

Living in Germany

Survey 2002
on the social situation
of households

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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

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The questionnaire has been filled out by:

First name

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Person
number

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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 10!

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. 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

9. 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"/> |

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

- Yes
- No

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

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 m²

12. How many rooms does the flat have?

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

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 rooms

13. 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?

14. 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

Questions 15-16 are dropped

17. Have you or your landlord done any of the following modernizations in the flat?

- 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 20!

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

- Landlord → Skip to question 20!
- Myself
- Both

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

- Myself
- Hired tradesman or company
- Both

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

- Yes
- No → Skip to question 22!

21. 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
 - we gave it away as gift or inheritance
 - still tenants, but it is now owned by someone else

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

 Please give all amounts in EURO.
Use a EURO-converter or use the rule of thumb: 100 DM = 50 EURO.

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

- Main tenant → Skip to question 23!
- Subtenant
- Owner → Skip to question 31!

Only for tenants:

23. Is the flat offered to you from the owner at a reduced price, for example from your employer, from relatives, or because of work as manager of the building?

Yes

No

24. 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

25. How much is the monthly rent?

EURO

I don't pay rent →

Skip to question 30!

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

Yes

No

27. How high are the heating costs per month?

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

EURO

Don't know

28. 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

29. How does your flat compare to similar flats with regards to rent? Is it –

– very inexpensive

– inexpensive

– about average

– a bit too expensive

– much too expensive?

30. Who is the owner of the flat?

Municipal government

Professional organization or union

My company

Private owner

Don't know

Skip now to question 40!

Only for homeowners:

31. 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 **33!**

32. 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

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

EURO per year

34. What were the costs for heating last year?

EURO per year

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

EURO per year

36. If this is a flat (and not a house) or condominium owned by you ("Eigentumswohnung"):

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

Yes  EURO per month

No

Not applicable,
because I own a house

37. If you compare this with a rental flat, are those costs –

– very inexpensive

– inexpensive

– about average

– a bit too expensive

– much too expensive? ..

38. And if you lived in this flat or house as tenant:
what do you estimate would be the monthly rent without heating costs?

About EURO

Don't know

39. 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 per year

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

How high was the total assistance?

EURO per year

No

Applicable for all:

40. 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 **43!**

41. 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 2001

42. 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 2001

Loan, mortgage and interest payments EURO in 2001

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

- 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!

44. 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 (less than ca. 500 DM) ...
- 250 up to but less than 1,000 EURO (ca. 500 – 2,000 DM) ...
- 1,000 up to but less than 2,500 EURO (ca. 2,000 – 5,000 DM) ...
- 2,500 up to but less than 5,000 EURO (ca. 5,000 – 10,000 DM) ...
- 5,000 up to but less than 10,000 EURO (ca. 10,000 – 20,000 DM) ...
- 10,000 EURO or more (ca. 20,000 DM or more)

45. 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 46!

As:

- Inheritance
- Gift
- Lottery winnings

45a How much were these worth?

EURO

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

		Number of months received in 2001	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
Sozialhilfe	No..... <input type="checkbox"/> ➔	Skip to question 48!	
	Yes <input type="checkbox"/> ⚡		

47. 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 2001	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"/> DM
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"/> DM
One-time support for living expenses	<input type="checkbox"/>		

48. 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"/>		

49. 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

50. 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

51. 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

52. Do you have any of the following in your household?

Please check all that apply and answer the question in the last two columns!

	Yes	Have any of the following been bought in the last 12 months?
		Please also tick
- Car	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Motorcycle, moped	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Color television	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Video cassette recorder (VCR)	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Stereo	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- PC / personal computer	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Access to internet	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Microwave oven	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Dish washer	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Washing machine	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Telephone	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Cellular telephone, mobile telephone	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- Fax machine	<input type="checkbox"/> ⇒ <input type="checkbox"/>
- ISDN connection	<input type="checkbox"/> ⇒ <input type="checkbox"/>

Does your household have ...?

53. 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 58!

54. 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

55. 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

56. 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

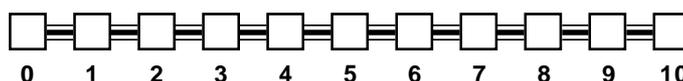
Please give us the name of the person in the household who is the main provider.

57. How satisfied are you with today's health care choices?

 Please answer according to the following scale:
"0" means completely dissatisfied, "10" means completely satisfied.

completely
dissatisfied

completely
satisfied



0 1 2 3 4 5 6 7 8 9 10

58. Do children who were born in 1986 or later live in your household?

Yes
 

No 

Skip to question 67!

59. In what year were these children born?

 Please state the birth year separately, starting with the oldest child which was born in 1986 or later and then each according to age, the youngest last.

Please state:  First name:
 Year of birth:

60. 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"/>

61. Who pays for this school or institution? Is it –

a public institution, e.g. city-run kindergarten, city-run school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a private non-profit making parent initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
church or other common use facility or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a company-run facility, e.g. company kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or a private-commercial facility, such as a private kindergarten/nursery or private school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please transmit
name of children:



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62. 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"/>

63. Can you fully, partly or not at all rely on the hours of care being kept?

Fully rely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly rely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot rely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. If you want, does the facility provide the child with lunch?

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"/>

65. Is attendance of this facility or school free of charge or do you have to pay a fixed sum, i.e. day-nursery fees, kindergarten contribution or tuition fees?

Attendance is free of charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay fixed sum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↳ per month EURO

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66. Are there additionally other persons outside of the household who regularly watch or take care of your children?

Yes, relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, friends / neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, paid babysitters	<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"/>

67. Do you regularly or occasionally employ household help?

Yes, regularly

Yes, occasionally No

Thank you!

Please don't forget to fill out the "Individual Question Form"

Interviewer's remarks

A How was the interview carried out?

Spoken interview

The target person filled out the questionnaire booklet him/herself:

– with the interviewer present

– without the interviewer present

Part spoken, part filled out by the target person

B Duration of the interview:

The spoken (part-)interview lasted how many minutes minutes

The target person needed how many minutes to fill out the questionnaire booklet him/herself minutes
(please ask)

C Further comments:

List number

Serial number

I confirm that this interview was carried out correctly:

Day

Month

Interview number

Signature of the Interviewer