

# 1624<sup>2026</sup>

**SOEP** Survey Papers  
Series A – Survey Instruments (Erhebungsinstrumente)

## SOEP-Core – 2024: Deceased Individual (techn., 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.

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Please cite this paper as follows:

SOEP Group, 2026. SOEP-Core – 2024: Deceased Individual (techn., with Reference to Variables). SOEP Survey Papers 1624: Series A – Survey Instruments (Erhebungsinstrumente). Berlin: DIW Berlin/SOEP

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ISSN: 2193-5580 (online)

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# SOEP-Core – 2024: Deceased Individual (techn., with Reference to Variables)

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.

## Reading Aid

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

The diagram illustrates the structure of a questionnaire entry. It shows two questions, Q72 and Q73, with their respective text, instructions, and answer options. Below each question, there are identifiers for filters and variables, along with their dataset names and labels. A legend explains the color coding for these identifiers.

Label	Value
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
grey bar: open or numeric answer	[Grey bar]
in green: dataset name	bio
in green: variable name	I0013
in green: variable label	born in Germany
question number	Q73
question text	What country were you born in?
interviewer instruction	Please enter the current name!
in blue: identifier for filter	Q73:lsta2
in blue: filter with condition	Q73:lsta2 @ Q73
in green: dataset name	bio
in green: variable name	I0016
in green: variable 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].

Mode != CAPI, CATI

**Intro** In the previous interview, you indicated that < INSERT BASED ON PERSON QUESTIONNAIRE: PRIO FROM TOP TO BOTTOM.

- Your spouse or partner
- Your father
- Your mother
- Your son or daughter
- a person who lived in the household

died in the last year. 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.

With each additional iteration: In addition, you have lost < INSERTION BASED ON THE PERSONAL QUESTIONNAIRE: PRIO FROM TOP TO BOTTOM

- your spouse or partner.
- your father
- your mother
- your son or daughter
- a person who lived in your household.

We would like to express our sincere condolences for this loss as well. We would also like to ask you to answer a few more questions about this loss.

Mode = CAPI, CATI

**CAPI\_CATI\_Zwischen\_1** In the previous interview, you indicated that < INSERT BASED ON PERSON QUESTIONNAIRE: PRIO FROM TOP TO BOTTOM.

- Your spouse or partner
- Your father
- Your mother
- Your son or daughter
- a person who lived in the household

died in the last year. 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.

With each additional iteration: In addition, you have lost < INSERTION BASED ON THE PERSONAL QUESTIONNAIRE: PRIO FROM TOP TO BOTTOM

- your spouse or partner.
- your father
- your mother
- your son or daughter
- a person who lived in your household.

We would like to express our sincere condolences for this loss as well. We would also like to ask you to answer a few more questions about this loss.

Continue interview  1  
 Respondent does not want to answer any further questions  2

CAPI\_CATI\_Zwischen\_1 = 2

**CAPI\_CATI\_Switch\_2** Can we arrange another date when we can continue the interview?

Yes  1  
 No  2

CAPI\_CATI\_Switch\_2 = 1

**CAPI\_CATI\_Switch\_3**

*[de] INT: Bitte unterbrechen Sie das Interview über das Menü in der rechten Seitenleiste und vereinbaren Sie mit der ZP einen neuen Termin. Wenn Sie das Interview fortsetzen möchten, klicken Sie bitte auf den unten stehenden Button "Interview fortsetzen".*

CAPI\_CATI\_Switch\_2 = 2

**CAPI\_CATI\_Switch\_4** [Studie = CORE & hhart = 1,2] Would you be willing to answer the remaining questions at a later date online or as a paper questionnaire?

[Studie != CORE | hhart = 3] Would you be willing to answer the remaining questions at a later date online?

