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SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2024: Deceased Individual (PAPI, with Reference to Variables)

SOEP Group

Running since 1984, the German Socio-Economic Panel (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing. The SOEP Survey Papers is comprised of the following series:

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Please cite this paper as follows:

SOEP Group, 2026. SOEP-Core – 2024: Deceased Individual (PAPI, with Reference to Variables). SOEP Survey Papers 1603: Series A – Survey Instruments (Erhebungsinstrumente). Berlin: DIW Berlin/SOEP

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ISSN: 2193-5580 (online)

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SOEP Group

2026

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v41o.

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Reading Aid

This representation of the questionnaire contains the same information as the portal paneldata.org.

The diagram shows a questionnaire entry with the following components and labels:

- question number:** Q72
- question text:** Now we would like to know something about you personally. Were you born in Germany?
- interviewer instruction:** This refers to Germany or the Federal Republic of Germany or the German Democratic Republic in the national borders at the time of your birth.
- answer options:** Yes (1), No (2), No answer (-1)
- in blue: identifier for filter:** Q72:lsta1
- in blue: filter with condition:** Q72:lsta1=2
- in green: dataset name, variable name, variable label:** bio, I0013, born in Germany
- grey bar: open or numeric answer:** (indicated by a grey bar)
- Next question:** Q73: What country were you born in? Please enter the current name!
- Next question identifier:** Q73:lsta2
- Next question filter:** bio, I0016
- Next question label:** Country Of Birth

Here, in addition to the *question number*, *question text*, *interviewer instructions*, and *answer options*, you find printed in green the *file name* and the *variable name* with the *variable label*, which contains information from the question. If you see rows of green lines below the answer option, the questionnaire defines several variables or information is stored in more than one dataset.

The *routing by filters* is depicted in blue.

Each variable is preceded by an identifier, which usually contains the question number and which is used when the variable is used in filters in subsequent questions. Such filters are usually placed as input filters (gatekeepers) at the beginning of a question. An identifier that is referred to in the input filter of a subsequent question is marked yellow as an example.

This reading aid does not cover a few exceptional cases: If the filter (as gatekeeper) only affects one of several variables for a question, the filter is printed in blue behind the variable. There you will also find a "go to" command in the form 2 @ Q73. Here, the questionnaire skips to question 73 if answer 2 was given.

Phrases that are not already translated in English are displayed in German and preceded by [de].

Intro Dear Study Participant,

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

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

We cordially request that you either

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

This questionnaire is to be filled out by (ggf. von der Interviewerin/vom Interviewer auszufüllen):

First name

Intro:name bovp name [de] Vorname Befragungsperson

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

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

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

Your personal access code is:

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

0

If an interviewer is present, please enter:

LFD

interviewer number

0:pid	bovp	pid	Never Changing Person ID
0:pid	instrumentation	pid	Never Changing Person ID
0:pid	instrumentation2024	pid	Never Changing Person ID
0:pid	vpl	pid	Never Changing Person ID
0:intid	bovp	intid	Interviewer ID
0:intid	instrumentation	intid	Interviewer Number
0:intid	instrumentation2024	intid	Interviewer Number
0:intid	vpl	intid	Interviewer ID

Help1 How should the questionnaire be filled out?

Help2 Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

Example:

Yes 1
No 2

Help3 If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

Example:

Yes 1
No 2

Help4 When filling out the questionnaire, please pay attention to the instructions for each question.

Example: Please select one answer only.

Help5 If there is a blank for you to write your answer in, please print your answer in the blank.

Example:

Country:

Help6 Sometimes you are asked to give numerical answers. Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:

Help7 If you should skip certain questions, there will be specific instructions:

Example:

Yes 1

Help8 Please pay attention:

– use only a black pen to fill out the questionnaire. – that the information is clearly legible. – and that the information is inside the boxes.

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

Help9 Further information

Help10 If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.

