addition to PAPI) ZP Interview & Proxy Interview

Status: 07.07.2021



## Content

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#### General notes

For the output of the data in SPSS format, the codes for missing values defined in Table 1 are implemented following the DEAS:

Table 1. transcoding table for missing codes

| Reason for non-availability of information     | DEAS | Stata | SPSS output |
|--|------|-------|-------------|
| Denies   | -1   | .V    | -1          |
| don't know                                     | -2   | .W    | -2          |
| does not apply (overfiltered)                  | -3   | T.    | -3          |
| not surveyed (sample)                          | -4   | .A    | -4          |
| No drop-off                                    | -5   |       |             |
| Not specified                                  | -6   |       |             |
| deleted  | -7   | .G    | -7          |
| Double nomination                              | -8   |       |             |
| Not possible (visual difficulties)             |      | .U    | -9          |
| Not possible (problems with writing)           |      | .X    | -10         |
| Aggregate value not formed (quality assurance) |      | .Q    | -11         |
| Not possible (hand gripping force)             |      | .K    | -12         |

For each variable contained in the dataset, the following meta-information is defined in this codebook:

- Variable name (VARIABLENNAME),
- the assigned variable label (VARIABLENLABEL),
- the wording of the question (QUESTION TEXT),
- any notes to the interviewers (INTERVIEWER NOTE),
- · if applicable, the condition under which the corresponding information is recorded (FILTERED),
- the format associated with the variable (OUTPUT FORMAT)
- the intended stored characteristics of the variables, if applicable the value range (VALUE)
- and the value labels provided by the linked format for the output (VALUE LABEL).

### Intro

VARIABLENAME interviewee VARIABLENLABEL

Respondent: ZP vs PX

PROGRAMMING NOTEThis

info comes from the EKP!

| OUTPUT FORMAT | VALUE   | VALUE LABEL          |
|---------------|---------|----------------------|
|               | 1Target | person (ZP)          |
|               | 2       | Proxy Interview (PX) |

VARIABLENAME sex p

VARIABLENLABELProxy : Gender

QUESTION TEXT What is the gender of the (proxy) respondent

What is the gender of the (proxy) respondent? INTERVIEWER NOTE

Please document without asking! If not clear, please ask FILTER GUIDE

interviewee IN (2)

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| GESCHL2F.     | 1     | Male        |
|               | 2     | Female      |

-1 Denied

VARIABLENAME alterp
VARIABLENLABELProxy : Age

QUESTION TEXT How old are you?

FILTER GUIDE interviewee IN (2)

| OUTPUT FORMAT | VALUE   | VALUE LABEL    |
|---------------|---------|----------------|
| BEST8.        | (0-120) | Age indication |
|               |         |                |
|               | -1      | Denied         |
|               | -2      | Don't know     |
|               |         |                |

VARIABLENAME beziehp

VARIABLENLABELProxy : Relationship to ZP

QUESTION TEXT What is your relationship with Mr/Mrs [name ZP]?

INTERVIEWER NOTE Please do NOT read out answer options!

FILTER GUIDE interviewee IN (2)

| OUTPUT FORMAT | VALUE | VALUE LABEL            |
|---------------|-------|------------------------|
| BEZZP4P.      | 1     | Wife/Husband           |
|               | 2     | Son/Daughter           |
|               | 3     | (Professional) nurse   |
|               | 4     | Other:[open: beziehpx] |

-2Don't know

-1

Denied

VARIABLENAME

beziehpx

VARIABLE LABEL

Proxy: Relationship to ZP: Other

FILTERSUPPLY interviewee IN (2) AND

interviewee IN (4)

| OUTPUT FORMAT | VALUE      | VALUE LABEL |
|---------------|------------|-------------|
| \$900.        | Indication |             |

**VARIABLENAME** 

AGREE6

VARIABLENLABEL

**Consent Participation** 

QUESTION TEXT ZP

As we informed you in the documents sent to you in advance, this study is being conducted by the infas Institute for Applied Social Science on behalf of the University of Cologne.

Your participation in the study is of course voluntary.

You can end the conversation at any time, even without giving a reason. If you do not want us to use what you tell us or parts of it,

you have the right to have the information deleted at any time.

The interview will focus on questions about the housing situation, health and social relationships. We would like to ask for your consent.

Do you agree with this?

**QUESTION TEXT PX** 

This study is conducted by the infas Institute for Applied Social Science on behalf of the University of Cologne.

Your participation in the study is, of course, voluntary and you can end the interview at any time, even without giving a reason.

If Mr/Mrs [Name ZP] does not want us to use what you tell us or any part of it, Mr/Mrs [Name ZP] has the right to have the information deleted at any time. Questions are asked about the well-being, life history, current housing situation, religion, club memberships, health and social relationships of Mr/Mrs [name ZP].

Do you agree with this?

FILTER FEED

respondent IN (1,2) AND agree1 IN (2,3)

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--|
| J1N2F.        | 1     | yes  |
|               | 2     | No -> EXIT: Then I thank you anyway for the interview and wish you a nice day. |

contact us.

missing), please tell me.

## Intermediate screen

| VARIABLENNAME  | Screen0  |  |
|----------------|--|--|
| VARIABLE LABEL | Intermediate screen 0 - General note at the beginning of the interview   |  |
| QUESTION TEXT  | In order for us to be able to make reliable and valid statements with this study, we must adhere to high scientific standards. In doing so, it is important that we conduct our interviews in a comparable way, i.e. we ask all respondents the same questions. For most questions we give different answer options (e.g. yes/no) so that the answers can be compared with each other. If you are unsure about a question, please simply choose the answer option that seems most appropriate to you. Since we are interested in your personal opinion, there are no right or wrong answers. |  |
|                | Please answer all questions as spontaneously as you can.   |  |
|                | If you do not want to answer a question (e.g. for personal reasons) or cannot answer the question (because you do not have the information).   |  |

VARIABLENAME gender VARIABLENLABEL

Gender of the ZP

QUESTION TEXT Gender of the target person

INTERVIEWER NOTE Please document without asking! If not clear, ask.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| GESCHL2F.     | 1     | Male        |
|               | 2     | Female      |
|               |       |             |
|               |       |             |
|               | -1    | Denied      |

VARIABLENAME gebdat1
VARIABLENLABELDate of birth (day)

QUESTION TEXT ZP When were you born? Please tell me the day, the month and the year.

QUESTION TEXT PX Mr/Mrs [name ZP] was born [year of birth]. Can you please also tell me the day and

month when Mr/Mrs [name ZP] was born?

PROGRAMMING NOTE If PX: Show year of birth from registration office data.

Please display gebdat1 - gebdat3 on one screen.

| OUTPUT FORMAT | VALUE    | VALUE LABEL       |
|---------------|----------|-------------------|
| 2.            | (1 - 31) | Day specification |
|               |          |                   |
|               | -1       | Denied            |
|               | -2       | Don't know        |

VARIABLENAME gebdat2

VARIABLE LABEL Date of birth (month)

| OUTPUT FORMAT | VALUE    | VALUE LABEL      |
|---------------|----------|------------------|
| 2.            | (1 - 12) | Month indication |
|               |          |                  |
|               | -1       | Denied           |
|               | -2       | Don't know       |

VARIABLENAME gebdat3
VARIABLENLABELDATE OF BIRTH

(year)

FILTERCASESurveyor

PROGRAMMING NOTE If worth ne year of birth from MA data, then alert

For alert the following standard text: "Please check if this entry is correct". Please create a dichotomous variable for all alerts.

| OUTPUT FORMAT | VALUE         | VALUE LABEL            |
|---------------|---------------|------------------------|
| 4.            | (1900 - 1940) | Indication of the year |
|               |               |                        |
|               | -1            | Denied                 |
|               | -2            | Don't know             |

| VARIABLENAME       |    | famst1  |  |
|--------------------|----|---|--|
| VARIABLE LABEL     |    | Marital status  |  |
| QUESTION TEXT ZP   |    | What is your marital status?                                    |  |
| QUESTION TEXT PX   |    | What is the marital status of Mr/Mrs [name ZP]?                 |  |
| INTERVIEWER'S NOTE |    | Please read out your answers, if necessary enter them directly. |  |
| OUTPUT FORMAT VA   |    | LUE LABEL   |  |
|                    | 1  | Married/ Registered civil partnership                           |  |
|                    | 2  | Married/registered civil partnership, but separated from spouse |  |
|                    | 3  | Divorced/ registered civil partnership annulled                 |  |
|                    | 4  | Widowed/ registered partner deceased                            |  |
|                    | 5  | Single  |  |
|                    |    | -2Don't know  |  |
|                    | -1 | Denied  |  |

## 2 Housing

| VARIABLENAME     | dwellingf1  |
|------------------|---|
| VARIABLE LABEL   | Type of housing: full inpatient care  |
| QUESTION TEXT ZP | Are you receiving full inpatient care?  |
| QUESTION TEXT PX | Is Mr/Mrs [name ZP] being cared for as a full inpatient?                      |
| INTERVIEWER NOTE | Please read out criteria, enter answer directly if necessary.                 |
|                  | Criteria for full inpatient care/ nursing:                                    |
|                  | A person receives full inpatient care if he or she                            |
|                  | (1) lives in a nursing home / old people's home <b>and</b>                    |
|                  | (2) is in need of care <b>and</b>   |
|                  | (3) can fall back on 24-hour care, support and nursing, <b>and</b>            |
|                  | (4) the care, support and nursing is always possible by a nursing FACH-kraft. |

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

VARIABLENAME dwellingf2

VARIABLENLABEL Type of housing : Number of rooms

QUESTION TEXT ZP How many rooms does your flat/house have apart from kitchen, bathroom and

hallway? QUESTION TEXT PX How many rooms does his/her flat/house have apart from kitchen, bathroom and

hallway? FILTER FEED wohnf1 IN (0)

|               | •        | •               |
|---------------|----------|-----------------|
| OUTPUT FORMAT | VALUE    | VALUE LABEL     |
| BEST8.        | (1 - 20) | Number of rooms |
|               |          |                 |
|               | -1       | Denied          |
|               |          | -2Don't know    |

| VARIABLENAME     | dwellingf3        |   |  |  |
|------------------|-------------------|---|--|--|
| VARIABLE LABEL   | Type of housing   | Type of housing: tenure                               |  |  |
| QUESTION TEXT ZP | Do you live in    | Do you live in this flat or house as a                |  |  |
| QUESTION TEXT PX | Does Mr/Mrs       | Does Mr/Mrs [name ZP] live in this flat or house as?  |  |  |
| INTERVIEWER NOTE | Please read out o | Please read out answers, enter directly if necessary. |  |  |
| FILTER FEED      | livingf1 IN (0)   | livingf1 IN (0)                                       |  |  |
| OUTPUT FORMAT    | VALUE             | VALUE LABEL   |  |  |
| WOLD 45          |                   |   |  |  |
| WOHNAR4F.        | 1                 | Owner   |  |  |
| WOHNAR4F.        | 1<br>2            | Owner  Main tenant                                    |  |  |

|                         | 4   | Rent-free (e.g. through right of residence or usufruct) |  |
|-------------------------|---|---|--|
|                         |   | OD III  |  |
|                         | 4   | -2Don't know  |  |
|                         | -1  | Denied  |  |
| VARIABLENAME            | dwellingf4_1  |   |  |
| VARIABLENLABELType of h | ousing : apa  | rtment/house: since year                                |  |
| QUESTION TEXT ZP        | How long have yo  | ou lived in this flat/house?                            |  |
| QUESTION TEXT PX        | Since which year  | has Mr/Mrs [name ZP] been living in this flat/house?    |  |
| FILTER FEED             | livingf1 IN (0)   |   |  |
|                         | PROGRAMMING   | NOTEif value < gebdat3, then alert                      |  |
|                         | Default text for ale  | ert: "Please check if this entry is correct".           |  |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL   |  |
| 4.<br>the               | (1900 - current ye  | ear of Indication of the year                           |  |
| u 10                    | time of interview)  |   |  |
|                         |   |   |  |
|                         | -1  | Denied  |  |
|                         |   | -2Don't know  |  |
|                         |   |   |  |
| VARIABLENAME            | dwelling4_2   |   |  |
| VARIABLE LABEL          | Type of housing   | : flat/house: since                                     |  |
| month QUESTION TEXT Z   | P How long have yo  | ou been living here?                                    |  |
| QUESTION TEXT PX        | QUESTION TEXT PX Since which month has Mr/Mrs [name ZP] been living here? |   |  |
|                         | FILTERED dwelli   | ingf1 IN (0) AND dwellingf4_1 IN (2019, 2020, 2021)     |  |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL   |  |
| 2.                      | (1 - 12)  | Indication of the month                                 |  |
|                         |   |   |  |
|                         | -1  | Denied  |  |
|                         |   | -2Don't know  |  |
| VARIABLENAME            | residenT_9  |   |  |
| VALVIADELIVAME          | _   | ELOther persons in the room                             |  |
| QUESTION TEXT ZP        |   | r people live in the room with you?                     |  |
| QUESTION TEXT PX        |   | r people live in the room with Mr/Mrs [name ZP]?        |  |
| FILTER FEEDING          | livingf1 IN (1)   | people live in the room with will run tinne 2r j:       |  |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL   |  |
| PPZ4F.                  |   | 1No other person  |  |
|                         | 2   | One more person   |  |
|                         | 3   | Two or more other persons                               |  |
|                         | -   |   |  |
|                         | -1  | Denied  |  |
|                         |   | -2Don't know  |  |
|                         |   |   |  |

| VARIABLENAME     | residenT_10        |   |
|------------------|--------------------|---|
|                  | VARIABLENLA        | BELAccess to balcony, terrace, garden                 |
| QUESTION TEXT ZP | Do you have a      | ccess to a balcony, terrace or garden?                |
| QUESTION TEXT PX | Does Mr/Mrs [      | name ZP] have access to a balcony, terrace or garden? |
| INTERVIEWER NOTE | Access inside or o | outside the home                                      |
| FILTER FEEDING   | livingf1 IN (1)    |   |
| OUTPUT FORMAT    | VALUE              | VALUE LABEL   |
| N0J1F.           | 0                  | No  |
|                  | 1                  | Yes   |
|                  |                    |   |
|                  | -1                 | Denied  |
|                  |                    | -2Don't know  |

| VARIABLENAME             | dwelling5_1  |   |
|--------------------------|--|---|
| VARIABLENLABELType of re | esidence : Hom                                       | ne: since year                                  |
| QUESTION TEXT ZP         | How long have  | you been living in this home?                   |
| QUESTION TEXT PX         | Since which year                                     | has Mr/Mrs [name ZP] been living in this home?  |
| FILTER FEEDING           | livingf1 IN (1)                                      |   |
|                          | PROGRAMMING  | S NOTEif value < gebdat3, then alert            |
|                          | Standard text for                                    | alert: "Please check if this entry is correct". |
| OUTPUT FORMAT            | VALUE  | VALUE LABEL                                     |
| 4.                       | (1900 -act. Year<br>of the time of the<br>interview) | Indication of the year                          |
|                          | -1   | Denied  |
|                          |  | -2Don't know                                    |

VARIABLENAME dwelling5\_2

VARIABLE LABEL Type of residence: Home: since month QUESTION TEXT ZP How long have you been living

there?

QUESTION TEXT PX Since which month has Mr/Mrs [name ZP] been living there?

FILTERED dwellingf1 IN (1) AND dwellingf5\_1 IN (2019, 2020, 2021)

| OUTPUT FORMAT | VALUE    | VALUE LABEL             |
|---------------|----------|-------------------------|
| 2.            | (1 - 12) | Indication of the month |
|               |          |                         |
|               | -1       | Denied                  |
|               |          | -2Don't know            |

| VARIABLENAME                         | wohnf6x                  |  |  |
|--------------------------------------|--------------------------|--|--|
| VARIABLE LABEL                       | Type of residence        | e: previous place of residence of persons in full inpatient care   |  |
| QUESTION TEXT ZP care?               | Where did you ha         | ave your last private residence before moving into residential   |  |
| QUESTION TEXT PX                     | Where did Mr/N the home? | Ars [name ZP] have his/her last private residence before moving into   |  |
| INTERVIEWER'S NOTE                   | Please ask for the       | location as clearly as possible, e.g. by using a postcode or stating the district.   |  |
| FILTER FEEDING                       | livingf1 IN (1)          |  |  |
| OUTPUT FORMAT                        | VALUE                    | VALUE LABEL  |  |
| \$900.                               | IndicationIndication     | on of previous place of residence  |  |
|                                      | -1                       | Denied   |  |
|                                      |                          | -2Don't know   |  |
| VARIABLENAME                         | barwohn1                 |  |  |
| VARIABLENAME VARIABLENLABELBarriered | . Living: Thresho        | lds over 2cm   |  |
| QUESTION TEXT ZP                     | •                        | resholds in your flat/room over 2cm e.g. at a door or a shower?  |  |
|                                      |                          |  |  |
| QUESTION TEXT PX                     |                          | resholds in his/her flat/room over 2cm e.g. at a door or a shower?   |  |
| FILTER FEED                          | livingf1 IN (0)          |  |  |
| OUTPUT FORMAT                        | VALUE                    | VALUE LABEL  |  |
| N0J1F.                               | 0                        | No   |  |
|                                      | 1                        | Yes  |  |
|                                      |                          | -2Don't know   |  |
|                                      | -1                       | Denied   |  |
| VARIABLENAME                         | barwohn2                 |  |  |
| VARIABLENLABELBarriered              |                          | t least 80cm wide  |  |
| QUESTION TEXT ZP                     | J                        | . Living: Doors at least 80cm wide  Are all doors wide enough for people with a walker or rollator to get through (at least 80cm)? |  |
| QUESTION TEXT PX                     | Are all doors wi         | ide enough for a walker or rollator to pass through (at least 80cm)?   |  |
| FILTER FEED                          | livingf1 IN (0)          |  |  |
| OUTPUT FORMAT                        | VALUE                    | VALUE LABEL  |  |
| N0J1F.                               | 0                        | No   |  |
|                                      | 1                        | Yes  |  |
|                                      |                          | -2Don't know   |  |
|                                      | -1                       | Denied   |  |
| VARIABLENAME                         | barwohn3                 |  |  |
| VALNAUL                              | nai wuiiio               |  |  |

-1

| VARIABLENLABELBarriered  | . Living: Handrails   | and stair lift   |
|--|---|--|
| QUESTION TEXT  |   | handrails or stair lifts on both sides for stairs within the flat, in the entrance to the house? |
| FILTER FEED  | livingf1 IN (0)   |  |
| OUTPUT FORMAT  | VALUE   | VALUE LABEL  |
| N0J1F.   | 0   | No   |
|  | 1   | Yes  |
|  |   |  |
|  | -2  | Don't know   |
|  | -1  | Denied   |
|  |   |  |
|  |   |  |
| VARIABLENAME   | barwohn4  |  |
| VARIABLENAME<br>VARIABLENLABELBarriered  | barwohn4 . Living: Doors W  | C and bathroom   |
|  | . Living: Doors W   | C and bathroom  both the bathroom and WC open outwards?  |
| VARIABLENLABELBarriered  | . Living: Doors W   | both the bathroom and WC open outwards?  |
| VARIABLENLABELBarriered QUESTION TEXT  | . Living: Doors Wo  | both the bathroom and WC open outwards?  |
| VARIABLENLABELBarriered QUESTION TEXT INTERVIEWER NOTE                           | . Living: Doors Wo<br>Do the doors of<br>Enter 'Yes' for slidi                          | both the bathroom and WC open outwards?  |
| VARIABLENLABELBarriered QUESTION TEXT INTERVIEWER NOTE FILTER FEED               | . Living: Doors We  Do the doors of  Enter 'Yes' for sliding  livingf1 IN (0)           | both the bathroom and WC open outwards?<br>ng door   |
| VARIABLENLABELBarriered QUESTION TEXT INTERVIEWER NOTE FILTER FEED OUTPUT FORMAT | . Living: Doors We  Do the doors of  Enter 'Yes' for sliding  livingf1 IN (0)  VALUE    | both the bathroom and WC open outwards?  ng door  VALUE LABEL                                    |
| VARIABLENLABELBarriered QUESTION TEXT INTERVIEWER NOTE FILTER FEED OUTPUT FORMAT | . Living: Doors We  Do the doors of  Enter 'Yes' for sliding  livingf1 IN (0)  VALUE  0 | both the bathroom and WC open outwards?  ng door  VALUE LABEL  No                                |

Denied

# 3 Family and household

| VARIABLENAME           | children1   |                               |
|------------------------|---|-------------------------------|
|                        | VARIABLENLA   | BELChildren present           |
| QUESTION TEXT ZP       | Do you have or have had children? I mean both your own children and children who grew up with you.                    |                               |
| QUESTION TEXT PX       | Does Mr/Mrs [name ZP] have or have had children? I mean both your own children and children who grew up with Mr./Mrs. |                               |
| OUTPUT FORMAT          | VALUE   | VALUE LABEL                   |
| N0J1F.                 | 0   | No                            |
|                        | 1   | Yes                           |
|                        |   |                               |
|                        |   | -2Don't know                  |
|                        | -1  | Denied                        |
| VARIABLENAME           | children2   |                               |
| VARIABLENLABELChildren | : Number  |                               |
| QUESTION TEXT          | How many?   |                               |
| 49-01.011.1-211.       | FILTERgulDEch   | nildren1 IN (1)               |
| OUTPUT FORMAT          | VALUE   | VALUE LABEL                   |
| BEST8.                 | (1 - 20)  | Number of children            |
|                        |   |                               |
|                        |   | -2Don't know                  |
|                        | -1  | Denied                        |
|                        |   |                               |
| VARIABLENAME           | children3   |                               |
| VARIABLE LABEL         | Children: Numb  | per of living children        |
| QUESTION TEXT ZP       | How many of yo  | our children are still alive? |
| QUESTION TEXT PX       | How many of hi  | s/her children are still      |
| alive? FILTER FEED     | children1 IN (1   | ) AND children2 GT 1          |
| OUTPUT FORMAT          | VALUE   | VALUE LABEL                   |
| BEST8.                 | (0 - 20)  | Number of living children     |
|                        |   |                               |
|                        |   | -2Don't know                  |
|                        | -1  | Denied                        |
|                        |   |                               |
| VARIABLENAME           | children3_1   |                               |
| VARIABLENLABELChildren | : living child prese  | ent QUESTION                  |
| TEXT ZP                | Is your child still a   | alive?                        |
| QUESTION TEXT PX       | Is his/her child st   | till alive?                   |

|                             | FILTERSChildre     | n1 IN (1) AND children2 IN (1)                    |
|-----------------------------|--------------------|---|
| OUTPUT FORMAT               | VALUE              | VALUE LABEL                                       |
| N0J1F.                      | 0                  | No  |
|                             | 1                  | Yes   |
|                             |                    |   |
|                             |                    | -2Don't know                                      |
|                             | -1                 | Denied  |
|                             |                    |   |
| VARIABLENAME                | children4          | -1-1-1 00000                                      |
| VARIABLENLABELChildren      | : when birth first |   |
| QUESTION TEXT ZP            | _                  | s your child/first child born?                    |
| QUESTION TEXT PX            | _                  | s his/her child/first child born?                 |
| FILTER FEED                 | children1 IN (1)   |   |
| OUTPUT FORMAT               | VALUE              | S NOTEif value < gebdat3, then alert  VALUE LABEL |
| 4.                          | (1900-act. Year    |   |
|                             | time of interview) | maloution of the year                             |
|                             |                    |   |
|                             |                    | -2Don't know                                      |
|                             | -1                 | Denied  |
| VARIABLENAME                | grandchild1        |   |
| VARIABLE LABEL              | Grandchildren      | and great-grandchildren:                          |
| Number of grandchildren Q   |                    |   |
| grandchildren do you have/h | ad?                |   |
| QUESTION TEXT PX            | How many gran      | dchildren does/was Mr/Mrs [name ZP] have?         |
| INTERVIEWER'S NOTE          | Ask only for gran  | dchildren, no great-grandchildren.                |
|                             | FILTERguIDEch      | nildren1 IN (1)                                   |
| OUTPUT FORMAT               | VALUE              | VALUE LABEL                                       |
| BEST8.                      | (0 - 50)           | Number of grandchildren                           |
|                             |                    |   |
|                             |                    | -2Don't know                                      |
|                             | -1                 | Denied  |
| VARIABLENAME                | grandchild2        |   |
| VARIABLE LABEL              | Grandchildren      | and great-  |
| grandchildren: Number of g  | reat-grandchildre  | n QUESTION TEXT                                   |
| ZP                          |                    | -grandchildren do you                             |
| have/had?                   |                    |   |
| QUESTION TEXT PX            | How many great-    | grandchildren does/was Mr/Mrs [name ZP]?          |
| INTERVIEWER NOTE            | Ask only for grea  | t-grandchildren, no grandchildren.                |
|                             | FILTERSChildre     | en1 IN (1) AND grandchildren1 GT 0                |
| OUTPUT FORMAT               | VALUE              | VALUE LABEL                                       |
| BEST8.                      | (0 - 50)           | Number of great-grandchildren                     |

|                  |                            | -2Don't know  |
|------------------|----------------------------|---|
|                  | -1                         | Denied  |
| VARIABLENAME     | grandchild3                |   |
|                  | VARIABLENL                 | ABEL Grandchildren and great-grandchildren: Contact grandchildren   |
| QUESTION TEXT ZP |                            | you have contact with your grandchildren, e.g. through visits, letters, phone ssages or email?                              |
| QUESTION TEXT PX |                            | pes Mr/Woman [name ZP] have contact with his/her grandchildren, e.g. s, letters, phone calls, text messages or emails?      |
| INTERVIEWER NOTE |                            | t answers, enter directly if necessary.<br>the average frequency of contact with all grandchildren.                         |
|                  | FILTERSChild               | dren1 IN (1) AND grandchildren1 GT 0  |
| OUTPUT FORMAT    | VALUE                      | VALUE LABEL   |
| CONTH5F.         | 1                          | Daily   |
|                  | 2                          | Weekly  |
|                  | 3                          | Monthly   |
|                  | 4                          | Several times a year  |
|                  | 5                          | Rarer   |
|                  |                            | -2Don't know  |
|                  | -1                         | Denied  |
|                  |                            |   |
| VARIABLENAME     | grandchild4                |   |
|                  | VARIABLEN                  | LABEL Grandchildren and great-grandchildren: Contact great-grandchildren  |
| QUESTION TEXT ZP |                            | o you have contact with your great-grandchildren, e.g. through visits, e calls, text messages or emails?                    |
| QUESTION TEXT PX | How often de through visit | oes Mr/Woman [name ZP] have contact with his/her great-grandchildren, e.g. s, letters, phone calls, text messages or email? |
| INTERVIEWER NOTE |                            | it answers, enter directly if necessary.<br>the average frequency of contact with all great-grandchildren.                  |
|                  | FILTERCON                  | DITIONchildren1 IN (1) AND grandchildren1 GT 0 AND grandchildren2 GT 0  |
| OUTPUT FORMAT    | VALUE                      | VALUE LABEL   |
| CONTH5F.         | 1                          | Daily   |
|                  | 2                          | Weekly  |
|                  | 3                          | Monthly   |
|                  | 4                          | Several times a year  |
|                  | 5                          | Rarer   |
|                  |                            | -2Don't know  |
|                  | -1                         | Denied  |
|                  |                            |   |
| VARIABLENAME     | care                       |   |
| VARIABLE LABEL   | Great-grandc               | hild care   |

| QUESTION TEXT ZP | In the last 12 months, have you regularly or occasionally looked after your great-grandchildren while their parents were away?              |
|------------------|---|
| QUESTION TEXT PX | In the last 12 months, has Mr/Mrs [name ZP] regularly or occasionally looked after his/her great-grandchildren while the parents were away? |
| INTERVIEWER NOTE | Do not record any gainful employment or voluntary work (e.g. educator/kindergarten teacher).  |
|                  | FILTERCONDITIONchildren1 IN (1) AND grandchildren1 GT 0 AND grandchildren2 GT 0   |

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

| VARIABLENAME     | animals   |
|------------------|---|
| VARIABLE LABEL   | Pets  |
| QUESTION TEXT ZP | Do you have your own pets?  |
| QUESTION TEXT PX | Does Mr/Mrs [name ZP] have any pets of his/her own?                         |
| INTERVIEWER NOTE | Spontaneous naming of the type of pet. Please assign without reading aloud. |
|                  | PROGRAMMING NOTEPlease implement as multiple entries!                       |
| OUTPUT FORMAT    | VALUE VALUE LABEL   |

| · · · · · · · · · · · · · · · · · · · |
|---------------------------------------|
| VALUE LABEL                           |
| not named                             |
| called                                |
|                                       |
| No                                    |
| , dog                                 |
| , cat                                 |
| , other animal [open: tierex].        |
|                                       |

## 4 Financial situation

VARIABLENLABLE income

| VARIABLENAME          | incom1   |  |  |
|-----------------------|--|--|--|
| VARIABLENLABLE income | : Source: own employment   |  |  |
| QUESTION TEXT ZP      | We are also interested in the quality of life of people who have different amounts of money at their disposal. |  |  |
|                       | You can be sure  | that your answers will not be evaluated in connection with your name.  |  |
|                       | From which sou   | rces does your household/do you draw your income?  |  |
|                       | Income from ov   | wn gainful employment  |  |
| QUESTION TEXT PX      | We are also interested in the quality of life of people who have different amounts of money at their disposal. |  |  |
|                       |  | that the answers will not be evaluated in connection with the name of  |  |
|                       | Mr/Mrs [name 2   |  |  |
|                       | From which sou   | rces does Mr/Mrs [name ZP] or his/her household/income derive?   |  |
|                       | Income from ov   | wn gainful employment  |  |
| INTERVIEWER NOTE      | Please go through order.   | " <b>Sources of income</b> " <u>carefully</u> with the target person! Read out categories in   |  |
|                       |  | G NOTEPlease programme as a responsive item battery (einkom1 -<br>he question text and interviewer's note from the second item onwards in grey |  |
| OUTPUT FORMAT         | VALUE  | VALUE LABEL  |  |
|                       | font.  |  |  |
| N0J1F.                | 0  | No   |  |
|                       | 1  | Yes  |  |
|                       |  |  |  |
|                       |  | -2Don't know   |  |
|                       | -1   | Denied   |  |
| VARIABLENAME          | incom2   |  |  |
| VARIABLENLABLE income | : Source: Old-ag<br>earning capacity   | ge pension, pension, widow's or survivor's pension, (pension for reduced ).  |  |
| QUESTION TEXT         |  | ge pension, pension, widow's or survivor's pension, (pensi <del>on</del> due to  |  |
|                       | PROGRAMMING  | G NOTEPlease programme as a responsive item battery (einkom1 - he question text and interviewer's note from the second item onwards in         |  |
| OUTPUT FORMAT         | VALUE  | VALUE LABEL  |  |
|                       | grey font.   |  |  |
| N0J1F.                | 0  | No   |  |
|                       | 1  | Yes  |  |
|                       |  | -2Don't know   |  |
|                       | -1   | Denied   |  |
|                       | -1   | DOTTICA  |  |
| - VADIABLENIA E       |  |  |  |
| VARIABLENAME          | incom3   |  |  |

: Source: occupational pension or supplementary pension of the public service

1

Yes

| QUESTION TEXT         | Company pensi  | ion or supplementary pension of the public service  |  |
|-----------------------|--|---|--|
|                       | PROGRAMMING NOTEPlease programme as a responsive item battery (einkom1 - einkom15) and the question text and interviewer's note from the second item onwards in grey font. |   |  |
| OUTPUT FORMAT         | VALUE  | VALUE LABEL   |  |
| N0J1F.                | 0  | No  |  |
|                       | 1  | Yes   |  |
|                       |  |   |  |
|                       | -2   | Don't know  |  |
|                       | -1   | Denied  |  |
| VARIABLENAME          | incom9ng   |   |  |
| VARIABLENLABLE income | : Source: Regula<br>Pension plans  | ar benefits from a private life insurance policy or from a private pension plan.  |  |
| QUESTION TEXT         | Regular benefi   | ts from a private life insurance policy or from private pension plans   |  |
|                       | PROGRAMMIN einkom15) and t   | G NOTEPlease programme as a responsive item battery (einkom1 - the question text and interviewer's note from the second item onwards in |  |
| OUTPUT FORMAT         | VALUE  | VALUE LABEL   |  |
|                       | grey font.   |   |  |
| N0J1F.                | 0  | No  |  |
|                       | 1  | Yes   |  |
|                       |  |   |  |
|                       |  | -2Don't know  |  |
|                       | -1   | Denied  |  |
| VARIABLENAME          | incom12  |   |  |
| VARIABLENLABELIncome  |  |   |  |
| QUESTION TEXT         | : Source: long-term care insurance benefits  |   |  |
| QUESTION TEXT         |  | Benefits of the statutory long-term care insurance PROGRAMMING NOTEPlease programme as a responsive item battery (einkom1 -             |  |
|                       | einkom15) and the question text and interviewer's note from the second item onwards in   |   |  |
| OUTPUT FORMAT         | VALUE  | VALUE LABEL   |  |
| NO.145                | grey font.   | N.  |  |
| N0J1F.                | 0  | No  |  |
|                       | 1  | Yes   |  |
|                       |  | 2Don't know   |  |
|                       | 1  | -2Don't know  |  |
|                       | -1   | Denied  |  |
| VARIABLENAME          | incom7   |   |  |
| VARIABLENLABELIncome  | : Source: Incom  | ne from renting and leasing QUESTION TEXT   |  |
|                       |  | tting and leasing   |  |
|                       | PROGRAMMING NOTEPlease programme as a responsive item battery (einkom1 - einkom15) and the question text and interviewer's note from the second item onwards in            |   |  |
| OUTPUT FORMAT         | VALUE  | VALUE LABEL   |  |
|                       | grey font.   |   |  |
| N0J1F.                | 0  | No  |  |

