

Living in Germany

Survey 2003
on the social situation
of households

Household question form

This questionnaire booklet is directed towards the household as a whole and not towards individuals in the household. The questionnaire should be filled out by the same person in the household who did it last year, if possible.

Your cooperation is voluntary. The scientific meaningfulness of this investigation, however, depends on the cooperation of all persons in all households.

Therefore, we ask that:

- You allow our representative to carry out this interview; **or**
- You carefully fill out the questionnaire booklet yourself.

**Before handing in please enter
in accordance with the address log:**

Household number

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

The questionnaire has been filled out by:

First name

--

Person
number

--	--

How is it done?

Please fill in the questionnaire booklet by

- checking the box with an X

Example: Sex: male
 female

- entering numbers in the larger lines (flush right)

Example: Date of Birth: ...

- writing in the text boxes provided

Example: Other reason

Change of Job

A 'pointing finger' symbol means that there is a further explanation to the question.

Please answer each question in turn.
 Skip questions only when expressly told to do so in the text.

Example:

Are there children in your household?

Yes
 No **Skip to Question . . . !**


If you check off "yes" for this question then you should go to the next question.

If you check off "no" for this question, then proceed directly to the question indicated.

Expenses for house or flat

1. Did you live in this flat the last time we interviewed you about a year ago?

Yes Skip to question 11!

No


2. What was the most important reason for moving into this flat?

 Please check **up to three** reasons!

Notice given from the previous landlord

Acquiring ownership of own home or flat

Inheritance

Reasons related to work

Reasons related to family:

Marriage

Separation / Divorce

Moving away from parents' home

Other

Size and costs of the flat:

Previous flat too small

Previous flat too large

Costs for previous flat (rent, interest, mortgage payments) too high

Other reasons related to the previous flat:

Previous flat was poorly designed, equipped, etc.

The previous flat was poorly located

The previous flat was in a bad neighborhood

Other reasons

3. And how does your new flat compare to your previous one?

Is the overall situation in your new flat better, about the same, or worse than in the previous flat?

 Please check **only one** per row!

How is that with respect to –	Better	About the same	Worse
– financial aspects (for example, rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– the size of the flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– how the flat is designed, equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– conditions around the flat (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"/>
– relations to neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When did you move into this flat?

Month Year

5. How would you describe your residential area?

- A residential area with mostly old houses (built before the war)
- A residential area with mostly newer houses
- A residential and commercial area with flats, houses, shops and businesses
- A commercial area (shops, banks, offices) with few flats
- An industrial area with few flats

6. What kind of a house is it in which you live?

- Farm house
- Free standing one or two family house
- One or two family house as row or double house
- Building with 3 to 4 flats
- Building with 5 to 8 flats
- Building with 9 or more flats (but no more than 8 floors/stories)
- High-rise (9 or more floors/stories, number of flats unlimited)

7. Is it a dormitory or a similar living complex?

- No Yes: - Dormitory for school pupils or teenagers
- Student dormitory
 - Residence for workers or singles
 - Nursing home, nursing home for the elderly
 - Housing for the elderly
 - Other

8. Who is the owner of the flat?

- Self owned residential property
- Municipal government
- Professional organization or union ...
- My company
- Private owner
- Don't know

9. When, approximately, was the house built in which your flat is located?

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

10. How is your flat equipped?

- Does your flat have –**
- | | Yes | No |
|---|--------------------------|--------------------------|
| – a kitchen | <input type="checkbox"/> | <input type="checkbox"/> |
| – a bath or shower in the flat | <input type="checkbox"/> | <input type="checkbox"/> |
| – warm water, a boiler | <input type="checkbox"/> | <input type="checkbox"/> |
| – a toilette in the flat | <input type="checkbox"/> | <input type="checkbox"/> |
| – central heating or central heating
for the story/floor of the building | <input type="checkbox"/> | <input type="checkbox"/> |
| – balcony, terrace, porch | <input type="checkbox"/> | <input type="checkbox"/> |
| – cellar, storage area | <input type="checkbox"/> | <input type="checkbox"/> |
| – own yard, garden, access to use of a yard or garden? | <input type="checkbox"/> | <input type="checkbox"/> |