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

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

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

[1st Person] First name of the deceased person:

1:vname_1	bovp	pid2	Unchanging ID Person deceased
1:vname_1	bovp	bovp_01_01	[de] Vorname: Person (1)
1:vname_1	vpl	vpid	Unchanging ID Person deceased

[1st Person] Day and month of birth: [day]

[1st Person] Day and month of birth: [month]

[1st Person] Year of birth:

1:dl037_1	bovp	bovp_01_02	[de] Geburtstag: Person (1)
1:dl037_1	vpl	dl037	Birthday: deceased person [2024]
1:dl003_1	bovp	bovp_01_03	Month Of Birth: Deceased Person
1:dl003_1	vpl	dl003	Month Of Birth: Deceased Person
1:dl002_1	bovp	bovp_01_04	Year of birth: Deceased Person
1:dl002_1	vpl	dl002	Year of birth: Deceased Person

[1st Person] Sex:

Male

Female

Non-binary (divers)

1:dl001_v2_1	bovp	bovp_01_05	Gender of person deceased [2022/2023]
1:dl001_v2_1	vpl	dl001_h	Gender of person deceased [harmonised]
1:dl001_v2_1	vpl	dl001_v2	Gender of person deceased [2022]

[2nd Person] First name of the deceased person:

1:vname_2	bovp	pid2	Unchanging ID Person deceased
1:vname_2	bovp	bovp_01_01	[de] Vorname: Person (1)
1:vname_2	vpl	vpid	Unchanging ID Person deceased

[2nd Person] Day and month of birth: [day]

[2nd Person] Day and month of birth: [month]

[2nd Person] Year of birth:

1:dl037_2	bovp	bovp_01_02	[de] Geburtstag: Person (1)
1:dl037_2	vpl	dl037	Birthday: deceased person [2024]
1:dl003_2	bovp	bovp_01_03	Month Of Birth: Deceased Person
1:dl003_2	vpl	dl003	Month Of Birth: Deceased Person
1:dl002_2	bovp	bovp_01_04	Year of birth: Deceased Person
1:dl002_2	vpl	dl002	Year of birth: Deceased Person

[2nd Person] Sex:

Male 1
 Female 2
 Non-binary (divers) 3

1:dl001_v2_2 bovp bovp_01_05 Gender of person deceased [2022/2023]
 1:dl001_v2_2 vpl dl001_h Gender of person deceased [harmonised]
 1:dl001_v2_2 vpl dl001_v2 Gender of person deceased [2022]

[3rd Person] First name of the deceased person:

1:vname_3 bovp pid2 Unchanging ID Person deceased
 1:vname_3 bovp bovp_01_01 [de] Vorname: Person (1)
 1:vname_3 vpl vpid Unchanging ID Person deceased

[3rd Person] Day and month of birth: [day]
 [3rd Person] Day and month of birth: [month]
 [3rd Person] Year of birth:

1:dl037_3 bovp bovp_01_02 [de] Geburtstag: Person (1)
 1:dl037_3 vpl dl037 Birthday: deceased person [2024]
 1:dl003_3 bovp bovp_01_03 Month Of Birth: Deceased Person
 1:dl003_3 vpl dl003 Month Of Birth: Deceased Person
 1:dl002_3 bovp bovp_01_04 Year of birth: Deceased Person
 1:dl002_3 vpl dl002 Year of birth: Deceased Person

[3rd Person] Sex:

Male 1
 Female 2
 Non-binary (divers) 3

1:dl001_v2_3 bovp bovp_01_05 Gender of person deceased [2022/2023]
 1:dl001_v2_3 vpl dl001_h Gender of person deceased [harmonised]
 1:dl001_v2_3 vpl dl001_v2 Gender of person deceased [2022]

2 [1st Person] What was your relationship to the deceased?

The deceased was...

... my mother / my father 1
 ... my spouse / life partner 2
 ... my daughter / my son 3
 ... other person 4

2:dl004_1 bovp bovp_02_01 Relationship: Deceased Person
 2:dl004_1 vpl dl004 Relationship: Deceased Person

[1st Person] [other] please specify:

2:vfamso_1 bovp bovp_02_02 [de] Verwandtschaftsverhältnis: Offene Angabe 2;dl004_1=4
 (1)
 2:vfamso_1 vpl vfamso Family relationship: Open information 2;dl004_1=4

[2nd Person] What was your relationship to the deceased?

The deceased was...

... my mother / my father 1
 ... my spouse / life partner 2
 ... my daughter / my son 3
 ... other person 4

2:dl004_2 bovp bovp_02_01 Relationship: Deceased Person
 2:dl004_2 vpl dl004 Relationship: Deceased Person

[2nd Person] [other] please specify:

2:vfamso_2 bovp bovp_02_02 [de] Verwandtschaftsverhältnis: Offene Angabe 2;dl004_2=4
 (1)

2:vfamso_2 vpl vfamso Family relationship: Open information 2;dl004_2=4

[3rd Person] What was your relationship to the deceased?
 The deceased was...