VARIABLENLABLEincome

: Source: Housing benefit

|                      |   | -2Don't know  |  |
|----------------------|---|---|--|
|                      | -1  | Denied  |  |
| VARIABLENAME         | incom8  |   |  |
| VARIABLENLABLEIncome | : Source  | e: Interest income and capital assets QUESTION  |  |
| TEXT.                | Interest  | Interest income and income from capital assets  |  |
|                      |   | AMMING NOTEPlease programme as a responsive item battery (einkom1 - 5) and the question text and interviewer's note from the second item onwards in   |  |
| OUTPUT FORMAT        | VALUE   | VALUE LABEL   |  |
|                      | grey fon  | t.  |  |
| N0J1F.               | 0   | No  |  |
|                      | 1   | Yes   |  |
|                      |   | -2Don't know  |  |
|                      | -1  | Denied  |  |
|                      | -1  | Больс   |  |
| VARIABLENAME         | incom10   | )   |  |
| VARIABLENLABELIncome | : Source  | e: Basic security in old age  |  |
| QUESTION TEXT        | Basic in  | come support in old age   |  |
|                      |   | RAMMING NOTEPlease programme as a responsive item battery (einkom1 - 15) and the question text and interviewer's note from the second item onwards in |  |
| OUTPUT FORMAT        | VALUE   | VALUE LABEL   |  |
|                      | grey for  |   |  |
| N0J1F.               | 0   | No  |  |
|                      | 1   | Yes   |  |
|                      |   | -2Don't know  |  |
|                      | -1  | Denied  |  |
|                      | <u> </u>  | 26.1184   |  |
| VARIABLENAME         | incom11   | 1   |  |
| VARIABLENLABLEincome | : Source  | : Source: Assistance for subsistence  |  |
| QUESTION TEXT        | Current assistance for subsistence or assistance in special circumstances (e.g. assistance for health, assistance for care) |   |  |
|                      |   | RAMMING NOTEPlease programme as a responsive item battery (einkom1 - 15) and the question text and interviewer's note from the second item onwards in |  |
| OUTPUT FORMAT        | VALUE   | VALUE LABEL   |  |
|                      | grey for  | nt.   |  |
| N0J1F.               | 0   | No  |  |
|                      | 1   | Yes   |  |
|                      |   | -2Don't know  |  |
|                      | -1  | Denied  |  |
| VADIABLE STATE       |   |   |  |
| VARIABLENAME         | incom5  |   |  |

QUESTION TEXT

**Housing benefit** 

PROGRAMMING NOTEPlease programme as a responsive item battery (einkom1 einkom15) and the question text and interviewer's note from the second item onwards in grey

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |
|               |       |             |

incom13 VARIABLENAME

VARIABLENLABLE income : Source: Family members

**QUESTION TEXT** 

Regular financial support from family members

PROGRAMMING NOTEPlease programme as a responsive item battery (einkom1 einkom15) and the question text and interviewer's note from the second item onwards in grey

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
|               | font. |              |
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

VARIABLENAME incom15

VARIABLE LABEL Income: Source: Other

**QUESTION TEXT** Other

> PROGRAMMING NOTEPlease programme as a responsive item battery (einkom1 einkom15) and the question text and interviewer's note from the second item onwards in grey

| OUTPUT FORMAT | VALUE | VALUE LABEL           |
|---------------|-------|-----------------------|
|               | font. |                       |
| N0J1F.        | 0     | No                    |
|               |       | 1Yes [open: incom15x] |
|               |       | -2Don't know          |
|               | -1    | Denied                |

**VARIABLENAME** incom15x

VARIABLENLABELIncome : Source: Other (open) QUESTION

**TEXT** Other

FILTER FEEDIncom15 IN (1)

**OUTPUT FORMAT VALUE VALUE LABEL** \$900. Specify Other -2Don't know -1 Denied

| VARIABLENAME                 | net3   |  |  |
|------------------------------|--|--|--|
|                              | VARIABLENLABELFree available amount (pocket money): Amount   |  |  |
| with full stat. QUESTION TEX | XT ZP How  | much money do you have freely available each month?  |  |
| QUESTION TEXT PX             | How much mon   | ey does Mr/Mrs [name ZP] have freely available each month?   |  |
| INTERVIEWER NOTE             | This refers to the amount minus housing, food and utility costs or the "pocket money" usually allocated by family members. |  |  |
|                              | Please ask for the   | e pocket money and not the full net income.  |  |
| FILTER FEEDING               | livingf1 IN (1)  |  |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL  |  |
| BEST8.                       | (10 - 50000)   | Amount in Euro   |  |
|                              |  |  |  |
|                              | -1   | Denied   |  |
|                              | -2   | Don't know   |  |
| VARIABLENAME                 | cost1  |  |  |
| VARIABLENLABELCosts          | : monthly warm r   | rent   |  |
| QUESTION TEXT ZP             | -  | ur monthly rent including all utilities such as electricity, water, heating,                               |  |
| QOZOTION IZAN ZI             | rubbish collection, etc.?  |  |  |
|                              | If you cannot gi   | ive the exact amount, please give me an approximate estimate.  |  |
| QUESTION TEXT PX             |  | r./Mrs. [name ZP]'s monthly rent including all utilities such as water, heating, rubbish collection, etc.? |  |
|                              |  | ive the exact amount, please give me an approximate estimate.  |  |
| INTERVIEWER NOTE             | Please offer to go through and calculate the individual costs together.  |  |  |
|                              | Also allow annue   | al or quarterly data.  |  |
|                              | Calculation of the monthly amount for annual or quarterly data by interviewer.   |  |  |
| FILTER FEEDING               | habf3 IN (2,3)   |  |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL  |  |
| BEST8.                       | (10 - 50000)   | Indication in Euro   |  |
|                              |  |  |  |
|                              | -1   | Denied   |  |
|                              | -2   | Don't know   |  |
| VARIABLENAME                 | cost1_1  |  |  |
| VARIABLENLABELCosts          |  | ent or rent without NK   |  |
| QUESTION TEXT ZP             | How much is the monthly cold rent or rent without service charges? QUESTION  |  |  |
| TEXT PX                      | What is his/her monthly cold rent or rent excluding utilities? INTERVIEWER   |  |  |
| NOTE                         | Please offer to g  | o through and calculate the individual costs together.   |  |
|                              | Also allow annuc   | al or quarterly data.  |  |
|                              | Calculation of the   | e monthly amount for annual or quarterly data by interviewer.  |  |
| FILTER FEED                  | livingf3 IN (2,3)  | AND cost1 IN (-2)  |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL  |  |
| BEST8.                       | (10 - 50000)   | Indication in Euro   |  |
|                              |  |  |  |

|                     | -1   | Denied   |  |  |
|---------------------|--|--|--|--|
|                     |  | -2Don't know   |  |  |
| VARIABLENAME        | cost2_1  |  |  |  |
| VARIABLENLABELCosts | : Incidental cos   | : Incidental costs Total amount in euros   |  |  |
| QUESTION TEXT ZP    | heating, street  | rpproximate monthly costs you spend on electricity, gas, water/sewage, cleaning/garbage collection and miscellaneous?  |  |  |
| QUESTION TEXT PX    | •  | give the exact amount, please give me an approximate estimate.   |  |  |
| QUESTION TEXT PX    | cleaning/garba   | What is the approximate monthly cost of electricity, water/sewage, heating, street cleaning/garbage collection and miscellaneous for Mr/Mrs [name ZP]?  If you cannot give the exact amount, please give me an approximate estimate. |  |  |
| INTERVIEWER NOTE    | Also allow annu  | Please offer to go through and calculate the individual costs together.  Also allow annual or quarterly data.  Calculation of the monthly amount for annual or quarterly data by interviewer.  |  |  |
| FILTER FEEDING      | dwellingf1 IN (0   | D) AND dwellingf3 IN (1 ,4)  |  |  |
| OUTPUT FORMAT       | VALUE  | VALUE LABEL  |  |  |
| BEST8.              | (10 - 50000)   | Total amount in Euro   |  |  |
|                     |  |  |  |  |
|                     | -1   | Denied   |  |  |
|                     | -2   | Don't know   |  |  |
| VARIABLENAME        | cost2_2  |  |  |  |
| VARIABLE LABEL      | Costs: Service charges: Electricity in Euro  |  |  |  |
| QUESTION TEXT       | You can also tell me the individual amounts.   |  |  |  |
|                     | FILTERS dwell  | FILTERS dwellingf1 IN (0) AND dwellingf3 IN (1 ,4) AND cost2_1 IN (-1,-2)  |  |  |
|                     | PROGRAMMIN   | NG NOTEPlease display the individual amounts (kosten2_2 to kosten2_7) on one   |  |  |
| screen.             |  |  |  |  |
|                     | For each open nomination own missings (don't know and denied) Please set the range to 0, so that at least the entry of a 0 is necessary. |  |  |  |
| OUTPUT FORMAT       | VALUE  | VALUE LABEL  |  |  |
| BEST8.              | (0 - 50000)  | Electricity in Euro  |  |  |
|                     | (=====,  |  |  |  |
|                     | -1   | Denied   |  |  |
|                     | -2   | Don't know   |  |  |
|                     | cost? ?  |  |  |  |
| VARIABLENAME        | cost2_3  | charges: Cas in ourse (if not received in heating costs)   |  |  |
| VARIABLE LABEL      |  | charges: Gas in euros (if not received in heating costs)   |  |  |
| FILTER FEED         |  | IND wohnf3 IN (1,4) AND kosten2_1 IN (-1,-2)   |  |  |
| screen.             | PROGRAMMIN   | IG NOTEPlease display the individual amounts (kosten2_2 to kosten2_7) on one   |  |  |
| Succin.             |  | nomination own missings (don't know and denied) range to 0, so that at least the entry of a 0 is necessary.  |  |  |
| OUTPUT FORMAT       | VALUE  | VALUE LABEL  |  |  |
| BEST8.              | (0 - 50000)  | Gas in Euro  |  |  |
|                     |  |  |  |  |

screen.

|                     | -1               | Denied  |
|---------------------|------------------|---|
|                     |                  | -2Don't know  |
| VADIADI ENIAME      |                  |   |
| VARIABLENAME        | cost2_4          |   |
| VARIABLENLABELCosts | : Service charge | es: water/waste water in euros FILTER                                       |
| FEEDING             | wohnf1 IN (0) A  | AND wohnf3 IN (1 ,4) AND kosten2_1 IN (-1,-                                 |
| 2)                  |                  |   |
|                     | PROGRAMMIN       | G NOTEPlease display the individual amounts (kosten2_2 to kosten2_7) on one |
| screen.             |                  |   |
|                     | Diagon out the r | and to 0, so that at least the entry of a 0 is necessary                    |

|                     | Please set the  | range to U, so that at least the entry of a U is necessary.                 |  |
|---------------------|---|---|--|
| OUTPUT FORMAT       | VALUE   | VALUE LABEL   |  |
| BEST8.              | (0 - 50000)   | Water/waste water in Euro   |  |
|                     | -1  | Denied  |  |
|                     | -2  | Don't know  |  |
| VARIABLENAME        | cost2_5   |   |  |
| VARIABLENLABELCosts | : Service charges: Heating in Euro  |   |  |
|                     | FILTERS dwellingf1 IN (0) AND dwellingf3 IN (1 ,4) AND cost2_1 IN (-1,-2) |   |  |
|                     | PROGRAMMIN  | G NOTEPlease display the individual amounts (kosten2_2 to kosten2_7) on one |  |
| screen.             |   |   |  |
|                     | For each open r   | nomination own missings (don't know and denied)                             |  |
|                     | Please set the ra   | ange to 0, so that at least the entry of a 0 is necessary.                  |  |
| OUTPUT FORMAT       | VALUE   | VALUE LABEL   |  |
| BEST8.              | (0 - 50000)   | Heating in Euro   |  |
|                     | -1  | Denied  |  |
|                     | -2  | Don't know  |  |
| VADIADI ENAME       |   |   |  |

|  | -1                 | Denied                                      |
|--|--------------------|---|
|  | -2                 | Don't know                                  |
| VARIABLENAME   | cost2_6            |   |
| VARIABLENLABELCosts  | : Service charges: | street cleaning/garbage collection in euros |
| FILTERFILLING cost1 IN (0) AND cost3 IN (1,4) AND cost2_1 IN (-1,-2) |                    |   |

PROGRAMMING NOTEPlease display the individual amounts (kosten2\_2 to kosten2\_7) on one

For each open nomination own missings (don't know and denied) Please set the range to 0, so that at least the entry of a 0 is necessary.

| OUTPUT FORMAT | VALUE       | VALUE LABEL                                |
|---------------|-------------|--|
| BEST8.        | (0 - 50000) | Street cleaning/garbage collection in Euro |
|               |             |  |
|               | -1          | Denied                                     |
|               | -2          | Don't know                                 |
|               |             |  |

VARIABLENAME cost2\_7 VARIABLENLABELCosts : Incidental costs: Other in euros

VARIABLENLABEL COSTS

QUESTION TEXT ZP

: Home stay

FILTERS dwellingf1 IN (0) AND dwellingf3 IN (1,4) AND cost2\_1 IN (-1,-2) PROGRAMMING NOTEPlease display the individual amounts (kosten2\_2 to kosten2\_7) on one screen. For each open nomination own missings (don't know and denied) Please set the range to 0, so that at least the entry of a 0 is necessary. **VALUE** VALUE LABEL **OUTPUT FORMAT** BEST8. (0 - 50000)Other in Euro -1 Denied -2 Don't know cost3 **VARIABLENAME** VARIABLE LABEL Costs: Home loan or mortgage QUESTION TEXT ZP Do you still have to make repayments on a home loan or other mortgage for this house/flat? **QUESTION TEXT PX** Does Mr/Mrs [name ZP] still have to make repayments on a home loan or other mortgage for this house/flat? **FILTER FEED** wohnf1 IN (0) AND wohnf3 IN (1) **OUTPUT FORMAT VALUE** VALUE LABEL N0J1F. 0 No 1 Yes -2Don't know -1 Denied **VARIABLENAME** cost4 VARIABLE LABEL Costs: Home loan or mortgage Amount QUESTION TEXT ZΡ What amount do you have to pay monthly for this? If you cannot give the exact amount, please give me an approximate estimate. QUESTION TEXT PX What amount does Mr/Mrs [name ZP] have to spend on this per month? If you cannot give the exact amount, please give me an approximate estimate. INTERVIEWER NOTE Calculation of the monthly amount for annual or quarterly data. **FILTERS** dwellingf1 IN (0) AND dwellingf3 IN (1) AND cost3 IN (1) **OUTPUT FORMAT VALUE VALUE LABEL** BEST8. (10 - 50000)Amount in Euro -1 Denied -2 Don't know **VARIABLENAME** cost5

How much do you have to pay monthly for your stay at the home? This is your own contribution

|                          | meant.   |  |  |
|--------------------------|--|--|--|
|                          | If you cannot give the exact amount, please give me an approximate estimate.  How much must be paid monthly for Mr/Mrs [name ZP]'s stay in the home? This refers to his/her own contribution.  |  |  |
| QUESTION TEXT PX         |  |  |  |
| INTERVIEWED NOTE         |  | give the exact amount, please give me an approximate estimate. |  |
| INTERVIEWER NOTE         | -  | he monthly amount for annual or quarterly data.                |  |
| FILTER FEEDING           | livingf1 IN (1)  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                         |  |
| OUTPUT FORMAT            | VALUE  | VALUE LABEL  |  |
| BEST8.                   | (10 - 9000)  | Amount in Euro   |  |
|                          | -1   | Denied   |  |
|                          | -2   | Don't know   |  |
| VARIABLENAME             | debt1  |  |  |
|                          | VARIABLENLA  | BELiabilities available  |  |
| QUESTION TEXT ZP         | Once apart fro   |  |  |
|                          | Do you or your (spouse) partner currently have debts from loans you have taken out, e.g. with a bank or savings bank, with a department store or mail-order company, or with a private individual?   |  |  |
| QUESTION TEXT PX         | Once apart from mortgages:  Does Mr/Mrs [name ZP] or his/her (spouse's) partner currently have debts from loans that Mr/Mrs [name ZP] has taken out, e.g. with a bank or savings bank, with a department store or mail-order company or with a private person? |  |  |
| OUTPUT FORMAT            | VALUE  | VALUE LABEL  |  |
| N0J1F.                   | 0  | No   |  |
|                          | 1  | Yes  |  |
|                          |  |  |  |
|                          | -1   | Denied   |  |
|                          |  | -2Don't know   |  |
| VARIABLENAME             | guilt2   |  |  |
| VARIABLENLABELiabilities | : Amount   |  |  |
| QUESTION TEXT            | What is the approximate amount?  |  |  |
| INTERVIEWER NOTE         | Please read out answers, enter directly if necessary.  Target person should provide information!   |  |  |
| FILTER GUIDE             | DEBT1 IN (1)   |  |  |
|                          | VALUE  | VALUE LABEL  |  |
| OUTPUT FORMAT            |  |  |  |
| OUTPUT FORMAT SCHLD10F.  |  | 1Under €500  |  |
|                          | 2  | 1Under €500<br>500 to under 2.500€                             |  |
|                          |  |  |  |
|                          | 2  | 500 to under 2.500€  |  |
|                          | 2 3  | 500 to under 2.500€<br>2.500 to under 5.000€                   |  |

|                      | 7   | 50.000 to under 100.000€  |  |
|----------------------|---|---|--|
|                      | 8   | 100.000 to under 250.000€   |  |
|                      | 9   | 250.000 to under 500.000€   |  |
|                      | 10  | 500.000€ and more   |  |
|                      |   |   |  |
|                      |   | -2Don't know  |  |
|                      | -1  | Denied  |  |
|                      |   |   |  |
| VARIABLENAME         | vermoe  |   |  |
| VARIABLENLABELAssets | : Amount  |   |  |
| QUESTION TEXT ZP     | If you think about all your assets, i.e. savings books, building society contracts, life insurance policies, securities and valuables that belong to you or your (spouse) partner, but not real estate:                         |   |  |
|                      | What is the ap  | proximate amount?   |  |
| QUESTION TEXT PX     | If you think of all the assets of Mr/Mrs [name ZP], i.e. savings books, building society contracts, life insurance policies, securities and valuables belonging to him/her or his/her (spouse) partner, but not to Real estate: |   |  |
|                      | What is the ap  | proximate amount?   |  |
| INTERVIEWER'S NOTE   |   | answers, enter directly if necessary.   |  |
| PROGRAMMING NOTE     | List as drop-dov<br>are read out if re  | wn with additional missings as radio buttons. Not applicable, as the answers equired. |  |

| OUTPUT FORMAT         | VALUE | VALUE LABEL                |
|-----------------------|-------|----------------------------|
| List Booklet Template |       |                            |
| VERM11BB.             |       | 1Under €500                |
|                       |       | 2500 to under 2.500€       |
|                       |       | 32.500 to under 5.000€     |
|                       |       | 45.000 to under 12.500€    |
|                       |       | 512,500 to under €25,000   |
|                       | 625   | .000 to under 50.000€      |
|                       |       | 750.000 to under 100.000€  |
|                       | 8100  | ,000 to under €250,000     |
|                       |       | 9250.000 to under 500.000€ |
|                       |       | 10500.000€ and more        |
|                       |       |                            |
|                       | 11    | No assets                  |
|                       |       |                            |
|                       |       | -2Don't know               |
|                       | -1    | Denied                     |

#### 6 Health

#### Intermediate screen

VARIABLENNAME Screen2

VARIABLE LABEL Intermediate screen 2

QUESTION TEXT Many people like to do brain teasers. These are also a part of this survey.

This is not an intelligence test.

INTERVIEWER NOTE Please take care not to interfere with the administration of the test.

Please make sure that the person being interviewed hears sufficiently well!

FILTER GUIDE interviewee IN (1)

PROGRAMMING NOTEThe entire "Cognitive Test" block (from Screen2 to DemTect: 3

pass) only goes to target subjects, not in PROXY.

VARIABLENAME dt1

VARIABLENLABELDemTect : Start 1st run - Intro

QUESTION TEXT I am now going to slowly read you a list of 10 words.

After that, please repeat as many of these words as

possible. The order is not important.

FILTER GUIDE interviewee IN (1)

PROGRAMMING NOTE Technical implementation as multiple entry with option to deny entire

run 1 word list.

NOTE FOR DATA

PREPARATION

The variable dt1 was newly formed (not included in the codebook).

OUTPUT FORMAT VALUE VALUE LABEL

1Continue with task

-1 Denied

VARIABLENAME dt1\_start

VARIABLENLABELDemTect : Start 1st run - Start QUESTION

TEXT Ready?

INTERVIEWER'S NOTE To start reading aloud, please click on the "Start" button below.

FILTERED respondent IN (1) AND dt1 IN (1)

NOTE FOR DATA

**PREPARATION** 

The variable dt1\_start was newly created (not included in the codebook).

OUTPUT FORMAT VALUE VALUE LABEL

Next button Start

VARIABLENLABELDemTect : Start 1st run - Read aloud QUESTION

**TEXT** 

Plate
Dog
Lamp
Letter
Apple
Trousers

- Table - Meadow

Glass

– Tree

INTERVIEWER'S NOTE

Please read the words aloud and clearly!

FILTERED respondent IN (1) AND dt1 IN (1)

PROGRAMMING NOTEPlease show the 10 words one by one in sequence (only one word on

the screen at a time), using as large a font size as possible.

Timed, clocking: 2 seconds Tachistoscope

element

NOTE FOR DATA PREPARATION

The variable dt1\_vorlesen was newly created (not included in the codebook).

VARIABLENAME dt1\_1, dt1\_2, dt1\_3, dt1\_4, dt1\_5, dt1\_6, dt1\_7, dt1\_8, dt1\_9, dt1\_10, dt1\_11

VARIABLENLABELDemTect: 1st pass: plate

DemTect: 1st passage: dog
DemTect: 1st passage: lamp
DemTect: 1st passage: letter
DemTect: 1st passage: apple
DemTect: 1st passage: trousers
DemTect: 1st passage: table
DemTect: 1st passage: meadow
DemTect: 1st passage: glass
DemTect: 1st passage: tree

DemTect: 1st pass: no correct answer

QUESTION TEXT Now please tell me all the words you can remember.

INTERVIEWER NOTE Please click on the words that the target person remembers.

Do NOT interrupt the interviewee.

FILTERED respondent IN (1) AND dt1 IN (1)

PROGRAMMING NOTE Multiple choice

dt1\_11 is exclusive category, i.e. if this is selected, no other selection is possible.

NOTE FOR DATA PREPARATION

The variable dt1\_11 was added. (not included in the codebook).

If the entire run was refused in dt1, please document the refusal in all individual items (dt1\_1

to dt1\_11).

Data structure then corresponds to the codebook.

The content-related information collected via multiple responses is to be provided to the

AG in the form of dichotomous individual items with 1=Yes, 0=No or -1=Refused.

| OUTPUT FORMAT VALUE |     | VALUE LABEL |  |
|---------------------|-----|-------------|--|
| N0J1F.              | (0) | not named   |  |
|                     | (1) | called      |  |

| dt1_1  | 1  | Plate                 |
|--------|----|-----------------------|
| dt1_2  | 2  | Dog                   |
| dt1_3  | 3  | Lamp                  |
| dt1_4  | 4  | Letter                |
| dt1_5  | 5  | Apple                 |
| dt1_6  | 6  | Trousers              |
| dt1_7  | 7  | Table                 |
| dt1_8  | 8  | Meadow                |
| dt1_9  | 9  | Glass                 |
| dt1_10 | 10 | Tree                  |
|        |    |                       |
| dt1_11 |    | 11No (correct) answer |

VARIABLENAME dt2

VARIABLENLABELDemTect: 2nd run - Intro

QUESTION TEXT Thank you very much. Now I will tell you the same 10 words a second time.

After that, you should again repeat as many words as possible. The

order is not important.

INTERVIEWER NOTE Please take care not to interfere with the administration of the test.

Please make sure that the person being interviewed hears sufficiently well!

FILTERED respondent IN (1) AND dt1 IN (1)

PROGRAMMING NOTE The 2nd pass word list is filtered for whether the first pass was made.

NOTE FOR DATA PREPARATION

The variable dt2 was newly formed (not included in the codebook).

| OUTPUT FORMAT VALUE | VALUE LABEL         |
|---------------------|---------------------|
|                     | 1Continue with task |

VARIABLENAME dt2\_start

-1

VARIABLENLABELDemTect: Start 2nd run - Start QUESTION

Denied

TEXT Ready?

INTERVIEWER'S NOTE To start reading aloud, please click on the "Start" button below.

FILTERING respondent IN (1) AND dt1 IN (1) AND dt2 IN (1)

NOTE FOR DATA PREPARATION

The variable dt2\_start was newly created (not included in the codebook).

OUTPUT FORMAT VALUE VALUE LABEL

VARIABLENAME dt2\_read out

VARIABLENLABELDemTect : 2nd pass - read aloud

QUESTION TEXT

PlateDogLampLetterApple

TrousersTableMeadow

GlassTree

- In

INTERVIEWER'S NOTE Please read the words out loud and clearly!

FILTERINGinterviewee IN (1) AND dt1 IN (1) AND dt2 IN (1) PROGRAMMING NOTEPlease insert the 10

words one at a time in order (only one word at a time on the

screen), with as large a font size as possible Timed, clocking: 2 seconds, tachistoscope

element

NOTE FOR DATA PREPARATION

The variable dt2\_vorlesen was newly created (not included in the codebook).

VARIABLENAME dt2\_1, dt2\_2, dt2\_3, dt2\_4, dt2\_5, dt2\_6, dt2\_7, dt2\_8, dt2\_9, dt2\_10, dt2\_11

VARIABLENLABELDemTect : 2nd pass: plate DemTect: 2nd

pass: dog DemTect: 2nd pass: lamp DemTect: 2nd pass: letter DemTect: 2nd pass: apple DemTect: 2nd pass: trousers DemTect: 2nd pass: table DemTect: 2nd pass: meadow DemTect: 2nd pass: glass DemTect: 2nd pass: tree

DemTect: 2nd pass: no correct answer

QUESTION TEXT Now I ask you to repeat as many of these words as possible.

INTERVIEWER NOTE Please click on the words that the target person remembers.

Do NOT interrupt the interviewee.

FILTERING respondent IN (1) AND dt1 IN (1) AND dt2 IN (1)

PROGRAMMING NOTE Multiple choice

dt2\_11 is exclusive category, i.e. if this is selected, no other selection is possible.

NOTE FOR DATA **PREPARATION** 

The variable dt2\_11 was added (not included in the codebook).

If the entire run is refused in dt2, please document the refusal in all individual items (dt2\_1 to

dt2\_11).

Data structure then corresponds to the codebook.

The content-related information collected via multiple responses is to be provided to the AG in the form of dichotomous individual items with 1=Yes, 0=No or -1=Refused.

| OUTPUT FORMAT | VALUE | VALUE LABEL           |
|---------------|-------|-----------------------|
|               | (0)   | not named             |
|               | (1)   | called                |
|               |       |                       |
| dt2_1         | 1     | Plate                 |
| dt2_2         | 2     | Dog                   |
| dt2_3         | 3     | Lamp                  |
| dt2_4         | 4     | Letter                |
| dt2_5         | 5     | Apple                 |
| dt2_6         | 6     | Trousers              |
| dt2_7         | 7     | Table                 |
| dt2_8         | 8     | Meadow                |
| dt2_9         | 9     | Glass                 |
| dt2_10        | 10    | Tree                  |
|               |       |                       |
| dt2_11        |       | 11No (correct) answer |

VARIABLENAME

dt4\_intro

VARIABLENLABELDemTect: Number Supermarket - Intro

**QUESTION TEXT** 

Thank you.

Now let's move on to the next task.

Please name as many things as you can buy in the supermarket. You have one minute to do this.

Ready, go!

INTERVIEWER'S NOTE Please make a tally on a sheet of paper of the number of items mentioned! Only things that can actually be bought in the supermarket count. Multiple entries are only to be counted once.

-> The time measurement starts directly by clicking on "Continue with task".

If the target is silent for 15 seconds at the beginning, repeat the instruction ("Please tell me as many things as you can buy in the supermarket."). The time limit is not extended if this instruction has to be repeated.

Give exactly one minute. If the target stops before the time is up, encourage them to continue ("What else is there?").

FILTER CONDUCTION interviewee IN (1) PROGRAMMING NOTE The

timing starts directly by clicking on "Next".

Stopwatch function 60 seconds

While the stopwatch is running, please display text "Time running" Acoustic signal when the 60 seconds have elapsed

NOTE FOR DATA PREPARATION

The variable dt4 was newly formed (not included in the codebook).

| OUTPUT FORMAT | VALUE | VALUE LABEL        |
|---------------|-------|--------------------|
|               | 1     | Continue with task |
|               | -1    | Denied             |

VARIABLENAME dt4

VARIABLE LABEL DemTect: Number Supermarket

QUESTION TEXT Stop. Now the one minute is over.

INTERVIEWER NOTE

Please enter the number of mentions now. FILTER

GUIDE interviewer

IN (1) AND dt4 intro IN (1) PROGRAMMING

NOTE stopwatch function 60 seconds

While the stopwatch is running, please display the text "Time running".

Acoustic signal after 60 seconds.

| OUTPUT FORMAT VALUE |          | VALUE LABEL        |
|---------------------|----------|--------------------|
| BEST8.              | (0 - 60) | Number of mentions |

-1 Denied

VARIABLENAME dt5

VARIABLE LABEL DemTect: Number sequences - Intro

QUESTION TEXT Now let's move on to the next task.

I will now give you a series of numbers, which I would like you to reverse for me.

Repeat the order.

For example, if I say "four-five", please tell me "five-four".

INTERVIEWER NOTE Please take care not to interfere with the administration of the test.

Please make sure that the person being interviewed hears sufficiently well!

FILTER GUIDE interviewee IN (1)

PROGRAMMING NOTE The task is to be terminated if two series of numbers cannot be reproduced correctly one after the

other, see filter guidance for the individual items.

NOTE FOR DATA PREPARATION

The variable dt5 was newly formed (not included in the codebook).

OUTPUT FORMAT VALUE VALUE LABEL

1Continue with task

-1 Denied

VARIABLENAME dt5\_1\_1

VARIABLENLABELDemTect: Number sequences: 7-2

QUESTION TEXT 7-2

INTERVIEWER NOTICE The correct naming would be: 2-7

FILTERED interviewer IN (1) AND dt5 IN (1)

NOTE FOR DATA PREPARATION

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

dt5\_5\_2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No (False).

| OUTPUT FORMAT VALUE |    | VALUE LABEL |
|---------------------|----|-------------|
| (                   | 0  | Incorrect   |
| -                   | -1 | Denied      |

VARIABLENAME dt5\_1\_2

VARIABLENLABELDemTect: Number sequences: 8-6

QUESTION TEXT 8-6

NOTE FOR DATA

INTERVIEWER'S NOTE The correct naming would be: 6-8

FILTER FEED (interviewee IN (1) AND dt5 IN (1)) AND dt5\_1\_1 IN (0)

PREPARATION dt5\_5\_2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

(False).

