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Research Report

SOEP-Core - 2020: Household (A-L3, M1-M2 + N-Q)

SOEP Survey Papers, No. 1068

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1068²⁰²¹

SOEP Survey Papers
Series A - Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2020: Household (A-L3, M1-M2 + N-Q)

Kantar Public

Running since 1984, the German Socio-Economic Panel (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing.

The SOEP Survey Papers is comprised of the following series:

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Editors:

Dr. Jan Goebel, DIW Berlin
Prof. Dr. Stefan Liebig, DIW Berlin and Freie Universität Berlin
Prof. Dr. David Richter, DIW Berlin and Freie Universität Berlin
Prof. Dr. Carsten Schröder, DIW Berlin and Freie Universität Berlin
Prof. Dr. Jürgen Schupp, DIW Berlin and Freie Universität Berlin
Prof. Dr. Sabine Zinn, DIW Berlin and Humboldt Universität zu Berlin

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DIW Berlin
German Socio-Economic Panel (SOEP)
Mohrenstr. 58
10117 Berlin, Germany

Contact: soeppapers@diw.de

SOEP-Core – 2020: Household (A-L3, M1-M2 + N-Q)

Kantar Public

Vorbemerkung

Im Befragungsjahr 2020 wurde der Stichprobe Q auch die Geschlechtskategorie "Divers" im Fragebogen angezeigt. Ab 2021 gilt dies für alle Stichproben. Dies ist die einzige Abweichung zwischen den Fragebögen A-P und Q.

Preliminary remark

In the 2020 survey year, Sample Q was also shown the gender category "divers" in the questionnaire. As of 2021, this applies to all samples. This is the only deviation between questionnaires A-P and Q.

LIVING IN GERMANY

Survey 2020

Household Questionnaire

The questions contained in this questionnaire deal with the household as a whole and not with the individuals in the household. The questionnaire should be completed by the same person in the household who did it last year if possible.

Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of **every** household.

We therefore cordially request that you **either**:

– allow our staff member to interview you

or

– carefully fill out this questionnaire yourself.

Before handing in the questionnaire, please enter in accordance with the address log:

Household number

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

The questionnaire has been completed by:

First name

Person number

--	--

1. Before completing this questionnaire for Living in Germany, it is important to first find out whether anything has changed in your household situation since the last survey or if everything has remained the same.

The first question deals with household composition—in other words, whether the same people are living in the same dwelling.

Which of the following applies to your household?

Surveyed in the same home or apartment at the same address:

- with no other change, with the same person / same people
 - but at least one person has joined or left the household
- } → Question 11

Surveyed for the first time in this home or apartment at this address:

- after a household from Living in Germany moved
 - after a new Living in Germany household was founded because one or more participants in Living in Germany joined the household
- ↓

2. When did this change occur—in other words, when did you move into this new dwelling after a move / after moving out of an existing household?

Month Year

3. What was the most important reason that led to this change- that is, to your move to a new home or out of your previous home?

If there were several reasons, please give the one that played the main role in your decision!

- Termination of lease or uncertain rental situation
- Work reasons (change of job, vocational training, university study)
- Family reasons (change of relationship status, moved out of parents' home, inheritance)
- Reasons relating to the house or apartment (cost, size, amenities)
- Neighborhood / location of house or apartment
- Other reasons

Please state:

4. How does your new dwelling compare to your previous one?
Is your new dwelling better, about the same, or worse overall than the previous one?

Please mark only **one** per row!

	Better	About the same	Worse
What about ...			
– costs (e.g., rent).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– the size of the dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– how the dwelling is designed, equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– living environment (noise, exhaust fumes, pollution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– access to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– relationships / contact with neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Relationship / contact with the landlord / property management company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you describe your neighborhood?

- A residential area with mostly old buildings
- A residential area with mostly newer buildings
- A mixed-use residential and commercial / industrial neighborhood
- A commercial area (shops, banks, offices) with few residential dwellings
- An industrial area with few residential dwellings

6. What kind of building do you live in?

- Farm house
- Detached house containing 1 or 2 dwellings (one above the other)
- Row house or duplex (with one dwelling next to the other)
- Residential building containing 3 or 4 dwellings
- Residential building containing 5 to 8 dwellings
- Residential building containing 9 or more dwellings
(up to 8 stories)
- High-rise building (9 or more stories)

7. When, approximately, was the building in which your dwelling is located built?

- Before 1919.....
- 1919 to 1948.....
- 1949 to 1971.....
- 1972 to 1980.....
- 1981 to 1990.....
- 1991 to 2000.....
- 2001 to 2010.....
- 2011 or later

8. Can you provide the exact year in which the building was built?

- Yes..... please state: in the year
- No.....