- ... my mother / my father
- ... my spouse / life partner
- ... my daughter / my son
- ... other person

2:dl004_3 bovp bovp_02_01 Relationship: Deceased Person
 2:dl004_3 vpl dl004 Relationship: Deceased Person

[3rd Person] [other] please specify:

2:vfamso_3 bovp bovp_02_02 [de] Verwandtschaftsverhältnis: Offene Angabe 2;dl004_3=4
 (1)

2:vfamso_3 vpl vfamso Family relationship: Open information 2;dl004_3=4

3 How old was your family member when he/she died?

[1st Person] years
 [2nd Person] years
 [3rd Person] years

3:dl005_1 bovp bovp_03 Age: Deceased Person
 3:dl005_1 vpl dl005 Age: Deceased Person
 3:dl005_2 bovp bovp_03 Age: Deceased Person
 3:dl005_2 vpl dl005 Age: Deceased Person
 3:dl005_3 bovp bovp_03 Age: Deceased Person
 3:dl005_3 vpl dl005 Age: Deceased Person

4 [1st Person] Did the deceased person live in this household?

Yes	No
<input type="text" value="1"/>	<input type="text" value="2"/>
<input type="text" value="1"/>	<input type="text" value="2"/>
<input type="text" value="1"/>	<input type="text" value="2"/>

[2nd Person] Did the deceased person live in this household?

[3rd Person] Did the deceased person live in this household?

4:dl006_1 bovp bovp_04 Deceased Person lived in the househol 1@9
 4:dl006_1 vpl dl006 Deceased Person lived in the househol 1@9
 4:dl006_2 bovp bovp_04 Deceased Person lived in the househol
 4:dl006_2 vpl dl006 Deceased Person lived in the househol
 4:dl006_3 bovp bovp_04 Deceased Person lived in the househol
 4:dl006_3 vpl dl006 Deceased Person lived in the househol

4;dl006_1=2

5 [1st Person] Do you know if the deceased ever took part in the study “Living in Germany”?

	Yes, took part	No, did not take part	Don't know
	1	2	3
[2nd Person] Do you know if the deceased ever took part in the study “Living in Germany”?	1	2	3
[3rd Person] Do you know if the deceased ever took part in the study “Living in Germany”?	1	2	3

5:dl007_1	bovp	bovp_05	person died was SOEP attendant	
5:dl007_1	vpl	dl007	person died was SOEP attendant	
5:dl007_2	bovp	bovp_05	person died was SOEP attendant	4;dl006_2=2
5:dl007_2	vpl	dl007	person died was SOEP attendant	4;dl006_2=2
5:dl007_3	bovp	bovp_05	person died was SOEP attendant	4;dl006_3=2
5:dl007_3	vpl	dl007	person died was SOEP attendant	4;dl006_3=2

4;dl006_1=2

6 [1st Person] What was the deceased person’s primary living environment for the last year of his/her life?

Please select one answer only.

	Alone in own household	Together with spouse / partner in private household	Together with other family members in private household	Accommodation geared to the needs of senior citizens (assisted living, etc.)	Retirement home / Nursing home	Clinic, hospital	Other environment
	1	2	3	4	5	6	7
[2nd Person] What was the deceased person’s primary living environment for the last year of his/her life?	1	2	3	4	5	6	7
[3rd Person] What was the deceased person’s primary living environment for the last year of his/her life?	1	2	3	4	5	6	7

6:dl008_1	bovp	bovp_06	Domestic environment of deceased Person	
6:dl008_1	vpl	dl008	Domestic environment of deceased Person	
6:dl008_2	bovp	bovp_06	Domestic environment of deceased Person	4;dl006_2=2
6:dl008_2	vpl	dl008	Domestic environment of deceased Person	4;dl006_2=2
6:dl008_3	bovp	bovp_06	Domestic environment of deceased Person	4;dl006_3=2
6:dl008_3	vpl	dl008	Domestic environment of deceased Person	4;dl006_3=2

4:dl006_1=2

7 [1st Person] Where did the deceased person live?

Please select one answer only.