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 1     | Correct     |
|               | 0     | Incorrect   |
|               | -1    | Denied      |

VARIABLENAME dt5\_2\_1

VARIABLENLABELDemTect: Number sequences: 4-7-9

QUESTION TEXT 4-7-9

INTERVIEWER'S NOTE The correct answer would be: 9-7-4

FILTERED (interviewee IN (1) AND dt5 IN (1)) AND

(dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)

NOTE FOR DATA PREPARATION

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

dt5\_5\_2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FOR | MAT VALUE | VALUE LABEL |  |
|------------|-----------|-------------|--|
| N0J1F.     | 1         | Correct     |  |
|            | 0         | Incorrect   |  |
|            | -1        | Denied      |  |

VARIABLENAME dt5\_2\_2

VARIABLENLABELDemTect: Number sequences: 3-1-5

QUESTION TEXT 3-1-5

INTERVIEWER'S NOTE The correct answer would be: 5-1-3

FILTERED (interviewee IN (1) AND dt5 IN (1)) AND

((dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)) AND dt5\_2\_1 IN (0)

NOTE FOR DATA PREPARATION

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

dt5\_5\_2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FORMAT VALUE |    | VALUE LABEL |
|---------------------|----|-------------|
| N0J1F.              | 1  | Correct     |
|                     | 0  | Incorrect   |
|                     | -1 | Denied      |

VARIABLENAME dt5\_3\_1

VARIABLENLABELDemTect: Number sequences: 5-4-9-6

QUESTION TEXT 5-4-9-6

INTERVIEWER'S NOTE The correct answer would be: 6-9-4-5

FILTERED (interviewee IN (1) AND dt5 IN (1)) AND

((dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)) AND ((dt5\_2\_1 IN (0) AND dt5\_2\_2 IN (1)) OR dt5\_2\_1 IN (1))

NOTE FOR DATA

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

PREPARATION dt5\_5\_2

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FORM | 1AT VALUE | VALUE LABEL |
|-------------|-----------|-------------|
| N0J1F.      | 1         | Correct     |
|             | 0         | Incorrect   |
|             | -1        | Denied      |

VARIABLENAME dt5\_3\_2

VARIABLENLABELDemTect: Number sequences: 1-9-7-4

**QUESTION TEXT** 1-9-7-4

INTERVIEWER'S NOTE The correct answer would be: 4-7-9-1 **FILTERED** (interviewee IN (1) AND dt5 IN (1)) AND

((dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)) AND

((dt5\_2\_1 IN (0) AND dt5\_2\_2 IN (1)) OR dt5\_2\_1 IN (1)) AND dt5\_3\_1 IN (0)

NOTE FOR DATA **PREPARATION** 

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

dt5 5 2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FORMA | AT VALUE | VALUE LABEL |
|--------------|----------|-------------|
| N0J1F.       | 1        | Correct     |
|              | 0        | Incorrect   |
|              | -1       | Denied      |

**VARIABLENAME** dt5\_4\_1

VARIABLENLABELDemTect: Number sequences: 2-7-5-3-6

**QUESTION TEXT** 2-7-5-3-6

INTERVIEWER'S NOTE The correct answer would be: 6-3-5-7-2 **FILTERED** (interviewee IN (1) AND dt5 IN (1)) AND

> ((dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)) AND ((dt5\_2\_1 IN (0) AND dt5\_2\_2 IN (1)) OR dt5\_2\_1 IN (1)) AND ((dt5\_3\_1 IN (0) AND dt5\_3\_2 IN (1)) OR dt5\_3\_1 IN (1))

NOTE FOR DATA **PREPARATION** 

If the entire block is denied in dt5, please document the denial in all individual items (dt5 1 1 to

dt5 5 2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 1     | Correct     |
|               | 0     | Incorrect   |
|               | -1    | Denied      |

**VARIABLENAME** dt5\_4\_2

VARIABLENLABELDemTect: Number sequences: 1-3-5-4-8

**QUESTION TEXT** 1-3-5-4-8

INTERVIEWER'S NOTE The correct answer would be: 8-4-5-3-1

**FILTERED** (interviewee IN (1) AND dt5 IN (1)) AND

> ((dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)) AND ((dt5\_2\_1 IN (0) AND dt5\_2\_2 IN (1)) OR dt5\_2\_1 IN (1)) AND

((dt5\_3\_1 IN (0) AND dt5\_3\_2 IN (1)) OR dt5\_3\_1 IN (1)) AND dt5\_4\_1 IN (0)

NOTE FOR DATA

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

**PREPARATION** dt5 5 2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FORMAT VALUE |    | VALUE LABEL |
|---------------------|----|-------------|
| N0J1F.              | 1  | Correct     |
|                     | 0  | Incorrect   |
|                     | -1 | Denied      |

**VARIABLENAME** dt5\_5\_1

VARIABLENLABELDemTect: Number sequences: 8-1-3-5-4-2

**QUESTION TEXT** 8-1-3-5-4-2

INTERVIEWER'S NOTE The correct answer would be: 2-4-5-3-1-8

**FILTERED** (interviewee IN (1) AND dt5 IN (1)) AND

((dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)) AND ((dt5\_2\_1 IN (0) AND dt5\_2\_2 IN (1)) OR dt5\_2\_1 IN (1)) AND ((dt5\_3\_1 IN (0) AND dt5\_3\_2 IN (1)) OR dt5\_3\_1 IN (1)) AND

((dt5\_4\_1 IN (0) AND dt5\_4\_2 IN (1)) OR dt5\_4\_1 IN (1))

NOTE FOR DATA If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to **PREPARATION** 

dt5\_5\_2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FORMAT VALUE |    | VALUE LABEL |
|---------------------|----|-------------|
| N0J1F.              | 1  | Correct     |
|                     | 0  | Incorrect   |
|                     | -1 | Denied      |

VARIABLENLABELDemTect: Number sequences: 4-1-2-7-9-5

QUESTION TEXT 4-1-2-7-9-5

INTERVIEWER'S NOTE The correct answer would be: 5-9-7-2-1-4

FILTERED (interviewee IN (1) AND dt5 IN (1)) AND

((dt5\_1\_1 IN (0) AND dt5\_1\_2 IN (1)) OR dt5\_1\_1 IN (1)) AND ((dt5\_2\_1 IN (0) AND dt5\_2\_2 IN (1)) OR dt5\_2\_1 IN (1)) AND ((dt5\_3\_1 IN (0) AND dt5\_3\_2 IN (1)) OR dt5\_3\_1 IN (1)) AND

((dt5\_4\_1 IN (0) AND dt5\_4\_2 IN (1)) OR dt5\_4\_1 IN (1)) AND dt5\_5\_1 IN (0)

NOTE FOR DATA PREPARATION

If the entire block is denied in dt5, please document the denial in all individual items (dt5\_1\_1 to

l dt5\_5\_2).

The value labels for the answers True / False must be converted to 1=Yes (True) and 0=No

(False).

| OUTPUT FORI | MAT VALUE | VALUE LABEL |  |
|-------------|-----------|-------------|--|
| N0J1F.      | 1         | Correct     |  |
|             | 0         | Incorrect   |  |
|             | -1        | Denied      |  |

VARIABLENAME dt6

VARIABLENLABELDemTect: 3rd run - Intro

QUESTION TEXT At the beginning of this short test I gave you 10 words.

Can you still remember these words?

INTERVIEWER NOTE Please ensure that the test is not disturbed. Attention: In the 3rd round, the

word list will NOT be read out again!

FILTERING respondent IN (1) AND dt1 IN (1) AND dt2 IN (1)

PROGRAMMING NOTE Implementation as multiple answers with blockwise refusal and additionally filtered to the two

complete runs Word list at the beginning

NOTE FOR DATA PREPARATION

The variable dt6 was newly formed (not included in the codebook).

| OUTPUT FORMAT VALUE | VALUE LABEL        |
|---------------------|--------------------|
| 1                   | Continue with task |
| -1                  | Denied             |

**VARIABLENAME** 

dt6\_1, dt6\_2, dt6\_3, dt6\_4, dt6\_5, dt6\_6, dt6\_7, dt6\_8, dt6\_9, dt6\_10, dt6\_11

VARIABLENLABELDemTect: 3rd pass: plate

DemTect: 3rd pass: dog DemTect: 3rd pass: lamp DemTect: 3rd pass: letter DemTect: 3rd pass: apple DemTect: 3rd pass: trousers DemTect: 3rd pass: table DemTect: 3rd pass: meadow DemTect: 3rd pass: glass DemTect: 3rd pass: tree

DemTect: 3rd pass: no correct answer

QUESTION TEXT Please tell me all the words you can remember now.

INTERVIEWER'S NOTE Please click on all correct answers!

Multiple answers possible.

PROGRAMMING NOTE Implementation as multiple answers with blockwise refusal and additionally filtered to the two

complete runs word list at the beginning.

Multiple answers

dt6\_11 is exclusive category, i.e. if this is selected, no other selection is possible.

NOTE FOR DATA PREPARATION

The variable dt6\_11 was added (not included in the codebook).

If the entire run is refused in dt6, please document the refusal in all individual items (dt6\_1 to

dt6\_10).

Data structure then corresponds to the codebook.

The content-related information collected via multiple responses is to be provided to the

AG in the form of dichotomous individual items with 1=Yes, 0=No or -1=Refused.

| OUTPUT FORMAT | /ALUE | VALUE LABEL           |
|---------------|-------|-----------------------|
| N0J1F.        | (0)   | not named             |
|               | (1)   | called                |
|               |       |                       |
| dt6_1         | 1     | Plate                 |
| dt6_2         | 2     | Dog                   |
| dt6_3         | 3     | Lamp                  |
| dt6_4         | 4     | Letter                |
| dt6_5         | 5     | Apple                 |
| dt6_6         | 6     | Trousers              |
| dt6_7         | 7     | Table                 |
| dt6_8         | 8     | Meadow                |
| dt6_9         | 9     | Glass                 |
| dt6_10        | 10    | Tree                  |
|               |       |                       |
| dt6_11        |       | 11No (correct) answer |

-1

| VARIABLENAME       | kogstat                  |  |
|--------------------|--------------------------|--|
|                    | VARIABLENL               | _ABELPsychological health: Cognitive status  |
| QUESTION TEXT      | Based on the Mr/Mrs [nan | following answer choices, how would you assess the cognitive status of me ZP]?   |
| INTERVIEWER'S NOTE | Please read ou           | ut all possible answers! Only one nomination.  |
| FILTER             | GUIDE intervi            | iewee IN (2)   |
| OUTPUT FORMAT      | VALUE                    | VALUE LABEL  |
| KOGSTA7P           | 1                        | No cognitive performance losses  |
|                    | 2                        | Very slight cognitive memory loss (e.g. forgets now and then where certain objects were placed)  |
|                    | 3                        | Minor cognitive impairment (e.g., mild word-finding difficulties, poorly remembers names).   |
|                    | 4                        | Moderate cognitive performance deficits (e.g. first clear deficits about current and recent events become visible).  |
|                    | 5                        | Moderate cognitive impairment (e.g. is clearly dependent on help, still remembers own name and performs meals and toileting independently).                    |
|                    | 6                        | Severe cognitive impairment (e.g. partner's name is no longer remembered, non-cognitive symptoms also increase, memory of recent events is no longer present). |
|                    | 7                        | Very severe cognitive impairment (e.g. complete loss of speech, loss of central psychomotor skills).   |
|                    | -2                       | Don't know   |
|                    |                          |  |

Denied

| VARIABLENAME     | schwind      |                                    |
|------------------|--------------|------------------------------------|
| VARIABLE LABEL   | Vertigo      |                                    |
| QUESTION TEXT ZP | Do you often | r feel dizzy?                      |
| QUESTION TEXT PX | Does Mr/Mr   | s [name ZP] feel dizzy more often? |
| OUTPUT FORMAT    | VALUE        | VALUE LABEL                        |
| N0J1F.           | 0            | No                                 |
|                  | 1            | Yes                                |
|                  |              |                                    |
|                  | -2           | Don't know                         |
|                  | -1           | Denied                             |
| VARIABLENAME     | gulp         |                                    |
| VAINABLENAME     | guip         |                                    |
| VARIABLE LABEL   | Swallowing p | roblems                            |
| QUESTION TEXT ZP | Do you ofter | n have problems swallowing?        |
|                  |              |                                    |

| QUESTION TEXT PX        | Does N      | 1r/Mrs [nar   | me ZP] have problems swallowing more often?              |
|-------------------------|-------------|---------------|--|
| OUTPUT FORMAT           | VALUE       | <del>,</del>  | VALUE LABEL  |
| N0J1F.                  | 0           |               | No   |
|                         | 1           |               | Yes  |
|                         |             |               |  |
|                         | -2          |               | Don't know   |
|                         | -1          |               | Denied   |
| VARIABLENAME            | grou4       |               |  |
| VARIABLENLABEL Care use | _           | a care        |  |
| QUESTION TEXT ZP        | -           |               | are for another person privately?                        |
| QUESTION TEXT PX        | _           | -             | me ZP] himself privately care for another person?        |
| FILTER FEED             | livingf1    | _             | ine 2. January productly care for another person.        |
| OUTPUT FORMAT           | VALUE       |               | VALUE LABEL  |
| N0J1F.                  | 0           |               | No   |
|                         | 1           |               | Yes  |
|                         |             |               |  |
|                         |             |               | -2Don't know   |
|                         | -1          |               | Denied   |
| VARIABLENAME            | grou4_0     |               |  |
| VARIABLENLABELCare use  | _           | vately: care  | recipient  |
| QUESTION TEXT ZP        |             | -             | nship between the person you care for privately and you? |
| QUESTION TEXT PX        |             |               | nship between the person Mr/Mrs [name ZP] cares for      |
| QOLOTION TEXT TX        |             |               | Irs [name ZP]?   |
| INTERVIEWER NOTE        | Categoris   | sation by int | erviewer. Do not read out!                               |
| FILTER FEED             | livingf1 II | V (0) AND p   | oflegnu4 IN (1)  |
| OUTPUT FORMAT           | VALUE       | VALUE L       | ABEL   |
| PERSCARF.               | 101         |               | her/mother of the respondent or partner                  |
|                         | 102         | Mother        |  |
|                         | 103         | Father        |  |
|                         | 104         | Mother-in     | n-law/mother of the partner                              |
|                         | 105         | Father-in-    | -law/partner's father                                    |
|                         | 106         | (Spouse)      | Partner  |
|                         | 107         | _             | -in-law/partner of the son                               |
|                         | 108         |               | w/partner of the daughter                                |
|                         | 111         |               | n-law/brother of the partner                             |
|                         | 112         | Sister-in-    | law/sister of the partner                                |
|                         | 120         | Ex-partne     | er   |
|                         | 201         | Child         |  |
|                         | 301         | Grandchi      |  |
|                         | 351         | Great-gra     | andchild   |

| 451 | Brother                                      |
|-----|--|
| 452 | Sister                                       |
| 401 | Auntie                                       |
| 402 | Uncle  |
| 403 | Cousin                                       |
| 404 | Cousin                                       |
| 405 | Niece  |
| 406 | Nephew                                       |
|     | 407Other relatives                           |
|     |  |
| 501 | Boyfriend/girlfriend                         |
| 601 | (former) work colleagues                     |
| 602 | Neighbours                                   |
|     | 603Association or organisation members       |
|     | 701Volunteers, e.g. from social institutions |
|     | 702 Paid helpers (e.g. caregiver)            |
| 801 | Known  |
|     | 901Other person                              |
|     |  |
|     | -2Don't know                                 |
| -1  | Denied                                       |

| VARIABLENAME           | grou4_1                               |   |
|------------------------|---------------------------------------|---|
| VARIABLENLABELCare use | : private care: hou                   | ırs per week  |
| QUESTION TEXT ZP       | With what amou                        | nt of hours per week do you care for this person?                 |
| QUESTION TEXT PX       | With what amou                        | nt of hours per week does Mr/Mrs [name ZP] care for this person?  |
| FILTER FEED            | livingf1 IN (0) AND                   | D pflegnu4 IN (1)   |
| OUTPUT FORMAT          | VALUE                                 | VALUE LABEL   |
| BEST8.                 | (1 - 168)                             | Hours per week  |
|                        |                                       |   |
|                        | -1                                    | Denied  |
|                        | -2                                    | Don't know  |
| VARIABLENAME           | ~~~                                   |   |
| VARIABLENAIVIE         | grou4_2                               |   |
| VARIABLENLABELCare use | : care privately: D                   | ementia   |
| QUESTION TEXT ZP       | Does the person                       | you care for privately have dementia?                             |
|                        | FILTERCASE res                        | pondent IN (1) AND (wohnf1 IN (0) AND pflegnu4 IN (1))            |
| PROGRAMMING NOTE       | : This question do interviewee IN (1) | es not go to proxy, it is only asked in the ZP interview, i.e. if |

-1

Denied

| OUTPUT FORMAT             | VALUE         | VALUE LABEL   |
|---------------------------|---------------|---|
| N0J1F.                    | 0             | No  |
|                           | 1             | Yes   |
|                           |               |   |
|                           | -2            | Don't know  |
|                           | -1            | Denied  |
|                           |               |   |
| VARIABLENAME              | funkges1      |   |
|                           | VARIABLENL    | ABELFunctional Health: Food   |
| QUESTION TEXT ZP          | Now I would   | like to ask you about some activities of daily life.  |
|                           | How much he   | elp do you need for the following activities?   |
|                           | Each          |   |
| QUESTION TEXT PX          | Food          | like to only you about some cativities of delivities of delivities of section 703   |
| QUESTION TEXT PX          |               | like to ask you about some activities of daily life of Mr/Mrs [name ZP].  Lelp does Mr/Mrs [name ZP] need for the following activities? |
|                           | much ne       | The state of the state of the following detraines:  |
|                           | Food          |   |
| INTERVIEWER NOTE          |               | t answers, enter directly if necessary.   |
|                           |               | nelp from other people as well as help from aids, such as<br>I stick or bath lift.  |
| PROGRAMMING NOTE          | Please progra | amme as a responsive item battery (funkges1 - funkges5) and the   |
|                           |               | as well as the interviewer's note from the second item onwards in   |
| OUTPUT FORMAT             | VALUE         | VALUE LABEL   |
| ADL3F.                    | grey font.    | OOnly pessible with help  |
| ADLOF.                    | 1             | 0Only possible with help A little help  |
|                           | 2             | No help   |
|                           | ۷             | No fielp  |
|                           |               | -2Don't know  |
|                           | -1            | Denied  |
|                           | -1            | Domed   |
| VARIABLENAME              | funkges2      |   |
|                           | VARIABLENL    | ABELFunctional health:  |
| dressing and undressing Q | UESTION TEXT  | Dressing and  |
| undressing                | Di            |   |
| PROGRAMMING NOTE          |               | amme as a responsive item battery (funkges1 - funkges5) and the as well as the interviewer's note from the second item onwards in       |
| OUTPUT FORMAT             | VALUE         | VALUE LABEL   |
|                           | grey font.    |   |
| ADL3F.                    |               | 0Only possible with help  |
|                           | 1             | A little help   |
|                           | 2             | No help   |
|                           |               |   |
|                           |               | -2Don't know  |
|                           | 1             | Donied  |

QUESTION TEXT ZP

QUESTION TEXT PX

Are you bedridden?

Is Mr/Mrs [name ZP] bedridden?

| VARIABLENAME            | funkges3       |   |
|-------------------------|----------------|---|
| VARIABLE LABEL          | Functional hea | alth: Personal care   |
| QUESTION TEXT           | Body care      |   |
| PROGRAMMING NOTE        |                | mme as a responsive item battery (funkges1 - funkges5) and the question the interviewer's note from the second item onwards in grey font. |
| OUTPUT FORMAT           | VALUE          | VALUE LABEL   |
| ADL3F.                  | 0              | Only possible with help   |
|                         | 1              | A little help   |
|                         | 2              | No help   |
|                         | -2             | Don't know  |
|                         | -1             | Denied  |
| VARIABLENAME            | funkges4       |   |
| VARIABLE LABEL          | Functional Hea | alth: Walking   |
| QUESTION TEXT           | Walking        | Ç   |
| PROGRAMMING NOTE        | Please progran | nme as a responsive item battery (funkges1 - funkges5) and the question the interviewer's note from the second item onwards in grey font. |
| OUTPUT FORMAT           | VALUE          | VALUE LABEL   |
| ADL3F.                  | 0              | Only possible with help   |
|                         | 1              | A little help   |
|                         | 2              | No help   |
|                         |                |   |
|                         | -2             | Don't know  |
|                         | -1             | Denied  |
| VARIABLENAME            | funkges5       |   |
|                         | VARIABLENLA    | ABELFunctional health: getting up from bed  |
| and lying down QUESTION | TEXT Get       | tting out of bed or lying down  |
| PROGRAMMING NOTE        |                | mme as a responsive item battery (funkges1 - funkges5) and the as well as the interviewer's note from the second item onwards in          |
| OUTPUT FORMAT           | VALUE          | VALUE LABEL   |
| ADL3F.                  | 0              | Only possible with help   |
|                         | 1              | A little help   |
|                         | 2              | No help   |
|                         | -2             | Don't know  |
|                         | -1             | Denied  |
| VARIABLENAME            | funkges5_1     |   |
| VARIABLE LABEL          | Functional hea | alth: hedridden   |

| FILTER FEED      | funkges5 IN (  | (0)   |
|------------------|----------------|---|
| OUTPUT FORMAT    | VALUE          | VALUE LABEL   |
| N0J1F.           | 0              | No  |
|                  | 1              | Yes   |
|                  |                |   |
|                  | -2             | Don't know  |
|                  | -1             | Denied  |
| VARIABLENAME     | funkges6       |   |
|                  | _              | LABELFunctional health: bathing or showering  |
| QUESTION TEXT ZP |                | elp do you need for the following activities?   |
|                  | Bath or show   | wer   |
| QUESTION TEXT PX | How much h     | elp does Mr/Mrs [name ZP] need for the following activities?  |
|                  | Bath or show   | wer   |
| INTERVIEWER NOTE | Please read ou | ut answers, enter directly if necessary.  |
|                  | This refers to | help from other people as well as help from aids, such as<br>g stick or bath lift.                    |
| OUTPUT FORMAT    | VALUE          | VALUE LABEL   |
| ADL3F.           |                | 0Only possible with help  |
|                  | 1              | A little help   |
|                  | 2              | No help   |
|                  |                | -2Don't know  |
|                  | -1             | Denied  |
|                  |                |   |
| VARIABLENAME     | funkges7       |   |
| VARIABLE LABEL   | Functional h   | ealth: Reaching the toilet in time QUESTION   |
| TEXT ZP          | How much he    | elp do you need for the following activities?   |
|                  | Using the toi  | ilet  |
| QUESTION TEXT PX | How much h     | elp does Mr/Mrs [name ZP] need for the following activities?  |
|                  | Using the toi  | ilet  |
| INTERVIEWER NOTE |                | ut answers, enter directly if necessary.<br>help from other people as well as help from aids, such as |
|                  |                | g stick or bath lift.   |
| OUTPUT FORMAT    | VALUE          | VALUE LABEL   |
|                  |                | 0Only possible with help  |
| ADLWC3F.         |                |   |
| ADLWC3F.         | 1              | A little help (e.g. catheter or artificial outlet available)  |

|                          |                                | -2Don't know  |
|--------------------------|--------------------------------|---|
|                          | -1                             | Denied  |
|                          |                                |   |
| VARIABLENAME             | funkges7_1                     |   |
| VARIABLENLABELFunctional | health: frequenc               | cy problems with bladder and bowel control QUESTION TEXT ZP       |
|                          | How often do yo                | ou have problems with bladder and bowel control (day and night)?  |
| QUESTION TEXT PX         | How often does (day and night) | s Mr/Mrs [name ZP] have problems with bladder and bowel control ? |
| INTERVIEWER NOTE         | Please read out a              | inswers, enter directly if necessary.                             |
| CII TED                  | CCCDfunkage7                   | INI (O)   |
| FILTER                   | FEEDfunkges7                   | 114 (0)   |
| OUTPUT FORMAT            | VALUE                          | VALUE LABEL   |
|                          |                                |   |
| OUTPUT FORMAT            |                                | VALUE LABEL   |
| OUTPUT FORMAT            |                                | VALUE LABEL  OThree times a week or more                          |
| OUTPUT FORMAT            | VALUE 1                        | OThree times a week or more One to two times a week               |

VARIABLENAME pspgr1 □ until 8.7.21

VARIABLE LABEL Care level/degree of care

-1

QUESTION TEXT ZP Do you have a care degree or a care level?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have a care degree or a care level?

Denied

INTERVIEWER NOTE Please read out answers.

| OUTPUT FORM | 1AT VALUE | VALUE LABEL        |
|-------------|-----------|--------------------|
| CARE3F.     | 0         | No                 |
|             | 1         | Yes, a care degree |
|             | 2         | Yes, a care level  |
|             |           |                    |
|             |           | -2Don't know       |
|             | -1        | Denied             |

VARIABLENAME pspgr1\_new ☐ as of 9.7.21

VARIABLE LABEL Care level/care degree: Care degree Designation

QUESTION TEXT ZP Do you have a care degree or a care level?

QUESTION TEXT PX Does Mr/Mrs [name ZP] have a care degree or a care level?

INTERVIEWER NOTE Please read out answers, enter answer directly if necessary.

## OUTPUT FORMAT VALUE LABEL

0 No care degree / no care level

PFLEGR6F. 1Grade of care 1

N0J1F.

2 Care level 2

(This corresponds to care level 1 or care level 0)

3 Care level 3

(This corresponds to care level 1 with limited everyday competence or care level 2)

4 Care level 4

(This corresponds to care level 2 with limited everyday competence or care level 3)

5 Care level 5

(This corresponds to care level 3 with limited everyday competence or care level 3 with hardship case)

- -2 Don't know
- -1 Denied

| VARIABLENAME     | HelPm1           |  |  |  |
|------------------|------------------|--|--|--|
| VARIABLE LABEL   | Use of aids: H   | Use of aids: Hearing aid                                       |  |  |
| QUESTION TEXT ZP | <u>Do you us</u> | <u>Do you use</u> a hearing aid (e.g. a hearing aid)?          |  |  |
| QUESTION TEXT PX | <u>Does Mr.</u>  | ./Mrs. [name ZP] use a hearing aid (e.g. a hearing aid)?       |  |  |
| OUTPUT FORMAT    | VALUE            | VALUE LABEL  |  |  |
| N0J1F.           | 0                | No   |  |  |
|                  | 1                | Yes  |  |  |
|                  |                  |  |  |  |
|                  |                  | -2Don't know   |  |  |
|                  | -1               | Denied   |  |  |
|                  |                  |  |  |  |
| VARIABLENAME     | helPm2           |  |  |  |
| VARIABLE LABEL   | Use of aids: W   | Vheelchair   |  |  |
| QUESTION TEXT ZP | <u>Do you us</u> | se a wheelchair?   |  |  |
| QUESTION TEXT PX | <u>Does Mr/</u>  | <u>Does Mr/Mrs [name ZP] use a wheelchair?</u>                 |  |  |
| OUTPUT FORMAT    | VALUE            | VALUE LABEL  |  |  |
| N0J1F.           | 0                | No   |  |  |
|                  | 1                | Yes  |  |  |
|                  |                  |  |  |  |
|                  |                  | -2Don't know   |  |  |
|                  | -1               | Denied   |  |  |
| VADIABLENIAME    |                  | holDwo2  |  |  |
| VARIABLENAME     |                  | helPm3   |  |  |
| VARIABLE LABEL   |                  | Use of aids: Home emergency call system                        |  |  |
| QUESTION TEXT ZP |                  | <u>Do you use</u> a home emergency call system?                |  |  |
| QUESTION TEXT PX |                  | <u>Does Mr/Mrs [name ZP] use a home emergency call system?</u> |  |  |
| OUTPUT FORMAT    |                  | VALUE VALUE LABEL  |  |  |
|                  |                  |  |  |  |

No

0

|                                |                          | 1                         | Yes  |
|--------------------------------|--------------------------|---------------------------|--|
|                                |                          |                           | -2Don't know   |
|                                |                          | -1                        | Denied   |
| VARIABLENAME                   | alDm4                    |                           |  |
| VARIABLE LABEL                 | Use of aids:             | private car QUESTI        | ON   |
| TEXT ZP.                       | <u>Do you us</u>         | e a private car?          |  |
| QUESTION TEXT PX               | <u>Does Mr/</u>          | /Mrs [name ZP] use a      | private car?   |
| PROGRAMMING NOTE               |                          |                           | then answer categories AUTO4F Proxy<br>en answer categories AUTO4P.  |
| OUTPUT FORMAT                  | VALUE                    | VALUE LABEL               |  |
| ZP = interviewee IN (1)        |                          |                           |  |
| AUTO4F.                        | 0                        | No                        |  |
|                                | 1                        | Yes, I drive mys          | elf  |
|                                | 2                        | Yes, as a passe           | enger  |
|                                | 3                        | Yes, as driver a          | nd co-driver   |
|                                |                          |                           |  |
|                                | -2                       | Don't know                |  |
|                                | -1                       | Denied                    |  |
| OUTPUT FORMAT                  | VALUE                    | VALUE LABEL               |  |
| PX = interviewee IN (2)        |                          |                           |  |
| AUTO4P.                        | 0                        | No                        |  |
|                                | 1                        | Yes, he/she dri           | ves himself/herself  |
|                                | 2                        | Yes, as a passo           | enger  |
|                                | 3                        | Yes, as driver a          | and co-driver  |
|                                | -2                       | Don't know                |  |
|                                | -1                       | Denied                    |  |
| VADIADI ENIANAE                | gooleg 4                 |                           |  |
| VARIABLENAME<br>VARIABLE LABEL | geskom1  Health literacy | /: Knowledge              |  |
| QUESTION TEXT ZP               | •                        |                           | u need to do to stay healthy get healthy age:                        |
| QUESTION TEXT ZP               | strengthen y             |                           | ou need to do to stay healthy, get healthy again or                  |
| QUESTION TEXT PX               |                          |                           | nme ZP] know what he/she needs to do to stay engthen his/her health? |
| INTERVIEWER NOTE               | Please read ou           | t answers, enter directly | ı if necessary.  |
| OUTPUT FORMAT                  | VALUE                    | VALUE LABEL               |  |
| HAEUF4F.                       | 1                        | Never                     |  |
|                                | 2                        | Rather rare               |  |
|                                | 3                        | Sometimes                 |  |
|                                | 4                        | Frequently                |  |

|                         |  | -2Don't know            |
|-------------------------|--|-------------------------|
|                         | -1   | Denied                  |
| VARIABLENAME            | geskom2                                    |                         |
| VARIABLE LABEL          | Health literac                             | cy: Compliance QUESTION |
| TEXT ZP                 | How often do                               | you comply? QUESTION    |
| TEXT PX                 | How often does he/she also comply?         |                         |
| INTERVIEWER NOTE        | Please read out answers, enter directly if |                         |
| necessary. FILTER GUIDE | geskom1 IN (2,3,4)                         |                         |
| OUTPUT FORMAT           | VALUE                                      | VALUE LABEL             |
| HAEUF4F.                | 1  | Never                   |
|                         | 2  | Rather rare             |
|                         | 3  | Sometimes               |
|                         | 4  | Frequently              |
|                         |  |                         |
|                         | -2   | Don't know              |
|                         | -1   | Denied                  |

