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Living in Germany

Survey 2001
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

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The questionnaire has been filled out by:

First name


--

Person
number

--	--

Expenses for house or flat


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

Yes 

No 

Skip to question 5!

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

Yes 

No 

Skip to question 4!

3. 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

4. Has the size of your flat changed at all since our interview last year, perhaps due to additions or different use of existing rooms?

Yes 

Skip to question 15!

No 

Skip to question 17!


5. When did you move into this flat?

Month Year

6. Are you tenant or owner?

Tenant 

Skip to question 8!

Owner 

7. How did you acquire this house/flat?

Bought it new or built it yourself

Bought it from the previous owner

Acquired it as inheritance or gift

8. 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)

9. 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


10. 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

11. 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"/>

12. 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

13. 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

14. 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"/>

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

m²

16. How many rooms does the flat have?

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

rooms

17. 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

18. 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 21!

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

- Landlord **Skip to question 21!**
- Myself
- Both

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

- Myself
- Hired tradesman or company ...
- Both

21. 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?

22. The next questions deal with the costs of living in your flat. For that reason, once again: 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?

DM

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!**

DM

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?

DM 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 DM per month

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

DM last year

34. What were the costs for heating last year?


DM last year

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

DM last 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  DM 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..... DM

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?

DM last year

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

How high was the total assistance?

DM last 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.

DM in 2000

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 DM in 2000

Loan, mortgage and interest payments DM in 2000

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 (saving bonds, mortgage bonds, etc.)
- Other securities (stocks, funds, bonds, etc.)
- 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 DM

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

- less than 500 DM
- 500 up to but less than 2,000 DM
- 2,000 up to but less than 5,000 DM
- 5,000 up to but less than 10,000 DM
- 10,000 up to but less than 20,000 DM
- 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 5,000 DM.

Yes No

Skip to question 46!

- As:
- Inheritance
 - Gift
 - Lottery winnings

45a How much were these worth?

DM

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

		Number of months received in 2000	Average amount per month	
Child allowance ("Kindergeld")	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DM
	No <input type="checkbox"/>			
Housing assistance ("Wohngeld oder Lastenzuschuß")	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DM
	No <input type="checkbox"/>			
Support for care of sick family members ("Pflegeversicherung")	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DM
	No <input type="checkbox"/>			
Social assistance ("Sozialhilfe")	Ja <input type="checkbox"/>	No <input type="checkbox"/>	Skip to question 48!	
	↓			

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 2000	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"/>	DM 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"/>	DM 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"/>	DM per month	
Social assistance ("Sozialhilfe")	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DM 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.

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 DM 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

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 DM 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

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 DM per month

No

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.

--	--	--	--

 DM for groceries in an average week

--	--	--	--

 DM for groceries in an average month

53. The following questions deals with what sort of decisions you make based on what you can afford. Various examples are given.

If something does not apply::
Is that due to financial reasons
 (you can't afford it)
or do the reason lie elsewhere?

Which of the following apply to your household and which do not, regardless of the reasons why?

	Applies	Doesn't apply	Can't afford it	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 am able to pay my rent or mortgage/ loan payments for the flat always on time	<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"/>


54. Does a cleaning lady or another person help in the household regularly or occasionally?

Yes, regularly

Yes, occasionally

No

55. About how many books do you have in your household?

 *Please do not count newspapers, magazines or schoolbooks.*
A helpful hint: one meter of a bookshelf holds about 50 books.

Less than 10 books

10 to 50 books

50 to 100 books

100 to 200 books

200 to 500 books

500 to 1.000 books

1.000 books or more

Does your household have ...?


56. Do children who were born in 1985 or later live in your household?

Yes

No ➔

Skip to question **61!**

57. In what year were these children born?

 Please state the birth year separately, starting with the oldest child which was born in 1985 or later and then each according to age, the youngest last.

Please state: ➔ First name:

Year of birth:

58. 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"/>


59. 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"/>

60. 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"/>


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

Yes 

No 

Skip to the **"Thank you"** at the end

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

 Please state the first name and check the activities that apply.
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

63. 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

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

From

– public or church nurse, social worker

– private care service

– friends

– neighbors

– relatives not in the household

– relatives in the household



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

Thank you!

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

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