	Here in this house	In the neighborhood	Nearby (within an hour on foot)	Further away in Germany	In a foreign country
[2nd Person] Where did the deceased person live?	1	2	3	4	5
[3rd Person] Where did the deceased person live?	1	2	3	4	5
7:dl009_1 bovp bovp_07	focus of deceased person's life				
7:dl009_1 vpl dl009	focus of deceased person's life				
7:dl009_2 bovp bovp_07	focus of deceased person's life		4:dl006_2=2		
7:dl009_2 vpl dl009	focus of deceased person's life		4:dl006_2=2		
7:dl009_3 bovp bovp_07	focus of deceased person's life		4:dl006_3=2		
7:dl009_3 vpl dl009	focus of deceased person's life		4:dl006_3=2		

4:dl006_1=2

8 [1st Person] In the last twelve months of their life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?

	Every day or almost every day	At least once a week	At least once a month	Less often	Never
[2nd Person] In the last twelve months of their life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?	1	2	3	4	5
[3rd Person] In the last twelve months of their life, how often were you normally in personal contact with the deceased person, either by visiting, talking on the phone, or writing?	1	2	3	4	5
8:dl010_1 bovp bovp_08	Contact to deceased person last 12 months				
8:dl010_1 vpl dl010	Contact to deceased person last 12 months				
8:dl010_2 bovp bovp_08	Contact to deceased person last 12 months			4:dl006_2=2	
8:dl010_2 vpl dl010	Contact to deceased person last 12 months			4:dl006_2=2	
8:dl010_3 bovp bovp_08	Contact to deceased person last 12 months			4:dl006_3=2	
8:dl010_3 vpl dl010	Contact to deceased person last 12 months			4:dl006_3=2	

9 [1st Person] Where did your family member pass away?

Please select one answer only.

	At home	In another private household	In a hospital	In a retirement home / nursing home	In hospice	Another place	Don't know
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
[2nd Person] Where did your family member pass away?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
[3rd Person] Where did your family member pass away?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

9:dl011_1	bovp	bovp_09	Place of death
9:dl011_1	vpl	dl011	Place of death
9:dl011_2	bovp	bovp_09	Place of death
9:dl011_2	vpl	dl011	Place of death
9:dl011_3	bovp	bovp_09	Place of death
9:dl011_3	vpl	dl011	Place of death

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

Please select all that apply.

[1st Person] Heart attack	1
[1st Person] Cardiovascular disease	1
[1st Person] Cancer	1
[1st Person] Stroke	1
[1st Person] Severe infectious disease (pneumonia, flu, etc.)	1
[1st Person] Gastrointestinal disease	1
[1st Person] Respiratory illness	1
[1st Person] Accident	1
[1st Person] Other	1
[1st Person] Don't know	1

10:dl012_1	bovp	bovp_10_01	cause of death: heart attack
10:dl012_1	vpl	dl012	cause of death: heart attack
10:dl013_1	bovp	bovp_10_02	cause of death: cardiovascular disease
10:dl013_1	vpl	dl013	cause of death: cardiovascular disease
10:dl014_1	bovp	bovp_10_03	cause of death: cancer
10:dl014_1	vpl	dl014	cause of death: cancer
10:dl015_1	bovp	bovp_10_04	cause of death: epileptic stroke
10:dl015_1	vpl	dl015	cause of death: epileptic stroke
10:dl016_1	bovp	bovp_10_05	cause of death: sever infectious disease
10:dl016_1	vpl	dl016	cause of death: sever infectious disease
10:dl017_1	bovp	bovp_10_06	cause of death: gastrointestinal tract disease
10:dl017_1	vpl	dl017	cause of death: gastrointestinal tract disease
10:dl018_1	bovp	bovp_10_07	cause of death: respiratory disease
10:dl018_1	vpl	dl018	cause of death: respiratory disease
10:dl019_1	bovp	bovp_10_08	cause of death: accident
10:dl019_1	vpl	dl019	cause of death: accident
10:dl020_1	bovp	bovp_10_09	cause of death: other
10:dl020_1	vpl	dl020	cause of death: other
10:dl021_1	bovp	bovp_10_10	cause of death unknown
10:dl021_1	vpl	dl021	cause of death unknown

[1st Person] [other] please specify:

10:vurs10_1	bovp	bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10:dl020_1=1
10:vurs10_1	vpl	vurs10	cause of death: Open information Person (1) [2024]	10:dl020_1=1