11. Has the size of your apartment changed within the last year, e.g. due to reconstruction or different usage

- Yes
- No

12. How large is the total living space in this flat?

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 m²

13. How many rooms does the flat have?

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

--	--

 rooms

14. What do you think about the total size of your flat? Is it for your household –

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

15. How would you characterize the condition of the house in which you live?

- In good condition
- Partly in need of renovation
- In need of complete renovation
- Ready for demolition

16. Have you or your landlord done any of the following modernizations in the flat since beginning of 2002?

- Built in a kitchen
- Built in a bathtub, shower, toilette
- Installed central heating or central heating for the story of the building
- New windows
- Other

No, none of these ..

Skip to question 19!

17. Did you or your landlord pay the costs for these modernizations?

- Landlord *Skip to question 19!*
- Myself
- Both

18. Did you do the work yourself or did you hire someone (a tradesman or company) to do it?

- Myself
- Hired tradesman or company
- Both

19. Did this flat change hands within the last year?

- Yes *Skip to question 21!*
- No

20. What type of change was this?

- I am / we are –
- now owner(s) by means of –
 - the purchase of the flat
 - inheritance or gift
 - no longer owner(s) because –
 - we sold the flat
 - gift / inheritance / other
 - still tenants, but it is now owned by someone else

21. The next questions deal with the costs of living in your flat.

Please give all amounts in EURO.

First the question: do you live in the flat as main tenant, subtenant, or owner?

- Main tenant *Skip to question 22!*
- Subtenant
- Owner *Skip to question 29!*

Only for tenants:

22. Is this a flat subsidized by the government ("Sozialwohnung")?

Yes, and the subsidy is still granted

Yes, but the subsidy is no longer granted

No

23. How much is the monthly rent?

EURO

I don't pay rent

Skip to question **38!**

24. Are the costs for heating (and usually also warm water) included in the rent?

Yes

No

25. How high are the heating costs per month?

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

EURO

Don't know

26. Are other costs included in the rent, for example for water, garbage removal, etc.?

Yes, included in full

How much are they?

EURO per month

Don't know ...


Yes, included in part ...

No

Skip to question **38!**

Only for homeowners:

29. Do you still have financial obligations, for example loans or a mortgage, for this house or flat in which you live?

Yes


No

Skip to question **31!**

30. How high are the monthly loan or mortgage payments including interest for this loan or mortgage?

 If you don't know the exact amount, **please estimate!** Please do so also in the next questions.

Loan or mortgage payments and interest EURO per month

31. How high were the maintenance costs for this flat / house in the last calendar year? EURO per year

32. What were the costs for heating last year? EURO per year

33. And how high were the costs for water, garbage removal, street cleaning, etc. last year? EURO per year

34. Do you pay fees for the management or maintenance of the building?

Yes ⇒ EURO per month

No

35. Did you receive governmental homeowners' assistance in the last calendar year?

Yes, as tax deductible according to the "old" regulations (for houses or flats bought before 1995) ⇒

How high was the tax deductible which you applied for on your "Lohnsteuerkarte" or in your tax form?

EURO in 2002

Yes, as home owners' assistance according to the "new" regulations (for those acquired after 1995) ⇒

How high was the total assistance?

EURO in 2002

No

Questions 36-37 are dropped

Applicable for all:

38. Did you or someone in your household receive income from letting or leasing land or house / flat last year?

Please state actual income, not the tax value for own use.

Yes
↓

No

Skip to question 41!

39. About how high was the total income from renting out or leasing out last year?

Please state the gross amount including funds put aside for future use/ maintenance/renovations.

EURO in 2002

40. What costs did you have for the objects you rented out in the last calendar year?

Please state separately:

- Maintenance and repair costs
- Loan, mortgage and interest payments.