Yes, online  1  
 [Studie = CORE & hhart = 1,2] Yes, as a paper questionnaire  2  
 No  3

**PI1 First names of the household members**

First name of household member 1

First name of household member 2

First name of household member 3

First name of household member 4

First name of household member 5

First name of household member 6

First name of household member 7

First name of household member 8

First name of household member 9

First name of household member 10

First name of household member 11

First name of household member 12

First name of household member 13

First name of household member 14

Mode=CAWI &amp; erstes Instrument des Interviews

**A1** Please enter your date of birth.

Day:

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
(2 rows omitted)	...
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
Can't / don't want to answer	-1

Month:

January	1		
February	2		
March	3		
April	4		
May	5		
June	6		
July	7		
August	8		
September	9		
October	10		
November	11		
December	12		
Can't / don't want to answer	-1		
A1:BP_month	bovp	bovp_A1_02	Month of birth of the respondent
A1:BP_month	vpl	birthm	Month of birth of the respondent

Year:	
2024	2024
2023	2023
2022	2022
2021	2021
2020	2020
2019	2019
2018	2018
2017	2017
2016	2016
2015	2015
2014	2014
2013	2013
2012	2012
2011	2011
2010	2010
(96 rows omitted)	...
1913	1913
1912	1912
1911	1911
1910	1910
1909	1909
1908	1908
1907	1907
1906	1906
1905	1905
1904	1904
1903	1903
1902	1902
1901	1901
1900	1900
Can't / don't want to answer	-1

A1:BP\_year bovp bovp\_A1\_03 Year of birth of the respondent  
 A1:BP\_year vpl birthy\_v2 Year of birth of the respondent [2023-2024]

Are you...

- ... male  1
- ... female  2
- ... non-binary (divers)  3
- Can't / don't want to answer  -1

A1:BP\_sex bovp sex [de] Geschlecht  
 A1:BP\_sex vpl sex\_v2 Gender [2024]

**1\_1 Please state the first name, date of birth, and sex of the deceased person.**

*Please select the first name of the person from the list of household members displayed. If the person is not included in the list, for example because he or she did not live in your household, enter the first name in the text field below.*

- [de] vorname1 1
- [de] vorname2 2
- [de] vorname3 3
- [de] vorname4 4
- [de] vorname5 5
- [de] vorname6 6
- [de] vorname7 7
- [de] vorname8 8
- [de] vorname9 9
- [de] vorname10 10
- [de] vorname11 11
- [de] vorname12 12
- [de] vorname13 13
- [de] vorname14 14

Name:

1\_1:vname\_1 bovp pid2 Unchanging ID Person deceased  
 1\_1:vname\_1 bovp bovp\_01\_01 [de] Vorname: Person (1)  
 1\_1:vname\_1 vpl vpid Unchanging ID Person deceased

Can't / don't want to answer  1

[Individual ID of the deceased person]

Day, month and year of birth:

Day

1\_1:dl037\_1 bovp bovp\_01\_02 [de] Geburtstag: Person (1)  
 1\_1:dl037\_1 vpl dl037 Birthday: deceased person [2024]

Can't / don't want to answer  1

Month

1\_1:dl003\_1 bovp bovp\_01\_03 Month Of Birth: Deceased Person  
 1\_1:dl003\_1 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer  1

Year

1\_1:dl002\_1 bovp bovp\_01\_04 Year of birth: Deceased Person  
 1\_1:dl002\_1 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer 1

Sex:

Male 1

Female 2

Non-binary (divers) 3

Can't / don't want to answer -1

1\_1:dl001\_v2\_1 bovp bovp\_01\_05 Gender of person deceased [2022/2023]  
 1\_1:dl001\_v2\_1 vpl dl001\_h Gender of person deceased [harmonised]  
 1\_1:dl001\_v2\_1 vpl dl001\_v2 Gender of person deceased [2022]

soep-core-2024-pe2;245;pld0146=1

**2\_1 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

Can't / don't want to answer -1

2\_1:dl004\_1 bovp bovp\_02\_01 Relationship: Deceased Person 1:3,-  
 1@3\_1

2\_1:dl004\_1 vpl dl004 Relationship: Deceased Person 1:3,-  
 1@3\_1

[Other] please specify:

2\_1:vfamso\_1 bovp bovp\_02\_02 [de] Verwandtschaftsverhältnis: Offene Angabe (1) 2\_1;dl004\_1=4

2\_1:vfamso\_1 vpl vfamso Family relationship: Open information 2\_1;dl004\_1=4

Can't / don't want to answer 1

**3\_1 How old was your family member when he/she died?**

Years

3\_1:dl005\_1 bovp bovp\_03 Age: Deceased Person

3\_1:dl005\_1 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1

**4\_1 Did the deceased person live in this household?**

Yes				1
No				2
Can't / don't want to answer				-1
4_1:dl006_1	bovp	bovp_04	Deceased Person lived in the household	1,- 1@9_1
4_1:dl006_1	vpl	dl006	Deceased Person lived in the household	1,- 1@9_1

4\_1;dl006\_1=2

**5\_1 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, took part				1
No, did not take part				2
Don't know				3
Can't / don't want to answer				-1
5_1:dl007_1	bovp	bovp_05	person died was SOEP attendant	
5_1:dl007_1	vpl	dl007	person died was SOEP attendant	

4\_1;dl006\_1=2

**6\_1 What was the deceased person's primary living environment during the last year of his/her life?**

Alone in own household				1
Together with spouse / partner in private household				2
Together with other family members in private household				3
Accommodation geared to the needs of senior citizens (assisted living, etc.)				4
Retirement home / Nursing home				5
Clinic, hospital				6
Other environment				7
Can't / don't want to answer				-1
6_1:dl008_1	bovp	bovp_06	Domestic environment of deceased Person	
6_1:dl008_1	vpl	dl008	Domestic environment of deceased Person	

4\_1;dl006\_1=2

**7\_1 Where did the deceased person live?**

Here in this house				1
In the neighborhood				2
Nearby (within an hour on foot)				3
Further away in Germany				4
In a foreign country				5
Can't / don't want to answer				-1
7_1:dl009_1	bovp	bovp_07	focus of deceased person's life	
7_1:dl009_1	vpl	dl009	focus of deceased person's life	

4\_1;dl006\_1=2

**8\_1** 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	1
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8\_1:dl010\_1 bovp bovp\_08 Contact to deceased person last 12 months

8\_1:dl010\_1 vpl dl010 Contact to deceased person last 12 months

**9\_1** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1

9\_1:dl011\_1 bovp bovp\_09 Place of death

9\_1:dl011\_1 vpl dl011 Place of death

**10\_1** Can you tell us what the cause of death was?

*Please select all that apply.*

Heart attack	1
Cardiovascular disease	1
Cancer	1
Stroke	1
Severe infectious disease (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_1:dl012_1 bovp bovp_10_01 cause of death: heart attack	
10_1:dl012_1 vpl dl012 cause of death: heart attack	
10_1:dl013_1 bovp bovp_10_02 cause of death: cardiovascular disease	
10_1:dl013_1 vpl dl013 cause of death: cardiovascular disease	
10_1:dl014_1 bovp bovp_10_03 cause of death: cancer	
10_1:dl014_1 vpl dl014 cause of death: cancer	
10_1:dl015_1 bovp bovp_10_04 cause of death: epileptic stroke	
10_1:dl015_1 vpl dl015 cause of death: epileptic stroke	
10_1:dl016_1 bovp bovp_10_05 cause of death: sever infectious disease	
10_1:dl016_1 vpl dl016 cause of death: sever infectious disease	
10_1:dl017_1 bovp bovp_10_06 cause of death: gastrointestinal tract disease	
10_1:dl017_1 vpl dl017 cause of death: gastrointestinal tract disease	
10_1:dl018_1 bovp bovp_10_07 cause of death: respiratory disease	
10_1:dl018_1 vpl dl018 cause of death: respiratory disease	
10_1:dl019_1 bovp bovp_10_08 cause of death: accident	
10_1:dl019_1 vpl dl019 cause of death: accident	
10_1:dl020_1 bovp bovp_10_09 cause of death: other	
10_1:dl020_1 vpl dl020 cause of death: other	
10_1:dl021_1 bovp bovp_10_10 cause of death unknown	
10_1:dl021_1 vpl dl021 cause of death unknown	