[2nd Person] Heart attack				1
[2nd Person] Cardiovascular disease				1
[2nd Person] Cancer				1
[2nd Person] Stroke				1
[2nd Person] Severe infectious disease (e.g., pneumonia, flu)				1
[2nd Person] Gastrointestinal disease				1
[2nd Person] Respiratory illness				1
[2nd Person] Accident				1
[2nd Person] Other				1
[2nd Person] Don't know				1
10:dl012_2	bovp	bovp_10_01	cause of death: heart attack	
10:dl012_2	vpl	dl012	cause of death: heart attack	
10:dl013_2	bovp	bovp_10_02	cause of death: cardiovascular disease	
10:dl013_2	vpl	dl013	cause of death: cardiovascular disease	
10:dl014_2	bovp	bovp_10_03	cause of death: cancer	
10:dl014_2	vpl	dl014	cause of death: cancer	
10:dl015_2	bovp	bovp_10_04	cause of death: epileptic stroke	
10:dl015_2	vpl	dl015	cause of death: epileptic stroke	
10:dl016_2	bovp	bovp_10_05	cause of death: sever infectious disease	
10:dl016_2	vpl	dl016	cause of death: sever infectious disease	
10:dl017_2	bovp	bovp_10_06	cause of death: gastrointestinal tract disease	
10:dl017_2	vpl	dl017	cause of death: gastrointestinal tract disease	
10:dl018_2	bovp	bovp_10_07	cause of death: respiratory disease	
10:dl018_2	vpl	dl018	cause of death: respiratory disease	
10:dl019_2	bovp	bovp_10_08	cause of death: accident	
10:dl019_2	vpl	dl019	cause of death: accident	
10:dl020_2	bovp	bovp_10_09	cause of death: other	
10:dl020_2	vpl	dl020	cause of death: other	
10:dl021_2	bovp	bovp_10_10	cause of death unknown	
10:dl021_2	vpl	dl021	cause of death unknown	

[2nd Person] [other] please specify:

10:vurs10_2	bovp	bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10:dl020_2=1
10:vurs10_2	vpl	vurs10	cause of death: Open information Person (1) [2024]	10:dl020_2=1

[3rd Person] Heart attack				1
[3rd Person] Cardiovascular disease				1
[3rd Person] Cancer				1
[3rd Person] Stroke				1
[3rd Person] Severe infectious disease (e.g., pneumonia, flu)				1
[3rd Person] Gastrointestinal disease				1
[3rd Person] Respiratory illness				1
[3rd Person] Accident				1
[3rd Person] Other				1
[3rd Person] Don't know				1
10:dl012_3	bovp	bovp_10_01	cause of death: heart attack	
10:dl012_3	vpl	dl012	cause of death: heart attack	
10:dl013_3	bovp	bovp_10_02	cause of death: cardiovascular disease	
10:dl013_3	vpl	dl013	cause of death: cardiovascular disease	
10:dl014_3	bovp	bovp_10_03	cause of death: cancer	
10:dl014_3	vpl	dl014	cause of death: cancer	
10:dl015_3	bovp	bovp_10_04	cause of death: epileptic stroke	
10:dl015_3	vpl	dl015	cause of death: epileptic stroke	
10:dl016_3	bovp	bovp_10_05	cause of death: sever infectious disease	
10:dl016_3	vpl	dl016	cause of death: sever infectious disease	
10:dl017_3	bovp	bovp_10_06	cause of death: gastrointestinal tract disease	
10:dl017_3	vpl	dl017	cause of death: gastrointestinal tract disease	
10:dl018_3	bovp	bovp_10_07	cause of death: respiratory disease	
10:dl018_3	vpl	dl018	cause of death: respiratory disease	
10:dl019_3	bovp	bovp_10_08	cause of death: accident	
10:dl019_3	vpl	dl019	cause of death: accident	
10:dl020_3	bovp	bovp_10_09	cause of death: other	
10:dl020_3	vpl	dl020	cause of death: other	
10:dl021_3	bovp	bovp_10_10	cause of death unknown	
10:dl021_3	vpl	dl021	cause of death unknown	

[3rd Person] [other] please specify:

10:vurs10_3	bovp	bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10:dl020_3=1
10:vurs10_3	vpl	vurs10	cause of death: Open information Person (1)	10:dl020_3=1
			[2024]	

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

Please give an answer in each line.