Maintenance costs EURO in 2002

Loan, mortgage and interest payments EURO in 2002

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


- Savings account
- Savings contract for building a home
- Life insurance
- Fixed interest securities (e.g. saving bonds, mortgage bonds, federal savings bonds)
- Other securities (e.g. stocks, funds, bonds, equity warrant)
- Company assets (for your own company, other companies, agricultural assets)

No, none of these

Skip to question 45!

42. How high was the income received from interest, dividends and profits from these savings and securities in the last calendar year?

Last year EURO

 If you don't know the exact amount, please estimate according to the following list:

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

43. Did you or another member of the household receive a large sum of money or other forms of wealth (car, house, etc.) as inheritance, gift, or lottery winnings last year? We refer to money or other forms of wealth worth more than 2,500 EURO.

Yes  No

Skip to question 45!

- As:
- Inheritance
 - Gift
 - Lottery winnings

44. How much were these worth?

EURO


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

		Number of months received in 2002	Average amount per month	
Child allowance ("Kindergeld")	No <input type="checkbox"/>			
	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO
Housing assistance ("Wohngeld oder Lastenzuschuss")	No <input type="checkbox"/>			
	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO
Support for care of sick family members ("Pflegeversicherung")	No <input type="checkbox"/>			
	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO
Social assistance ("Sozialhilfe")	No <input type="checkbox"/> ■	<i>Skip to question 47!</i>		
	Yes <input type="checkbox"/>			

46. If you have received social assistance ("Sozialhilfe"):

What type of social assistance did you receive?

- **regular support for living costs** ("laufende Hilfe zum Lebensunterhalt")
- **support for special situations, for example integration support for handicapped persons, support for care of sick family members, etc.** ("Hilfe in besonderen Lebenslagen")
- **one-time support for living expenses like clothing, heating, etc.** ("einmalige Hilfe zum Lebensunterhalt")


 Please check all that apply.
More than one can be checked.


		Number of months received in 2002	Average amount per month	
Regular support for living costs	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO
Support for special situations	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO
One-time support for living expenses	<input type="checkbox"/>			

47. And how is that today? Do you or another member of the household currently receive any of the following types of governmental (state) support?

Child allowance ("Kindergeld")	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO per month for <input type="text"/> children
Housing assistance ("Wohngeld oder Lastenzuschuss")	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO per month
Support for care of sick family members ("Pflegeversicherung")	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO per month
Social assistance ("Sozialhilfe")	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EURO per month
No, none of these	<input type="checkbox"/>		


48. If you take a look at the total income from all members of the household:
how high is the 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 allowance, child allowance, grants for higher education support payments, etc.

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

EURO per month

49. Do you have to use a certain amount of your income for paying back loans which you took out for major purchases or other expenses?

 Please do not include loan, mortgage or interest payments which you have already stated in previous questions.

Yes EURO per month
No

50. Do you usually have an amount of money left over at the end of the month that you can save for larger purchases, emergency expenses or to acquire wealth?

If yes, how much?











Yes EURO per month
No

50a. Are you able to pay the rent or mortgage/interest payments without any difficulty?

Yes Does not apply, do not pay rent or mortgage/interest payments
No

51. The following question deals with what you are able to afford. Which of the following applies to you?

For points which do not apply to you, please indicate whether this is for financial or other reasons.

	Yes	No	Financial reasons	Other reasons
The household has a color television	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
The household has a telephone	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
The household has a car	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
Furniture which is worn out but can still be used is replaced by new furniture	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
The flat is located in a building which is in good condition	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
The building is located in a good neighborhood	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
I have put some money aside for emergencies	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
I take a vacation away from home for at least one week every year	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
I invite friends over for dinner at least once a month	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
I eat a hot meal with meat, fish, or poultry at least every other day	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>

52. What do you plan for grocery expenses per week or month for you and your household?


 Please state the amount for an average week **or** month, whichever is easier for you to estimate.