## 7 Everyday life and lifestyle

| VARIABLENAME             | live1_1_1   |  |  |
|--------------------------|---|--|--|
| VARIABLENLABLE lifestyle | : spending time with other people: Importance   |  |  |
| QUESTION TEXT ZP         | <u>How important</u> is it for you to spend time with other people - relatives, acquaintances or friends - to exchange ideas or do something together?                |  |  |
| QUESTION TEXT PX         | <u>How important</u> is it for Mr/Woman [name ZP] to spend time with other people - relatives, acquaintances or friends - to exchange ideas or do something together? |  |  |
| INTERVIEWER NOTE         | Please read out answers, enter directly if necessary.   |  |  |
| PROGRAMMING NOTE         | Please leave the question text and the interviewer's note in grey for the questions lebst1_1_1 to lebst1_5_1.   |  |  |
| OUTPUT FORMAT            | VALUE VALUE LABEL   |  |  |
| WEIGHT5F.                | 1Not at all important   |  |  |
|                          | 2 Rather not important  |  |  |
|                          | 3 Rather important  |  |  |
|                          | 4 Very important  |  |  |
|                          | 5 Extraordinarily important   |  |  |
|                          |   |  |  |
|                          | -2Don't know  |  |  |
|                          | -1 Denied   |  |  |
|                          |   |  |  |
| VARIABLENAME             | live1_2_1   |  |  |
| VARIABLE LABEL           | Lifestyle: physical activity: Importance QUESTION   |  |  |
| TEXT ZP                  | <u>How important</u> is physical activity to you?   |  |  |
| QUESTION TEXT PX         | <u>How important</u> is physical exercise to Mr/Mrs [name ZP]?  |  |  |
| INTERVIEWER NOTE         | Please read out answers, enter directly if necessary.   |  |  |
| PROGRAMMING NOTE         | Please leave the question text and the interviewer hint from the intermediate screen in grey for the questions lebst1_1_1 -lebst1_5_1.                                |  |  |
| OUTPUT FORMAT            | VALUE VALUE LABEL   |  |  |
| WEIGHT5F.                | 1Not at all important   |  |  |
|                          | 2 Rather not important  |  |  |
|                          | 3 Rather important  |  |  |
|                          | 4 Very important  |  |  |
|                          | 5 Extraordinarily important   |  |  |
|                          |   |  |  |
|                          | -2Don't know  |  |  |
|                          | -1 Denied   |  |  |
| VADIADI ENIANE           |   |  |  |
| VARIABLENAME             | live1_3_1   |  |  |
| VARIABLENLABLE lifestyle | : Time for yourself: Importance   |  |  |
| QUESTION TEXT ZP         | <u>How important</u> is rest and time for yourself to you?  |  |  |

| QUESTION TEXT PX                          | <u>How important</u> are rest and time for yourself to Mr/Mrs [name ZP]?  |   |  |
|---|---|---|--|
| INTERVIEWER NOTE                          | Please read out answers, enter directly if necessary.   |   |  |
| PROGRAMMING NOTE                          | Please leave the question text and the interviewer hint from the intermediate screen in grey for the questions lebst1_1_1 -lebst1_5_1.  |   |  |
| OUTPUT FORMAT                             | VALUE   | VALUE LABEL   |  |
| WEIGHT5F.                                 | 1   | Not important at all  |  |
|   | 2   | Rather not important  |  |
|   | 3   | Rather important  |  |
|   | 4   | Very important  |  |
|   | 5   | Extraordinarily important   |  |
|   | -2  | Don't know  |  |
|   | -1  | Denied  |  |
| VARIABLENAME                              | live1 4 1   |   |  |
|   | live1_4_1   | mara alacaly, Importance  |  |
| VARIABLENLABLE lifestyle QUESTION TEXT ZP |   | more closely: Importance  |  |
| QUESTION TEXT ZF                          | <u>How important</u> is it to you to delve deeper into something or to study a topic in more detail?                                    |   |  |
| QUESTION TEXT PX                          | <u>How important</u> is it for Mr/Mrs [name ZP] to look at something in more depth or to study a topic in more detail?                  |   |  |
| INTERVIEWER NOTE                          | Please read out answers, enter directly if necessary.   |   |  |
| PROGRAMMING NOTE                          | Please leave the question text and the interviewer hint from the intermediate screen in grey for the questions lebst1_1_1 - lebst1_5_1. |   |  |
| OUTPUT FORMAT                             | VALUE   | VALUE LABEL   |  |
| WEIGHT5F.                                 | 1Not at all importa   | ant   |  |
|   | 2   | Rather not important  |  |
|   | 3   | Rather important  |  |
|   | 4   | Very important  |  |
|   | 5   | Extraordinarily important   |  |
|   |   | -2Don't know  |  |
|   | -1  | Denied  |  |
| VARIABLENAME                              | live1_5_1   |   |  |
| VARIABLENLABLE lifestyle                  | : Creative activity   | y: Importance   |  |
| QUESTION TEXT ZP                          | - Creative activity. Importance <u>How important</u> is it to you to be creative or to engage with something imaginatively?             |   |  |
| QUESTION TEXT PX                          |   | tant is it for Mr/Woman [name ZP] to be creative or to mething imaginatively? |  |
| INTERVIEWER NOTE                          | Please read out ar  | nswers, enter directly if necessary.  |  |
| PROGRAMMING NOTE                          | Please leave the question text and the interviewer hint from the intermediate screen in grey for the questions lebst1_1_1 -lebst1_5_1.  |   |  |
| OUTPUT FORMAT                             | VALUE   | VALUE LABEL   |  |
| WEIGHT5F.                                 | 1Not at all import  | ant   |  |

|                              | 2   | Rather not important   |  |  |
|------------------------------|---|--|--|--|
|                              | 3   | Rather important   |  |  |
|                              | 4   | Very important   |  |  |
|                              | 5   | Extraordinarily important  |  |  |
|                              |   | -2Don't know   |  |  |
|                              | -1  | Denied   |  |  |
| VARIABLENAME                 |   |  |  |  |
| VARIABLENLABEL               | Taste: preferre   | d music style: no music  |  |  |
|                              | Taste: preferre   | d music genre: opera   |  |  |
|                              | Taste: preferre   | d music style: classical Taste: preferred  |  |  |
|                              | music style: op   | peretta  |  |  |
|                              | Taste: preferred music genre: Modern serious music Taste: preferred   |  |  |  |
|                              | music genre: Jazz   |  |  |  |
|                              | Taste: Preferre   | Taste: Preferred music genre: German Schlager Taste:   |  |  |
|                              | Preferred musi  | Preferred music genre: Folk music Taste: Preferred music   |  |  |
|                              | genre: Musical  | Taste: Preferred music genre: Pop music  |  |  |
|                              | Taste: preferre   | d music style: other [open: live2_1_10x] Taste:  |  |  |
|                              | preferred music   | c style: what is currently being played Taste: preferred   |  |  |
|                              | music style: do   | on't know  |  |  |
|                              | Taste: Preferre   | ed music style: Refused  |  |  |
| QUESTION TEXT ZP             | What is your <  | u>favourite style of music to listen to?   |  |  |
| QUESTION TEXT PX             | What style of music does Mr/Mrs [name ZP] <u>prefer</u> to listen to?   |  |  |  |
| INTERVIEWER'S NOTE           | Do not read out! Assignment by the interviewer!  If the target person mentions several directions of his/her own accord, indicate multiple answer   |  |  |  |
| PROGRAMMING NOTE             | Multiple choice  Please show live2_1_0 to live2_1_miss2 on one screen.  Categories "don't listen to music", "refused" and "don't know" (live2_1_0, live2_1_miss1 and live2_1_miss2) are exclusive categories, i.e. if these are selected, no other selection is possible. |  |  |  |
| NOTE FOR DATA<br>PREPARATION | The content-rela  | es lebst2_1_miss1, lebst2_1_miss2 were added.  ated information collected via multiple responses is to be provided to the AG in th  mous individual items 0=No, 1=Yes. |  |  |
| OUTPUT FORMAT                | VALUE   | VALUE LABEL  |  |  |
| ZP = interviewee IN (1)      | (0)   |  |  |  |
| NO IAE                       | (0)   | not named  |  |  |

| OUTPUT FORMAT           | VALUE | VALUE LABEL               |
|-------------------------|-------|---------------------------|
| ZP = interviewee IN (1) |       |                           |
| N0J1F.                  | (0)   | not named                 |
|                         | (1)   | called                    |
|                         |       |                           |
| live2_1_0               |       | 1I do not listen to music |
| live2_1_1               | 2     | Opera                     |

| live2_1_2               | 3     | Classic                               |
|-------------------------|-------|---------------------------------------|
| live2_1_3               | 4     | Operetta                              |
| live2_1_4               | 5     | Modern serious music (e.g. Hindemith) |
| live2_1_5               | 6     | Jazz                                  |
| live2_1_6               | 7     | German hits                           |
| live2_1_7               | 8     | Folk music                            |
| live2_1_8               | 9     | Musical                               |
| live2_1_9               | 10    | Pop music                             |
| live2_1_10              | 11    | Other [open: lebst2_1_10x]            |
| live2_1_11              | 12    | what is being played                  |
|                         |       |                                       |
| live2_1_miss1           |       | -2Don't know                          |
| _live2_1_miss2          | 1     | Denied                                |
| OUTPUT FORMAT           | VALUE | VALUE LABEL                           |
| PX = interviewee IN (2) | (0)   | not named                             |
| N0J1F.                  | (0)   |                                       |
|                         | (1)   | called                                |
|                         |       |                                       |
| live2_1_0               |       | 1He/she does not listen to music      |
| live2_1_1               | 2     | Opera                                 |
| live2_1_2               | 3     | Classic                               |
| live2_1_3               | 4     | Operetta                              |
| live2_1_4               | 5     | Modern serious music (e.g. Hindemith) |
| live2_1_5               | 6     | Jazz                                  |
| live2_1_6               | 7     | German hits                           |
| live2_1_7               | 8     | Folk music                            |
| live2_1_8               | 9     | Musical                               |
| live2_1_9               | 10    | Pop music                             |
| live2_1_10              | 11    | Other [open: lebst2_1_10x]            |
| live2_1_11              | 12    | what is being played                  |
|                         |       |                                       |
| live2_1_miss1           |       | -2Don't know                          |
| live2_1_miss2           | -1    | Denied                                |
|                         |       |                                       |

| VARIABLENAME        | live2_1_10x                             |  |  |
|---------------------|---|--|--|
| VARIABLENLABELTaste | : preferred music genre (open) QUESTION |  |  |
| TEXT.               | Other music:                            |  |  |
|                     | FII TER FEFDING                         | Gyourself2_1_0 IN (0) AND yourself2_1_10 IN (1)    |  |
|                     | 11212111228111                          | Syoursenz_1_0 ii (0) / ii v yoursenz_1_10 ii v (1) |  |
| OUTPUT FORMAT       | VALUE                                   | VALUE LABEL  |  |

|                          |   | -2Don't know  |  |
|--------------------------|---|---|--|
|                          | -1  | Denied  |  |
|                          | <u> </u>  |   |  |
| VARIABLENAME             | live2_2   |   |  |
| VARIABLE LABEL           | Taste: preferr  | red clothes QUESTION  |  |
| TEXT ZP                  | How do you <  | u>prefer to dress?  |  |
| QUESTION TEXT PX         | How does Mr.  | /Mrs [name ZP] <u>prefer</u> to dress?                                  |  |
| INTERVIEWER NOTE         |   | answers, enter directly if necessary.                                   |  |
| OUTPUT FORMAT            | VALUE   | VALUE LABEL   |  |
| CLOTHU4F.                | 1   | Unobtrusive, correct  |  |
|                          | 2   | Classic, elegant  |  |
|                          | 3   | Simple, comfortable   |  |
|                          | 4   | Original, alternative   |  |
|                          |   |   |  |
|                          | -2  | Don't know  |  |
|                          | -1  | Denied  |  |
|                          |   |   |  |
| VARIABLENAME             | live2_3   |   |  |
| VARIABLE LABEL           | Taste: preferr  | red food QUESTION   |  |
| TEXT ZP.                 | What is your <u>favourite</u> food?                   |   |  |
| QUESTION TEXT PX         | What is Mr/Mrs [name ZP] <u>favourite</u> to eat?     |   |  |
| INTERVIEWER NOTE         | Please read out answers, enter directly if necessary. |   |  |
| OUTPUT FORMAT            | VALUE   | VALUE LABEL   |  |
| ESSEN4F.                 | 1   | Rich and hearty meals, e.g. home cooking                                |  |
|                          | 2   | Fine and exquisite food, e.g. delicatessen                              |  |
|                          | 3   | Easy-to-prepare meals, e.g. ready-meals and quick meals                 |  |
|                          | 4   | Original dishes, e.g. exotic dishes                                     |  |
|                          |   |   |  |
|                          | -2  | Don't know  |  |
|                          | -1  | Denied  |  |
| VARIABLENAME             | active2   |   |  |
| VARIABLENLABELActivities | : Coffee wreath                                       | h   |  |
| QUESTION TEXT ZP         |   | nink about how you have spent your free time in the last 12 months.     |  |
|                          | Do you have   |   |  |
|                          | =   | offee party or a regulars' table?                                       |  |
| QUESTION TEXT PX         |   | nink about how Mr/Mrs [name ZP] has spent his/her free time in the last |  |
|                          | 12 months in Did Mr/Mrs [                             | concrete terms.   |  |
|                          | _   | name 2Pj<br>offee party or a regulars' table?                           |  |
| INTERVIEWER NOTE         |   | emind the interviewee that this is only about the last year.            |  |
|                          | ,,//··  | ,   |  |

goes!

PROGRAMMING NOTEPlease show the question text from active2 in grey colour.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 0     | No          |
|               | 1     | Yes         |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |
|               |       |             |

VARIABLENAME active2\_1

VARIABLENLABELActivities : Coffee wreath: frequency

QUESTION TEXT ZP How often did you do this?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive2 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL          |  |
|---------------|-------|----------------------|--|
| ACTIVEH5F.    | 1     | Daily                |  |
|               | 2     | Weekly               |  |
|               | 3     | Monthly              |  |
|               | 4     | Several times a year |  |
|               | 5     | Once a year          |  |
|               |       |                      |  |
|               |       | -2Don't know         |  |
|               | -1    | Denied               |  |

VARIABLENAME active2\_2

VARIABLENLABELActivities : Coffee wreath: Place

QUESTION TEXT ZP Where did you do most of this?

QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive2 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL               |
|---------------|-------|---------------------------|
| AKTIVO3F.     |       | 1At home/in the home      |
|               | 2     | In the immediate vicinity |
|               | 3     | In the wider surroundings |
|               |       |                           |
|               |       | -2Don't know              |
|               | -1    | Denied                    |

VARIABLENAME active3

VARIABLENLABELActivities : Café

QUESTION TEXT ZP In the last 12 months, have you

visited a café, restaurant or pub?

QUESTION TEXT PX In the last 12 months, has Mr/Mrs [name ZP]

visited a café, restaurant or pub?

INTERVIEWER NOTE If necessary, point out to the interviewee again that this is only about the last year!

PROGRAMMING NOTEPlease show the question text from active2 in grey colour.

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

VARIABLENAME active3\_1

VARIABLE LABEL Activities: Café: Frequency

QUESTION TEXT ZP How often did you do this?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive3 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL          |
|---------------|-------|----------------------|
| ACTIVEH5F.    | 1     | Daily                |
|               | 2     | Weekly               |
|               | 3     | Monthly              |
|               | 4     | Several times a year |
|               | 5     | Once a year          |
|               |       |                      |
|               |       | -2Don't know         |
|               | -1    | Denied               |

VARIABLENAME active3\_2
VARIABLENLABELActivities : Café: Place

QUESTION TEXT ZP Where did you do most of this?

QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

| FILTER FEED              | active     | 3 IN (1)      |   |
|--------------------------|------------|---------------|---|
| OUTPUT FORMAT            | VALU       | IE .          | VALUE LABEL   |
| AKTIVO3F.                | 1          |               | At home/in the home   |
|                          | 2          |               | In the immediate vicinity   |
|                          | 3          |               | In the wider surroundings   |
|                          |            |               |   |
|                          | -2         |               | Don't know  |
|                          | -1         |               | Denied  |
| VARIABLENAME             | active     | 4             |   |
| VARIABLENLABELActivities | : Trave    | el            |   |
| QUESTION TEXT ZP         | Trave      |               | ths, have you<br>ast 4 days, e.g. to relatives or acquaintances living further away or              |
| QUESTION TEXT PX         | Trave      |               | ns, has Mr/Mrs [name ZP] ast 4 days, e.g. to relatives or acquaintances living further away or      |
| INTERVIEWER NOTE         | If nece    | essary, point | out to the interviewee again that this is only about the last year!                                 |
|                          | PROG       | RAMMING       | NOTEPlease show the question text from active2 in grey colour.                                      |
| OUTPUT FORMAT            | VALU       | 'E            | VALUE LABEL   |
| N0J1F.                   | 0          |               | No  |
|                          | 1          |               | Yes   |
|                          |            |               | -2Don't know  |
|                          | -1         |               | Denied  |
|                          | -1         |               | Defiled   |
| VARIABLENAME             | active4_1  | L             |   |
| VARIABLE LABEL           | Activities | s: Travel: Fr | equency   |
| QUESTION TEXT ZP.        | How ofte   | n did you do  | this?   |
| QUESTION TEXT PX         | How ofte   | en did Mr/N   | Irs [name ZP] do that?  |
|                          |            |               | s, enter directly if necessary.<br>It to the interviewee again that it is only about the last year! |
| FILTER                   | FEEDING    | Gactive4 IN ( | (1)   |
| OUTPUT FORMAT            | VALUE      | VALUE LAE     | BEL   |
| ACTIVEH4F.               | 2          | Weekly        |   |
|                          | 3          | Monthly       |   |
|                          | 4          | Several time  | es a year   |
|                          | 5          | Once a year   | •   |
|                          |            | -2Don't know  | ı,  |
|                          |            |               |   |

VARIABLENAME active5
VARIABLENLABELActivities : Cinema

QUESTION TEXT ZP In the last 12 months, have you

attended a cinema performance or film screening?

QUESTION TEXT PX In the last 12 months, has Mr/Mrs [name ZP]

attended a cinema performance or film screening?

INTERVIEWER NOTE If necessary, point out to the interviewee again that this is only about the last year!

PROGRAMMING NOTEPlease show the question text from active2 in grey colour.

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

VARIABLENAME active5\_1

VARIABLE LABEL Activities: Cinema: Frequency

QUESTION TEXT ZP How often did you do this?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive5 IN (1)

|               | - === = (.) |                      |  |
|---------------|-------------|----------------------|--|
| OUTPUT FORMAT | VALUE       | VALUE LABEL          |  |
| ACTIVEH5F.    | 1           | Daily                |  |
|               | 2           | Weekly               |  |
|               | 3           | Monthly              |  |
|               | 4           | Several times a year |  |
|               | 5           | Once a year          |  |
|               |             |                      |  |
|               |             | -2Don't know         |  |
|               | -1          | Denied               |  |

VARIABLENAME active5\_2

VARIABLENLABELActivities : Cinema: Location

QUESTION TEXT ZP Where did you do most of this?

QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

| FILTER FEED              | active5 IN (1)     |  |
|--------------------------|--------------------|--|
| OUTPUT FORMAT            | VALUE              | VALUE LABEL  |
| AKTIVO3F.                | 1                  | At home/in the home  |
|                          | 2                  | In the immediate vicinity  |
|                          | 3                  | In the wider surroundings  |
|                          |                    |  |
|                          | -2                 | Don't know   |
|                          | -1                 | Denied   |
| VARIABLENAME             | active6            |  |
| VARIABLENLABELActivities | : concert, theatre | e, museum  |
| QUESTION TEXT ZP         | In the last 12 mo  | onths, have you  |
|                          | attended a con     | cert, a theatre performance, a museum or an exhibition?                |
| QUESTION TEXT PX         |                    | nths, has Mr/Mrs [name ZP]   |
| INITED VIEWED NOTE       |                    | cert, a theatre performance, a museum or an exhibition?                |
| INTERVIEWER NOTE         |                    | nt out to the interviewee again that this is only about the last year! |
|                          |                    | G NOTEPlease show the question text from active2 in grey colour.       |
| OUTPUT FORMAT            | VALUE              | VALUE LABEL  |
| N0J1F.                   | 0                  | No   |
|                          | 1                  | Yes  |
|                          |                    | -2Don't know   |
|                          | -1                 | Denied   |
|                          | -1                 | Defiled  |
| VARIABLENAME             | active6_1          |  |
| VARIABLENLABELActivities | : concert, theatre | e, museum: frequency   |
| QUESTION TEXT ZP         | How often did y    | ou do this?  |
| QUESTION TEXT PX         | How often did I    | Mr/Mrs [name ZP] do that?  |
| INTERVIEWER NOTE         |                    | nswers, enter directly if necessary.                                   |
| Ell TED                  |                    | int out to the interviewee again that it is only about the last year!  |
| FILTER                   | FEEDINGACTI\       |  |
| ACTIVEH5F.               | VALUE              | VALUE LABEL Daily  |
| ACTIVEDUE.               | 1<br>2             | Daily<br>Weekly  |
|                          | 3                  | Monthly  |
|                          | 4                  | Several times a year   |
|                          | 5                  | Once a year  |
|                          | •                  | 22 3 ,00.  |
|                          |                    | -2Don't know   |
|                          |                    |  |
|                          | -1                 | Denied   |

**OUTPUT FORMAT** 

\$900.

**VALUE** 

**VARIABLENAME** active6\_2 VARIABLE LABEL Activities: Concert, theatre, museum: Place QUESTION TEXT ZP Where did you do most of this? QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly? INTERVIEWER NOTE Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year! **FILTER** FEEDINGACTIVE6 IN (1) **OUTPUT FORMAT VALUE** VALUE LABEL AKTIVO3F. 1At home/in the home 2 In the immediate vicinity 3 In the wider surroundings -2Don't know Denied -1 **VARIABLENAME** active7 VARIABLE LABEL Activities: Artistic. Activity QUESTION TEXT ZP In the last 12 months, have you engaged in an artistic activity, e.g. painting, singing, writing poetry, playing a musical instrument or something else? QUESTION TEXT PX In the last 12 months, has Mr/Mrs [name ZP] engaged in an artistic activity, e.g. painting, singing, writing poetry, playing a musical instrument or something else? INTERVIEWER NOTE If necessary, point out to the interviewee again that this is only about the last year! PROGRAMMING NOTEPlease show the question text from active2 in grey colour. **OUTPUT FORMAT VALUE VALUE LABEL** N0J1F. 0 No 1 Yes -2Don't know -1 Denied **VARIABLENAME** active7x **VARIABLENLABELActivities** : Artistic. Activity: Description (open) QUESTION **TEXT ZP** What exactly do you do? QUESTION TEXT PX What exactly is Mr/Mrs [name ZP] doing? **INTERVIEWER NOTE** Please provide specific information about the activity and the context in which it took place (e.g. "writing poetry", not just "poems"). **FILTER** FEEDINGactive7 IN (1)

VALUE LABEL

SpecificationType of activity

|                          | 4                    | -2Don't know   |  |  |
|--------------------------|----------------------|--|--|--|
|                          | -1                   | Denied   |  |  |
| VARIABLENAME             | active7_1            |  |  |  |
| VARIABLENLABELActivities | : Artistic. Activity | : Artistic. Activity: Frequency  |  |  |
| QUESTION TEXT ZP         | How often did y      | ou do this?  |  |  |
| QUESTION TEXT PX         | How often did I      | Mr/Mrs [name ZP] do that?  |  |  |
| INTERVIEWER NOTE         |                      | nswers, enter directly if necessary.<br>Int out to the interviewee again that it is only about the last year!                                |  |  |
| FILTER                   | FEEDINGactive        | 7 IN (1)   |  |  |
| OUTPUT FORMAT            | VALUE                | VALUE LABEL  |  |  |
| ACTIVEH5F.               | 1                    | Daily  |  |  |
|                          | 2                    | Weekly   |  |  |
|                          | 3                    | Monthly  |  |  |
|                          | 4                    | Several times a year   |  |  |
|                          | 5                    | Once a year  |  |  |
|                          |                      |  |  |  |
|                          |                      | -2Don't know   |  |  |
|                          | -1                   | Denied   |  |  |
| VARIABLENAME             | active7_2            |  |  |  |
| VARIABLE LABEL           | Activities: Artisti  | c. Activity: Place   |  |  |
| QUESTION TEXT ZP         | Where did you d      | Where did you do most of this?   |  |  |
| QUESTION TEXT PX         | Where did Mr/N       | Ars [name ZP] do this predominantly?   |  |  |
| INTERVIEWER NOTE         |                      | Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year! |  |  |
| FILTER                   | FEEDINGactive7       | 7 IN (1)   |  |  |
| OUTPUT FORMAT            | VALUE                | VALUE LABEL  |  |  |
| AKTIVO3F.                |                      | 1At home/in the home   |  |  |
|                          | 2                    | In the immediate vicinity  |  |  |
|                          | 3                    | In the wider surroundings  |  |  |
|                          |                      |  |  |  |
|                          |                      | -2Don't know   |  |  |
|                          | -1                   | Denied   |  |  |
|                          |                      |  |  |  |
| VARIABLENAME             | active9              |  |  |  |
| VARIABLENLABELActivities | : Volunteering       |  |  |  |
| QUESTION TEXT ZP         |                      | nths, have you arrough visiting services, organised help, a position in an association, as advisory board or something else?                 |  |  |

QUESTION TEXT PX Did Mr/Mrs [Name ZP]

have been involved in voluntary work in the last 12 months, e.g. through visiting services, organised offers of help, a position in an association, as a member of an

advisory board or something else?

INTERVIEWER'S NOTE Volunteering refers to all forms of engagement that are linked to an organisation (e.g. club,

association, non-profit company) and take place outside private households or outside the

family.

Support services, e.g. for grandchildren or other persons with whom a personal relationship

exists, are not included.

PROGRAMMING NOTEPlease show the question text from active2 in grey colour.

|               |       | <u> </u>     |
|---------------|-------|--------------|
| OUTPUT FORMAT | VALUE | VALUE LABEL  |
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

VARIABLENAME active9x

VARIABLENLABELActivities : Volunteering: Description (open)

QUESTION TEXT ZP What exactly do you do?

QUESTION TEXT PX What exactly is Mr/Mrs [name ZP] doing?

INTERVIEWER NOTE Please provide specific information about the job and the context in which it took place (e.g.

"treasurer in football club", not just "football club").

FILTER FEEDINGACTIVE9 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL                          |
|---------------|-------|--------------------------------------|
| \$1500.       |       | SpecificationType of honorary office |
|               |       |                                      |
|               |       | -2Don't know                         |
|               | -1    | Denied                               |
|               |       |                                      |

VARIABLENAME active9\_1

VARIABLE LABEL Activities: Volunteering:

Frequency QUESTION TEXT ZP How often did you do

this?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGACTIVE9 IN (1)

| VALUE | VALUE LABEL          |
|-------|----------------------|
| 1     | Daily                |
| 2     | Weekly               |
| 3     | Monthly              |
| 4     | Several times a year |
| 5     | Once a year          |
|       | 1<br>2<br>3<br>4     |

| -2 | П | $\sim$ | 'n | 4 | L٢  | $\sim$ | ۸. |
|----|---|--------|----|---|-----|--------|----|
| -2 | ப | u      | ш  | L | NI. | IU۱    | ı٧ |

-1 Denied

VARIABLENAME active9\_2

VARIABLENLABELActivities : Volunteer: Place

QUESTION TEXT ZP Where did you do most of this?

QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGACTIVE9 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL               |  |
|---------------|-------|---------------------------|--|
| AKTIVO3F.     |       | 1At home/in the home      |  |
|               | 2     | In the immediate vicinity |  |
|               | 3     | In the wider surroundings |  |
|               |       |                           |  |
|               |       | -2Don't know              |  |
|               | -1    | Denied                    |  |
|               |       |                           |  |

VARIABLENAME active10
VARIABLENLABELActivities : Games

QUESTION TEXT ZP In the last 12 months, have you

Played games, e.g. board games, skat, skittles, bridge or something similar?

QUESTION TEXT PX In the last 12 months, has Mr/Mrs [name ZP]

Played games, e.g. board games, skat, skittles, bridge or something similar?

INTERVIEWER NOTE If necessary, point out to the interviewee again that this is only about the last year!

PROGRAMMING NOTEPlease show the question text from active2 in grey colour.

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

VARIABLENAME active10\_1

VARIABLE LABEL Activities: Games: Frequency

QUESTION TEXT ZP. How often did you do this?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

| FILTER FEED              | active10 IN (1)                  |  |  |
|--------------------------|----------------------------------|--|--|
| OUTPUT FORMAT            | VALUE                            | VALUE LABEL  |  |
| ACTIVEH5F.               | 1                                | Daily  |  |
|                          | 2                                | Weekly   |  |
|                          | 3                                | Monthly  |  |
|                          | 4                                | Several times a year   |  |
|                          | 5                                | Once a year  |  |
|                          |                                  |  |  |
|                          | -2                               | Don't know   |  |
|                          | -1                               | Denied   |  |
| VARIABLENAME             | active10_2                       |  |  |
| VARIABLENLABELActivities | : Games: Locatio                 | on   |  |
| QUESTION TEXT ZP         | Where did you                    | do most of this?   |  |
| QUESTION TEXT PX         | Where did Mr/I                   | Mrs [name ZP] do this predominantly?   |  |
| INTERVIEWER NOTE         |                                  | nswers, enter directly if necessary.   |  |
|                          |                                  | nt out to the interviewee again that it is only about the last year!               |  |
| FILTER                   | FEEDINGactive                    |  |  |
| OUTPUT FORMAT            | VALUE                            | VALUE LABEL  |  |
| AKTIVO3F.                |                                  | 1At home/in the home   |  |
|                          | 2                                | In the immediate vicinity  |  |
|                          | 3                                | In the wider surroundings  |  |
|                          |                                  | -2Don't know   |  |
|                          | -1                               | Denied   |  |
|                          |                                  |  |  |
| VARIABLENAME             | active11                         |  |  |
| VARIABLE LABEL           | Activities: Continuing education |  |  |
| QUESTION TEXT ZP         | In the last 12 mo                | onths, have you<br>ing or further educated yourself, e.g. through self-study or by |  |
|                          |                                  | ures and courses?  |  |
| QUESTION TEXT PX         |                                  | nths, has Mr/Mrs [name ZP]   |  |
|                          |                                  | ing or further educated yourself, e.g. through self-study or by ures and courses?  |  |
| INTERVIEWER NOTE         | If necessary, poi                | nt out to the interviewee again that this is only about the last year!             |  |
|                          | PROGRAMMIN                       | G NOTEPlease show the question text from active2 in grey colour.                   |  |
| OUTPUT FORMAT            | VALUE                            | VALUE LABEL  |  |
| N0J1F.                   | 0                                | No   |  |
|                          | 1                                | Yes  |  |
|                          |                                  |  |  |
|                          |                                  | -2Don't know   |  |
|                          | -1                               | Denied   |  |

VARIABLENAME active11x

VARIABLENLABELActivities : Continuing education: Description

(open) QUESTION TEXT ZP. What exactly are you doing?

QUESTION TEXT PX What exactly is Mr/Mrs [name ZP] doing?

INTERVIEWER NOTE Please provide specific information about the activity and the context in which it took

place (e.g. "English course at the adult education centre", not just "adult education

course").

FILTER FEEDINGactive11 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL                            |
|---------------|-------|--|
| \$900.        |       | SpecificationType of further education |
|               |       |  |
|               |       | -2Don't know                           |
|               | -1    | Denied                                 |
|               |       |  |

VARIABLENAME active11\_1

VARIABLENLABELActivities : Continuing education:

Frequency QUESTION TEXT ZPHow often did you do this?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive11 IN (1)

|               |       | · ,                  |  |
|---------------|-------|----------------------|--|
| OUTPUT FORMAT | VALUE | VALUE LABEL          |  |
| ACTIVEH5F.    | 1     | Daily                |  |
|               | 2     | Weekly               |  |
|               | 3     | Monthly              |  |
|               | 4     | Several times a year |  |
|               | 5     | Once a year          |  |
|               |       |                      |  |
|               |       | -2Don't know         |  |
|               | -1    | Denied               |  |
|               |       |                      |  |

VARIABLENAME active11\_2

VARIABLENLABELActivities : Continuing education: Place

QUESTION TEXT ZP Where did you do most of this?

QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

If necessary, point out to the interviewee again that it is only about the last year!