9. Is it a boarding house or similar accommodation?

- Yes..... ⇒
- No..... ↓

10. What kind of group housing (dorm, shelter, boarding house, etc.) is it?

- Dorm for young adults, secondary school students, or university students.....
- Boarding house for workers
- Nursing / retirement home.....
- Other type of group housing or shelter

Please state:

11. Has the size of your dwelling changed within the last year, e.g., due to remodeling or changes in usage?

- Yes.....
- No.....

12. How large is the total living area of this dwelling?..... m²

13. How many rooms does the dwelling have?

 Include all rooms of 6m² or more but **exclude** kitchen and bathroom ... rooms

14. What do you think about the total size of your dwelling?

For the size of your household, is it ...


- much too small.....
- a bit too small.....
- just right
- a bit too large
- much too large

15. What amenities does your dwelling have?

Does it have ...

- | | Ja | Nein |
|---|--------------------------|--------------------------|
| - home furnishings that are accessible for the elderly or disabled .. | <input type="checkbox"/> | <input type="checkbox"/> |
| - floor heating (full or partial) | <input type="checkbox"/> | <input type="checkbox"/> |
| - Fireplace / ceramic tiled stove | <input type="checkbox"/> | <input type="checkbox"/> |
| - balcony / terrace | <input type="checkbox"/> | <input type="checkbox"/> |
| - own yard / garden, access to yard / garden..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - alarm system | <input type="checkbox"/> | <input type="checkbox"/> |
| - air conditioner (ventilation system) | <input type="checkbox"/> | <input type="checkbox"/> |
| - solar collector, solar energy system..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - other alternative energy source (e.g., geothermal heat pump).. | <input type="checkbox"/> | <input type="checkbox"/> |
| - windows with at least double glazing | <input type="checkbox"/> | <input type="checkbox"/> |
| - thermal insulation (e.g., on the facade, roof, basement ceiling) .. | <input type="checkbox"/> | <input type="checkbox"/> |
| - elevator / lift inside building..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - cellar / storage areas | <input type="checkbox"/> | <input type="checkbox"/> |
| - garage / parking space | <input type="checkbox"/> | <input type="checkbox"/> |

16. Did this dwelling change ownership within the last year?

- Yes.....
 
- No ➔ *Question 18*

17. What kind of change in ownership occurred?

I am / we are ...

- now owner(s) because I / we ...
 - purchased the dwelling.....
 - inherited or was/were given the dwelling.
- no longer owner(s)..... because ...
 - I / we sold the dwelling
 - gave / bequeathed it / other
- still tenants, but it is now owned by someone else

18. The next questions deal with the costs of living in your dwelling.

First the question: Are you the main tenant, subletter, or owner?

In the case of life tenancy or lifelong right of residence, please answer under main tenant.

Main tenant..... Question 31
 Subletter..... Question 31
 Owner.....

19. Do you still owe money, for example, on loans or a mortgage, for the dwelling / building you live in?

Yes.....
 No.....

20. How much are your monthly amortization and interest payments for this loan / these loans?

If you don't know the exact amount: **please estimate!**

euros per month

21. Did you have to pay for maintenance or modernization of this dwelling / building where you live in the last calendar year?

Yes.....
 No.....

22. What were your maintenance or modernization costs for this dwelling / building where you live in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros in the last calendar year

23. How much was the property tax for this dwelling / building where you live in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros per year No property tax.....

24. What were your heating costs (including hot water) in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros per year No heating costs.....

25. What were your electricity costs in the last calendar year?

If you don't know the exact amount: **please estimate!**

euros per year No electricity costs.....

26. And how much did you pay in the last calendar year for water, garbage removal, street cleaning, and other additional costs not mentioned above?

If you don't know the exact amount: **please estimate!**

euros per year No other additional costs.....

27. Are your housing expenses, that is, loan or mortgage payments and interest and all additional costs, a high financial burden for your household, a low burden, or no problem?

Please answer on a scale from 0, meaning **no problem at all**, to 10, meaning a **high financial burden**.

no problem at all high financial burden

= = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

28. Have you received Baukindergeld, a subsidy for first-time home buyers with children?

Yes..... No

29. Does this owner-occupied dwelling / building have a photovoltaic system to produce solar electricity?

Yes..... →

30. How much electricity did this photovoltaic system produce in kilowatt-hours (kWh) in 2019?

No..... kWh in 2019 Don't know ...



