

# Living in Germany

Survey 2008  
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

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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 9!  
 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 .....
- 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) .....

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

- No .....  Yes:
- Dormitory for school pupils or teenagers .....
  - Student dormitory .....
  - Housing/Residence for employees .....
  - 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 .....

**Can you also provide the exact year in which the house was built?**

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

Yes .....

No .....

10. How large is the total living space in this flat? .....  m<sup>2</sup>

11. How many rooms does the flat have?

 Include all rooms with 6 m<sup>2</sup> or more but **exclude** kitchen and bathroom. ...  rooms

12. 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 .....

13. 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 .....

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"/> |
| - alarm system .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| - air conditioning .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| - solar collector, solar energy system .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |

**15. Have you or your landlord done any of the following modernizations in the flat since beginning of 2006?**

- 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 18!*

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

- Landlord .....  → *Skip to question 18!*
- Myself .....
- Both .....

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

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

**18. Did this flat change hands within the last year?**

- Yes .....
- No .....  → *Skip to question 20!*

**19. 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 .....

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

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

- Main tenant .....  → *Skip to question 21!*
- Subtenant .....
- Owner .....  → *Skip to question 28!*

## Only for tenants:

21. 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 .....

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?

euros

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!**

euros

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?

euros per month

Don't know ..

Yes, included in part ...

No .....

27. 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? .....

28. Who is the owner of the flat?

Municipal government .....

Professional organization or union .....

My company .....


Private owner .....

Don't know .....

Skip now 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 .....  euros per month

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

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

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

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

Yes .....    euros per month

No .....

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

– very inexpensive .....

– inexpensive .....

– about average .....

– a bit too expensive .....

– much too expensive?..

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

About .....  euros

Don't know .....

37. Did you receive a financial support through the government homeowners' assistance program to build / buy a private home ("staatliche Eigenheimzulage") during the last calendar year?

How much financial support did you receive through this program in the year 2007?

Yes .....    euros in the year 2007

No .....



## 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 42!

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. ....

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euros in the year 2007

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 ..... 

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euros in the year 2007

Loan, mortgage and interest payments ..... 

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

euros in the year 2007

41. Will you be able to deduct these costs incurred in the last year from your taxes or declare them as a loss? If so, how much?

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

Yes .....  ..... 

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euros in the year 2007

No .....

42. Aside from debts on loans for home and property ownership, are you currently paying back loans and interest on loans that you took out to make large purchases or other expenditures?

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

Yes .....

No .....  ➔

Sie springen auf Frage 45!

43. How high is the monthly rate that you pay on these loans?

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

Loan repayment (include interest payments) ..... 

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euros per month

44. Does repaying these loans place a major burden on your household, a minor burden, or no burden at all?

Major burden .....

Minor burden .....

No burden .....

**45. 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 47!**



**Can you declare the money spent on loan repayment as losses for the last year?**

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

Yes ...        euros

No .....

**46. How high was your total income from interest, dividends and profits from all investments in the last calendar year?**

Last year       euros

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

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

**47. 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 500 Euros.**

Yes .....

No .....

**Skip to question 49!**

**As:**

Inheritance .....

Gift .....

Lottery winnings .....


**48. How much were these worth?**

euros

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

		Number of months received in 2007	Average amount per month
<b>Child allowance</b> ("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"/> euros
<b>Unemployment benefit II including social benefit and child allowance</b> ("Arbeitslosengeld II einschl. Sozialgeld und Kinderzuschlag")	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"/> euros
<b>Housing assistance</b> ("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"/> euros
<b>Support for care of sick family members</b> ("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"/> euros
<b>Social assistance or basic security payments</b> ("Sozialhilfe oder Grundsicherung")	No ..... <input type="checkbox"/> →	<i>Skip to question 51!</i>	
	Yes ..... <input type="checkbox"/>		

50. What type of social assistance or basic protection for old age did you receive?

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

		Number of months received in 2007	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"/> euros
Basic protection for old age / reduced capacity to work .....	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> euros
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"/> euros
One-time support for living expenses .....	<input type="checkbox"/>		

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

<b>Child allowance</b>	Yes ..... <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	euros per month	for <input type="text"/> children
<b>Unemployment benefit II including social benefit and child allowance</b>	Yes ..... <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	euros per month	
<b>Housing assistance</b>	Yes ..... <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	euros per month	
<b>Support for care of sick family members</b>	Yes ..... <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	euros per month	
<b>Basic protection for old age / reduced capacity to work</b> ("Grundsicherung im Alter und bei Erwerbsminderung")	Yes ..... <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	euros per month	
<b>Social assistance</b> ("Sozialhilfe")	Yes ..... <input type="checkbox"/> →	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	euros per month	
No, none of these	<input type="checkbox"/>			

**52. 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. ....      euros per month

**53. 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 .....  .....      euros per month  
 No .....

**54. 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"/>
- Microwave oven .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- Dish washer .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- Washing machine .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- Stereo .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- Color television .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- DVD player with no recorder .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- DVD recorder .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- PC / personal computer .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- Internet connection without DSL .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- DSL connection .....	<input type="checkbox"/>	..... <input type="checkbox"/>
- Telephone (landline) .....	<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"/>

**55. Do you regularly or occasionally employ household help?**

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

# Does your household have ...?


56. 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!**

57. 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 .....

58. Does the person in need of care receive nursing care assistance ("Pflegerversicherung")?

- Yes .....  based on: care level 1 .....   
care level 2 .....   
care level 3 .....   
No .....

59. 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 .....  

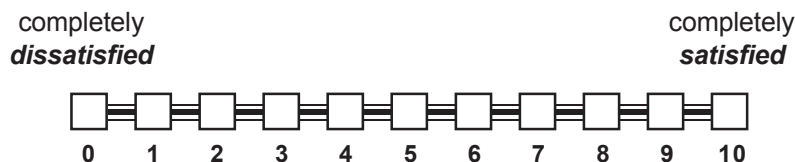
Please give us the name of the person in the household who is the main provider.

Does this person receive a payment for this?

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

60. 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.




61. Do children who were born in 1992 or later live in your household?


Yes .....    


No .....  

Skip to the end!

62. In what year were these children born?

 Please state the birth year separately, starting with the oldest child which was born in 1992 or later and then each according to age, the youngest last.

Please state:  First name:

Year of birth:

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

Nursery school, ("Kindergarten, Kindertageseinrichtung, Hort") .....	<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"/>

64. 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"/>

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

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

Please transmit  
name of children:



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

**Children not yet attending school:**

Children's gymnastics, sports, swimming .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early childhood music lessons .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting for children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other parent-children groups .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, none of the above .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Children attending school:**

**Extra-curricular activities at school**

Sport-AG .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musik-AG .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kunst-AG .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater-AG .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonstige AG .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Activities outside school:**

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

**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