FILTER FEEDINGactive11 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL               |
|---------------|-------|---------------------------|
| AKTIVO3F.     |       | 1At home/in the home      |
|               | 2     | In the immediate vicinity |
|               | 3     | In the wider surroundings |

| VARIABLENAME VARIABLE LABEL VARIABLENAME VALUE VALUE VALUE VALUE LABEL VARIABLENAME VALUE VALUE LABEL VARIABLENAME VAR |
|--|
| VARIABLENAME  VARIABLE LABEL  Activities: polit. Event QUESTION  TEXT ZP  In the last 12 months, have you participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  QUESTION TEXT PX  In the last 12 months, has Mr/Mrs [name ZP] participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  INTERVIEWER NOTE  If necessary, point out to the interviewee again that this is only about the last year! PROGRAMMING NOTEPlease show the question text from active2 in grey colour.  OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  0  No 1  Yes  -2Don't know -1  Denied  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENLABELActivities  : polit. Event: Frequency QUESTION  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!   |
| VARIABLE LABEL  Activities: polit. Event QUESTION  In the last 12 months, have you participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  QUESTION TEXT PX  In the last 12 months, has Mr/Mrs [name ZP] participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  INTERVIEWER NOTE  If necessary, point out to the interviewee again that this is only about the last year! PROGRAMMING NOTEPlease show the question text from active2 in grey colour.  OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  0 No 1 Yes  -2Don't know -1 Denied  VARIABLENAME  VARIABLENAME  VARIABLENLABELActivities: polit. Event: Frequency QUESTION  TEXT ZP  GUESTION TEXT PX  How often did you do this?  QUESTION TEXT PX  INTERVIEWER NOTE  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!   |
| In the last 12 months, have you participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  QUESTION TEXT PX  In the last 12 months, has Mr/Mrs [name ZP] participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  INTERVIEWER NOTE  If necessary, point out to the interviewee again that this is only about the last year! PROGRAMMING NOTEPlease show the question text from active2 in grey colour.  OUTPUT FORMAT  VALUE VALUE LABEL  NOJ1F.  0 No 1 Yes  -2Don't know -1 Denied  VARIABLENAME  Active12_1  VARIABLENLABELActivities : polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX INTERVIEWER NOTE  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!   |
| participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  In the last 12 months, has Mr/Mrs [name ZP] participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  INTERVIEWER NOTE  If necessary, point out to the interviewee again that this is only about the last year! PROGRAMMING NOTEPlease show the question text from active2 in grey colour.  OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  0 No 1 Yes  -2Don't know -1 Denied  VARIABLENAME  VARIABLENAME  Active12_1  VARIABLENLABELActivities  : polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  INTERVIEWER NOTE  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!   |
| Similar?  In the last 12 months, has Mr/Mrs [name zP] participated in a political event, e.g. by a party, citizens' initiative, trade union or something similar?  INTERVIEWER NOTE  If necessary, point out to the interviewee again that this is only about the last year! PROGRAMMING NOTEPlease show the question text from active2 in grey colour.  OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  0  No 1  Yes  -2Don't know -1  Denied  VARIABLENAME  VARIABLENAME  Active12_1  VARIABLENLABELActivities : polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  INTERVIEWER NOTE  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!  |
| INTERVIEWER NOTE  If necessary, point out to the interviewee again that this is only about the last year!  PROGRAMMING NOTEPlease show the question text from active2 in grey colour.  OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  0 No 1 Yes  -2Don't know -1 Denied  VARIABLENAME  VARIABLENAME  VARIABLENLABELActivities  1: polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  Interviewee again that it is only about the last year!  |
| PROGRAMMING NOTEPlease show the question text from active2 in grey colour.  OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  0 No 1 Yes  -2Don't know -1 Denied  VARIABLENAME  VARIABLENAME  VARIABLENLABELActivities : polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  INTERVIEWER NOTE  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!  |
| OUTPUT FORMAT  VALUE  VALUE LABEL  NOJ1F.  0 No 1 Yes  -2Don't know -1 Denied  VARIABLENAME  VARIABLENAME  VARIABLENLABELActivities  i polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  INTERVIEWER NOTE  Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!  |
| NOJ1F.  0 No 1 Yes  -2Don't know  -1 Denied  VARIABLENAME  VARIABLENLABELActivities : polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX INTERVIEWER NOTE  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!  |
| 1 Yes  -2Don't know -1 Denied  VARIABLENAME  VARIABLENLABELACtivities : polit. Event: Frequency QUESTION  TEXT ZP  QUESTION TEXT PX  INTERVIEWER NOTE  Please read out answers, enter directly if necessary. If necessary, point out to the interviewee again that it is only about the last year!   |
| -2Don't know  -1 Denied  VARIABLENAME active12_1  VARIABLENLABELActivities : polit. Event: Frequency QUESTION  TEXT ZP How often did you do this?  QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?  INTERVIEWER NOTE Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!   |
| VARIABLENAME  VARIABLENLABELActivities  : polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  INTERVIEWER NOTE  Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!  |
| VARIABLENAME  VARIABLENLABELActivities  : polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  INTERVIEWER NOTE  Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!  |
| VARIABLENAME  variable active 12_1  variable NLABELActivities: polit. Event: Frequency QUESTION  TEXT ZP  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  INTERVIEWER NOTE  Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!  |
| VARIABLENLABELActivities : polit. Event: Frequency QUESTION  TEXT ZP   |
| TEXT ZP  How often did you do this?  QUESTION TEXT PX  How often did Mr/Mrs [name ZP] do that?  INTERVIEWER NOTE  Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!   |
| QUESTION TEXT PX How often did Mr/Mrs [name ZP] do that?  Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!   |
| INTERVIEWER NOTE  Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year!   |
| If necessary, point out to the interviewee again that it is only about the last year!  |
| FILTER FEEDINGactive12 IN (1)  |
|  |
| OUTPUT FORMAT VALUE VALUE LABEL  |
| ACTIVEH5F. 1 Daily   |
| 2 Weekly   |
| 3 Monthly  |
| 4 Several times a year   |
| 5 Once a year  |
|  |
| -2Don't know   |
| -1 Denied  |
| VARIABLENAME active12_2  |
| VARIABLE LABEL Activities: polit. Event: Place QUESTION  |
| TEXT ZP Where did you do most of this?   |
| QUESTION TEXT PX Where did Mr/Mrs [name ZP] do this predominantly?   |

| INTERVIEWER NOTE        |  | Please read out answers, enter directly if necessary.  If necessary, point out to the interviewee again that it is only about the last year! |  |  |
|-------------------------|--|--|--|--|
| FILTER                  | FEEDI  | FEEDINGactive12 IN (1)   |  |  |
| OUTPUT FORMAT           | VALUI  | E VALUE LABEL  |  |  |
| AKTIVO3F.               | 1  | At home/in the home  |  |  |
|                         | 2  | In the immediate vicinity  |  |  |
|                         | 3  | In the wider surroundings  |  |  |
|                         | -2   | Don't know   |  |  |
|                         | -1   | Denied   |  |  |
| VARIABLENAME            | active1  | Δ  |  |  |
| VARIABLE LABEL          |  | es: Receive a visit  |  |  |
| QUESTION TEXT ZP        |  | ast 12 months, have you  |  |  |
| QUEUTION TEXT 21        |  | re visitors (other than nursing or medical professionals)?   |  |  |
| QUESTION TEXT PX        |  | In the last 12 months, has Mr/Mrs [name ZP] Receive visitors (other than nursing or medical professionals)?                                  |  |  |
| INTERVIEWER NOTE        | If nece.   | ssary, point out to the interviewee again that this is only about the last year!   |  |  |
|                         | PROGRAMMING NOTEPlease show the question text from active2 in grey colour. |  |  |  |
| OUTPUT FORMAT           | VALUI  | VALUE LABEL  |  |  |
| N0J1F.                  | 0  | No   |  |  |
|                         | 1  | Yes  |  |  |
|                         |  |  |  |  |
|                         |  | -2Don't know   |  |  |
|                         | -1   | Denied   |  |  |
| VARIABLENAME            | active14_  | 1  |  |  |
| VARIABLENLABELActivitie | es :R  | eceive visit: Frequency  |  |  |
| QUESTION TEXT ZP        | How ofter  | n did you do this?   |  |  |
| QUESTION TEXT PX        | How often did Mr/Mrs [name ZP] do that?                                    |  |  |  |
| INTERVIEWER NOTE        |  | Please read out answers, enter directly if necessary.  |  |  |
|                         | If necessa   | If necessary, point out to the interviewee again that it is only about the last year!  |  |  |
| FILTER                  |  | GACTIVE14 IN (1)   |  |  |
| OUTPUT FORMAT           |  | VALUE LABEL  |  |  |
| ACTIVEH5F.              |  | Daily  |  |  |
|                         |  | Weekly   |  |  |
|                         |  | Monthly  |  |  |
|                         |  | Several times a year   |  |  |
|                         | 5  | Once a year  |  |  |

|                    | -2 Don                | 't know   |  |  |
|--------------------|-----------------------|---|--|--|
|                    | -1 Den                | ied   |  |  |
| VARIABLENAME       | active15              |   |  |  |
| VARIABLE LABEL     | Activities:           | Brain teasers   |  |  |
| QUESTION TEXT ZP   | In the last           | 12 months, have you   |  |  |
|                    | Have you              | done any brain teasers, e.g. crossword puzzles or memory training?          |  |  |
| QUESTION TEXT PX   |                       | Irs [name ZP] in the last 12 months   |  |  |
|                    |                       | done any brain teasers, e.g. crossword puzzles or memory training?          |  |  |
| INTERVIEWER'S NOTE | If necessar           | ry, point out to the interviewee again that it is only about the last year! |  |  |
| PROGRAMMING NOTE   | Please sho            | ow the question text from active2 in grey colour.                           |  |  |
| OUTPUT FORMAT      | VALUE                 | VALUE LABEL   |  |  |
| N0J1F.             | 0                     | No  |  |  |
|                    | 1                     | Yes   |  |  |
|                    |                       |   |  |  |
|                    |                       | -2Don't know  |  |  |
|                    | -1                    | Denied  |  |  |
|                    |                       |   |  |  |
| VARIABLENAME       | active15_1            | L   |  |  |
| VARIABLE LABEL     | Activities: I         | Activities: Brain teasers: Frequency  |  |  |
| QUESTION TEXT ZP   | How ofter             | How often did you do that?  |  |  |
| QUESTION TEXT PX   | How ofter             | How often did Mr/Mrs [name ZP] do this?                                     |  |  |
| INTERVIEWER'S NOTE |                       | Please read out answers, enter directly if necessary.                       |  |  |
|                    | If necessar           | ry, point out to the interviewee again that it is only about the last year! |  |  |
| FILTER FEED        | active15 IN           | N (1)   |  |  |
| OUTPUT FORMAT      | VALUE                 | VALUE LABEL   |  |  |
| ACTIVH5F.          | 1                     | Daily   |  |  |
|                    | 2                     | Weekly  |  |  |
|                    | 3                     | Monthly   |  |  |
|                    |                       | 4Multiple times a year  |  |  |
|                    |                       | 5Once a year  |  |  |
|                    |                       | -2Don't know  |  |  |
|                    | -1                    | -2Don't know Denied   |  |  |
|                    | -1                    | Defilied  |  |  |
| VARIABLENAME       | active16              |   |  |  |
| VARIABLE LABEL     | Activities:           | Reading books   |  |  |
| QUESTION TEXT ZP   |                       | 12 months, have you   |  |  |
| OUEOTIC:: TT:= T:  | Books rea             |   |  |  |
| QUESTION TEXT PX   | Has Mr/N<br>Books rea | Irs [name ZP] in the last 12 months ad?                                     |  |  |

| INTERVIEWER NOTE         | If necessary, point              | out to the interviewee again that this is only about the last year!                              |  |
|--------------------------|----------------------------------|--|--|
|                          | PROGRAMMING                      | NOTEPlease show the question text from active2 in grey colour.                                   |  |
| OUTPUT FORMAT            | VALUE                            | VALUE LABEL  |  |
| N0J1F.                   | 0                                | No   |  |
|                          | 1                                | Yes  |  |
|                          |                                  |  |  |
|                          | -2                               | Don't know   |  |
|                          | -1                               | Denied   |  |
| VARIABLENAME             | active16_1                       |  |  |
| VARIABLE LABEL           | –<br>Activities: Readir          | ng books:  |  |
| Frequency QUESTION TEX   | T ZPHow often did                | you do this?   |  |
| QUESTION TEXT PX         | How often did M                  | r/Mrs [name ZP] do that?   |  |
| INTERVIEWER NOTE         |                                  | swers, enter directly if necessary.  |  |
|                          | If necessary, poin               | t out to the interviewee again that it is only about the last year!                              |  |
| FILTER                   | FEEDINGactive1                   | 6 IN (1)   |  |
| OUTPUT FORMAT            | VALUE                            | VALUE LABEL  |  |
| ACTIVEH5F.               | 1                                | Daily  |  |
|                          | 2                                | Weekly   |  |
|                          | 3                                | Monthly  |  |
|                          | 4                                | Several times a year   |  |
|                          | 5                                | Once a year  |  |
|                          |                                  |  |  |
|                          |                                  | -2Don't know   |  |
|                          | -1                               | Denied   |  |
| VARIABLENAME             | active17                         |  |  |
| VARIABLENLABELActivities | : Television                     |  |  |
| QUESTION TEXT ZP         | Do you watch TV?                 |  |  |
| QUESTION TEXT PX         | Does Mr/Mrs [name ZP] watch TV?  |  |  |
| INTERVIEWER NOTE         | Note: conscious television only! |  |  |
|                          |                                  | t out to the interviewee again that it is only about the last year!                              |  |
|                          |                                  | NOTEPlease show the question text from active2 in grey colour:                                   |  |
|                          |                                  | terviewee IN (1) then response categories TV2F Proxy ondent IN (2) then response categories TV2P |  |
| OUTPUT FORMAT            | VALUE                            | VALUE LABEL  |  |
| ZP = interviewee IN (1)  |                                  |  |  |
| TV2F.                    |                                  | 0I don't watch TV  |  |
|                          | 1                                | I watch TV   |  |
|                          |                                  |  |  |

-2Don't know

|                               | -1   | Denied  |  |
|-------------------------------|--|---|--|
| OUTPUT FORMAT                 | VALUE  | VALUE LABEL   |  |
| PX = interviewee IN (2) TV2P. |  | 0He/she does not watch TV   |  |
| IVZI.                         | 1  | He/she watches TV   |  |
|                               | •  | Tierane wateries TV   |  |
|                               |  | -2Don't know  |  |
|                               | -1   | Denied  |  |
|                               | -1   | Deflied   |  |
| VARIABLENAME                  | active17_1   |   |  |
| VARIABLENLABELActivities      | : Television: Hou  | ırs per day   |  |
| QUESTION TEXT ZP              | How long - in h  | ours - do you watch TV per day on average?                            |  |
| QUESTION TEXT PX              | How long - in h  | ours - does Mr/Mrs [name ZP] watch TV per day on average?             |  |
| INTERVIEWER NOTE              | If necessary, poin   | t out to the interviewee again that this is only about the last year! |  |
| FILTER                        | FEEDINGACTIV   | /E17 IN (1)   |  |
| OUTPUT FORMAT                 | VALUE  | VALUE LABEL   |  |
| BEST8.                        | (0 - 24)   | Average number of hours per day                                       |  |
|                               |  |   |  |
|                               | -1   | Denied  |  |
|                               |  | -2Don't know  |  |
| VADIADI ENIAME                |  |   |  |
| VARIABLENAME                  | relgem   |   |  |
| VARIABLE LABEL                | Religious community  |   |  |
| QUESTION TEXT ZP              | Which religious community do you belong to?                |   |  |
| QUESTION TEXT PX              | To which religious community does Mr/Mrs [name ZP] belong? |   |  |
| INTERVIEWER NOTE              | -  | v interviewer! Do not read out!                                       |  |
| OUTPUT FORMAT                 | VALUE  | VALUE LABEL  Damage Catholic Church                                   |  |
| RELI7F.                       | 1  | Roman Catholic Church  Protectiont Church (without free churches)     |  |
|                               | 2  | Protestant Church (without free churches)                             |  |
|                               | -  | Evangelical Free Church   |  |
|                               | 4  | Islamic religious community   |  |
|                               | 5  | Jewish religious community  |  |
|                               | 6  | Other religious community, namely: [open: relgemx]                    |  |
|                               | 7  | No religious community  |  |
|                               | 7  | No religious community  |  |
|                               |  | -2Don't know  |  |
|                               | -1   | Denied  |  |
|                               |  |   |  |
| VARIABLENAME                  | relgemx  |   |  |
| VARIABLE LABEL                | Religious comm   |   |  |
| QUESTION TEXT.                | Other religious community:                                 |   |  |

| FILTER FEED        | role      | gem IN (6)      |  |
|--------------------|-----------|-----------------|--|
| OUTPUT FORMAT      |           | LUE             | VALUE LABEL  |
| \$900.             |           | ication         | Type of religious community  |
| ψ300.              | IIIu      | ication         | Type of religious community  |
|                    | -2        |                 | Don't know   |
|                    | -<br>-1   |                 | Denied   |
|                    | <u> </u>  |                 |  |
| VARIABLENAME       | associat  | ion             |  |
| VARIABLE LABEL     | Associa   | tion membersh   | nip  |
| QUESTION TEXT ZP   | Are you   | ı an active me  | ember of an organisation or association?   |
| QUESTION TEXT PX   | Is Mr/N   | Irs [name ZP]   | an active member of an organisation or club?   |
| OUTPUT FORMAT      | VALUE     | VALUE LAB       | EL   |
| N0J1F.             | 0         | No              |  |
|                    | 1         | Yes             |  |
|                    |           |                 |  |
|                    | -2        | Don't know      |  |
|                    | -1        | Denied          |  |
| VARIABLENAME       | ver       | einx            |  |
| VARIABLENLABELVERS | SHIP : ac | tive (open) Ql  | JESTION TEXT   |
|                    |           | nich are they?  |  |
| FILTER FEEDING     | AS        | SOCIATION IN    | N (1)  |
| OUTPUT FORMAT      | VA        | LUE             | VALUE LABEL  |
| \$900.             |           |                 | SpecificationType of organisation or association                                     |
|                    |           |                 |  |
|                    |           |                 | -2Don't know   |
|                    | -1        |                 | Denied   |
| VARIABLENAME       | poli      | itei1           |  |
|                    | -         |                 | ELPolitical participation: Party   |
| QUESTION TEXT ZF   | Pol       | itical interest | s can be very different: Which party - speaking in general ean most towards?         |
| QUESTION TEXT PX   | ( Pol     | itical interest | s can be very different: Which party - generally speaking - is ZP] most inclined to? |
| INTERVIEWER NOTE   |           | _               | interviewer! Do not read out!  |
| OUTPUT FORMAT      |           | LUE             | VALUE LABEL  |
| PART10F.           | 1         |                 | CDU  |
|                    | 2         |                 | CSU  |
|                    | 3         |                 | SPD  |
|                    | 4         |                 | The Left   |
|                    | 5         |                 | Alliance 90/The Greens   |
|                    | 6         |                 | AfD  |
|                    | 7         |                 | FDP  |

|                  | 8   | NPD   |  |
|------------------|---|---|--|
|                  | 9   | Other party   |  |
|                  | 10  | No party  |  |
|                  |   |   |  |
|                  |   | -2Don't know  |  |
|                  | -1  | Denied  |  |
| VADIADI ENIAME   | nolitoi?  |   |  |
| VARIABLENAME     | politei2  |   |  |
|                  | VARIABLENI  | LABELPolitical participation: Bundestag election        |  |
| QUESTION TEXT ZP | Some people   | e don't go to the polls these days for various reasons. |  |
|                  | How is it with you:                                     |   |  |
|                  | Did you vote in the last federal election?              |   |  |
| QUESTION TEXT PX | Some people   | e don't go to the polls these days for various reasons. |  |
|                  | How is it with Mr/Mrs [name ZP]:                        |   |  |
|                  | Did Mr/Mrs [name ZP] vote in the last federal election? |   |  |
| OUTPUT FORMAT    | VALUE   | VALUE LABEL   |  |
| N0J1F.           | 0   | No  |  |
|                  | 1   | Yes   |  |
|                  |   |   |  |
|                  |   | -2Don't know  |  |
|                  | -1  | Denied  |  |

## 8 Use of technology

| VARIABLENAME | technu1 |
|--------------|---------|
|--------------|---------|

VARIABLENLABELTechnology use : computer or laptop

QUESTION TEXT ZP For more and more people, the use of modern technology is also part of everyday life.

Which of the following techniques have you used in the last <strong>12

months</strong>?

Did you use a computer or laptop?

QUESTION TEXT PX For more and more people, the use of modern technology is also part of everyday life.

Which of the following techniques has Mr/Mrs [name ZP] used in the last <strong>12

months</strong>?

Did Mr/Mrs [name ZP] use a computer or laptop?

INTERVIEWER'S NOTE By use we mean active use. It does not mean having someone else find information for

you, e.g. on the internet.

PROGRAMMING NOTEPlease always display the two related questions (usage and

frequency, such as technu1 and technu1\_1 etc.) on one screen.

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| N0J1F.        | 0     | No           |
|               | 1     | Yes          |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

VARIABLENAME technu1\_1

VARIABLENLABELTechnology use : Computer or laptop: frequency

QUESTION TEXT ZP How often did you use this technology?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] use this technique?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

FILTER FEEDING technu1 IN (1)

| FILTER FEEDING | technu i iiv ( | technu i iiv (1)     |  |  |
|----------------|----------------|----------------------|--|--|
| OUTPUT FORMAT  | VALUE          | VALUE LABEL          |  |  |
| ACTIVEH5F.     | 1              | Daily                |  |  |
|                | 2              | Weekly               |  |  |
|                | 3              | Monthly              |  |  |
|                | 4              | Several times a year |  |  |
|                | 5              | Once a year          |  |  |
|                |                |                      |  |  |
|                |                | -2Don't know         |  |  |
|                | -1             | Denied               |  |  |
|                |                |                      |  |  |

VARIABLENAME technu2

VARIABLENLABEL Technology use: Internet

QUESTION TEXT ZP

Have you used the internet?

QUESTION TEXT PX Did Mr/Mrs [name ZP] use the internet?

INTERVIEWER'S NOTE By use we mean active use. It does not mean having someone else find information for

you, e.g. on the internet.

This also includes the use of internet-linked apps.

PROGRAMMING NOTEPlease always display the two related questions (usage and

frequency, such as technu1 and technu1\_1 etc.) on one screen.

Please show the question text from technu1 in grey colour.

| OUTPUT FORMAT VALUE |    | VALUE LABEL  |
|---------------------|----|--------------|
| N0J1F.              | 0  | No           |
|                     | 1  | Yes          |
|                     |    |              |
|                     |    | -2Don't know |
|                     | -1 | Denied       |

VARIABLENAME technu2\_1

VARIABLENLABEL Use of technology: Internet: Frequency

QUESTION TEXT ZP How often did you use this technology?

QUESTION TEXT PX How often did Mr/Mrs [name ZP] use this technique?

INTERVIEWER NOTE Please read out answers, enter directly if necessary.

FILTER FEEDING technu2 IN (1)

| OUTPUT FORMAT | VALUE | VALUE LABEL          |
|---------------|-------|----------------------|
| ACTIVEH5F.    | 1     | Daily                |
|               | 2     | Weekly               |
|               | 3     | Monthly              |
|               | 4     | Several times a year |
|               | 5     | Once a year          |
|               |       |                      |
|               |       | -2Don't know         |
|               | -1    | Denied               |

VARIABLENAME technu3

VARIABLE LABEL Technology use: Smartphone

QUESTION TEXT ZP

Have you used a smartphone?

QUESTION TEXT PX Has Mr/Mrs [name ZP] used a smartphone?

INTERVIEWER NOTE (Explanation smartphone: with internet access, usually with touch screen)

By use is meant active use. It does not mean having someone else find information for you,

e . g. on the internet.

PROGRAMMING NOTEPlease always display the two related questions (usage and

frequency, such as technu1 and technu1\_1 etc.) on one screen.

Please show the question text from technu1 in grey colour.

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| N0J1F.        | 0     | No          |
|               | 1     | Yes         |
|               |       |             |

|                        |   | -2Don't know  |  |
|------------------------|---|---|--|
|                        | -1  | Denied  |  |
| VARIABLENAME           | technu3_1                                       |   |  |
| VARIABLE LABEL         | Technology u                                    | ise: Smartphone: frequency  |  |
| QUESTION TEXT ZP       | How often did                                   | you use this technology?  |  |
| QUESTION TEXT PX       | How often did                                   | d Mr/Mrs [name ZP] use this technique?  |  |
| INTERVIEWER NOTE       | Please read out                                 | t answers, enter directly if necessary.   |  |
|                        | FILTER FEED                                     | DING technu3 IN (1)   |  |
| OUTPUT FORMAT          | VALUE   | VALUE LABEL   |  |
| ACTIVH5F.              | 1   | Daily   |  |
|                        | 2   | Weekly  |  |
|                        | 3   | Monthly   |  |
|                        | 4   | Several times a year  |  |
|                        | 5   | Once a year   |  |
|                        | -2  | Don't know  |  |
|                        | -1  | Denied  |  |
| VARIABLENAME           | technu4   |   |  |
| VARIABLE LABEL         | Technology us                                   | se: Mobile phone  |  |
| QUESTION TEXT ZP       | Did you use a                                   | Did you use a normal mobile phone?  |  |
| QUESTION TEXT PX       | Did Mr/Mrs [name ZP] use a normal mobile phone? |   |  |
| INTERVIEWER NOTE       | (Explanation: r                                 | (Explanation: no smartphone)  |  |
|                        | By use is mean<br>e . g. on the int             | nt active use. It does not mean having someone else find information for you, ternet.                               |  |
|                        | FILTER FEED                                     | DING technu3 IN (0)   |  |
|                        |   | ING NOTEPlease always display the two related questions (usage and ch as technu1 and technu1_1 etc.) on one screen. |  |
|                        | Please show t                                   | he question text from technu1 in grey colour.   |  |
| OUTPUT FORMAT          | VALUE   | VALUE LABEL   |  |
| N0J1F.                 | 0   | No  |  |
|                        | 1   | Yes   |  |
|                        |   | -2Don't know  |  |
|                        | -1  | Denied  |  |
| VARIABLENAME           | technu4_1                                       |   |  |
| VARIABLE LABEL         | Use of techno                                   | ology: Mobile phone:  |  |
| frequency QUESTION TEX | XT ZP How often                                 | did you use this technology?  |  |
| QUESTION TEXT PX       | How often did                                   | How often did Mr/Mrs [name ZP] use this technique?  |  |
| INTERVIEWER NOTE       | Please read out                                 | Please read out answers, enter directly if necessary.   |  |

## FILTER FEED technu3 IN (0) AND technu4 IN (1)

|                    | TILILITIES                      | technida in (a) And technida in (i)   |
|--------------------|---------------------------------|---|
| OUTPUT FORMAT      | VALUE                           | VALUE LABEL   |
| ACTIVH5F.          | 1                               | Daily   |
|                    | 2                               | Weekly  |
|                    | 3                               | Monthly   |
|                    | 4                               | Several times a year  |
|                    | 5                               | Once a year   |
|                    |                                 |   |
|                    | -2                              | Don't know  |
|                    | -1                              | Denied  |
|                    | _                               |   |
| VARIABLENAME       | technu5                         |   |
| VARIABLE LABEL     |                                 | se: Tablet computer   |
| QUESTION TEXT ZP   | -                               | a tablet computer?  |
| QUESTION TEXT PX   | _                               | name ZP] used a tablet computer?  |
| INTERVIEWER'S NOTE | By use we mear you, e.g. on the | n active use. It does not mean having someone else find information for internet. |
|                    |                                 | NG NOTEPlease always display the two related questions (usage and                 |
|                    |                                 | h as technu1 and technu1_1 etc.) on one screen.                                   |
| OUTPUT FORMAT      | VALUE                           | ne question text from technu1 in grey colour.  VALUE LABEL                        |
|                    |                                 |   |
| N0J1F.             | 0                               | No<br>Yes   |
|                    | 1                               | Yes   |
|                    |                                 | -2Don't know  |
|                    | -1                              | Denied  |
|                    | •                               | Borned  |
| VARIABLENAME       | technu5_1                       |   |
| VARIABLE LABEL     | Technology us                   | se: Tablet computer: frequency  |
| QUESTION TEXT ZP   | How often did y                 | you use this technology?  |
| QUESTION TEXT PX   | How often did                   | Mr/Mrs [name ZP] use this technique?  |
| INTERVIEWER NOTE   | Please read out o               | answers, enter directly if necessary.   |
| FILTER FEEDING     | technu5 IN (1)                  |   |
| OUTPUT FORMAT      | VALUE                           | VALUE LABEL   |
| ACTIVEH5F.         | 1                               | Daily   |
|                    | 2                               | Weekly  |
|                    | 3                               | Monthly   |
|                    | 4                               | Several times a year  |
|                    | 5                               | Once a year   |
|                    |                                 | ·   |
|                    |                                 | -2Don't know  |
|                    | -1                              | Denied  |
|                    |                                 |   |

| VARIABLENAME           | technu6                           |  |  |  |
|------------------------|-----------------------------------|--|--|--|
| VARIABLE LABEL         | Technology us                     | Technology use: Fitness wristband  |  |  |
| QUESTION TEXT ZP       |                                   | Have you used a fitness bracelet or a wristband that measures your body movement ('pedometer')?                                      |  |  |
| QUESTION TEXT PX       |                                   | Has Mr/Mrs [name ZP] used a fitness wristband or a wristband with which he/she can measure his/her body movement ("pedometer")?      |  |  |
| INTERVIEWER'S NOTE     | By use we mea<br>you, e.g. on the | nn active use. It does not mean having someone else find information for<br>e internet.  |  |  |
|                        |                                   | ING NOTEPlease always display the two related questions (usage and ch as technu1 and technu1_1 etc. to technu6 and technu6_1) on one |  |  |
|                        | Please show t                     | he question text from technu1 in grey colour.  |  |  |
| OUTPUT FORMAT          | VALUE                             | VALUE LABEL  |  |  |
| N0J1F.                 | 0                                 | No   |  |  |
|                        | 1                                 | Yes  |  |  |
|                        |                                   |  |  |  |
|                        |                                   | -2Don't know   |  |  |
|                        | -1                                | Denied   |  |  |
|                        |                                   |  |  |  |
| VARIABLENAME           | technu6_1                         |  |  |  |
| VARIABLENLABELTechnolo | ogy use : F                       | Fitness wristband: frequency   |  |  |
| QUESTION TEXT ZP       | How often did                     | you use this technology?   |  |  |
| QUESTION TEXT PX       | How often did                     | How often did Mr/Mrs [name ZP] use this technique?   |  |  |
| INTERVIEWER NOTE       | Please read out                   | Please read out answers, enter directly if necessary.  |  |  |
| FILTER FEEDING         | technu6 IN (1)                    |  |  |  |
| OUTPUT FORMAT          | VALUE                             | VALUE LABEL  |  |  |
| ACTIVEH5F.             | 1                                 | Daily  |  |  |
|                        | 2                                 | Weekly   |  |  |
|                        | 3                                 | Monthly  |  |  |
|                        | 4                                 | Several times a year   |  |  |
|                        | 5                                 | Once a year  |  |  |
|                        | 3                                 | Office a year  |  |  |
|                        |                                   | -2Don't know   |  |  |
|                        | -1                                | Denied   |  |  |
|                        | -1                                | Defiled  |  |  |
| VARIABLENAME           | techei1                           |  |  |  |
| VARIABLE LABEL         | Technique sett                    | ting: Interest   |  |  |
| QUESTION TEXT ZP       | How interest                      | ed are you in new technical things?  |  |  |
| QUESTION TEXT PX       | How intereste                     | ed is Mr/Mrs [name ZP] in new technical things?  |  |  |
| INTERVIEWER'S NOTE     |                                   | answers, enter directly if necessary.  |  |  |
| OUTPUT FORMAT          | VALUE                             | VALUE LABEL  |  |  |
|                        | 1                                 | Not at all   |  |  |
|                        | 2                                 | Rather not   |  |  |
|                        |                                   |  |  |  |

|                  | 3               |                              | Partly/partly  |
|------------------|-----------------|------------------------------|--|
|                  | 4               |                              | Rather   |
|                  | 5               |                              | Very   |
|                  |                 |                              | -2Don't know   |
|                  | -1              |                              | Denied   |
| - VADIADI ENIAME |                 |                              |  |
| VARIABLENAME     | techei2         | D.                           |  |
| VARIABLE LABEL   |                 | ue setting: Dif              | ·  |
| QUESTION TEXT ZP | Please          | think of your                | uestions are about your attitudes towards modern technology.  r personal experiences in dealing with technology or, alternatively, towards modern technology.  |
|                  |                 |                              | r you to operate modern digital devices, such as mobile phones,<br>nones or tablet computers?  |
| QUESTION TEXT PX | toward<br>[name | s modern te<br>CB] in dealin | uestions are about the attitudes of Mr/Mrs [name of the person] chnology. Please think about the personal experiences of Mr/Mrs g with technology or alternatively about his/her de towards modern technology. |
|                  |                 |                              | Mr/Mrs [name ZP] to operate modern digital devices, such as mobile smartphones or tablet computers?  |
| INTERVIEWER NOTE | Please re       | ead out answer               | rs, enter directly if necessary.   |
| OUTPUT FORMAT    | VALUE           | VALUE LAE                    | BEL  |
|                  | 1               | Not at all                   |  |
|                  | 2               | Rather not                   |  |
|                  | 3               | Partly/partly                |  |
|                  | 4               | Rather                       |  |
|                  | 5               | Very                         |  |
|                  |                 |                              |  |
|                  |                 | -2Don't know                 | I .  |
|                  | -1              | Denied                       |  |
| VARIABLENAME     | teche           | oi3                          |  |
| VARIABLE LABEL   |                 | -                            | Everyday life facilitation   |
| QUESTION TEXT ZP |                 | -                            | dern digital devices such as mobile phones, computers, smartphones or  |
| QUESTION TEXT ZI | table           | t computers                  | make your everyday life easier?  |
| QUESTION TEXT PX |                 |                              | dern digital devices, such as mobile phones, computers, smartphones or facilitate the everyday life of Mr/Mrs [name ZP]?   |
| INTERVIEWER NOTE | Pleas           | e read out ansv              | wers, enter directly if necessary.   |
| OUTPUT FORMAT    | VAL             | JE                           | VALUE LABEL  |
|                  | 1               |                              | Not at all   |
|                  | 2               |                              | Rather not   |
|                  | 3               |                              | Partly/partly  |
|                  | 4               |                              | Rather   |
|                  | 5               |                              | Very   |
|                  |                 |                              |  |
|                  |                 |                              | -2Don't know   |

|                  | -1                         | Denied  |
|------------------|----------------------------|---|
| VARIABLENAME     | anint1                     |   |
|                  | VARIABLEN                  | ILABELApplication on the Internet: Emails   |
| QUESTION TEXT ZP | What have y<br>Do you have | you used the internet for in the last 3 months?   |
|                  | emails se                  | ent and received, or would that be interesting for you?   |
| QUESTION TEXT PX | What did Mr,<br>Did Mr/Mrs | /Mrs [name ZP] use the internet for in the last 3 months? [name ZP]   |
|                  | sent and                   | received emails, or would that be interesting for him/her?  |
| INTERVIEWER NOTE | Please read o              | ut answers, enter directly if necessary.  |
| FILTER FEEDING   | technu2 IN (               | 1)  |
| PROGRAMMING NOTE |                            | ramme as a responsive item battery (anint1 - anint4) and the question text as nterviewer's note from the second item onwards in grey font.      |
| OUTPUT FORMAT    | VALUE VA                   | LUE LABEL   |
| JINTN3F.         | 1 Yes                      | 8   |
|                  | 2 No,                      | , but interesting   |
|                  | 3 No,                      | , and not interesting either  |
|                  |                            |   |
|                  | -2D                        | Oon't know  |
|                  | -1 Der                     | nied  |
| VARIABLENAME     | anint2                     |   |
|                  | VARIABLE                   | NLABELApplication on the Internet: Information on health topics   |
| QUESTION TEXT ZP | looking interesting        | for information on health topics on the internet, or would that be<br>g for you?  |
| QUESTION TEXT PX |                            | tion about health topics on the Internet sought, or would that be g for him/her?  |
| FILTER FEEDING   | technu2 IN                 | (1)   |
| PROGRAMMING NOTE |                            | ogramme as a responsive item battery (anint1 - anint4) and the question II as the interviewer's note from the second item onwards in grey font. |
| OUTPUT FORMAT    | VALUE                      | VALUE LABEL   |
| JINTN3F.         | 1                          | Yes   |
|                  | 2                          | No, but interesting   |
|                  | 3                          | No, and not interesting either  |
|                  |                            |   |
|                  |                            | -2Don't know  |
|                  | -1                         | Denied  |
| VARIABLENAME     | anint3                     |   |
|                  | VARIABLE                   | NLABELApplication on the internet: social networks  |
| QUESTION TEXT ZP | participa interesting      | ated in social networks such as Facebook or Twitter, or would that be for you?  |

| QUESTION TEXT PX | participated in social networks such as Facebook or Twitter, or would that be interesting for him/her?   |   |
|------------------|--|---|
| FILTER FEEDING   | technu2 IN (1)   |   |
| PROGRAMMING NOTE | Please programme as a responsive item battery (anint1 - anint4) and the question text as well as the interviewer's note from the second item onwards in grey font. |   |
| OUTPUT FORMAT    | VALUE VALUE LABEL  |   |
| JINTN3F.         | 1  | Yes   |
|                  | 2  | No, but interesting   |
|                  | 3  | No, and not interesting either                                |
|                  |  |   |
|                  | -2   | Don't know  |
|                  | -1   | Denied  |
| VARIABLENAME     | anint4   |   |
| VAINADELIVAIVIE  |  | BELApplication on the Internet: Buy or sell goods or services |
| QUESTION TEXT ZP |  |   |
| QUESTION TEXT ZF | bought or sold goods or services, e.g. on Amazon or Ebay, or would that be interesting for you?  |   |
| QUESTION TEXT PX | bought or sold goods or services, e.g. on Amazon or Ebay, or would that be interesting for him/her?  |   |
| FILTER FEEDING   | technu2 IN (1)   |   |
| PROGRAMMING NOTE | Please programme as a responsive item battery (anint1 - anint4) and the question text as well as the interviewer's note from the second item onwards in grey font. |   |
| OUTPUT FORMAT    | VALUE  | VALUE LABEL   |
| JINTN3F.         | 1  | Yes   |
|                  | 2  | No, but interesting   |
|                  | 3  | No, and not interesting either                                |
|                  |  |   |
|                  |  | -2Don't know  |
|                  | -1   | Denied  |