Skip now to question 42

For tenants only

31. Is this dwelling government-subsidized housing (Sozialwohnung)?

Yes..... No

32. Is the owner of the dwelling allowing you to use it at no or low rent? For example, is it owned by your employer or a relative or are you living there in exchange for doing building maintenance or janitorial work?

This also refers to life tenancy or lifelong right of residence.

Yes..... No

33. Who is the owner of the dwelling?

Private owner

Private company.....

Professional organization or union.

Non-profit organization
(church, foundations, etc.).....

Municipal government

My employer.....

34. What is your monthly rent?

Please list the amount you pay in rent either including or excluding heating costs, depending on which amount you know better!

euros Do not pay rent but do pay utilities.....

Do not pay either rent or utilities..... → Q. 42



35. Is heating included in the rent stated above?

If rent was stated!

Yes..... No

36. What are your average monthly heating costs (including hot water)?

If you don't know the exact amount, please state or estimate your monthly heating payment!

euros per month No heating costs.....

37. Is electricity included in the rent stated above?

If rent was stated!

Yes..... No

38. What are your monthly electricity costs?

☞ If you don't know the exact amount, please state or estimate your monthly electricity payment!

euros per month No electricity costs

39. Are other additional expenses not previously mentioned such as water, garbage removal, etc. included in the rent stated above?

☞ If rent was stated!

Yes..... No

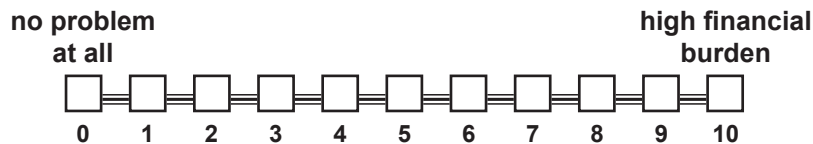
40. What are your other average monthly costs for water, garbage removal, etc.- in other words, all additional costs?

☞ If you don't know the exact amount, please state or estimate your monthly payment!

euros per month No other additional costs

41. Are your housing expenses, that is, rent and all additional costs, a high financial burden for your household, a low burden, or no problem?

*☞ Please answer on a scale from 0, meaning **no problem at all**, to 10, meaning a **high financial burden**.*



42. Which types of energy does your household use for heat, hot water, and cooking, and which types for light and household appliances?

For each type of energy you use, please state the average monthly costs or the annual costs—whichever you know or are better able to estimate.

☞ For the energy costs, please state your consumption costs including the base fee.

	Heating	Hot water	Cooking, Light, appliances	Monthly amount or	Annual amount
Electricity, storage heaters (also without thermal heat pump, heat exchanger) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Natural gas (aside from liquefied petroleum gas / biogas).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Liquefied petroleum gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Heating oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Coal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wood, wood pellets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
District heating (heat network).....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
Geothermal or other ambient heat, waste heat recovery (heat pumps, heat exchangers) .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
Biomass (aside from wood), biogas	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
Solar heat (solar collectors).....	<input type="checkbox"/>	<input type="checkbox"/>			

43. Is this household currently buying electricity at a special rate for green power?

Yes..... No

44. Has this household changed power providers at least once in the last five years?

Yes..... No

45. Does anyone in your household use an e-bike—in other words, a bicycle with an electrical motor?

This does **not** refer to mopeds, which have to be registered and which require a Class M driver's license.

Yes.....

46. How many e-bikes are there in your household?

No.....

Number



47. How many vehicles are there in your household?

This refers to cars, motorcycles, mopeds, and scooters.

Number

We don't have any of these vehicles in our household due to:

- financial reasons
- for ecological reasons
- other reasons

Question 50



48. What type of vehicle is it?

Please list the vehicle used most first, then list any other vehicles in order of the frequency of their use.

First vehicle Second vehicle Third vehicle Fourth vehicle

Car.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle / scooter / moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. What type of fuel or fuels do you use for the vehicle?

How much does your household spend on these fuels?
per month or per year

Super, regular gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
E10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Diesel (not including biodiesel).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Natural gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Biodiesel (RME), bioethanol, vegetable oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Electricity (electric car / hybrid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Hydrogen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

50. How often do you and other members of your household use car-sharing services?

Every day

At least once a week

At least once a month.....

Less often

Never.....

