

DIW Berlin / SOEP (Ed.)

Research Report

SOEP-Core - 2021: Deceased individual

SOEP Survey Papers, No. 1210

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1210²⁰²²

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Deceased Individual

infas

Running since 1984, the German Socio-Economic Panel study (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:

Series A – Survey Instruments (Erhebungsinstrumente)

Series B – Survey Reports (Methodenberichte)

Series C – Data Documentation (Datendokumentationen)

Series D – Variable Descriptions and Coding

Series E – SOEPmonitors

Series F – SOEP Newsletters

Series G – General Issues and Teaching Materials

The SOEP Survey Papers are available at <http://www.diw.de/soepsurveyspapers>

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SOEP-Core – 2021: Deceased Individual

infas

2022

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v38eu.

Questionnaire

The Deceased Person

Dear Study Participant,

First of all, we – the “Living in Germany” team – would like to extend our sincere condolences on the loss of your family members.

For many people, it is difficult to talk about death and dying, especially with strangers. Yet because science still knows so little about this topic, we would like to ask you a few questions about the last stage of your loved one's life.

We cordially request that you either

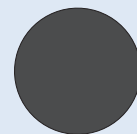
- provide our staff member with an interview
- or if you prefer, that you carefully complete this questionnaire yourself.

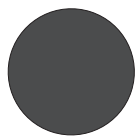
This questionnaire is to be filled out by

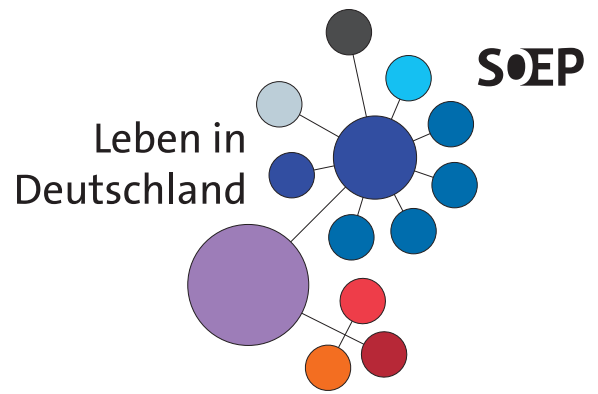
(may also be filled out by Interviewer):

First name:

Please only fill out this questionnaire if you are asked to do so in the „Individual“ questionnaire.







Questionnaire

The Deceased Person

We also offer an online questionnaire as an alternative to the paper version.

To complete the questionnaire online, please enter the following address into your Internet browser:

<LinkCAWI>

Your personal access code is:

<PWD-CAWI>

If you completed the questionnaire online, you don't need to return this printed questionnaire.

If an interviewer is present, please enter:

[] [] [] [] [] [] [] []

LFD

[] [] [] [] [] [] [] []

Interviewernummer

infas

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www.leben-in-deutschland.de

7701/VP-EN/2021

<LFD/Personen-Nr>

How should the questionnaire be filled out?

Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

Example:

Yes

No

If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

Example:

Yes

No


When filling out the questionnaire, please pay attention to the instructions for each question:

Example:

 Please select one answer only.

If there is a blank for you to write your answer in, please print your answer in the blank:

Example:

Country: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:

If you should skip certain questions, there will be specific instructions:

Example:

Yes → Continue with question 11

Please make sure:

 that you fill out the questionnaire in black pen only.

 that your answers are clearly legible.

 and that your answers are inside the boxes.

This makes our work much easier. Thank you very much!


Further information

If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.

You can call us during normal business hours at our toll-free number, 0800-6677876, or send us an e-mail at LiD@infas.de. We will respond to e-mails as quickly as possible. For more information on the study, please see the infas homepage at: www.leben-in-deutschland.de

1 Please give the first name and birthdate of the deceased person:

vname_1_1
vname_1_2
vname_1_3
vgebta_1
vgebta_2
vgebta_3
dl003_1
dl003_2
dl003_3
dl002_1
dl002_2
dl002_3
sexn_1
sexn_2
sexn_3

 Please answer the following questions in columns: first, all of the questions for the first deceased person, then for the second deceased person, and so on.

	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day and month of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex:			
Male	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Divers	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
2 What was your relationship to the deceased?			
The deceased was...			
... my mother / father	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
... my spouse / life partner	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
... my daughter / son	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
... other	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
→ please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 How old was your family member when he/she died?			
years	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4 Did the deceased person live in this household?			
Yes	1 <input type="checkbox"/> → Question 9	1 <input type="checkbox"/> → Question 9	1 <input type="checkbox"/> → Question 9
No	2 <input type="checkbox"/> → Question 5	2 <input type="checkbox"/> → Question 5	2 <input type="checkbox"/> → Question 5
5 Do you know if the deceased ever took part in the study „Living in Germany“?			
Yes, they did	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No, they never took part in the study	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Don't know	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

dl004_1
dl004_2
dl004_3
vfamso_1
vfamso_2
vfamso_3

dl005_1
dl005_2
dl005_3

dl006_1
dl006_2
dl006_3

dl007_1
dl007_2
dl007_3


 Please state the first names of the deceased persons from question 1 again:

vname_2_1
vname_2_2
vname_2_3

	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 What was the deceased person's main living situation for the last year of his/her life?


dl008_1
dl008_2
dl008_3

 Please select one answer only.

Alone in his or her own home	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
With spouse / partner in their own home	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
With other family members in their home	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
In a residential facility for senior citizens (e.g., assisted living)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
In a retirement / nursing home	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
In a clinic or hospital	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Elsewhere	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

7 Where did the deceased person live?

dl009_1
dl009_2
dl009_3

 Please select one answer only.