# 11 Value System

## Intermediate Screen

| VARIABLENAME               | Screen3   |   |
|----------------------------|---|---|
| VARIABLE LABEL             | Intermediate screen 3   |   |
| QUESTION TEXT ZP           | The following is about your faith and basic views and experiences, which can also be detached from a particular religion.               |   |
| QUESTION TEXT PX           | The following is about Mr/Mrs [name ZP]'s faith and basic views and experiences, which can also be detached from a particular religion. |   |
| VARIABLENAME               | spirit1_1   |   |
| VARIABLENLABELSpirituality | : Connection to G   | od: Importance  |
| QUESTION TEXT ZP           | How important is  | s it to you to feel connected to God or a higher power?       |
| QUESTION TEXT PX           | How important is power?   | s it to Mr/Mrs [name ZP] to feel connected to God or a higher |
| INTERVIEWER NOTE           | Please read out ans   | swers, enter directly if necessary.                           |
| OUTPUT FORMAT              | VALUE   | VALUE LABEL   |
| WICHT4F.                   | 1Not at all importa   | ant   |
|                            | 2   | Rather not important  |
|                            | 3   | Rather important  |
|                            | 4   | Very important  |
|                            |   | -2Don't know  |
|                            | -1  | Denied  |
| VADIADI ENIAME             |   |   |
| VARIABLENAME               | spirit1_2   | to de Caramana  |
| VARIABLENLABELSpirituality |   |   |
| QUESTION TEXT ZP           | _   | u feel connected to God or a higher power?                    |
| QUESTION TEXT PX           | How often does Mr/Mrs [name ZP] feel connected to God or a higher power?  |   |
| OUTPUT FORMAT              | VALUE   | swers, enter directly if necessary.                           |
|                            |   | Nover   |
| HAEUF4F.                   | 1   | Never Rather rare   |
|                            | 3   | Sometimes   |
|                            | 4   | Frequently  |
|                            | 4   | Frequently  |
|                            |   | -2Don't know  |
|                            | -1  | Denied  |
|                            |   |   |
| VARIABLENAME               | spirit2_1   |   |
| VARIABLENLABELSpirituality | : connecting with people: Importance  |   |
| QUESTION TEXT ZP           | How important is it to you to feel connected to people?   |   |
|                            |   |   |

| QUESTION TEXT PX           | How importan  | t is it for Mr/Mrs [name ZP] to feel connected to people? |
|----------------------------|---|---|
| INTERVIEWER NOTE           | Please read out answers, enter directly if necessary. |   |
| OUTPUT FORMAT              | VALUE   | VALUE LABEL   |
| WICHT4F.                   | 1   | Not important at all                                      |
|                            | 2   | Rather not important                                      |
|                            | 3   | Rather important  |
|                            | 4   | Very important  |
|                            | -2  | Don't know  |
|                            | -1  | Denied  |
| VARIABLENAME               | spirit2_2   |   |
| VARIABLE LABEL             | Spirituality: co                                      | nnection with people: Frequency                           |
| QUESTION TEXT ZP           | How often do  | you feel connected to people?                             |
| QUESTION TEXT PX           | How often doe   | es Mr/Mrs [name ZP] feel connected to people?             |
| INTERVIEWER'S NOTE         | Please read out                                       | answers, enter directly if necessary.                     |
| OUTPUT FORMAT              | VALUE   | VALUE LABEL   |
| HAEUF4F.                   | 1   | Never   |
|                            | 2   | Rather rare   |
|                            | 3   | Sometimes   |
|                            | 4   | Frequently  |
|                            | -2  | Don't know  |
|                            | -<br>-1   | Denied  |
| VA DIA DI ENIANE           |   |   |
| VARIABLENAME               | spirit3_1   |   |
| VARIABLENLABELSpirituality |   | ·   |
| QUESTION TEXT ZP           | -   | t is it to you to feel connected to nature?               |
| QUESTION TEXT PX           | -   | t is it for Mr/Mrs [name ZP] to feel connected to nature? |
| INTERVIEWER'S NOTE         |   | answers, enter directly if necessary.                     |
| OUTPUT FORMAT              | VALUE   | VALUE LABEL   |
| WICHT4F.                   | 1   | Not important at all                                      |
|                            | 2   | Rather not important                                      |
|                            | 3   | Rather important  |
|                            | 4   | Very important  |
|                            | -2  | Don't know  |
|                            | -1  | Denied  |
| VARIABLENAME               | spirit3_2   |   |
| VARIABLE LABEL             |   | onnection to nature: frequency                            |
| QUESTION TEXT ZP           | How often do you feel connected to nature?            |   |

| QUESTION TEXT PX  | How often d  | How often does Mr/Mrs [name ZP] feel connected to nature?   |  |
|---|--|---|--|
| INTERVIEWER NOTE  | Please read ou   | ut answers, enter directly if necessary.  |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| HAEUF4F.  | 1  | Never   |  |
|   | 2  | Rather rare   |  |
|   | 3  | Sometimes   |  |
|   | 4  | Frequently  |  |
|   | -2   | Don't know  |  |
|   | -<br>-1  | Denied  |  |
| VARIABLENAME  | cnirit/ 1  |   |  |
| VARIABLE LABEL  | spirit4_1 Spirituality: In   | nstitutionalisation: Importance   |  |
| QUESTION TEXT ZP  | How import   | ant is it to you to live out your beliefs communally (e.g. in church, in, faith community)?   |  |
| QUESTION TEXT PX  |  | ant is it for Mr/Woman [name ZP] to live out his/her beliefs (e.g. in church, congregation, faith community)?   |  |
| INTERVIEWER'S NOTE  | Please read ou   | ut answers, enter directly if necessary.  |  |
| OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| WICHT4F.  | 1Not at all im   | portant   |  |
|   | 2  | Rather not important  |  |
|   |  |   |  |
|   | 3  | Rather important  |  |
|   | 3<br>4   | Rather important Very important   |  |
|   | -  | Very important  |  |
|   | 4  | Very important -2Don't know   |  |
|   | -  | Very important  |  |
| VARIABLENAME  | -1<br>spirit4_2  | Very important -2Don't know Denied  |  |
|   | -1<br>spirit4_2  | Very important -2Don't know   |  |
| VARIABLE LABEL  | -1 spirit4_2 Spirituality: In How often d  | Very important -2Don't know Denied  |  |
| VARIABLENAME<br>VARIABLE LABEL<br>QUESTION TEXT ZP<br>QUESTION TEXT PX            | -1  spirit4_2  Spirituality: In  How often d church, cong  | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g.   |  |
| VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX                                  | spirit4_2 Spirituality: In How often d church, cong How often de forms (e.g. cl                                | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g. gregation, faith community)?  oes Mr/Mrs [name ZP] feel part of a community in institutionalised  |  |
| VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER'S NOTE               | spirit4_2 Spirituality: In How often d church, cong How often de forms (e.g. cl                                | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g. gregation, faith community)?  oes Mr/Mrs [name ZP] feel part of a community in institutionalised hurch, congregation, faith community)?   |  |
| VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER'S NOTE OUTPUT FORMAT | -1  spirit4_2  Spirituality: In  How often d church, cong  How often d forms (e.g. cl                          | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g. gregation, faith community)?  oes Mr/Mrs [name ZP] feel part of a community in institutionalised hurch, congregation, faith community)?   |  |
| VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER'S NOTE OUTPUT FORMAT | spirit4_2 Spirituality: In How often de church, cong How often de forms (e.g. cl Please read ou VALUE          | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g. gregation, faith community)?  oes Mr/Mrs [name ZP] feel part of a community in institutionalised hurch, congregation, faith community)?  It answers, enter directly if necessary.  VALUE LABEL                                |  |
| VARIABLE LABEL<br>QUESTION TEXT ZP  | spirit4_2 Spirituality: In How often d church, cong How often d forms (e.g. cl Please read ou VALUE            | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g. gregation, faith community)?  oes Mr/Mrs [name ZP] feel part of a community in institutionalised hurch, congregation, faith community)?  at answers, enter directly if necessary.  VALUE LABEL  Never                         |  |
| VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER'S NOTE OUTPUT FORMAT | spirit4_2 Spirituality: In How often de church, cong How often de forms (e.g. cl Please read out VALUE  1 2    | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g. gregation, faith community)?  oes Mr/Mrs [name ZP] feel part of a community in institutionalised hurch, congregation, faith community)?  at answers, enter directly if necessary.  VALUE LABEL  Never Rather rare             |  |
| VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER'S NOTE OUTPUT FORMAT | spirit4_2 Spirituality: In How often de church, cong How often de forms (e.g. cl  Please read ou  VALUE  1 2 3 | Very important  -2Don't know Denied  stitutionalisation: Frequency lo you feel part of a community in institutionalised forms (e.g. gregation, faith community)?  oes Mr/Mrs [name ZP] feel part of a community in institutionalised hurch, congregation, faith community)?  at answers, enter directly if necessary.  VALUE LABEL  Never  Rather rare  Sometimes |  |

| VARIABLENAME   | spirit4_3  |  |  |
|--|--|--|--|
|  | · –  | n: orientation towards specifications  |  |
| QUESTION TEXT ZP   |  | o you orientate yourself in your life to guidelines from religious   |  |
| QOLOTION TEXT 21   | institutions (e.g. dogmas, commandments, prohibitions)?  |  |  |
| QUESTION TEXT PX   | To what extent does Mr/Mrs [name ZP] follow the guidelines of religious institutions (e.g. dogmas, commandments, prohibitions) in his/her life?  |  |  |
| INTERVIEWER NOTE   | Please read out ans  | wers, enter directly if necessary.   |  |
| OUTPUT FORMAT  | VALUE  | VALUE LABEL  |  |
| STRONG4F.  | 1Not strong at all   |  |  |
|  | 2  | Rather not strong  |  |
|  | 3  | Rather strong  |  |
|  | 4  | Very strong  |  |
|  |  |  |  |
|  |  | -2Don't know   |  |
|  | -1   | Denied   |  |
| VARIABLENAME   | spirit5_1  |  |  |
| VARIABLENLABELSpirituality   | _  | whole: Importance  |  |
| QUESTION TEXT ZP   |  | a knowledge of being part of a greater whole to you?   |  |
| QUESTION TEXT PX   | -  | a knowledge of being part of a bigger whole to Mr/Mrs [name ZP]?   |  |
| INTERVIEWER NOTE   | -  | Please read out answers, enter directly if necessary.  |  |
|  |  |  |  |
| OUTPUT FORMAT  | VALUE  | VALUE LABEL  |  |
| OUTPUT FORMAT WICHT4F.   |  | VALUE LABEL  |  |
|  | VALUE  1Not at all importa 2   | VALUE LABEL  |  |
|  | 1Not at all importa  | value label<br>nt  |  |
|  | 1Not at all importa  | nt Rather not important  |  |
|  | 1Not at all importa 2 3  | nt Rather not important Rather important   |  |
|  | 1Not at all importa 2 3  | nt Rather not important Rather important   |  |
|  | 1Not at all importa 2 3  | NALUE LABEL  Int  Rather not important  Rather important  Very important   |  |
|  | 1Not at all importa 2 3 4  | nt Rather not important Rather important Very important -2Don't know   |  |
|  | 1Not at all importa 2 3 4  | nt Rather not important Rather important Very important -2Don't know   |  |
| WICHT4F.   | 1Not at all importa 2 3 4 -1 spirit5_2   | nt Rather not important Rather important Very important -2Don't know   |  |
| WICHT4F.   | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of   | nt Rather not important Rather important Very important  -2Don't know Denied   |  |
| VARIABLENAME VARIABLE LABEL  | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of   | nt Rather not important Rather important Very important -2Don't know Denied  of a greater whole: Frequency   |  |
| VARIABLENAME VARIABLE LABEL QUESTION TEXT ZP   | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of How often do you How often does N   | nt Rather not important Rather important Very important -2Don't know Denied  of a greater whole: Frequency feel part of a greater whole?   |  |
| VARIABLENAME VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX                                | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of How often do you How often does N   | NALUE LABEL  Int  Rather not important  Rather important  Very important  -2Don't know  Denied  of a greater whole: Frequency  feel part of a greater whole?  Mr/Mrs [name ZP] feel part of a bigger picture?  |  |
| VARIABLENAME VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER NOTE               | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of How often do you How often does N Please read out ans   | NALUE LABEL  Int  Rather not important  Rather important  Very important  -2Don't know  Denied  of a greater whole: Frequency feel part of a greater whole?  Mr/Mrs [name ZP] feel part of a bigger picture?  wers, enter directly if necessary.                             |  |
| VARIABLENAME VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER NOTE OUTPUT FORMAT | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of How often do you How often does N Please read out ans   | NALUE LABEL  nt Rather not important Rather important Very important  -2Don't know Denied  of a greater whole: Frequency feel part of a greater whole?  Mr/Mrs [name ZP] feel part of a bigger picture?  wers, enter directly if necessary.  VALUE LABEL                     |  |
| VARIABLENAME VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER NOTE OUTPUT FORMAT | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of How often do you How often does N Please read out ans VALUE 1   | VALUE LABEL  nt  Rather not important  Rather important  Very important  -2Don't know  Denied  of a greater whole: Frequency feel part of a greater whole?  Mr/Mrs [name ZP] feel part of a bigger picture?  wers, enter directly if necessary.  VALUE LABEL  Never          |  |
| VARIABLENAME VARIABLE LABEL QUESTION TEXT ZP QUESTION TEXT PX INTERVIEWER NOTE OUTPUT FORMAT | 1Not at all importa 2 3 4 -1 spirit5_2 Spirituality: part of How often does Note to the spirit of the spiritual of the spirit | NALUE LABEL  Int Rather not important Rather important Very important  -2Don't know Denied  Of a greater whole: Frequency feel part of a greater whole?  Mr/Mrs [name ZP] feel part of a bigger picture?  wers, enter directly if necessary.  VALUE LABEL  Never Rather rare |  |

|                            |   | -2Don't know   |
|----------------------------|---|--|
|                            | -1  | Denied   |
| VARIABLENAME               | spirit6_1   |  |
| VARIABLENLABELSpirituality | : Practising religion   | ous practices: Importance  |
| QUESTION TEXT ZP           |   | is it to you to regularly engage in faith-based practices (e.g.<br>ting, pausing, etc.)?                     |
| QUESTION TEXT PX           |   | is it for Mr/Mrs [name ZP] to engage in faith-based practices (e.g. ting, pausing, etc.) on a regular basis? |
| INTERVIEWER NOTE           | Please read out an  | swers, enter directly if necessary.  |
| OUTPUT FORMAT              | VALUE   | VALUE LABEL  |
| WICHT4F.                   | 1Not at all importa   | ant  |
|                            | 2   | Rather not important   |
|                            | 3   | Rather important   |
|                            | 4   | Very important   |
|                            |   | -2Don't know   |
|                            | -1  | Denied   |
| NADIADI ENIAME             |   |  |
| VARIABLENAME               | spirit6_2   |  |
| VARIABLENLABELSpirituality |   | igious practices: Frequency  |
| QUESTION TEXT ZP           | How often do you manage to perform rituals or religious/spiritual practices regularly in your daily life (e.g. attending church services, praying, meditating or consciously pausing, celebrating holidays)?  |  |
| QUESTION TEXT PX           | How often does Mr/Mrs [name ZP] manage to perform rituals or religious/spiritual practices regularly in everyday life (e.g. attend church services, pray, meditate or consciously pause, celebrate holidays)? |  |
| INTERVIEWER NOTE           | Please read out a   | nswers, enter directly if necessary.   |
| OUTPUT FORMAT              | VALUE   | VALUE LABEL  |
| HAEUF4F.                   | 1   | Never  |
|                            | 2   | Rather rare  |
|                            | 3   | Sometimes  |
|                            | 4   | Frequently   |
|                            |   | -2Don't know   |
|                            | -1  | Denied   |
| VARIABLENAME               | spirit7_1   |  |
| VARIABLENLABELSpirituality | : Relationship wit  | h God reconciled   |
| QUESTION TEXT ZP           | •   | and balanced is your relationship with God or a higher power?  |
| QUESTION TEXT PX           |   | and balanced is Mr/Mrs [name ZP]'s relationship with God or a  |
| INTERVIEWER NOTE           |   | swers, enter directly if necessary.  |
|                            |   |  |

QUESTION TEXT ZP

| OUTPUT FORMAT              | VALUE                               | VALUE LABEL  |
|----------------------------|-------------------------------------|--|
| STARK4F.                   | 1                                   | Not strong at all  |
|                            | 2                                   | Rather not strong  |
|                            | 3                                   | Rather strong  |
|                            | 4                                   | Very strong  |
|                            |                                     |  |
|                            | -2                                  | Don't know   |
|                            | -1                                  | Denied   |
| VARIABLENAME               | spirit7_2                           |  |
| VARIABLENLABELSpirituality |                                     |  |
| QUESTION TEXT ZP           |                                     | support is God or a higher power for you in your life?                                 |
| QUESTION TEXT PX           |                                     | support is God or a higher power for Mr/Mrs [name ZP] in his/her                       |
|                            | life?                               |  |
| INTERVIEWER NOTE           | Please read out ar                  | nswers, enter directly if necessary.   |
| OUTPUT FORMAT              | VALUE                               | VALUE LABEL  |
| STARK4F.                   | 1                                   | Not strong at all  |
|                            | 2                                   | Rather not strong  |
|                            | 3                                   | Rather strong  |
|                            | 4                                   | Very strong  |
|                            | -2                                  | Don't know   |
|                            | -1                                  | Denied   |
| VARIABLENAME               | spirit7_3                           |  |
| VARIABLENLABELSpirituality | : leaving everyth                   | ing behind to go to God  |
| QUESTION TEXT ZP           | How strongly dopower?               | o you wish to leave all this behind, to be able to go to God or a higher               |
| QUESTION TEXT PX           | How strongly do<br>go to God or a h | oes Mr/Mrs [name ZP] wish to leave all this behind in order to be able to igher power? |
| INTERVIEWER NOTE           | Please read out ar                  | nswers, enter directly if necessary.   |
| OUTPUT FORMAT              | VALUE                               | VALUE LABEL  |
| STRONG4F.                  | 1Not strong at all                  |  |
|                            | 2                                   | Rather not strong  |
|                            | 3                                   | Rather strong  |
|                            | 4                                   | Very strong  |
|                            |                                     | -2Don't know   |
|                            | -1                                  | Denied   |
| VADIARI ENAME              | snirit7 /                           |  |
| VARIABLENAME               | spirit7_4                           | ing and punishing  |
| VARIABLENLABELSpirituality | . God is tilleateri                 | ing and punishing  |

How much is God or a higher power threatening and punishing for you in your life (e.g.

due to ideas of a still pending Last Judgement

|                     | or images of a   | punishing God)?   |  |
|---------------------|--|---|--|
| QUESTION TEXT PX    | How much is God or a higher power threatening and punishing for Mr/Woman [name ZP] in his/her life (e.g. due to ideas of a pending Last Judgement or images of a punishing God)? |   |  |
| INTERVIEWER NOTE    | Please read out a  | nswers, enter directly if necessary.                        |  |
| OUTPUT FORMAT       | VALUE  | VALUE LABEL   |  |
| STARK4F.            | 1  | Not strong at all   |  |
|                     | 2  | Rather not strong   |  |
|                     | 3  | Rather strong   |  |
|                     | 4  | Very strong   |  |
|                     |  |   |  |
|                     | -2   | Don't know  |  |
|                     | -1   | Denied  |  |
| VARIABLENAME        | stertod4   |   |  |
| VAINADLLIVAIVIL     |  | BELSetting on Dying and Death: Making Thoughts              |  |
| QUESTION TEXT ZP    |  | ou think about dying and being dead?                        |  |
| QUESTION TEXT PX    | _  | s Mr/Woman [name ZP] think about dying or being dead?       |  |
| INTERVIEWER'S NOTE  |  |   |  |
| OUTPUT FORMAT       | VALUE  | nswers, enter directly if necessary.  VALUE LABEL           |  |
| HAEUF4F.            |  | Never Never   |  |
| ПАСОГ4Г.            | 1<br>2   | Rather rare   |  |
|                     | 3  | Sometimes   |  |
|                     | 4  | Frequently  |  |
|                     | 7  | Тефонцу   |  |
|                     | -2   | Don't know  |  |
|                     | -<br>-1  | Denied  |  |
|                     |  |   |  |
| VARIABLENAME        | stertod5   |   |  |
| VARIABLE LABEL      | Setting. on dyin   | g and death: Will   |  |
| QUESTION TEXT ZP    | Have you writte  | n a will?   |  |
| QUESTION TEXT PX    | Has Mr/Mrs [na   | ame ZP] written a will?                                     |  |
| OUTPUT FORMAT       | VALUE  | VALUE LABEL   |  |
| N0J1F.              | 0  | No  |  |
|                     | 1  | Yes   |  |
|                     |  |   |  |
|                     | -2   | Don't know  |  |
|                     | -1   | Denied  |  |
| VARIABLENAME        | stertod6   |   |  |
| VARIABLENLABELEsett |  | death: self-determination at the end of life                |  |
| QUESTION TEXT ZP    |  | . On dying and death: self-determination at the end of life |  |
| QUESTION TEXT ZP    | in your opinion  | , should it also be legally possible in Germany to          |  |

|                         | to det  | ermine the                | end of life for themselves?  |
|-------------------------|---|---------------------------|--|
| QUESTION TEXT PX        | In the opinion of Mr/Mrs [name ZP], should it also be legally possible in Germany to determine one's own end of life? |                           |  |
| INTERVIEWER NOTE        | Please I  | read out ans              | wers, enter directly if necessary.   |
| OUTPUT FORMAT           | VALUI   | E                         | VALUE LABEL  |
| SELF4F.                 | 1   |                           | No   |
|                         | 2   |                           | Rather no  |
|                         | 3   |                           | Rather yes   |
|                         | 4   |                           | Yes  |
|                         |   |                           |  |
|                         | -2  |                           | Don't know   |
|                         | -1  |                           | Denied   |
|                         |   |                           |  |
| VARIABLENAME            | flgure1   |                           |  |
| VARIABLENLABELDisposals | _   |                           |  |
| QUESTION TEXT ZP        |   | ou made or<br>limitations | ne or more of the following dispositions in the event of severe ?  |
|                         |   |                           |  |
|                         | Living w  | ill and heal              | lth care proxy   |
| QUESTION TEXT PX        |   |                           | ne ZP] made one or more of the following dispositions in the event mitations?  |
|                         | Living w  | vill and heal             | lth care proxy   |
|                         |   |                           | IOTEPlease programme as a responsive item battery (verfue1, verfue3) tion text for the next item (verfue3) in grey font. |
| OUTPUT FORMAT           | VALUE   | VALUE LA                  | ABEL   |
| N0J1F.                  | 0   | No                        |  |
|                         | 1   | Yes                       |  |
|                         |   |                           |  |
|                         |   | -2Don't kno               | WC   |
|                         | -1  | Denied                    |  |
|                         |   |                           |  |
| VARIABLENAME            | flgure3   |                           |  |
| VARIABLENLABELDisposals |   |                           | UESTION TEXT   |
|                         | Care di   |                           | NOTEPlease programme as a responsive item battery (verfue1, verfue3)   |
|                         |   |                           | stion text for the next item (verfue3) in grey font.   |
| OUTPUT FORMAT           | VALUI   | Ξ                         | VALUE LABEL  |
| N0J1F.                  | 0   |                           | No   |
|                         | 1   |                           | Yes  |
|                         |   |                           |  |
|                         |   |                           | -2Don't know   |
|                         | -1  |                           | Denied   |
|                         |   |                           |  |

# 12 Personality

| VARIABLENAME         | eikontr1  |  |  |
|----------------------|---|--|--|
| VARIABLENLABELExtern | . and intern. Control life: Having life in your own hands                     |  |  |
| QUESTION TEXT ZP     | People perceive the influence on their own lives very differently.            |  |  |
|                      | Please tell us l  | now well the following views apply to yourself.  |  |
|                      | Do you have t   | he feeling that you are in control of your own life?   |  |
| OUESTION TEXT BY     | -   | he feeling that you are in control of your own life?   |  |
| QUESTION TEXT PX     |   | ve the impact on their own lives very differently. Please tell us how ving views apply to Mr/Mrs [name ZP].  |  |
|                      |   |  |  |
|                      | Does Mr/Mrs   | name ZP] feel that he/she is in control of his/her own life?   |  |
| INTERVIEWER NOTE     | Please read out o   | answers, enter directly if necessary.  |  |
|                      |   | IG NOTEPlease programme as a responsive item battery (eikontr1 - eikontr4) in text as well as the interviewer's note from the second item onwards in grey                        |  |
| OUTPUT FORMAT        | VALUE   | VALUE LABEL  |  |
|                      | font.   | 7.302.2.322  |  |
| ZUTR4_2F.            |   | 1Does not apply at all   |  |
|                      | 2   | Rather not applicable  |  |
|                      | 3   | More likely to apply   |  |
|                      | 4   | Applies exactly  |  |
|                      |   |  |  |
|                      |   | -2Don't know   |  |
|                      | -1  | Denied   |  |
| VARIABLENAME         | eikontr2  |  |  |
| VARIABLENLABELExtern | . and intern. Co  | ontrol experience: Success through effort  |  |
| QUESTION TEXT ZP     | Do you feel th  | at if you put in the effort, you will succeed?   |  |
| QUESTION TEXT PX     | Does Mr/Mrs   | Does Mr/Mrs [name ZP] feel that if he/she tries hard, he/she will succeed?   |  |
|                      |   | PROGRAMMING NOTEPlease programme as a responsive item battery (eikontr1 - eikontr4) and the question text as well as the interviewer's note from the second item onwards in grey |  |
| OUTPUT FORMAT        | VALUE   | VALUE LABEL  |  |
|                      | font.   |  |  |
| ZUTR4_2F.            |   | 1Does not apply at all   |  |
|                      | 2   | Rather not applicable  |  |
|                      | 3   | More likely to apply   |  |
|                      | 4   | Applies exactly  |  |
|                      |   | -2Don't know   |  |
|                      | -1  | Denied   |  |
|                      | •   | ···- <del>v</del>  |  |
| VARIABLENAME         | eikontr3  |  |  |
| VARIABLENLABELExtern | . and intern. Co  | ontrol life: Life is determined by others  |  |
| QUESTION TEXT ZP     | Do you feel that your life is largely determined by others?                   |  |  |
| QUESTION TEXT PX     | Does Mr/Mrs [name ZP] feel that his/her life is largely determined by others? |  |  |
|                      |   |  |  |

|                      | is determined?   |   |
|----------------------|------------------|---|
|                      |                  | NG NOTEPlease programme as a responsive item battery (eikontr1 - eikontr4) on text as well as the interviewer's note from the second item onwards in grey |
| OUTPUT FORMAT        | VALUE            | VALUE LABEL   |
| ZUTR4_2F.            | 1                | Does not apply at all   |
|                      | 2                | Rather not applicable   |
|                      | 3                | More likely to apply  |
|                      | 4                | Applies exactly   |
|                      |                  |   |
|                      | -2               | Don't know  |
|                      | -1               | Denied  |
| VARIABLENAME         | eikontr4         |   |
| VARIABLENLABELExtern |                  | ontrol life: Plans thwarted by fate   |
| QUESTION TEXT ZP     |                  | at your plans are often thwarted by fate?   |
| QUESTION TEXT PX     | Does Mr/Mrs      | [name ZP] feel that his/her plans are often thwarted by fate?   |
|                      |                  | NG NOTEPlease programme as a responsive item battery (eikontr1 - eikontr4) on text as well as the interviewer's note from the second item onwards in grey |
| OUTPUT FORMAT        | VALUE            | VALUE LABEL   |
|                      | font.            |   |
| ZUTR4_2F.            |                  | 1Does not apply at all  |
|                      |                  | 2There is a tendency not to apply   |
|                      |                  | 3There is more to it  |
|                      | 4Applies exactly | <b>'</b>  |
|                      |                  |   |

-2Don't know

Denied

-1

## 14 Critical life events

| VADIADI ENIAME               |  |   |  |
|------------------------------|--|---|--|
| VARIABLENAME                 | krler1   | ADEL and due to life access Occasions   |  |
| OUESTION TEVT TO             |  | ABELoad due to life event: Spontaneous  |  |
| QUESTION TEXT ZP             | Surely there were also not so nice experiences in your life.  Were there any experiences or events in your life that still bother you today?                               |   |  |
| QUESTION TEXT PX             |  | were also not so nice experiences in Mr/Mrs [name ZP]'s life. Were periences or events in the life of Mr/Mrs [name ZP] that still bother y? |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL   |  |
| N0J1F.                       | 0  | No  |  |
|                              | 1  | Yes   |  |
|                              |  | -2Don't know  |  |
|                              | -1   | Denied  |  |
| VARIABLENAME                 | krler1_0   |   |  |
| VARIABLENLABEL Stress        | due to life ever   | nt: Spontaneous: Assignment WK2   |  |
| QUESTION TEXT ZP             | Which event st   | ill burdens you the most today?   |  |
| QUESTION TEXT PX             | Which event s  | till weighs most heavily on Mr/Mrs [name ZP] today?   |  |
| INTERVIEWER NOTE             | Assignment by interviewer! If it is unclear whether it is related to the Second World War, please ask explicitly whether it had something to do with the Second World War. |   |  |
| FILTER FEEDING               | CRACKER1 IN (1)  |   |  |
| NOTE FOR DATA<br>PREPARATION | New variable name.   |   |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL   |  |
| KRLERW2F.                    |  | 0Not related to World War 2   |  |
|                              | 1  | In connection with World War 2  |  |
| VARIABLENAME                 | krler1_1   |   |  |
|                              | _  | BELoad due to life event: Spontaneous:  |  |
| event WK2 INTERVIEWER        | NOTE Assignment  | by interviewer! Do not read out!  |  |
|                              | FILTER FEED I  | krler1 IN (1) AND krler1_0 IN (1)   |  |
|                              | PROGRAMMIN   | NG NOTEIf value IN (8) AND children1 IN (0), then alert   |  |
|                              | Standard text fo   | or alert: "Please check if this entry is correct".  |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL   |  |
| KRLER12F.                    |  | 1Physical threat, assault, injury or torture  |  |
|                              | 2  | Victim of rape  |  |
|                              | 3  | Captivity, hostage-taking or kidnapping   |  |
|                              | 4  | Bombing   |  |
|                              | 5  | Expulsion or flight   |  |
|                              | 6  | Death of the parents  |  |
|                              |  |   |  |

|                      | 7             | Death of siblings  |
|----------------------|---------------|--|
|                      | 8             | Death of a child   |
|                      | 9             | Death of the partner                                     |
|                      | 10            | Accident   |
|                      | 11            | Survived serious illness                                 |
|                      | 12            | Other: [open: krler1_1x]                                 |
|                      |               |  |
|                      |               | -2Don't know   |
|                      | -1            | Denied   |
| VARIABLENAME         | krler1_1x     |  |
|                      | VARIABLENL    | ABELoad of life event: Spontaneous: Event WK2: Other     |
| (open) QUESTION TEXT | Other event ( | open)  |
|                      | FILTER FEED   | D krler1 IN (1) AND krler1_0 IN (1) AND krler1_1 IN (12) |
| OUTPUT FORMAT        | VALUE         | VALUE LABEL  |
| \$1500.              |               | SpecificationOther event                                 |
|                      |               |  |
|                      |               | -2Don't know   |
|                      | -1            | Denied   |
|                      |               |  |

VARIABLENAME

krler1\_2

VARIABLENLABELoad due to life event: Spontaneous: Event

not WK2 INTERVIEWER NOTE. Assignment by interviewer! Do not read out!