51. Did you or someone in your household receive income from letting or leasing property (land / dwelling) last year?

Please state actual income, not the value of tax subsidies for owner-occupied housing.

Yes.....

No ➔ Question 59

52. What was your total income from letting and leasing last year?

If you don't know the exact amount: **please estimate!**

Please state the gross amount including savings for future maintenance / renovation ... euros in the year 2019

53. Did you have any expenses for maintenance or modernization of the properties you let or leased in the last calendar year?

Yes..... ➔

54. What were your expenses for maintenance or modernization of the properties you let or leased in the last calendar year?

No

If you don't know the exact amount: **please estimate!**

euros for the year 2019

55. Were there any loan, mortgage, or interest payments for these properties you let or leased in the last calendar year?

Yes..... ➔

56. What were the loan, mortgage, and interest payments for these properties you let or leased in the last calendar year?

No

If you don't know the exact amount: **please estimate!**

euros for the year 2019

57. Will you be able to deduct these expenses from the last year from your taxes or declare them as losses?

Yes..... ➔

58. How much of these expenses in the last calendar year can you claim as deductions or losses on your tax return?

No

If you don't know the exact amount: **please estimate!**

euros for the year 2019

59. Are you or is someone in your household currently paying back loans and interest on loans that you took out for large purchases or other expenditures?

Please **do not include** loan, mortgage, or interest payments stated in answer to previous questions.

Yes.....

No ➔ Question 62

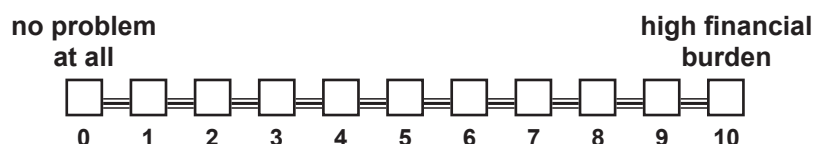
60. How much do you pay per month on these loans?

If you don't know the exact amount: **please estimate!**

Loan repayment (include interest payments).. euros per month

61. Does repayment of these loans create a high financial burden for your household, a low burden, or is it not a problem?

Please answer on a scale from 0, meaning **no problem at all**, to 10, meaning a **high financial burden**.



62. Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as an inheritance in the last calendar year?

We are only referring to money or assets worth more than 500 euros!

Yes..... →

No.....
↓

63. What was the sum monetary value of the inheritance(s)?

If you don't know the exact amount: please estimate!

euros for the year 2019

64. Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as a gift in the last calendar year?

We are only referring to money or assets worth more than 500 euros!

Yes..... →

No.....
↓

65. What was the sum monetary value of the gift(s)?

If you don't know the exact amount: please estimate!

euros for the year 2019

66. Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as lottery winnings in the last calendar year?

We are only referring to money or assets worth more than 500 euros!

Yes..... →

No.....
↓

67. What was the sum monetary value of the lottery winning(s)?

If you don't know the exact amount: please estimate!

euros for the year 2019

68. Did you or another member of the household own any of the following savings or investment securities last year?

Savings account (*Sparbuch / Spargirokonto / Tagesgeldkonto*).....

No, none of these..... → Question 72

Savings plan to build a home (*Bausparvertrag*)

Life insurance

Fixed-interest securities (e.g., saving bonds, mortgage bonds, federal savings bonds)

69. Can you deduct losses on these investments from your taxes for the last year? How much?

If you don't know the exact amount, please estimate!

Other securities (e.g., stocks, funds, bonds, equity options)

Yes..... please state: euros

Company assets (in your own company, other companies)

No.....

70. What was your total income from interest, dividends, profits, and profit distribution from all of your investments in the last calendar year?

In the last calendar year euros

Don't know.....
↓

71. Please estimate according to the following list:

- less than 250 euros
- 250 up to but less than 1,000 euros
- 1,000 up to but less than 2,500 euros
- 2,500 up to but less than 5,000 euros
- 5,000 up to but less than 10,000 euros
- 10,000 euros or more

72. Did you or one of the members of your family receive any of the following benefits last year?

In 2019

Number of months Average amount per month

Child benefit (*Kindergeld*)

Yes..... ⇒

No.....

If applicable, excl. supplementary child benefit

Supplementary child benefit (benefit for low wage earners applied for in addition to child benefit)

We are not referring here to benefits that are part of the educational package

Yes..... ⇒

No.....

Benefits from the educational package for one or more children

Yes..... ⇒

No.....