[Other] please specify:

10_1:vurs10_1 bovp bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10_1;dl020_1=1
10_1:vurs10_1 vpl vurs10	cause of death: Open information Person (1)	10_1;dl020_1=1 [2024]

**11\_1 Did the deceased person have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance health care directive)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1

11_1:dI022_1	bovp	bovp_11_01	left last will
11_1:dI022_1	vpl	dI022	left last will
11_1:dI023_1	bovp	bovp_11_02	left living will
11_1:dI023_1	vpl	dI023	left living will
11_1:dI024_1	bovp	bovp_11_03	left provisional power or attorney
11_1:dI024_1	vpl	dI024	left provisional power or attorney
11_1:dI025_1	bovp	bovp_11_04	left living will with instructions on use of death-delaying procedures
11_1:dI025_1	vpl	dI025	left living will with instructions on use of death-delaying procedures

**12\_1** Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?

Yes			1
No			2
Don't know			3
Can't / don't want to answer			-1
12_1:dI026_1	bovp	bovp_12	Mental limitation
12_1:dI026_1	vpl	dI026	Mental limitation

**13\_1** How would you describe the health of the deceased person about three months before his / her death?

Bad			5
Poor			4
Satisfactory			3
Good			2
Very good			1
Can't / don't want to answer			-1
13_1:dI027_1	bovp	bovp_13	Three months before death: state of health
13_1:dI027_1	vpl	dI027	Three months before death: state of health

**14\_1** Was the deceased person in need of assistance or care approximately three months before death?

Yes			1
No			2
Can't / don't want to answer			-1
14_1:dI028_1	bovp	bovp_14	Three months before death: in need of assistance
14_1:dI028_1	vpl	dI028	Three months before death: in need of assistance

2,-  
1@16\_1  
2,-  
1@16\_1



**17\_1** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have had to restructure my life completely  1  
 Some things will change  2  
 Nothing has really changed in my life  3  
 Can't / don't want to answer  -1

17\_1:dl036\_1 bovp bovp\_17 change in personal life since death  
 17\_1:dl036\_1 vpl dl036 change in personal life since death

**1\_2** Please state the first name, date of birth, and sex of the deceased person.

Please select the first name of the person from the list of household members displayed. If the person is not included in the list, for example because he or she did not live in your household, enter the first name in the text field below.

[de] vorname1  1  
 [de] vorname2  2  
 [de] vorname3  3  
 [de] vorname4  4  
 [de] vorname5  5  
 [de] vorname6  6  
 [de] vorname7  7  
 [de] vorname8  8  
 [de] vorname9  9  
 [de] vorname10  10  
 [de] vorname11  11  
 [de] vorname12  12  
 [de] vorname13  13  
 [de] vorname14  14

Name:

1\_2:vname\_2 bovp bovp\_01\_01 [de] Vorname: Person (1)

Can't / don't want to answer  1

[Individual ID of the deceased person]

1\_2:vpnr\_2 bovp pid2 Unchanging ID Person deceased  
 1\_2:vpnr\_2 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1\_2:dl037\_2 bovp bovp\_01\_02 [de] Geburtstag: Person (1)  
 1\_2:dl037\_2 vpl dl037 Birthday: deceased person [2024]

Can't / don't want to answer  1

Month

1\_2:dl003\_2 bovp bovp\_01\_03 Month Of Birth: Deceased Person  
 1\_2:dl003\_2 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer  1

Year

1\_2:dl002\_2 bovp bovp\_01\_04 Year of birth: Deceased Person  
 1\_2:dl002\_2 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer 1

Sex:

Male 1

Female 2

Non-binary (divers) 3

Can't / don't want to answer -1

1\_2:dl001\_v2\_2 bovp bovp\_01\_05 Gender of person deceased [2022/2023]  
 1\_2:dl001\_v2\_2 vpl dl001\_h Gender of person deceased [harmonised]  
 1\_2:dl001\_v2\_2 vpl dl001\_v2 Gender of person deceased [2022]

soep-core-2024-pe2;245;pld0160=1

**2\_2 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

Can't / don't want to answer -1

2\_2:dl004\_2 bovp bovp\_02\_01 Relationship: Deceased Person 1:3,-  
 1@3\_2

2\_2:dl004\_2 vpl dl004 Relationship: Deceased Person 1:3,-  
 1@3\_2

[Other] please specify:

2\_2:vfamso\_2 bovp bovp\_02\_02 [de] Verwandtschaftsverhältnis: Offene 2\_2;dl004\_2=4  
 Angabe (1)

2\_2:vfamso\_2 vpl vfamso Family relationship: Open information 2\_2;dl004\_2=4

Can't / don't want to answer 1

**3\_2 How old was your family member when he/she died?**

Years

3\_2:dl005\_2 bovp bovp\_03 Age: Deceased Person

3\_2:dl005\_2 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1

**4\_2 Did the deceased person live in this household?**

Yes					1
No					2
Can't / don't want to answer					-1
4_2:dl006_2	bovp	bovp_04	Deceased Person lived in the household		1,- 1@9_2
4_2:dl006_2	vpl	dl006	Deceased Person lived in the household		1,- 1@9_2

4\_2;dl006\_2=2

**5\_2 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, took part					1
No, did not take part					2
Don't know					3
Can't / don't want to answer					-1
5_2:dl007_2	bovp	bovp_05	person died was SOEP attendant		
5_2:dl007_2	vpl	dl007	person died was SOEP attendant		

4\_2;dl006\_2=2

**6\_2 What was the deceased person's main living environment for the last year of his/her life?**

Alone in own household					1
Together with spouse / partner in private household					2
Together with other family members in private household					3
Accommodation geared to the needs of senior citizens (assisted living, etc.)					4
Retirement home / Nursing home					5
Clinic, hospital					6
Other environment					7
Can't / don't want to answer					-1
6_2:dl008_2	bovp	bovp_06	Domestic environment of deceased Person		
6_2:dl008_2	vpl	dl008	Domestic environment of deceased Person		

4\_2;dl006\_2=2

**7\_2 Where did the deceased person live?**

Here in this house					1
In the neighborhood					2
Nearby (within an hour on foot)					3
Further away in Germany					4
In a foreign country					5
Can't / don't want to answer					-1
7_2:dl009_2	bovp	bovp_07	focus of deceased person's life		
7_2:dl009_2	vpl	dl009	focus of deceased person's life		

4\_2;dl006\_2=2

**8\_2** 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	1
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8\_2:dl010\_2 bovp bovp\_08 Contact to deceased person last 12 months

8\_2:dl010\_2 vpl dl010 Contact to deceased person last 12 months

**9\_2** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1

9\_2:dl011\_2 bovp bovp\_09 Place of death

9\_2:dl011\_2 vpl dl011 Place of death

**10\_2** Can you tell us what the cause of death was?

*Please select all that apply.*

Heart attack	1
Cardiovascular disease	1
Cancer	1
Stroke	1
Severe infectious disease (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_2:dl012_2 bovp bovp_10_01 cause of death: heart attack	
10_2:dl012_2 vpl dl012 cause of death: heart attack	
10_2:dl013_2 bovp bovp_10_02 cause of death: cardiovascular disease	
10_2:dl013_2 vpl dl013 cause of death: cardiovascular disease	
10_2:dl014_2 bovp bovp_10_03 cause of death: cancer	
10_2:dl014_2 vpl dl014 cause of death: cancer	
10_2:dl015_2 bovp bovp_10_04 cause of death: epileptic stroke	
10_2:dl015_2 vpl dl015 cause of death: epileptic stroke	
10_2:dl016_2 bovp bovp_10_05 cause of death: sever infectious disease	
10_2:dl016_2 vpl dl016 cause of death: sever infectious disease	
10_2:dl017_2 bovp bovp_10_06 cause of death: gastrointestinal tract disease	
10_2:dl017_2 vpl dl017 cause of death: gastrointestinal tract disease	
10_2:dl018_2 bovp bovp_10_07 cause of death: respiratory disease	
10_2:dl018_2 vpl dl018 cause of death: respiratory disease	
10_2:dl019_2 bovp bovp_10_08 cause of death: accident	
10_2:dl019_2 vpl dl019 cause of death: accident	
10_2:dl020_2 bovp bovp_10_09 cause of death: other	
10_2:dl020_2 vpl dl020 cause of death: other	
10_2:dl021_2 bovp bovp_10_10 cause of death unknown	
10_2:dl021_2 vpl dl021 cause of death unknown	