	Yes	No	Don't know
[1st Person] A last will and testament	1	2	3
[1st Person] Living will (advance directive regarding future medical care) (Patientenverfügung)	1	2	3
[1st Person] Lasting power of attorney (in case of loss of mental capacity, etc.) (Vorsorgevollmacht)	1	2	3
[1st Person] Advance funeral wishes (with details on burial, etc.) (Sterbeverfügung)	1	2	3
[2nd Person] A last will and testament	1	2	3
[2nd Person] Living will (advance directive regarding future medical care) (Patientenverfügung)	1	2	3
[2nd Person] Lasting power of attorney (in case of loss of mental capacity, etc.) (Vorsorgevollmacht)	1	2	3
[2nd Person] Advance funeral wishes (with details on burial, etc.) (Sterbeverfügung)	1	2	3
[3rd Person] A last will and testament	1	2	3
[3rd Person] Living will (advance directive regarding future medical care) (Patientenverfügung)	1	2	3
[3rd Person] Lasting power of attorney (in case of loss of mental capacity, etc.) (Vorsorgevollmacht)	1	2	3
[3rd Person] Advance funeral wishes (with details on burial, etc.) (Sterbeverfügung)	1	2	3
11:dl022_1 bovp bovp_11_01 left last will			
11:dl022_1 vpl dl022 left last will			
11:dl023_1 bovp bovp_11_02 left living will			
11:dl023_1 vpl dl023 left living will			
11:dl024_1 bovp bovp_11_03 left provisional power or attorney			
11:dl024_1 vpl dl024 left provisional power or attorney			
11:dl025_1 bovp bovp_11_04 left living will with instructions on use of death-delaying procedures			
11:dl025_1 vpl dl025 left living will with instructions on use of death-delaying procedures			
11:dl022_2 bovp bovp_11_01 left last will			
11:dl022_2 vpl dl022 left last will			
11:dl023_2 bovp bovp_11_02 left living will			
11:dl023_2 vpl dl023 left living will			
11:dl024_2 bovp bovp_11_03 left provisional power or attorney			
11:dl024_2 vpl dl024 left provisional power or attorney			
11:dl025_2 bovp bovp_11_04 left living will with instructions on use of death-delaying procedures			
11:dl025_2 vpl dl025 left living will with instructions on use of death-delaying procedures			
11:dl022_3 bovp bovp_11_01 left last will			
11:dl022_3 vpl dl022 left last will			
11:dl023_3 bovp bovp_11_02 left living will			
11:dl023_3 vpl dl023 left living will			
11:dl024_3 bovp bovp_11_03 left provisional power or attorney			
11:dl024_3 vpl dl024 left provisional power or attorney			
11:dl025_3 bovp bovp_11_04 left living will with instructions on use of death-delaying procedures			
11:dl025_3 vpl dl025 left living will with instructions on use of death-delaying procedures			

12 [1st Person] Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?

	Yes	No	Don't know
[1st Person] Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?	1	2	3
[2nd Person] Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?	1	2	3
[3rd Person] Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?	1	2	3
12:dI026_1 bovp bovp_12 Mental limitation			
12:dI026_1 vpl dI026 Mental limitation			
12:dI026_2 bovp bovp_12 Mental limitation			
12:dI026_2 vpl dI026 Mental limitation			
12:dI026_3 bovp bovp_12 Mental limitation			
12:dI026_3 vpl dI026 Mental limitation			

13 [1st Person] How would you describe the health of the deceased person about three months before his / her death?

	Very good	Good	Satisfactory	Poor	Bad
[1st Person] How would you describe the health of the deceased person about three months before his / her death?	1	2	3	4	5
[2nd Person] How would you describe the health of the deceased person about three months before his / her death?	1	2	3	4	5
[3rd Person] How would you describe the health of the deceased person about three months before his / her death?	1	2	3	4	5
13:dI027_1 bovp bovp_13 Three months before death: state of health					
13:dI027_1 vpl dI027 Three months before death: state of health					
13:dI027_2 bovp bovp_13 Three months before death: state of health					
13:dI027_2 vpl dI027 Three months before death: state of health					
13:dI027_3 bovp bovp_13 Three months before death: state of health					
13:dI027_3 vpl dI027 Three months before death: state of health					

14 [1st Person] Was the deceased person in need of assistance or care approximately three months before death?