Unemployment benefit II (Hartz IV), including social benefit and accomodation expenses

Yes..... ⇒

No.....

Long-term care insurance benefits (*Pflegevers.*)

Yes..... ⇒

No.....

Monthly subsistence allowance / Assistance in special circumstances

Yes..... ⇒

If applicable, incl. accommodation expenses

No.....

Basic income support for the elderly / those with reduced earning capacity

Yes..... ⇒

If applicable, incl. accommodation expenses

No.....

Housing benefit (for rental and owner-occupied housing)
If not included in accommodation expenses under unemployment benefit II / monthly subsistence... / basic income support for the elderly

Yes..... ⇒

No.....

Please go to **question 73** on this page (if not already completed)!

73. And what is the situation now? Are you or is another member of your household currently receiving any of the following types of government benefits?

Currently

Amount per month

Child benefit (*Kindergeld*)

Yes ⇒

children

No.....

If applicable, excl. supplementary child benefit

Supplementary child benefit (benefit for low wage earners applied for in addition to child benefit)

We are not referring here to benefits that are part of the educational package

Yes ⇒

No.....

Benefits from the educational package for one or more children

Yes ⇒

No.....

Unemployment benefit II (Hartz IV), including social benefit and accomodation expenses

Yes ⇒

No.....

Long-term care insurance benefits (*Pflegevers.*)

Yes ⇒

No.....

Monthly subsistence allowance / Assistance in special circumstances

Yes ⇒

If applicable, incl. accommodation expenses

No.....

Basic income support for the elderly / those with reduced earning capacity

Yes ⇒

If applicable, incl. accommodation expenses

No.....

Housing benefit (for rental and owner-occupied housing)
If not included in accommodation expenses under unemployment benefit II / monthly subsistence... / basic income support for the elderly

Yes ⇒

No.....

74. If you look at the total income of all of the members of your household: what is your monthly household income today?

Please state the net monthly income, which means after deductions for taxes and social security.

Please include regular income such as pensions, housing allowances, child benefits, grants for higher education, maintenance payments, etc.

If you do not know the exact amount, please estimate the amount per month euros per month

75. Does your household usually have a certain amount of money left at the end of the month that you can put aside or into a savings account?

This could consist of regular deposits into savings for asset accumulation, for example: bank savings plans, Riester or Rürup retirement plans, other private pension plans, building loan agreements, endowment life insurance policies, or government-subsidized asset accumulation savings plans.

We are also referring to “saving for a rainy day”—for major purchases or for emergencies—as well as saving to pay off loans ahead of schedule.

Yes, savings for asset accumulation approximately euros per month

Yes, precautionary savings..... approximately euros per month

No.....

76. Do you or another member of your household currently use additional municipal benefits for low-income families?

We are referring to discounts or reduced rates you may have applied for to help with the costs of childcare, culture, sports, education, public transport, or recreation:

Yes..... No

77. Have you or has another member of your household visited one of the Tafel in the last 12 months to obtain food for yourself or your household?

Yes..... No.....

78. How much money do you allow for groceries each week or month to feed yourself and your family in the household?

Please state the average amount either for a normal week **or** a normal month—whichever is easier for you to answer.

For groceries ... euros **or** in a normal month euros
- in a normal **week** euros **or** in a normal **month** euros

79. Do you regularly or occasionally pay someone to provide household help?

Yes, regularly
Yes, occasionally
No.....

80. How much do you pay per month on average?

euros per month

Persons in the household in need of care or assistance


81. Does someone in your household need care or assistance on a constant basis due to age, sickness, or medical treatment?

Yes.....
No Question 90

82. How many people in need of care are there in your household?

person(s) in need of care

83. Who is it, and which of the following activities does he or she need assistance in?



 Please state the person's first name. If there is more than one person in need of care in the household, please state the person most in need of care.

First name of the person in need of care

Needs assistance with ...

- errands outside the home.....
- running the household, preparing meals and drinks
- minor care, such as help with getting dressed,
washing, combing hair, shaving
- major care, such as getting in and out of bed,
bowel movements

84. Does the person in need of care receive long-term care insurance benefits (Pflegeversicherung)?

- Yes..... 
- No..... 



85. What "degree of care" (Pflegetrad) has the person requiring assistance or care been assessed to need?

- Degree of care 1.....
- Degree of care 2.....
- Degree of care 3.....
- Degree of care 4.....
- Degree of care 5.....