EURO for groceries in an average **week**

EURO for groceries in an average **month**

Does your household have ...?


53. Do children who were born in 1987 or later live in your household?


Yes 

No

Skip to question 57!

54. In what year were these children born?

 Please state the birth year separately, starting with the oldest child which was born in 1987 or later and then each according to age, the youngest last.

Please state:  First name:
 Year of birth:
 Month:


55. What of the following institutions do these children currently attend?

Nursery school, Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babysitter, "Tagesmutter"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school ("Grundschule inkl. Förderstufe")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General secondary school ("Hauptschule")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school ("Realschule")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper secondary school ("Gymnasium")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive school ("Gesamtschule")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time professional school ("Berufsschule")	<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"/>
Doesn't attend any of these institutions ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Do these children attend these schools or institutions mostly –

mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
all day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


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

Yes 

No

Skip to question **61!**

58. Who is that and by which of the following activities does he or she need assistance?

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

person in need of care
first name



Needs assistance with –

Errands outside of the house

Running the household,
preparing meals and drinks

Minor care, such as help with dressing himself,
washing up, combing hair, shaving

Major care, such as getting in and out of bed,
bowel movements

59. Does the person in need of care receive nursing care assistance ("Pflegeversicherung")?

Yes based on: care level 1

care level 2

care level 3

No

60. From whom does this person receive the necessary assistance?

From: – relatives in the household 

– public or church nurse, social worker

– private care service

– friends

– neighbors

– relatives not in the household

Please give us the name of the person in the household who is the main provider.

61. Do you regularly or occasionally employ household help?

Yes, regularly

Yes, occasionally

No

62. How many motor vehicles in total are there in your household?

We mean cars, motorcycles and mopeds.

Number



None

Skip to question **64!**


63. For each of these vehicles (maximum of 4) please provide the following details:

	First Vehicle	Second Vehicle	Third Vehicle	Fourth Vehicle
a) Type of vehicle?				
– car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– motorcycle / moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) In which year was the vehicle purchased?	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c) How many kilometres does this vehicle cover per year?				
– Number of km	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) What is the average consumption of this vehicle per 100 km?				
– consumption in litres	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
e) What sort of fuel do you use in this vehicle?				
– normal, super (unleaded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– leaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64a You can use a number of different forms of energy in a household.


Which form of energy do you use –

- for heating?
- for providing hot water?
- for cooking?
- for lighting and household appliances?

 Please tick those that apply in the diagram below!

64b What costs arise from the individual forms of energy that are used in your household?

Please enter either the monthly average or the yearly amount, depending on what you know or can estimate.

 Please enter the amount for each applicable form of energy separately!

	Question 64a				Question 64b								
	Heating	Warm water	Cooking	Light, Appliances	Amount average per month Euros	Amount pro Jahr per year Euros							
Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>				or	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>			
Gas (natural gas, town gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>				or	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>			
Lon-distance heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>				or	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>			
Electricity (including night storage heating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>				or	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>			
Solar energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Coal, briquette, wood (solid fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>				or	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>			
Other forms of energy (i.e. liquid gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>				or	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>			

Vielen Dank!

Bitte vergessen Sie nicht, noch Ihren "Personenbogen" auszufüllen!

Durchführung des Interviews

A Wie wurde die Befragung durchgeführt?

Mündliches Interview

Befragter hat den Fragebogen selbst ausgefüllt,
und zwar:

– in Anwesenheit des Interviewers

– in Abwesenheit des Interviewers

Teils mündlich, teils selbst ausgefüllt

B Interviewdauer:

Das mündliche (Teil-)Interview dauerte Minuten

Befragter brauchte zum Selbstausfüllen Minuten

(bitte erfragen)

C Sonstige Hinweise:

Listen-Nr.

Lfd. Nr.

Ich bestätige die korrekte Durchführung
des Interviews:

Tag

Monat

Abrechnungs-Nummer

Unterschrift des Interviewers