FILTER FEED krler1 IN (1) AND krler1\_0 IN (0)

PROGRAMMING NOTEif value IN (3) AND children1 IN (0) OR (value IN (16) AND children1 IN (1), then alert Default text for alert: "Please check if this entry is correct."

| OUTPUT FORMAT | VALUE | VALUE LABEL                                 |
|---------------|-------|---|
| KRLER21F.     | 1     | Death of the parents                        |
|               | 2     | Death of siblings                           |
|               | 3     | Death of a child                            |
|               | 4     | Death of the partner                        |
|               | 5     | Death of a friend(s)                        |
|               | 6     | Accident                                    |
|               | 7     | Natural disasters                           |
|               | 8     | Survived serious illness                    |
|               | 9     | Persistent severe illness                   |
|               | 10    | War events                                  |
|               | 11    | Physical threat, assault, injury or torture |
|               | 12    | Victim of rape                              |
|               | 13    | Captivity, hostage-taking or kidnapping     |
|               | 14    | Terrorist attack                            |

|                       | 15   | Expulsion or flight   |
|-----------------------|--|---|
|                       | 16   | Childlessness   |
|                       | 17   | Marriage problems/ divorce  |
|                       | 18   | Discord with children/family  |
|                       | 19   | Disagreements with friends  |
|                       | 20   | Serious illness of relatives/ friends                               |
|                       | 21   | Other: [open: krler1_2x]  |
|                       |  | -2Don't know  |
|                       | -1   | Denied  |
| VARIABLENAME          | kulout 2x  |   |
| VARIADLENAIVIE        | krler1_2x  | I ADEL and of life quanti Countage out Front act MI/O: Other (anon) |
| OUESTION TEVT         |  | LABELoad of life event: Spontaneous: Event not WK2: Other (open)    |
| QUESTION TEXT         | Other event (  |   |
| OUTDUT FORMAT         |  | D krler1 IN (1) AND krler1_0 IN (0) AND krler1_2 IN (21)            |
| ©4500                 | VALUE  | VALUE LABEL   |
| \$1500.               |  | SpecificationOther event  |
|                       |  | OD and the same   |
|                       |  | -2Don't know  |
|                       | -1   | Denied  |
| VARIABLENAME          | Krler2   |   |
|                       | VARIABLEN  | LABELoad due to life event: Demand: WK2                             |
| QUESTION TEXT ZP      | Were there any experiences or events <u> in your life related to the 2nd World War? World War</u> that still bother you today? |   |
| QUESTION TEXT PX      | Were there any experiences or events <u>related to World War 2</u> in Mr/Mrs [name ZP]'s life that still bother him/her today? |   |
| FILTERFUL             | (krler1 IN (1) AND krler1_0 IN (0)) OR krler1 IN (0)   |   |
| OUTPUT FORMAT         | VALUE  | VALUE LABEL   |
|                       | 0  | No  |
| N0J1F.                | 1  | Yes   |
|                       |  |   |
|                       |  | -2Don't know  |
|                       | -1   | Denied  |
|                       |  |   |
| VARIABLENAME          | Krler2_1   |   |
| VARIABLENLABEL Stress | due to life eve  | ent: Demand: WK2 Event QUESTION TEXT                                |
| ZP                    | Which event s  | still burdens you the most today?                                   |
| QUESTION TEXT PX      |  | still weighs most heavily on Mr/Mrs [name ZP] today?                |
| INTERVIEWER NOTE      | Assignment by interviewer! Do not read out!  |   |
| FILTER FEED           | -  | AND krler1_0 IN (0)) OR krler1 IN (0)) AND krler2 IN (1)            |

0

No

PROGRAMMING NOTEIf value IN (8) AND children1 IN (0), then alert Standard text for alert: "Please check if this entry is correct".

| OUTPUT FORMAT    | VALUE          | VALUE LABEL   |
|------------------|----------------|---|
| KRLER12F.        | 1              | Physical threat, assault, injury or torture   |
|                  | 2              | Victim of rape  |
|                  | 3              | Captivity, hostage-taking or kidnapping   |
|                  | 4              | Bombing   |
|                  | 5              | Expulsion or flight   |
|                  | 6              | Death of the parents  |
|                  | 7              | Death of siblings   |
|                  | 8              | Death of a child  |
|                  | 9              | Death of the partner  |
|                  | 10             | Accident  |
|                  | 11             | Survived serious illness  |
|                  | 12             | Other: [open: krler2_1x]  |
|                  | -2             | Don't know  |
|                  | -1             | Denied  |
|                  |                |   |
| VARIABLENAME     | Krler2_1x      |   |
|                  | VARIABLEN      | ILABELoad of life event: Demand: WK2 Event: Other (open)  |
| QUESTION TEXT    | Other event    | (open)  |
| FILTER FEED      | ((krler1 IN (1 | I) AND krler1_0 IN (0)) OR krler1 IN (0)) AND krler2 IN (1) AND krler2_1 IN (12)  |
| OUTPUT FORMAT    | VALUE          | VALUE LABEL   |
| \$1500.          |                | SpecificationOther event  |
|                  |                | -2Don't know  |
|                  | -1             | Denied  |
|                  |                |   |
| VARIABLENAME     | Krler3         |   |
|                  | VARIABLEN      | ILABELoad due to life event: demand: outside WK2  |
| QUESTION TEXT ZP |                | ere any experiences or events in your life <u>outside the 2. ur</u> that still bother you today?                          |
| QUESTION TEXT PX |                | been any experiences or events in the life of Mr/Mrs [name ZP]?<br>ide the 2nd World War that still bother her/him today? |
|                  | FILTER FEE     | ED krler1 IN (1) AND krler1_0 IN (1)  |
|                  |                | MING NOTE This is only asked explicitly if load was previously specified, but d was spontaneously specified.              |
|                  |                | tary demand therefore only occurs when war experiences are spontaneously reported   |
| OUTPUT FORMAT    | VALUE          | VALUE LABEL   |
| N0J1F.           | 1              | Yes   |
|                  |                |   |

#### -2Don't know

-1 Denied

VARIABLENAME

Krler3\_1

VARIABLENLABEL Stress due to life event: Demand: outside WK2:

Event QUESTION TEXT ZP

Which event still burdens you the most today?

QUESTION TEXT PX

Which event still weighs most heavily on Mr/Mrs [name ZP] today?

INTERVIEWER NOTE

Assignment by interviewer! Do not read out!

FILTER GUIDE krler1 IN (1) AND krler1\_0 IN (1) AND krler3 IN (1)

PROGRAMMING NOTEif (value IN (3) AND children1 IN (0)) OR (value IN (16) AND

kinder1 IN (1)), then alert Default text for alert: "Please check if this input is correct."

| OUTPUT FORMAT | VALUE | VALUE LABEL                                 |
|---------------|-------|---|
| KRLER21F.     | 1     | Death of the parents                        |
|               | 2     | Death of siblings                           |
|               | 3     | Death of a child                            |
|               | 4     | Death of the partner                        |
|               | 5     | Death of a friend(s)                        |
|               | 6     | Accident                                    |
|               | 7     | Natural disasters                           |
|               | 8     | Survived serious illness                    |
|               | 9     | Persistent severe illness                   |
|               | 10    | War events                                  |
|               | 11    | Physical threat, assault, injury or torture |
|               | 12    | Victim of rape                              |
|               | 13    | Captivity, hostage-taking or kidnapping     |
|               | 14    | Terrorist attack                            |
|               | 15    | Expulsion or flight                         |
|               | 16    | Childlessness                               |
|               | 17    | Marriage problems/ divorce                  |
|               | 18    | Discord with children/family                |
|               | 19    | Disagreements with friends                  |
|               | 20    | Serious illness of relatives/ friends       |
|               | 21    | Other: [open: krler3_1x]                    |
|               |       |   |
|               | -2    | Don't know                                  |
|               | -1    | Denied                                      |
|               |       |   |

VARIABLENAME Krler3\_1x

VARIABLENLABELoad of life event: Demand: outside WK2: Event: Other (open)

QUESTION TEXT Other event (open)

| FILTER GUIDE krler1 IN (1) AND krler1_0 IN (1) AND krler3 IN (1) AND krler3_1 IN (21) |                   |                          |  |
|---|-------------------|--------------------------|--|
| OUTPUT FORMAT   | VALUE VALUE LABEL |                          |  |
| \$1500.   |                   | SpecificationOther event |  |
|   |                   |                          |  |
|   |                   | -2Don't know             |  |
|   | -1                | Denied                   |  |

### Intermediate screen

**VARIABLENAME** 

VARIABLE LABEL Intermediate screen 4

QUESTION TEXT

No matter how well you get on with your <strong>family, friends, neighbours or even

carers</strong>, it can be difficult to get along with them.

There are always minor or major disputes or differences of opinion that have

emotional consequences.

FILTER GUIDE interviewee IN (1)

VARIABLENAME ipaus1

VARIABLENLABELInterpers . Ausei. a. emot. Conseq.: become louder

QUESTION TEXT ZP In the following, we are interested in how often in the last <strong>12

months</strong> you were involved in disputes with people you know, who

have given you

<strong>close to or have frequent contact with</strong> have experienced the

following feelings.

How often have you experienced that someone

... has become louder towards you, making you feel annoyed or insecure?

INTERVIEWER NOTE

Please read out answers, enter directly if necessary.

**FILTER** 

GUIDE interviewee IN (1)

PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
|               | font. |              |
| HAUF5_2F.     | 1     | Never        |
|               | 2     | Rare         |
|               | 3     | Sometimes    |
|               | 4     | Frequently   |
|               |       | 5Very often  |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

VARIABLENAME ipaus2

VARIABLENLABELInterpers . Abus. a. emot. Conseq.: abusive

QUESTION TEXT ZP ... became abusive towards you, so that you were annoyed or made insecure at that

moment?

FILTER GUIDE interviewee IN (1)

PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
|               | font. |             |
| HAUF5_2F.     | 1     | Never       |
|               | 2     | Rare        |
|               | 3     | Sometimes   |

|                         | 4   | Frequently                                 |  |
|-------------------------|---|--|--|
|                         | 5   | Very often                                 |  |
|                         |   |  |  |
|                         |   | -2Don't know                               |  |
|                         | -1  | Denied                                     |  |
| VARIABLENAME            | inaus2  |  |  |
| VARIABLENLABELInterpers | ipaus3 . Ausei. a. emot. Conseq.: talked about weaknesses   |  |  |
| QUESTION TEXT ZP        | talked about your weaknesses or impairments in front of you or other people   |  |  |
| QOLOTION TEXT 2         | so that it made you uncomfortable?  |  |  |
|                         | FILTER FURTHER interviewer IN (1)   |  |  |
|                         | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font. |  |  |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL                                |  |
| HAUF5_2F.               | 1   | Never                                      |  |
|                         | 2   | Rare                                       |  |
|                         | 3   | Sometimes                                  |  |
|                         | 4   | Frequently                                 |  |
|                         | 5   | Very often                                 |  |
|                         |   |  |  |
|                         | -2  | Don't know                                 |  |
|                         | -1  | Denied                                     |  |
| VARIABLENAME            | ipaus4  |  |  |
| VARIABLENLABELInterpers | -   | a. emot. Conseq.: blame given for an event |  |
| QUESTION TEXT ZP        | blamed you for an event or life circumstance so that you felt bad or were upset?  |  |  |
| FILTER                  |   |  |  |
| TILTLIC                 | GUIDE interviewee IN (1)  PROGRAMMING NOTEPlease programme as a responsive item battery (inaus1 - inaus15)  |  |  |
|                         | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font. |  |  |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL                                |  |
| HAUF5_2F.               | 1   | Never                                      |  |
|                         | 2   | Rare                                       |  |
|                         | 3   | Sometimes                                  |  |
|                         | 4   | Frequently                                 |  |
|                         | 5   | Very often                                 |  |
|                         |   |  |  |
|                         | -2  | Don't know                                 |  |
|                         | -1  | Denied                                     |  |
| VARIABLENAME            | ipaus5  |  |  |
| VARIABLENLABELInterpers | . Ausei. a. emot. Conseq.: Opinion overridden   |  |  |
| QUESTION TEXT ZP        | ignored your opinion so that you did not feel taken seriously?  |  |  |
| QUESTIONTEXT            | in Buotes your opinion so that you aid not leet taken seriously:  |  |  |

| FILTER                  | GUIDE interviewe  | ee IN (1)   |
|-------------------------|---|---|
|                         | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font. |   |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL   |
| HAUF5_2F.               | 5   | Very often  |
|                         | 4   | Frequently  |
|                         | 3   | Sometimes   |
|                         | 2   | Rare  |
|                         | 1   | Never   |
|                         | -2  | Don't know  |
|                         | -1  | Denied  |
| VARIABLENAME            | ipaus6  |   |
| VARIABLENLABELInterpers | •   | onseq.: to waive wish or right  |
| QUESTION TEXT ZP        |   | e up your wish or right, so that you felt patronised at that moment?        |
| FILTER                  | GUIDE interviewee IN (1)  |   |
|                         | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15)  |   |
|                         |   | text as well as the interviewer's note from the second item onwards in grey |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL   |
| HAUF5_2F.               | 1   | Never   |
|                         | 2   | Rare  |
|                         | 3   | Sometimes   |
|                         | 4   | Frequently  |
|                         | 5   | Very often  |
|                         | -2  | Don't know  |
|                         | -1  | Denied  |
| VARIABLE ENIANE         |   |   |
| VARIABLENAME            | ipaus7  |   |
| VARIABLENLABELInterpers | . Ausei. a. emot. Conseq.: no support given   |   |
| QUESTION TEXT ZP        | did not give you support in a situation where this was necessary, so that you felt helpless?  |   |
| INTERVIEWER'S NOTE      | Only give these examples when asked: e.g. going to the toilet, washing, getting dressed.  |   |
| FILTER                  | GUIDE interviewee IN (1)  |   |
| PROGRAMMING NOTE        | For ipaus7, show the additional interviewer's note ("Only give these examples if asked: e.g. going to the toilet, washing, getting dressed") in black letters.                      |   |
|                         | Please programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font.                 |   |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL   |
| HAUF5_2F.               | 1   | Never   |
|                         | 2   | Rare  |
|                         | 3   | Sometimes   |
|                         | 4   | Frequently  |

**FILTER** 

|                         | 5   | Very often   |
|-------------------------|---|--|
|                         |   | -2Don't know   |
|                         | -1  | Denied   |
|                         |   |  |
| VARIABLENAME            | ipaus8  |  |
| VARIABLENLABELInterpers | . Ausei. a. emot. Conseq.: no time spent  |  |
| QUESTION TEXT ZP        | did not devote time to you, so that you felt unwanted or neglected?   |  |
| FILTER                  | GUIDE interviewee IN (1)  |  |
|                         | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font. |  |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL  |
| HAUF5_2F.               | 1   | Never  |
|                         | 2   | Rare   |
|                         | 3   | Sometimes  |
|                         | 4   | Frequently   |
|                         | 5   | Very often   |
|                         |   |  |
|                         | -2  | Don't know   |
|                         | -1  | Denied   |
| VARIABLENAME            | ipaus9  |  |
| VARIABLENLABELInterpe   | rs . Exei. a. emo   | t. Conseq.: shared assets or possessions for own purposes QUESTION |
| TEXT ZP                 | shared your assets or possessions for your own purposes, so that you felt exploited?  |  |
| FILTER                  | GUIDE interviewe  | ee IN (1)  |
|                         | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font. |  |
| OUTPUT FORMAT           | VALUE   | VALUE LABEL  |
|                         |   |  |
| HAUF5_2F.               | 1   | Never  |
| HAUF5_2F.               | 1 2   | Never<br>Rare  |
| HAUF5_2F.               |   |  |
| HAUF5_2F.               | 2   | Rare   |
| HAUF5_2F.               | 2 3   | Rare<br>Sometimes  |
| HAUF5_2F.               | 2<br>3<br>4   | Rare Sometimes Frequently  |
| HAUF5_2F.               | 2<br>3<br>4   | Rare Sometimes Frequently  |
| HAUF5_2F.               | 2<br>3<br>4<br>5  | Rare Sometimes Frequently Very often                               |
|                         | 2<br>3<br>4<br>5  | Rare Sometimes Frequently Very often  Don't know                   |
| VARIABLENAME            | 2<br>3<br>4<br>5<br>-2<br>-1<br>ipaus10   | Rare Sometimes Frequently Very often  Don't know Denied            |
|                         | 2 3 4 5 -2 -1 ipaus10 . Ausei. a. emot.   | Rare Sometimes Frequently Very often  Don't know                   |

GUIDE interviewee IN (1)

PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font.

| OUTPUT FORMAT    | VALUE   | VALUE LABEL  |
|------------------|---|--|
| HAUF5_2F.        | 1   | Never  |
|                  | 2   | Rare   |
|                  | 3   | Sometimes  |
|                  | 4   | Frequently   |
|                  | 5   | Very often   |
|                  |   |  |
|                  | -2  | Don't know   |
|                  | -1  | Denied   |
| VARIABLENAME     | ipaus11   |  |
| VARIABLE LABEL   | Interpers. Au   | sei. a. emot. Conseq.: touched firmly or roughly   |
| QUESTION TEXT ZP | touched yo  | u firmly or roughly so that it was unpleasant? FILTER  |
| FEED             | interviewee IN (1)  |  |
|                  | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font. |  |
| OUTPUT FORMAT    | VALUE VALUE LABEL   |  |
| HAUF5_2F.        | 1   | Never  |
|                  | 2   | Rare   |
|                  | 3   | Sometimes  |
|                  | 4   | Frequently   |
|                  | 5   | Very often   |
|                  |   |  |
|                  | -2  | Don't know   |
|                  | -1  | Denied   |
| VARIABLENAME     | ipaus12   |  |
| VARIABLE LABEL   | Interpers. Ausei. u. emot. Conseq.: physically rude or inconsiderate QUESTION   |  |
| TEXT ZP          | has been physically rough or inconsiderate with you, so that it has been  |  |
| FILTER           | was unpleasant? GUIDE interviewee IN (1)  |  |
|                  | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15)  |  |
|                  | and the question text as well as the interviewer's note from the second item onwards in grey  |  |
| OUTPUT FORMAT    | VALUE VALU  | JE LABEL   |
|                  | font.   |  |
| HAUF5_2F.        | 1 Never   | r  |
|                  | 2 Rare  | the control of the co |
|                  |   | etimes   |
|                  | 4 Frequ   | •  |
|                  | 5 Very  | onen   |

|                            | -1 Denied   |
|----------------------------|---|
|                            |   |
| VARIABLENAME               | ipaus13   |
| VARIABLENLABELInterpers    | . Ausei. a. emot. Conseq.: restricted freedom of movement   |
| QUESTION TEXT ZP           | restricted you in your freedom of movement so that it made you frustrated or angry?   |
| INTERVIEWER'S NOTE         | Only give these examples when asked: e.g. by tying them down, raising the edge of the bed, or being locked in a room, flat, house.  |
| FILTER RUN until<br>8.7.21 | respondent IN (1) AND pspgr1 IN (1,2) respondent IN (1) AND   |
| FILTER FEED as of 9.7.21   | pspgr1 IN (1,2,3,4,5)   |
| PROGRAMMING NOTE For       | ipaus13, please add an additional interviewer's note ("Only give these examples if asked: e.g. by being tied down, raising the edge of the bed, or being locked in a room, flat, house") in black font. |
|                            | Please programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font.                                     |

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
| HAUF5_2F.     | 1     | Never        |
|               | 2     | Rare         |
|               | 3     | Sometimes    |
|               | 4     | Frequently   |
|               | 5     | Very often   |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |
|               |       |              |

|                            | -1 Denied   |
|----------------------------|---|
|                            |   |
| VARIABLENAME               | ipaus14   |
| VARIABLENLABELInterpers    | . Ausei. a. emot. Conseq.: medication given without agreement   |
| QUESTION TEXT ZP           | given you pills or medication that made you tired without your consent?   |
| FILTER RUN until<br>8.7.21 | respondent IN (1) AND pspgr1 IN (1,2) respondent IN (1) AND   |
| FILTER FEED as of 9.7.21   | pspgr1 IN (1,2,3,4,5)   |
|                            | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey |

| OUTPUT FORMAT | VALUE | VALUE LABEL  |
|---------------|-------|--------------|
|               | font. |              |
| HAUF5_2F.     | 1     | Never        |
|               | 2     | Rare         |
|               | 3     | Sometimes    |
|               | 4     | Frequently   |
|               | 5     | Very often   |
|               |       |              |
|               |       | -2Don't know |
|               | -1    | Denied       |

| VARIABLENAME            | ipaus15   |
|-------------------------|---|
| VARIABLENLABELInterpers | . Ausei. a. emot. Conseq.: offensive behaviour  |
| QUESTION TEXT ZP        | behaved offensively towards you in a way that embarrassed or disturbed you?   |
| FILTER                  | GUIDE interviewee IN (1)  |
|                         | PROGRAMMING NOTEPlease programme as a responsive item battery (ipaus1 - ipaus15) and the question text as well as the interviewer's note from the second item onwards in grey font. |

| OUTPUT FORMAT | VALUE | VALUE LABEL |
|---------------|-------|-------------|
| HAUF5_2F.     | 1     | Never       |
|               | 2     | Rare        |
|               | 3     | Sometimes   |
|               | 4     | Frequently  |
|               | 5     | Very often  |
|               |       |             |
|               | -2    | Don't know  |
|               | -1    | Denied      |

# 15 Biography Intermediate

#### Screen

| VARIABLENAME                      | Screen5                      |  |
|-----------------------------------|------------------------------|--|
| VARIABLE LABEL                    | Intermediate sc              | reen 5   |
| QUESTION TEXT ZP                  | Finally, we are your life.   | e interested in your biography and some selected situations in                                   |
| QUESTION TEXT PX                  | Now we are in<br>Mr/Mrs [nam | nterested in the biography and some selected situations in the life of e ZP].                    |
| VADIADI ENAME                     | DARFNITC                     |  |
| VARIABLENAME                      | PARENTS                      |  |
| VARIABLE LABEL  QUESTION TEXT ZP  | =                            | ack to your childhood up to the age of 16: Who did you up with during this time?                 |
| QUESTION TEXT PX                  | If you think ba              | ck to the childhood of Mr/Mrs [name ZP] until the age of 16:                                     |
|                                   | -                            | id Mr/Woman [name ZP] mainly grow up until he/she was 16 years old?                              |
| INTERVIEWER NOTE                  |                              | answers, enter directly if necessary.<br>her also means stepfather and foster father and mother. |
| OUTPUT FORMAT                     | VALUE                        | VALUE LABEL  |
| KINDH4F.                          |                              | 1With father and mother  |
|                                   | 2                            | Only with the father   |
|                                   | 3                            | Only with the mother   |
|                                   | 4                            | For other persons  |
|                                   |                              | -2Don't know   |
|                                   | -1                           | Denied   |
| VARIABLENAME                      | sozelt0_1                    |  |
| VARIABLENLABELSoc                 | . position Parer             | nts: Father: deceased  |
| QUESTION TEXT                     | Is the father o              | f Mr/Mrs [name ZP] already deceased?   |
| FILTER                            | GUIDE interviev              | wee IN (2)   |
| OUTPUT FORMAT                     | VALUE                        | VALUE LABEL  |
| N0J1F                             | 0                            | No   |
|                                   | 1                            | Yes  |
|                                   |                              |  |
|                                   |                              | -2Don't know   |
|                                   |                              |  |
|                                   | -1                           | Denied   |
|                                   |                              | Denied   |
| VARIABLENAME<br>VARIABLENLABELSoc | sozelt1                      | Denied s: Father: Gainful employment   |

| QUESTION TEXT ZP       | Was vour fathe  | er gainfully employed at the time when you were 15 years old?                                     |  |
|------------------------|---|---|--|
| QUESTION TEXT PX       | Was Mr/Mrs [name ZP]'s father gainfully employed at the time when Mr/Mrs [name ZP] was 15 years old?    |   |  |
| INTERVIEWER NOTE       | Please read out answers, enter directly if necessary.   |   |  |
| FILTER FEED ZP         | parents IN (1,2)  |   |  |
| FILTER FEED PX         | sozelt0_1 IN (1)  |   |  |
| OUTPUT FORMAT          | VALUE   | VALUE LABEL   |  |
| VOCATION5F.            | 1   | Was gainfully employed  |  |
|                        | 2   | unemployed  |  |
|                        | 3   | Pensioner / Retired   |  |
|                        | 4   | Housewife/ Househusband   |  |
|                        | 5   | not gainfully employed for other reasons (military service, in war/imprisonment, in training)     |  |
|                        | -2  | Don't know  |  |
|                        | -1  | Denied  |  |
| VADIADI ENAME          |   |   |  |
| VARIABLENAME           | _   | sozelt1_1   |  |
| VARIABLENLABELSoc      |   | s: Father: occupational status  |  |
| QUESTION TEXT ZP       | -   | sional position was your father working at the time when you were 15 years old                    |  |
| QUESTION TEXT PX       |   | ssional position was Mr/Mrs [name ZP]'s father working at the time<br>[name ZP] was 15 years old? |  |
| INTERVIEWER NOTE       | Please read out answers, enter directly if necessary.  PGH = Production cooperative of the craft sector |   |  |
| FILTER GUIDE ZP        | parents IN (1,2)  | ) AND sozelt1 IN (1)  |  |
| FILTER GUIDE PX        | sozelt0_1IN (1)   | AND sozelt1 IN (1)  |  |
| OUTPUT FORMAT          | VALUE   | VALUE LABEL   |  |
| VOCATION7F.            | 10  | Self-employed farmers or cooperative farmers  |  |
|                        | 20  | Academic in independent profession (doctors, lawyers, tax consultants, etc.) and have/had         |  |
|                        | 25  | Assisting family members  |  |
|                        | 30  | Self-employed, Ich-AG or PGH member and have/had  |  |
|                        | 40  | Civil servants, judges, professional soldiers, namely   |  |
|                        | 50  | Employees, namely   |  |
|                        | 60  | Workers, namely   |  |
|                        | -2  | Don't know  |  |
|                        | -1  | Denied  |  |
| VARIABLENAME           | sozol+1 2   |   |  |
| VARIABLE LABEL         | sozelt1_2 Parents' soc. s   | tatus: Father: occupational status - more   |  |
| specific QUESTION TEXT |   | more specific?  |  |
| ·                      | -   |   |  |
| QUESTION TEXT PX       | Can you be mo   | re specific?  |  |

| INTERVIEWER NOTE | Please read out answers, enter directly if necessary.  PGH = Production cooperative of the craft sector |
|------------------|---|
| FILTER GUIDE ZP  | parents IN (1,2) AND sozelt1 IN (1) AND sozelt1_1 IN (10,20,30,40,50,60)                                |
| FILTER GUIDE PX  | sozelt0_1 IN (1) AND sozelt1 IN (1) AND sozelt1_1 IN (10,20,30,40,50,60)                                |
|                  | PROGRAMMING NOTEPlease implement technically in such a way that e.g. with 10 only the block             |
|                  |   |

|                         | PROGRAMMING NOTEPlease implement technically in such a way that e.g. with 10 only the bloom of t |   |  |
|-------------------------|--|---|--|
| of 10 is displayed etc. | VALUE  | VALUE LABEL   |  |
| BERUFSUB                | VALUE  | VALUE LABEL   |  |
| 521101 005              | 11   | - Self-employed farmers: with a utilised agricultural area of less than 10ha  |  |
|                         | 12   | - Self-employed farmers: with a utilised agricultural area of 10ha and more   |  |
|                         | 13   | - Self-employed farmers: Cooperative farmers (formerly LPG)   |  |
|                         | 21   | - Academics in independent profession: no other employees   |  |
|                         | 22   | - Academics in independent profession: 1 to 4 employees   |  |
|                         | 23   | - Academics in independent profession: 5 and more employees   |  |
|                         | 31   | - Self-employed, Ich-AG or PGH member: no other employees   |  |
|                         | 32   | - Self-employed, Ich-AG or PGH member: 1 to 5 employees   |  |
|                         | 33   | - Self-employed, Ich-AG or PGH member: 5 and more employees   |  |
|                         | 34   | - Self-employed, Ich-AG or PGH member: PGH member   |  |
|                         | 41   | - Civil servants, judges, professional soldiers: in the ordinary service or in a comparable career bracket  |  |
|                         | 42   | <ul> <li>Civil servants, judges, professional soldiers: in the<br/>intermediate service or in a comparable career bracket</li> </ul>  |  |
|                         | 43   | <ul> <li>Civil servants, judges, professional soldiers: in the higher<br/>service or in a comparable career bracket</li> </ul>  |  |
|                         | 44   | - Civil servants, judges, professional soldiers: in the higher service or in a comparable career bracket  |  |
|                         | 51   | - Salaried employees: with executive activity according to general instructions (e.g. salesperson, data typist, secretarial assistants, care assistants).   |  |
|                         | 52   | - Salaried employees: with qualified work that is done according to instructions (e.g. clerk, accountant, technical draughtsman).   |  |
|                         | 53   | <ul> <li>Salaried employees: with independent performance in a responsible<br/>position or with specialist responsibility for personnel (e.g. scientific<br/>staff, authorised signatories, heads of department or master craftsmen<br/>in salaried employment).</li> </ul> |  |
|                         | 54   | <ul> <li>Employees: with comprehensive management tasks and decision-<br/>making powers (e.g. directors, managing directors, members of the<br/>board of directors).</li> </ul>   |  |
|                         | 61   | - Worker: unskilled   |  |
|                         | 62   | - Worker: semi-skilled  |  |
|                         | 63   | - Worker: Skilled worker  |  |

|                    | 64                       | - Workers: foreman, column leader   |  |  |
|--------------------|--------------------------|---|--|--|
|                    | 65                       | - Workers: foreman, foreman, brigadier  |  |  |
|                    |                          | -2Don't know  |  |  |
|                    | -1                       | Denied  |  |  |
| VARIABLENAME       | sozelt0_2                |   |  |  |
| VARIABLENLABELSoc  | . status Parer           | nts: Mother: deceased   |  |  |
| QUESTION TEXT      | Is the mothe             | r of Mr/Mrs [name ZP] already deceased?   |  |  |
| FILTER             | GUIDE interv             | riewee IN (2)   |  |  |
| OUTPUT FORMAT      | VALUE                    | VALUE LABEL   |  |  |
| N0J1F.             | 0                        | No  |  |  |
|                    | 1                        | Yes   |  |  |
|                    | -2                       | Don't know  |  |  |
|                    | -1                       | Denied  |  |  |
|                    |                          |   |  |  |
| VARIABLENAME       | sozelt2                  |   |  |  |
| VARIABLENLABELSoc  | . status Parer           | . status Parents: Mother: Gainful employment  |  |  |
| QUESTION TEXT ZP   | Was your mo              | Was your mother gainfully employed at the time when you were 15 years old?                    |  |  |
| QUESTION TEXT PX   | Was Mr/Mrs<br>years old? | s [name ZP]'s mother gainfully employed at the time when he/she was 15                        |  |  |
| INTERVIEWER NOTE   | Please read ou           | Please read out answers, enter directly if necessary.   |  |  |
| FILTER GUIDE ZP    | parents IN (3)           | n)  |  |  |
| FILTER GUIDE PX    | sozelt0_2 IN             | (1)   |  |  |
| OUTPUT FORMAT      | VALUE                    | VALUE LABEL   |  |  |
| VOCATION5F.        | 1                        | Was gainfully employed  |  |  |
|                    | 2                        | unemployed  |  |  |
|                    | 3                        | Pensioner/Pensioner   |  |  |
|                    | 4                        | Housewife/Househusband  |  |  |
|                    | 5                        | not gainfully employed for other reasons (military service, in war/imprisonment, in training) |  |  |
|                    | -2                       | Don't know  |  |  |
|                    | -1                       | Denied  |  |  |
| VARIABLENAME       | sozelt2_1                |   |  |  |
| VARIABLENLABELSoc  |                          | nts: Mother: occupational status  |  |  |
| QUESTION TEXT ZP   |                          | our mother's professional position at the time when you were 15 years old?                    |  |  |
| QUESTION TEXT PX   |                          | essional position was Mr/Mrs [name ZP]'s mother working at the time when                      |  |  |
| INTERVIEWER'S NOTE |                          | at answers, enter directly if necessary.<br>ction cooperative of the craft sector             |  |  |
| INTERVIEWER'S NOTE |                          |   |  |  |

| FILTER GUIDE ZP        | parents IN (3)   | ) AND sozelt2 IN (1)   |  |  |
|------------------------|--|--|--|--|
| FILTER GUIDE PX        | sozelt0_2 IN (1) AND sozelt2 IN (1)                                      |  |  |  |
| OUTPUT FORMAT          | VALUE  | VALUE LABEL  |  |  |
| VOCATION7F.            | 10   | Self-employed farmers or cooperative farmers   |  |  |
|                        | 20   | Academic in independent profession (doctors, lawyers, tax consultants, etc.) and have/had  |  |  |
|                        | 25   | Assisting family members   |  |  |
|                        | 30   | Self-employed, Ich-AG or PGH member and have/had   |  |  |
|                        | 40   | Civil servants, judges, professional soldiers, namely  |  |  |
|                        | 50   | Employees, namely  |  |  |
|                        | 60   | Workers, namely  |  |  |
|                        | -2   | Don't know   |  |  |
|                        | -1   | Denied   |  |  |
| VARIABLENAME           | sozelt2_2  |  |  |  |
| VARIABLE LABEL         | _  | status: Mother: occupational status - more   |  |  |
| specific QUESTION TEXT | Can you be m   | ore specific?  |  |  |
| INTERVIEWER NOTE       | Please read o  | ut answers, enter them directly if necessary, point out the relevant area to the ut the relevant categories!                     |  |  |
|                        | PGH = Produc   | ction cooperative of the craft sector  |  |  |
| FILTER FEED            | ZParents IN (  | 3) AND sozelt2 IN (1) AND sozelt2_1 IN (10,20,30,40,50,60)   |  |  |
| FILTER GUIDE PX        | sozelt0_2 IN (1) AND sozelt2 IN (1) AND sozelt2_1 IN (10,20,30,40,50,60) |  |  |  |
| PROGRAMMING NOTE       | technically so that e.g. with 10 only the block of 10 is displayed etc.  |  |  |  |
| OUTPUT FORMAT          | VALUE  | VALUE LABEL  |  |  |
| BERUFSUB               |  |  |  |  |
|                        | 11   | <ul> <li>Self-employed farmers: with a utilised agricultural area of less than</li> <li>10ha</li> </ul>                          |  |  |
|                        | 12   | - Self-employed farmers: with a utilised agricultural area of 10ha and more  |  |  |
|                        | 13   | - Self-employed farmers: Cooperative farmers (formerly LPG)  |  |  |
|                        | 21   | - Academics in independent profession: no other employees  |  |  |
|                        | 22   | - Academics in independent profession: 1 to 4 employees  |  |  |
|                        | 23   | - Academics in independent profession: 5 and more employees  |  |  |
|                        | 31   | - Self-employed, Ich-AG or PGH member: no other employees  |  |  |
|                        | 32   | - Self-employed, Ich-AG or PGH member: 1 to 5 employees  |  |  |
|                        | 33   | - Self-employed, Ich-AG or PGH member: 5 and more employees  |  |  |
|                        | 34   | - Self-employed, Ich-AG or PGH member: PGH member  |  |  |
|                        | 41   | <ul> <li>Civil servants, judges, professional soldiers: in the ordinary<br/>service or in a comparable career bracket</li> </ul> |  |  |

|                  | 42   | - Civil servants, judges, professional soldiers: in the intermediate service or in a comparable category   |
|------------------|--|--|
|                  | 43   | <ul> <li>Civil servants, judges, professional soldiers: in the higher<br/>service or in a comparable career bracket</li> </ul>   |
|                  | 44   | - Civil servants, judges, professional soldiers: in the higher service or in a comparable career bracket   |
|                  | 51   | - Salaried employees: with executive activity according to general instructions (e.g. salesperson, data typist, secretarial assistants, care assistants).  |
|                  | 52   | <ul> <li>Salaried employees: with qualified work that is done according to<br/>instructions (e.g. clerk, accountant, technical draughtsman).</li> </ul>  |
|                  | 53   | <ul> <li>Salaried employees: with independent performance in a responsible<br/>position or with specialist responsibility for personnel (e.g. scientific staff<br/>authorised signatories, heads of department or master craftsmen in<br/>salaried employment).</li> </ul> |
|                  | 54   | 54 - Salaried employees: with comprehensive management tasks and decision-making powers (e.g. directors, managing directors, members of the board of directors).   |
|                  | 61   | - Worker: unskilled  |
|                  | 62   | - Worker: semi-skilled   |
|                  | 63   | - Worker: Skilled worker   |
|                  | 64   | - Workers: foreman, column leader  |
|                  | 65   | - Workers: foreman, foreman, brigadier   |
|                  |  | -2Don't know   |
|                  | -1   | Denied   |
| VARIABLENAME     | geschw   |  |
| VARIABLE LABEL   | Sibling Quan   | ntity  |
| QUESTION TEXT ZP | How many brothers and sisters do you have? I also mean step-siblings, half-siblings and foster siblings or siblings who have already died. |  |
| QUESTION TEXT PX |  | orothers and sisters does Mr/Mrs [name ZP] have?<br>step-siblings, half-siblings and foster siblings or siblings who have<br>d.  |
| OUTPUT FORMAT    | VALUE  | VALUE LABEL  |
| BEST8.           | (0 - 20)   | Number of siblings   |
|                  | -1   | Denied   |
|                  |  | -2Don't know   |