	Yes	No
[1st Person] Was the deceased person in need of assistance or care approximately three months before death?	1	2
[2nd Person] Was the deceased person in need of assistance or care approximately three months before death?	1	2
[3rd Person] Was the deceased person in need of assistance or care approximately three months before death?	1	2

14:dl028_1	bovp	bovp_14	Three months before death: in need of assistance	2@16
14:dl028_1	vpl	dl028	Three months before death: in need of assistance	2@16
14:dl028_2	bovp	bovp_14	Three months before death: in need of assistance	2@16
14:dl028_2	vpl	dl028	Three months before death: in need of assistance	2@16
14:dl028_3	bovp	bovp_14	Three months before death: in need of assistance	2@16
14:dl028_3	vpl	dl028	Three months before death: in need of assistance	2@16

14;dl028_1=1

15 Which of the following activities did the deceased person need help with? Needed help with ...

Please select all that apply.

[1st Person] Shopping and errands					1
[1st Person] Doing housework, preparing meals and drinks					1
[1st Person] Basic personal care, such as dressing and undressing, bathing, combing hair, shaving					1
[1st Person] More complex care activities, such as getting in and out of bed, going to the toilet, etc.					1
[1st Person] None of the above					1
[2nd Person] Shopping and errands					1
[2nd Person] Doing housework, preparing meals and drinks					1
[2nd Person] Basic personal care, such as dressing and undressing, bathing, combing hair, shaving					1
[2nd Person] More complex care activities, such as getting in and out of bed, going to the toilet, etc.					1
[2nd Person] None of the above					1
[3rd Person] Shopping and errands					1
[3rd Person] Doing housework, preparing meals and drinks					1
[3rd Person] Basic personal care, such as dressing and undressing, bathing, combing hair, shaving					1
[3rd Person] More complex care activities, such as getting in and out of bed, going to the toilet, etc.					1
[3rd Person] None of the above					1
15:dl029_1	bovp	bovp_15_01	Need help: errands		
15:dl029_1	vpl	dl029	Need help: errands		
15:dl030_1	bovp	bovp_15_02	Help On Housework		
15:dl030_1	vpl	dl030	Help On Housework		
15:dl031_1	bovp	bovp_15_03	help with simple personal care: dressing, bathing...		
15:dl031_1	vpl	dl031	help with simple personal care: dressing, bathing...		
15:dl032_1	bovp	bovp_15_04	help in getting in and out of bed, using toilet		
15:dl032_1	vpl	dl032	help in getting in and out of bed, using toilet		
15:vhil5_1	bovp	bovp_15_05	Need for help: No need for help		
15:vhil5_1	vpl	dl038	Need for help: No need for help		
15:dl029_2	bovp	bovp_15_01	Need help: errands	14;dl028_2=1	
15:dl029_2	vpl	dl029	Need help: errands	14;dl028_2=1	
15:dl030_2	bovp	bovp_15_02	Help On Housework		
15:dl030_2	vpl	dl030	Help On Housework		
15:dl031_2	bovp	bovp_15_03	help with simple personal care: dressing, bathing...		
15:dl031_2	vpl	dl031	help with simple personal care: dressing, bathing...		
15:dl032_2	bovp	bovp_15_04	help in getting in and out of bed, using toilet		
15:dl032_2	vpl	dl032	help in getting in and out of bed, using toilet		
15:vhil5_2	bovp	bovp_15_05	Need for help: No need for help		
15:vhil5_2	vpl	dl038	Need for help: No need for help		
15:dl029_3	bovp	bovp_15_01	Need help: errands	14;dl028_3=1	
15:dl029_3	vpl	dl029	Need help: errands	14;dl028_3=1	
15:dl030_3	bovp	bovp_15_02	Help On Housework		
15:dl030_3	vpl	dl030	Help On Housework		
15:dl031_3	bovp	bovp_15_03	help with simple personal care: dressing, bathing...		
15:dl031_3	vpl	dl031	help with simple personal care: dressing, bathing...		
15:dl032_3	bovp	bovp_15_04	help in getting in and out of bed, using toilet		
15:dl032_3	vpl	dl032	help in getting in and out of bed, using toilet		
15:vhil5_3	bovp	bovp_15_05	Need for help: No need for help		
15:vhil5_3	vpl	dl038	Need for help: No need for help		

16 Think about the period of time before your family member passed away. How satisfied do you think he or she was with his or her life at that time, all things considered?