Here in this household	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
In this neighborhood	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Relatively close to here – within an hour on foot	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Further away in Germany	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Outside Germany	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

 Please state the first names of the deceased persons from question 1 again:

vname_3_1
vname_3_2
vname_3_3

First name:

1st deceased person:	2nd deceased person:	3rd deceased person:
<input type="text"/>	<input type="text"/>	<input type="text"/>

8 In the last twelve months of his/her life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?

Every day or almost every day

1

1

1

At least once a week

2

2

2

At least once a month

3

3

3

Rarely

4

4

4

Never


5

5

5

9 Where did your family member pass away?

dI011_1
dI011_2
dI011_3

 Please select one answer only.

At home

1

1

1

In a private household other than your own

2

2

2

In a hospital

3

3

3

In a retirement / nursing home

4

4

4

In a hospice

5

5

5

Other

6

6

6

Don't know

7

7

7


 Please state the first names of the deceased persons from question 1 again:

vname_4_1
vname_4_2
vname_4_3

	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Can you tell us what the cause of death was?


dl012_1
dl012_2
dl012_3
dl013_1
dl013_2
dl013_3
dl014_1
dl014_2
dl014_3
dl015_1
dl015_2
dl015_3
dl016_1
dl016_2
dl016_3
dl017_1
dl017_2
dl017_3
dl018_1
dl018_2
dl018_3
dl019_1
dl019_2
dl019_3
dl020_1
dl020_2
dl020_3
vurs10_1
vurs10_2
vurs10_3
dl021_1
dl021_2
dl021_3

 Please select all that apply.

	1	1	1
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe infectious disease (e.g., pneumonia, flu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Did the deceased have any of the following documents on file as a precautionary measure?

dl022_1
dl022_2
dl022_3
dl023_1
dl023_2
dl023_3
dl024_1
dl024_2
dl024_3
dl025_1
dl025_2
dl025_3

 Please give an answer in each line.

A testament, last will	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>
	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>
	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>
Living will (advance directive regarding future medical care)	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>
	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>
	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>
Lasting power of attorney (e.g., in case of loss of mental capacity)	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>
	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>
	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>
Advance funeral wishes (e.g., with details on burial)	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>	Yes 1 <input type="checkbox"/>
	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>
	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>	Don't know 3 <input type="checkbox"/>

 Please state the first names of the deceased persons from question 1 again:

vname_5_1
vname_5_2
vname_5_3

		1st deceased person:	2nd deceased person:	3rd deceased person:
First name:		<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Had the deceased person suffered any severe losses of mental capacity (e.g., memory loss)?			
dI026_1 dI026_2 dI026_3	Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	Don't know	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
13	How would you describe the health of the deceased person about three months before his / her death?			
dI027_1 dI027_2 dI027_3	Very good	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	Good	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	Satisfactory	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
	Poor	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
	Bad	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
14	Was the deceased person in need of assistance or care approximately three months before death?			
dI028_1 dI028_2 dI028_3	Yes	1 <input type="checkbox"/> → Question 15	1 <input type="checkbox"/> → Question 15	1 <input type="checkbox"/> → Question 15
	No	2 <input type="checkbox"/> → Question 16	2 <input type="checkbox"/> → Question 16	2 <input type="checkbox"/> → Question 16


vname_6_1
vname_6_2
vname_6_3

 Please state the first names of the deceased persons from question 1 again:

	1st deceased person:	2nd deceased person:	3rd deceased person:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>

15
dl029_1
dl029_2
dl029_3
dl030_1
dl030_2
dl030_3
dl031_1
dl031_2
dl031_3
dl032_1
dl032_2
dl032_3
vhil5_1
vhil5_2
vhil5_3

Which of the following activities did the deceased need help with?

 Please select all that apply.

Needed help with ...

... Shopping and errands

1

1

1

... Doing housework, preparing meals and drinks

... Basic personal care, e.g., dressing and undressing, bathing, combing hair, shaving

... More complex care activities, e.g., getting in and out of bed, going to the toilet, etc.

None of the above

Please state the first names of the deceased persons from question 1 again:

vname_7_1
vname_7_2
vname_7_3

First name:

1st deceased person:	2nd deceased person:	3rd deceased person:
<input type="text"/>	<input type="text"/>	<input type="text"/>

16 Think about the period of time before your family member passed away.

dI034_1
dI034_2
dI034_3
dI035_1
dI035_2
dI035_3

How satisfied do you think he or she was with his or her life at that time, all things considered?

Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).

Completely dissatisfied

Completely satisfied

	About a year before death	About three months before death	About a year before death	About three months before death	About a year before death	About three months before death
0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>

17 Finally, a question for you personally:
To what extent has your life changed as a result of your family member's death?

dI036_1
dI036_2
dI036_3

Please select one answer only.

I have had to reorganize my life completely

Some things in my life have changed

Nothing has really changed in my life

1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

A When did you finish filling out the questionnaire?datt, datm
datst, datmiDate: Time: :
 Day Month Hour Minute

B Approximately how long did it take you to complete this questionnaire?

dauer2

 Minutes

C Were other persons present while you were filling out the questionnaire?anw1
anw2
anw3
anw4 Please select all answers that apply.

1

Yes, spouse / partner Yes, other person who is living in the same household Yes, other person who does not live in the same household No 

→ Continue with question D

→ End of questionnaire

D Did any of the aforementioned people bother you while you were filling out the questionnaire?

abl

Yes 1No 2

Thank you for taking part.

Please give the completed questionnaire to our interviewer or send it back to infas in the enclosed postage-paid envelope:

infas Institut für angewandte
Sozialwissenschaft GmbH
Postfach 24 01 01
53154 Bonn