86. Was this person officially assessed and certified as having a limited ability to carry out everyday activities?

- Yes.....
- No

87. Who provides this person with the needed assistance?


- relatives in the household..... 
- charitable organizations (Caritas, Diakonie, ASB, DRK, AWO, etc.).....
- private care service
- friends / acquaintances / neighbors.....
- relatives outside the household
- other regular care providers 

Please give the name of the person in the household who provides most of the assistance

88. Does this person / do these people receive financial support for that?


- Yes
- No

89. Does the household have regular expenses for the person requiring assistance or care that are not covered by health or long-term care insurance (e.g., transportation, medications, technical aids, care provider, ...)?

 If the household has regular expenses for more than one person in the household who requires assistance or care, please state the total amount.

- Yes..... please state: euros per month
- No.....

90. Does your household have regular expenses for people requiring assistance or care who do not live in your household and who are not covered by health or long-term care insurance (e.g., expenses for accommodations, transportation, medication, equipment, nurse/caregiver, etc....)?

 If your household has expenses for more than one person outside the household who requires assistance or care, please state the total amount.

- Yes..... please state: euros per month
- No.....

91. Are there children born in 2004 or later living in your household?

Yes.....

No → Question A on the last page!

92. What year were these children born?

Please answer for each child separately. Start with the oldest child, born in 2004 or thereafter, and then list the rest of the children in order of age, with the youngest child last.

Please state: → First name:

Year of birth:

93. What school does your child currently attend?

No longer in school	<input type="checkbox"/>	→ Q.A	<input type="checkbox"/>	→ Q.A	<input type="checkbox"/>	→ Q.A	<input type="checkbox"/>	→ Q.A
Not yet in school	<input type="checkbox"/>	→ Q.99	<input type="checkbox"/>	→ Q.99	<input type="checkbox"/>	→ Q.99	<input type="checkbox"/>	→ Q.99
Elementary school (<i>Grundschule</i> , including <i>Förderstufe</i>)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lower secondary school (<i>Hauptschule</i>) ..	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Intermediate school (<i>Realschule</i>)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Upper secondary school (<i>Gymnasium</i>) ..	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Comprehensive school (<i>Gesamtschule</i>) ..	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vocational school (<i>Berufsschule</i>)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other type of school	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

94. Is it a school with a special teaching concept such as a ...

Waldorf school, Montessori school, etc...	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
School for children with special needs, speech defects, etc.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

95. Does the child usually stay at school all day?

Yes.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

96. Is the child currently in after-school day care (Schulhort) or a comparable child care program at school?

Yes.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

97. Does your child currently participate in any of the following activities?

Extra-curricular activities at school:

Sports club	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Music club.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Art club.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Theater club	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other clubs	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please write the names of your children again from the previous page: →

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98. Does your child currently participate in any of the following activities?

Activities outside school:

Sports, dance, gymnastics, ballet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music or singing lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing or painting lessons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth fire department, Red Cross, or similar aid organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth groups (e.g., Pathfinders, church youth groups, environmental groups).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular visits to youth centers or youth houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skip now to question 101

99. Is the child currently in nursery school, pre-school, or day care (Kinderkrippe / Kindergarten / Kindertageseinrichtung)?

No, he/she does not attend any of these.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, approximately hours per day:.....	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

100. Does your child currently participate in any of the following activities?

Children's gymnastics, sports, swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early childhood music lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic activities (painting for children, children's theater, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other parent-child groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101. Are there any other people who regularly take care of the child (aside from members of the household)?

Yes, babysitter (<i>Tagesmutter</i>) outside the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes paid caregiver (<i>Betreuungsperson</i>) comes into the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, friends / acquaintances / neighbors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. How much do you have to pay for school, after-school care, daycare, regular child care, and the activities described above?

Average monthly costs in euros ..	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
No, it doesn't cost anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implementation of the interview

A When did you finish filling out the questionnaire?

Date Time :
Day Month Hour Minute

B How did you complete the interview?

Oral interview

Respondent completed the questionnaire him/herself,
please specify:

– in the presence of the interviewer

– without the interviewer present

Partly as an oral interview, partly him/herself

C Duration of the interview:

The oral (part of the) interview lasted minutes

The respondent needed minutes

(please ask respondent)

D Other notes:

Thank you!

Please don't forget to fill out the individual form!

Listen-Nr.

Lfd. Nr.

**Ich bestätige die korrekte
Durchführung des Interviews:**

Abrechnungs-Nummer

Unterschrift des Interviewers