#### Intermediate screen

| VARIABLENAME        | Screen6  |  |  |
|---------------------|--|--|--|
| VARIABLE LABEL      | Intermediate screen 6  |  |  |
| QUESTION TEXT PX    | In addition to information about Mr/Mrs [name ZP], we would finally like to know something about yourself.                       |  |  |
| VARIABLENAME        | anomiep1   |  |  |
| VARIABLENLABELProxy | : Anomie: soc  | cial way of life   |  |
| QUESTION TEXT       | Do you yourself feel that you are getting worse and worse at coping with today's social way of life?                             |  |  |
| INTERVIEWER NOTE    | Please read ou   | at answers, enter directly if necessary.   |  |
| FILTER              | GUIDE interv   | iewee IN (2)   |  |
| OUTPUT FORMAT       | VALUE  | VALUE LABEL  |  |
| ZUTR4_1F.           |  | 1Does not apply  |  |
|                     | 2  | Rather not applicable  |  |
|                     | 3  | More likely to apply   |  |
|                     | 4  | Applies  |  |
|                     |  | -2Don't know   |  |
|                     | -1   | Denied   |  |
| VARIABLENAME        | anomiep2   |  |  |
| VARIABLENLABELProxy | : Anomie: val  | ues  |  |
| QUESTION TEXT       |  | self have the feeling that your own values fit less and less with the day's society? |  |
| INTERVIEWER NOTE    | Please read out answers, enter directly if necessary.  |  |  |
| FILTER              | GUIDE interviewee IN (2)   |  |  |
| OUTPUT FORMAT       | VALUE  | VALUE LABEL  |  |
| ZUTR4_1F.           |  | 1Does not apply  |  |
|                     | 2  | Rather not applicable  |  |
|                     | 3  | More likely to apply   |  |
|                     | 4  | Applies  |  |
|                     |  | -2Don't know   |  |
|                     | -1   | Denied   |  |
| VARIABLENAME        | anomiep3   |  |  |
| VARIABLENLABELProxy | : Anomie: Ori  | entation   |  |
| QUESTION TEXT       | Do you yourself have the feeling that today's society is changing so quickly that you no longer know what to orient yourself to? |  |  |
| INTERVIEWER NOTE    | Please read out answers, enter directly if necessary.  |  |  |

| FILTER              | GUIDE interviewee IN (2)             |   |  |
|---------------------|--------------------------------------|---|--|
| OUTPUT FORMAT       | VALUE                                | VALUE LABEL   |  |
| ZUTR4_1F.           |                                      | 1Does not apply   |  |
|                     | 2                                    | Rather not applicable   |  |
|                     | 3                                    | More likely to apply  |  |
|                     | 4                                    | Applies   |  |
|                     |                                      | •   |  |
|                     |                                      | -2Don't know  |  |
|                     | -1                                   | Denied  |  |
|                     | _                                    |   |  |
| VARIABLENAME        | value sap1                           |   |  |
| VARIABLENLABELProxy |                                      | by others: ZP as support in life  |  |
| QUESTION TEXT       |                                      | ience Mr/Mrs [name ZP] as a support in your life?                       |  |
| INTERVIEWER NOTE    |                                      | t answers, enter directly if necessary.                                 |  |
| FILTER              | GUIDE intervi                        |   |  |
| OUTPUT FORMAT       | VALUE                                | VALUE LABEL   |  |
| ZUTR4_3F.           | 1                                    | Does not apply  |  |
|                     | 2                                    | Rather not applicable   |  |
|                     | 3                                    | More likely to apply  |  |
|                     | 4                                    | Applies exactly   |  |
|                     | _                                    |   |  |
|                     | -2                                   | Don't know  |  |
|                     | -1                                   | Denied  |  |
| VARIABLENAME        | value sap2                           |   |  |
| VARIABLENLABELProxy | : Value by Oth                       | ners: Appreciate ZP for services  |  |
| QUESTION TEXT       | Do you appre<br>life?                | ciate Mr/Mrs [name ZP] for what he/she has done and achieved in his/her |  |
| INTERVIEWER NOTE    | Please read out                      | t answers, enter directly if necessary.                                 |  |
| FILTER              | GUIDE intervi                        | ewee IN (2)   |  |
| OUTPUT FORMAT       | VALUE                                | VALUE LABEL   |  |
| ZUTR4_3F.           | 1                                    | Does not apply  |  |
|                     | 2                                    | Rather not applicable   |  |
|                     | 3                                    | More likely to apply  |  |
|                     | 4                                    | Applies exactly   |  |
|                     |                                      |   |  |
|                     | -2                                   | Don't know  |  |
|                     | -1                                   | Denied  |  |
|                     |                                      |   |  |
| VARIABLENAME        | value sap3                           |   |  |
| VARIABLENLABELProxy | -                                    | I by others: ZP as load   |  |
|                     | . Value added by officie. Zi de lodd |   |  |

| QUESTION TEXT                                | Dealing with e.g. physically impaired people can be experienced as stressful. Is your behaviour towards Mr/Mrs [name ZP] affected by this? |   |  |
|--|--|---|--|
| INTERVIEWER NOTE                             | Please read out answers, enter directly if necessary.  |   |  |
| FILTER                                       | GUIDE interviewee IN (2)   |   |  |
| OUTPUT FORMAT                                | VALUE  | VALUE LABEL   |  |
| ZUTR4_3F.                                    | 1  | Does not apply  |  |
|  | 2  | Rather not applicable   |  |
|  | 3  | More likely to apply  |  |
|  | 4  | Applies exactly   |  |
|  | -2   | Don't know  |  |
|  | -1   | Denied  |  |
| VARIABLENAME                                 | value sap4   |   |  |
| VARIABLENLABELProxy                          | -  | hers: Value ZP more than before   |  |
| QUESTION TEXT                                | -  | ciate and respect Mr/Mrs [name ZP] more today than in the past?                       |  |
| INTERVIEWER NOTE                             |  | answers, enter directly if necessary.   |  |
| FILTER                                       | GUIDE intervie   |   |  |
| OUTPUT FORMAT                                | VALUE  | VALUE LABEL   |  |
| ZUTR4_3F.                                    | 1  | Does not apply  |  |
|  | 2  | Rather not applicable   |  |
|  | 3  | More likely to apply  |  |
|  | 4  | Applies exactly   |  |
|  | -2   | Don't know  |  |
|  | -1   | Denied  |  |
| VARIABLENAME                                 | wunschpx   |   |  |
| VARIABLENLABELProxy                          | : Wish to the policy - Proxy situation (open)  |   |  |
| QUESTION TEXT                                | We are also interested in what you think could be done to improve your own situation in living with and/or caring for Mr/Mrs [name ZP].    |   |  |
| FILTER                                       | GUIDE interviewee IN (2)   |   |  |
| OUTPUT FORMAT                                | VALUE  | VALUE LABEL   |  |
| \$900.                                       | Specify  | Wish  |  |
|  |  | -2Don't know  |  |
|  | -1   | Denied  |  |
|  |  |   |  |
| VARIABI FNAMF                                | address nx   | <del>-</del>  |  |
|  | address_px Address record  | lina PX   |  |
| VARIABLENAME VARIABLE LABEL QUESTION TEXT ZP | Address record   | ling PX n send you a <u>letter of thanks</u> after the interview, I would now like to |  |

### INTERVIEWER NOTE ZP

The address mask appears on the next page.

For the deputy, please record only the name and full address. NO telephone number and NO e-mail address!

When you have finished, please read out all the information again. Pay attention to upper and lower case! Check the correctness of the names. If necessary, have the information spelled out for you.

<u>If necessary, you can explain</u>: "The address is only used so that we can send you a thank you letter with a short questionnaire "Feedback on the interview" after the interview. After that, the address will be deleted."

FILTER GUIDE ZP

interviewee IN (2)

**PROGRAMMING** 

NOTEContinue with the Address Tool

#### Intermediate screen

VARIABLENAME Screen7

VARIABLE LABEL Intermediate screen 7

QUESTION TEXT Now we have reached the end of the interview.

We thank you very much for answering the questions!

FILTER CONFIGURATION interviewee IN (1,2)

PROGRAMMING NOTEContinue to the interview questions (please insert our standard page here) 1: -> now continue to the interview questions

2: -> later on the interviewer questions (put on appointment)

## Interviewer questions about the interview situation

| VARIABLENAME                 | einwill                     |   |  |
|------------------------------|-----------------------------|---|--|
|                              | VARIABLEN                   | LABEL Consent given   |  |
| QUESTION TEXT                | How was cor                 | nsent given for the interview?  |  |
| OUTPUT FORMAT                | VALUE                       | VALUE LABEL   |  |
| EINWIL4F.                    | 1                           | ZP spontaneously decided himself  |  |
|                              | 2                           | ZP decided by himself after reflection time   |  |
|                              | 3                           | ZP decided after consultation with others   |  |
|                              | 4                           | Other person decided for ZP   |  |
|                              | -3                          | I cannot judge / interrupted interview was continued  |  |
| VARIABLENAME                 | third                       |   |  |
| VARIABLE LABEL               | Other perso                 | ns present besides the target person  |  |
| QUESTION TEXT                | Were there o                | ther people present in the interview? FILTER  |  |
| FEED                         | interviewee I               | N (1)   |  |
| OUTPUT FORMAT                | VALUE                       | VALUE LABEL   |  |
| N0J1F.                       | 0                           | No  |  |
|                              | 1                           | Yes   |  |
|                              |                             | -2Don't know  |  |
|                              |                             |   |  |
| VARIABLENAME                 | _                           | d1_2, third1_3, third1_4, third1_5, third1_6  |  |
|                              |                             | LABELOther persons besides the TARGET PERSON present: Partner   |  |
|                              | -                           | s present besides the TARGET PERSON: Children s present besides the TARGET PERSON: Other relatives Other                    |  |
|                              | •                           | ent besides the TARGET PERSON: Other persons Other persons  |  |
|                              |                             | les the TARGET PERSON: Carers   |  |
|                              | Other person                | s present besides the TARGET PERSON: not to be assigned   |  |
| QUESTION TEXT                | Which persons were present? |   |  |
| PROGRAMMING NOTE             | Multiple choice             |   |  |
|                              | Ceres: Please               | e add another category to MFN: "not to be assigned" (no mutual exclusion).  |  |
|                              | FILTERED in                 | terviewer IN (1) AND third IN (1)   |  |
| NOTE FOR DATA<br>PREPARATION | multiple                    | s third1_1, third1_2, third1_3, third1_4, third1_5, third1_6are programmed as   |  |
|                              |                             | related information collected via multiple responses is to be provided to the AG in chotomous individual items 0=No, 1=Yes. |  |
| OUTPUT FORMAT                | VALUE                       | VALUE LABEL   |  |
| N0J1F.                       | (0)                         | not named   |  |
|                              |                             |   |  |

thirdp1\_5

thirdp1\_6

5

| third1_1                     | 1  | Partner  |  |
|------------------------------|--|--|--|
| third1_2                     | 2  | Children   |  |
| third1_3                     |  | 3Other relatives   |  |
| third1_4                     |  | 4Other persons   |  |
| third1_5                     | 5  | Caregivers   |  |
| VARIABLENAME                 | thirdp   |  |  |
| VARIABLE LABEL               | Other persor   | ns present in addition to the INTERVIEWER  |  |
| QUESTION TEXT                | Were there a   | ny other persons present in the interview?   |  |
| FILTER                       | GUIDE interv   | riewee IN (2)  |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL  |  |
| N0J1F.                       | 1  | Yes  |  |
|                              | 0  | No   |  |
|                              |  | -2Don't know   |  |
| VARIABLENAME                 | thirdp1_1, th  | irdp1_2, thirdp1_3, thirdp1_4, thirdp1_5, thirdp1_6, thirdp1_7   |  |
|                              | VARIABLENLABELOther persons present next to the CALLER: Target         |  |  |
|                              | person Other persons present next to the CALLER: Partner Other persons |  |  |
|                              | •  | to the CALLER: Children  |  |
|                              | •  | s present in addition to the OUTPUT PERSON: Other relatives Other  |  |
|                              |  | ent in addition to the OUTPUT PERSON: Caregivers s present in addition to the OUTCOMING PERSON: Other persons                |  |
|                              | •  | dition to the OUTCOMING PERSON: not to be assigned   |  |
| QUESTION TEXT                | •  | ns were present?   |  |
| PROGRAMMING NOTE             | Multiple choic   |  |  |
|                              | ceres: Please  | e add further category to MFN: "not to be assigned" (no mutual exclusion)  |  |
|                              | FILTER CON   | IFIGURATION interviewee IN (2) AND thirdp IN (1)   |  |
| NOTE FOR DATA<br>PREPARATION |  | s thirdp1_1, thirdp1_2, thirdp1_3, thirdp1_4, thirdp1_5, thirdp1_6, thirdp1_7 were as multiple responses.                    |  |
|                              | The answers  | not named/named must be converted to 0=No, 1=Yes.  |  |
|                              |  | related information collected via multiple responses is to be provided to the AG in the tomous individual items 0=No, 1=Yes. |  |
| OUTPUT FORMAT                | VALUE  | VALUE LABEL  |  |
| N0J1F.                       | (0)  | not named  |  |
|                              | (1)  | called   |  |
| thirdp1_1                    | 1  | Target   |  |
| thirdp1_2                    | 2  | Partner  |  |
| thirdp1_3                    | 3  | Children   |  |
| •                            | J  |  |  |
| thirdp1_4                    |  | 4Other relatives   |  |

Caregivers

60ther persons

| QUESTION TEXT Did you feel that the interview atmosphere was influenced by the presence of third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1)  FILTER GUIDE PX interviewe IN (2) AND third IN (1)  OUTPUT FORMAT VALUE VALUE LABEL  POSNEG4F.  0 No  1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME third_2  VARIABLENAME third_2  VARIABLENAME Third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1) FILTER  GUIDE PX respondent IN (2) AND third p IN (1)  OUTPUT FORMAT VALUE VALUE LABEL  POSNEG4F.  0 No  1 Yes, positive 2 VARIABLENAME third_3  VARIABLENAME Third_4  VA | VARIABLENAME    | third_1  |   |  |
|--|-----------------|--|---|--|
| Parties   Part   |                 | _  | ABELOther persons present: Atmosphere influenced                            |  |
| FILTER GUIDE PX  | QUESTION TEXT   | Did you feel that the interview atmosphere was influenced by the presence of third |   |  |
| OUTPUT FORMAT         VALUE         VALUE LABEL           POSNEG4F.         0         No           1         Yes, positive           2         Yes, negative           3         Yes, positive and negative           VARIABLENAME           third_2           VARIABLENLABELOther persons present: response behaviour influenced           QUESTION TEXT         Did you feel shat the respondent's response behaviour was influenced by the presence of third parties?           FILTER GUIDE ZP           GUIDE PX           FILTER GUIDE ZP           CRESPONDENT IN (1) AND third IN (1) FILTER           QUESTION TEXT         4           CARIABLENAME         4           Thite Guide ZP           CRESPONS PRESENTS RESPONSE Dehaviour influenced: Strength           QUESTION TEXT         How much was the respondent's response behaviour influenced by the presence of third parties?           FILTER GUIDE ZP         respondent IN (2) AND third IN (1) AND third_2 IN (1,2,3) FILTER           GUIDE PX         respondent IN (2) AND third IN (1) AND third_2 IN (1,2,3) FILTER           STRONGSF.         1Very strong           2         Strong <td>FILTER GUIDE</td> <td>ZP respondent</td> <td>t IN (1) AND third IN (1)</td>  | FILTER GUIDE    | ZP respondent  | t IN (1) AND third IN (1)   |  |
| POSNEG4F.   0  | FILTER GUIDE PX | interviewee IN   | (2) AND thirdp IN (1)   |  |
| 1  | OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| VARIABLENAME third_2 VARIABLENLABELOther persons present: response behaviour influenced  QUESTION TEXT Did you feel that the respondent's response behaviour was influenced by the presence of third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1) FILTER  GUIDE PX respondent IN (2) AND third IN (1)  QUESTION TEXT VALUE VALUE LABEL  POSNEG4F. 0 No 1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME third_3  VARIABLENLABELOther persons present: Response behaviour influenced: Strength  QUESTION TEXT How wuch was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  QUIFUT FORMAT VALUE VALUE LABEL  STRONGSF. 1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME through  VARIABLE LABEL Implementation difficulty  QUESTION TEXT How difficult was it to conduct the interview in the given form?  QUESTION TEXT HOW difficult was it to conduct the interview in the given form?   | POSNEG4F.       | 0  | No  |  |
| VARIABLENAME  VARIABLENABELOther persons present: response behaviour influenced  QUESTION TEXT  Did you feel that the respondent's response behaviour was influenced by the presence of third parties?  FILTER GUIDE ZP  respondent IN (1) AND third IN (1) FILTER  GUIDE PX  respondent IN (2) AND third pin (1)  OUTPUT FORMAT  VALUE  VALUE LABEL  POSNEG4F.  0  No  1  Yes, positive 2  Yes, negative 3  Yes, positive and negative  VARIABLENAME  third_3  VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP  respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX  respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE  VALUE LABEL  VARIABLENAME  through  VARIABLENAME  VARIABLENA |                 | 1  | Yes, positive   |  |
| VARIABLENAME  VARIABLENLABELOther persons present: response behaviour influenced  QUESTION TEXT  Did you feel that the respondent's response behaviour was influenced by the presence of third parties?  FILTER GUIDE ZP  respondent IN (1) AND third IN (1) FILTER  GUIDE PX  respondent IN (2) AND third IN (1)  OUTPUT FORMAT  VALUE  VALUE LABEL  POSNEG4F.  0 No 1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME  third_3  VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP  GUIDE PX  respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX  respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE  VALUE LABEL  STRONGSF.  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  VARIABLE LABEL  Implementation difficulty  LOUESTION TEXT  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE LABEL  VALUE LABEL   |                 | 2  | Yes, negative   |  |
| VARIABLENLABELOther persons present: response behaviour influenced  QUESTION TEXT  Did you feel that the respondent's response behaviour was influenced by the presence of third parties?  FILTER GUIDE ZP  respondent IN (1) AND third IN (1) FILTER  GUIDE PX  POSNEG4F:  0 No 1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME  VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP  GUIDE PX  respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX  respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE  VALUE LABEL  STRONGSF:  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE LABEL  VALUE LABEL  VALUE LABEL  VARIABLE LABEL  VALUE LABEL  |                 | 3  | Yes, positive and negative  |  |
| QUESTION TEXT     Did you feel that the respondent's response behaviour was influenced by the presence of third parties?       FILTER GUIDE ZP     respondent IN (1) AND third IN (1) FILTER       GUIDE PX     respondent IN (2) AND thirdp IN (1)       OUTPUT FORMAT     VALUE     VALUE LABEL       POSNEG4F.     0     No       1     Yes, positive       2     Yes, negative       3     Yes, positive and negative       VARIABLENAME     third_3   | VARIABLENAME    | third_2  |   |  |
| FILTER GUIDE ZP respondent IN (1) AND third IN (1) FILTER GUIDE PX respondent IN (2) AND third IN (1)  OUTPUT FORMAT  VALUE VALUE LABEL  POSNEG4F.  0 No 1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME  third_3 VARIABLENLABELOther persons present: Response behaviour influenced: Strength  QUESTION TEXT How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP GUIDE PX respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX respondent IN (2) AND third IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE VALUE LABEL  STRONGSF.  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME  VARIABLENAME  VARIABLENAME  Through  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE  VALUE LABEL  VALUE LABEL   |                 | VARIABLENL   | ABELOther persons present: response behaviour influenced                    |  |
| GUIDE PX respondent IN (2) AND thirdp IN (1)  OUTPUT FORMAT VALUE VALUE LABEL  POSNEG4F. 0 No 1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME third_3  VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT VALUE VALUE LABEL  STRONGSF. 1Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME through  VARIABLE LABEL Implementation difficulty  QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL  | QUESTION TEXT   | Did you feel t<br>presence of tl   | hat the respondent's response behaviour was influenced by the hird parties? |  |
| POSNEGAF.  0 No 1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME  VARIABLENAME  UESTION TEXT  GUIDE PX  Tespondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX  Tespondent IN (2) AND thirdy IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE  VALUE  VALUE LABEL  STRONGSF.  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  QUESTION TEXT  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE LABEL  VALUE LABEL   | FILTER GUIDE ZP | respondent IN  | I (1) AND third IN (1) FILTER   |  |
| POSNEG4F.  0 No 1 Yes, positive 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME  third_3 VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE  VALUE LABEL  STRONG5F.  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  QUESTION TEXT  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE LABEL   | GUIDE PX        | respondent IN  | I (2) AND thirdp IN (1)   |  |
| 1  | OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| 2 Yes, negative 3 Yes, positive and negative  VARIABLENAME  third_3 VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE VALUE LABEL  STRONGSF.  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  QUESTION TEXT  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE LABEL  | POSNEG4F.       | 0  | No  |  |
| VARIABLENAME  VARIABLENAME  third_3  VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP  respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX  respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3) FILTER  TOUTPUT FORMAT  VALUE  VALUE LABEL  STRONGSF.  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  QUESTION TEXT  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE  VALUE LABEL   |                 | 1  | Yes, positive   |  |
| VARIABLENAME  third_3  VARIABLENLABELOther persons present: Response behaviour influenced: Strength  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP  respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX  respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE  VALUE LABEL  STRONGSF.  1 Very strong  2 Strong  3 Medium  4 Little  5 Very little  VARIABLENAME  VARIABLE LABEL  Implementation difficulty  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE  VALUE LABEL  VALUE LABEL   |                 | 2  | Yes, negative   |  |
| VARIABLENAME VARIABLENAME VARIABLENAME VARIABLENAME VARIABLE NAME VALUE  |                 | 3  | Yes, positive and negative  |  |
| QUESTION TEXT  How much was the respondent's response behaviour influenced by the presence of third parties?  FILTER GUIDE ZP respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT  VALUE VALUE LABEL  STRONG5F.  1 Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME VARIABLE LABEL  Implementation difficulty QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL   | VARIABLENAME    | third_3  |   |  |
| FILTER GUIDE ZP respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER  GUIDE PX respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)  OUTPUT FORMAT VALUE VALUE LABEL  STRONGSF. 1Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME through  VARIABLE LABEL Implementation difficulty  QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL   |                 | VARIABLENL   | ABELOther persons present: Response behaviour influenced: Strength          |  |
| GUIDE PX         respondent IN (2) AND thirdp IN (1) AND third_2 IN (1,2,3)           OUTPUT FORMAT         VALUE         VALUE LABEL           STRONG5F.         1 Very strong           2         Strong           3         Medium           4         Little           5         Very little           VARIABLENAME         through           VARIABLE LABEL         Implementation difficulty           QUESTION TEXT         How difficult was it to conduct the interview in the given form?           OUTPUT FORMAT         VALUE         VALUE LABEL  | QUESTION TEXT   |  | as the respondent's response behaviour influenced by the presence of third  |  |
| OUTPUT FORMAT         VALUE         VALUE LABEL           STRONG5F.         1Very strong           2         Strong           3         Medium           4         Little           5         Very little           VARIABLENAME         through           VARIABLE LABEL         Implementation difficulty           QUESTION TEXT         How difficult was it to conduct the interview in the given form?           OUTPUT FORMAT         VALUE LABEL   | FILTER GUIDE ZP | respondent IN (1) AND third IN (1) AND third_2 IN (1,2,3) FILTER                   |   |  |
| STRONG5F. 1Very strong 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME through VARIABLE LABEL Implementation difficulty QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL   | GUIDE PX        | respondent IN  | I (2) AND thirdp IN (1) AND third_2 IN (1,2,3)                              |  |
| 2 Strong 3 Medium 4 Little 5 Very little  VARIABLENAME through VARIABLE LABEL Implementation difficulty QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL  | OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
| 3 Medium 4 Little 5 Very little  VARIABLENAME through VARIABLE LABEL Implementation difficulty QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL   | STRONG5F.       |  | 1Very strong  |  |
| 4 Little 5 Very little  VARIABLENAME through  VARIABLE LABEL Implementation difficulty  QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL  |                 | 2  | Strong  |  |
| VARIABLENAME  VARIABLE LABEL  UNDESTION TEXT  WALUE  VALUE LABEL  VALUE LABEL  VALUE   |                 | 3  | Medium  |  |
| VARIABLENAME through  VARIABLE LABEL Implementation difficulty  QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL  |                 | 4  | Little  |  |
| VARIABLE LABEL Implementation difficulty  QUESTION TEXT How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT VALUE VALUE LABEL  |                 | 5  | Very little   |  |
| QUESTION TEXT  How difficult was it to conduct the interview in the given form?  OUTPUT FORMAT  VALUE  VALUE LABEL   | VARIABLENAME    | through  |   |  |
| OUTPUT FORMAT VALUE VALUE LABEL  | VARIABLE LABEL  | Implementatio  | -   |  |
|  | QUESTION TEXT   |  |   |  |
| SCHWIN5F. 1Very difficult  | OUTPUT FORMAT   | VALUE  | VALUE LABEL   |  |
|  | SCHWIN5F.       |  | 1Very difficult   |  |

|                  | 2            | Difficult  |
|------------------|--------------|--|
|                  | 3            | Medium   |
|                  | 4            | Not difficult  |
|                  | 5            | Not difficult at all   |
| VARIABLENAME     | underbr      |  |
|                  | VARIABLENLA  | ABELFrequency Interruptions  |
| QUESTION TEXT    | How often we | ere there interruptions to the interview, e.g. telephone calls, ing to the toilet, etc.?                   |
| OUTPUT FORMAT    | VALUE        | VALUE LABEL  |
| SUBB4F.          | 1            | Frequent (>3)  |
|                  | 2            | Sometimes (2-3)  |
|                  | 3            | Rare (1)   |
|                  | 4            | None   |
| VADIADI ENIANE   |              |  |
| VARIABLENAME     | underbrx     | : intermediance (Course)   |
| VARIABLE LABEL   |              | interruptions: Causes (open)   |
| QUESTION TEXT    |              | causes of the interruptions?   |
| OUTDUT FORMAT    | FILTER FEEDI |  |
| \$9000.          | Specify      | VALUE LABEL Causes   |
|                  | - Сроспу     |  |
| VARIABLENAME     | wirkpers1    |  |
|                  | VARIABLENLA  | ABELZP appears disturbed, fearful, intimidated   |
| QUESTION TEXT ZP |              | t seem disturbed, anxious or display intimidating behaviour (e.g.<br>avoid third parties overhearing)?     |
| QUESTION TEXT PX |              | y seem disturbed, anxious or display intimidating behaviour (e.g.<br>avoid third parties overhearing)?     |
| OUTPUT FORMAT    | VALUE        | VALUE LABEL  |
| NIFRJA3F.        | 1Not at      | all  |
|                  | 2            | Questionable (not clearly yes or no)   |
|                  | 3            | Definitely yes   |
| VARIABLENAME     | wirkpers2    |  |
|                  | VARIABLENLA  | ABELZP appears irritable, quick-tempered   |
| QUESTION TEXT ZP |              | t person seem irritable or quick-tempered to you (e.g. did the person er or abusive during the interview)? |
| QUESTION TEXT PX |              | y seem irritable or short-tempered to you (e.g. did the person become sive during the interview)?          |
| OUTPUT FORMAT    | VALUE        | VALUE LABEL  |
| NIFRJA3F.        | 1Not at      | all  |
|                  |              | 2Questionable (not clearly yes or no)  |
|                  |              | 3Unique yes  |
|                  |              |  |

| VARIABLENAME     | IVcomment_1      | x   |  |  |
|------------------|------------------|---|--|--|
| VARIABLE LABEL   | Interviewer co   | Interviewer comment (open)                  |  |  |
| INTERVIEWER NOTE | Here is space fo | or comments on the interview                |  |  |
| OUTPUT FORMAT    | VALUE            | VALUE LABEL                                 |  |  |
| \$9000.          |                  | IndicationNotes on the interview / comments |  |  |

| VARIABLENAME  | interviewer question_I04_NEW   |             |  |
|---------------|--|-------------|--|
|               | VARIABLENLABELConfirmation by interviewer                                |             |  |
|               | FRAGETEXTHis is to certify that I have conducted the interview properly. |             |  |
| OUTPUT FORMAT | VALUE  | VALUE LABEL |  |
| N0J1F.        | 1  | Yes         |  |
|               | 0  | No          |  |