[Other] please specify:

10_2:vurs10_2 bovp bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10_2;dl020_2=1
10_2:vurs10_2 vpl vurs10	cause of death: Open information Person (1)	10_2;dl020_2=1 [2024]

**11\_2 Did the deceased person have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance health care directive)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1

11_2:dI022_2	bovp	bovp_11_01	left last will
11_2:dI022_2	vpl	dI022	left last will
11_2:dI023_2	bovp	bovp_11_02	left living will
11_2:dI023_2	vpl	dI023	left living will
11_2:dI024_2	bovp	bovp_11_03	left provisional power or attorney
11_2:dI024_2	vpl	dI024	left provisional power or attorney
11_2:dI025_2	bovp	bovp_11_04	left living will with instructions on use of death-delaying procedures
11_2:dI025_2	vpl	dI025	left living will with instructions on use of death-delaying procedures

**12\_2** Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?

Yes			1
No			2
Don't know			3
Can't / don't want to answer			-1
12_2:dI026_2	bovp	bovp_12	Mental limitation
12_2:dI026_2	vpl	dI026	Mental limitation

**13\_2** How would you describe the health of the deceased person about three months before his / her death?

Bad			5
Poor			4
Satisfactory			3
Good			2
Very good			1
Can't / don't want to answer			-1
13_2:dI027_2	bovp	bovp_13	Three months before death: state of health
13_2:dI027_2	vpl	dI027	Three months before death: state of health

**14\_2** Was the deceased person in need of assistance or care approximately three months before death?

Yes			1
No			2
Can't / don't want to answer			-1
14_2:dI028_2	bovp	bovp_14	Three months before death: in need of assistance
14_2:dI028_2	vpl	dI028	Three months before death: in need of assistance

2,-  
1@16\_2  
2,-  
1@16\_2

14\_2;dl028\_2=1

**15\_2** Which of the following activities did the deceased person need help with? Needed help with ...

*Please select all that apply.*

- ...shopping and errands 1
- ...doing housework, preparing meals and drinks 1
- ...easier personal care activities, such as dressing and undressing, bathing, combing hair, shaving 1
- ...more difficult personal care activities, such as getting in and out of bed, going to the toilet, etc. 1
- None of the above 1
- Can't / don't want to answer 1

15_2:dl029_2	bovp	bovp_15_01	Need help: errands
15_2:dl029_2	vpl	dl029	Need help: errands
15_2:dl030_2	bovp	bovp_15_02	Help On Housework
15_2:dl030_2	vpl	dl030	Help On Housework
15_2:dl031_2	bovp	bovp_15_03	help with simple personal care: dressing, bathing...
15_2:dl031_2	vpl	dl031	help with simple personal care: dressing, bathing...
15_2:dl032_2	bovp	bovp_15_04	help in getting in and out of bed, using toilet
15_2:dl032_2	vpl	dl032	help in getting in and out of bed, using toilet
15_2:vhil5_2	bovp	bovp_15_05	Need for help: No need for help
15_2:vhil5_2	vpl	dl038	Need for help: No need for help

**16\_2** 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).*

	0	1	2	3	4	5	6	7	8	9	10	Can't / don't want to answer
	Completely dissatisfied											
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_2:dl034_2	bovp	bovp_16_01	Satisfaction one year before death
16_2:dl034_2	vpl	dl034	Satisfaction one year before death
16_2:dl035_2	bovp	bovp_16_02	Satisfaction three months before death
16_2:dl035_2	vpl	dl035	Satisfaction three months before death