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

		Com- pletely dissat- isfied	0	1	2	3	4	5	6	7	8	9	10	Com- pletely satis- fied
[1st Person] About a year before death			0	1	2	3	4	5	6	7	8	9	10	
[1st Person] About three months before death			0	1	2	3	4	5	6	7	8	9	10	
[2nd Person] About a year before death			0	1	2	3	4	5	6	7	8	9	10	
[2nd Person] About three months before death			0	1	2	3	4	5	6	7	8	9	10	
[3rd Person] About a year before death			0	1	2	3	4	5	6	7	8	9	10	
[3rd Person] About three months before death			0	1	2	3	4	5	6	7	8	9	10	
16:dl034_1	bovp	bovp_16_01	Satisfaction one year before death											
16:dl034_1	vpl	dl034	Satisfaction one year before death											
16:dl035_1	bovp	bovp_16_02	Satisfaction three months before death											
16:dl035_1	vpl	dl035	Satisfaction three months before death											
16:dl034_2	bovp	bovp_16_01	Satisfaction one year before death											
16:dl034_2	vpl	dl034	Satisfaction one year before death											
16:dl035_2	bovp	bovp_16_02	Satisfaction three months before death											
16:dl035_2	vpl	dl035	Satisfaction three months before death											
16:dl034_3	bovp	bovp_16_01	Satisfaction one year before death											
16:dl034_3	vpl	dl034	Satisfaction one year before death											
16:dl035_3	bovp	bovp_16_02	Satisfaction three months before death											
16:dl035_3	vpl	dl035	Satisfaction three months before death											

17 Finally, a question for you personally: [1st Person] To what extent has your life changed as a result of your family member's death?

Please select one answer only.

	I have had to restructure my life completely	Some things will change	Nothing has really changed in my life
[2nd Person] To what extent has your life changed as a result of your family member's death?	1	2	3
[3rd Person] To what extent has your life changed as a result of your family member's death?	1	2	3

17:dl036_1	bovp	bovp_17	change in personal life since death
17:dl036_1	vpl	dl036	change in personal life since death
17:dl036_2	bovp	bovp_17	change in personal life since death
17:dl036_2	vpl	dl036	change in personal life since death
17:dl036_3	bovp	bovp_17	change in personal life since death
17:dl036_3	vpl	dl036	change in personal life since death

A Finally, please provide the following information.

What is your date of birth?

[...] Day

[...] Month

[...] Year

A:birthd	bovp	bovp_A1_01	Day of birth respondent
A:birthm	bovp	bovp_A1_02	Month of birth of the respondent
A:birthm	vpl	birthm	Month of birth of the respondent
A:birthy_v2	bovp	bovp_A1_03	Year of birth of the respondent
A:birthy_v2	vpl	birthy_v2	Year of birth of the respondent [2023-2024]

B Are you...

... male

... female

... non-binary (divers)

B:sex_v2	bovp	sex	[de] Geschlecht
B:sex_v2	vpl	sex_v2	Gender [2024]

C When did you finish filling out the questionnaire?

Date:

[...] Day

[...] Month

C:end_d	instrumentation2024	boend_day	[de] Interviewtag (aus end = Interviewende)
C:end_m	instrumentation2024	boend_month	[de] Interviewmonat (aus end = Interviewende)

Time:

[...] Hour

[...] Minute

C:end_h	instrumentation2024	boend_hour	[de] Interviewstunde (aus end = Interviewende)
C:end_min	instrumentation2024	boend_minute	[de] Interviewminute (aus end = Interviewende)

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

[...] Minutes

D:dauer instrumentation duration Duration of the interview
 D:dauer instrumentation2024 boduration Duration of the interview

E Was anyone else present while you were filling out the questionnaire?

Please select all that apply.

- Yes, spouse / partner
- Yes, another person who lives here in this household
- Yes, another person who does not live here in this household
- No

E:present1 instrumentation present1 Presence during completion: Spouse/Partner 1@F
 E:present1 instrumentation2024 bopresent1 Presence during completion: Spouse/Partner 1@F
 E:present2 instrumentation present2 Presence during completion: other household member 1@F
 E:present2 instrumentation2024 bopresent2 Presence during completion: other household member 1@F
 E:present3 instrumentation present3 Presence during completion: other non-household person 1@F
 E:present3 instrumentation2024 bopresent3 Presence during completion: other non-household person 1@F
 E:present4 instrumentation present4 Presence during completion: Nobody 1@Ende
 E:present4 instrumentation2024 bopresent4 Presence during completion: Nobody 1@Ende

(E;present1=1)|(E;present2=1)|(E;present3=1)

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

- Yes
- No

F:distract instrumentation distract Survey distractions
 F:distract instrumentation2024 bodistract Survey distractions

Ende Thank you for taking part.

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

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