**17\_2** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have had to restructure my life completely  1  
 Some things will change  2  
 Nothing has really changed in my life  3  
 Can't / don't want to answer  -1

17\_2:dl036\_2 bovp bovp\_17 change in personal life since death  
 17\_2:dl036\_2 vpl dl036 change in personal life since death

**1\_3** Please state the first name, date of birth, and sex of the deceased person.

Please select the first name of the person from the list of household members displayed. If the person is not included in the list, for example because he or she did not live in your household, enter the first name in the text field below.

[de] vorname1  1  
 [de] vorname2  2  
 [de] vorname3  3  
 [de] vorname4  4  
 [de] vorname5  5  
 [de] vorname6  6  
 [de] vorname7  7  
 [de] vorname8  8  
 [de] vorname9  9  
 [de] vorname10  10  
 [de] vorname11  11  
 [de] vorname12  12  
 [de] vorname13  13  
 [de] vorname14  14

Name:

1\_3:vname\_3 bovp bovp\_01\_01 [de] Vorname: Person (1)

Can't / don't want to answer  1

[Individual ID of the deceased person]

1\_3:vpnr\_3 bovp pid2 Unchanging ID Person deceased

1\_3:vpnr\_3 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1\_3:dl037\_3 bovp bovp\_01\_02 [de] Geburtstag: Person (1)

1\_3:dl037\_3 vpl dl037 Birthday: deceased person [2024]

Can't / don't want to answer  1

Month

1\_3:dl003\_3 bovp bovp\_01\_03 Month Of Birth: Deceased Person

1\_3:dl003\_3 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer  1

Year

1\_3:dl002\_3 bovp bovp\_01\_04 Year of birth: Deceased Person  
 1\_3:dl002\_3 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer 1

Sex:

Male 1

Female 2

Non-binary (divers) 3

Can't / don't want to answer -1

1\_3:dl001\_v2\_3 bovp bovp\_01\_05 Gender of person deceased [2022/2023]  
 1\_3:dl001\_v2\_3 vpl dl001\_h Gender of person deceased [harmonised]  
 1\_3:dl001\_v2\_3 vpl dl001\_v2 Gender of person deceased [2022]

soep-core-2024-pe2;245;pld0163=1

**2\_3 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

Can't / don't want to answer -1

2\_3:dl004\_3 bovp bovp\_02\_01 Relationship: Deceased Person 1:3,-  
 1@3\_3  
 2\_3:dl004\_3 vpl dl004 Relationship: Deceased Person 1:3,-  
 1@3\_3

[Other] please specify:

2\_3:vfamso\_3 bovp bovp\_02\_02 [de] Verwandtschaftsverhältnis: Offene 2\_3;dl004\_3=4  
 Angabe (1)  
 2\_3:vfamso\_3 vpl vfamso Family relationship: Open information 2\_3;dl004\_3=4

Can't / don't want to answer 1

**3\_3 How old was your family member when he/she died?**

Years

3\_3:dl005\_3 bovp bovp\_03 Age: Deceased Person  
 3\_3:dl005\_3 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1



4\_3;dl006\_3=2

**8\_3** 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	1
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8\_3:dl010\_3 bovp bovp\_08 Contact to deceased person last 12 months

8\_3:dl010\_3 vpl dl010 Contact to deceased person last 12 months

**9\_3** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1

9\_3:dl011\_3 bovp bovp\_09 Place of death

9\_3:dl011\_3 vpl dl011 Place of death

**10\_3** Can you tell us what the cause of death was?

*Please select all that apply.*

Heart attack	1
Cardiovascular disease	1
Cancer	1
Stroke	1
Severe infectious disease (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_3:dl012_3 bovp bovp_10_01 cause of death: heart attack	
10_3:dl012_3 vpl dl012 cause of death: heart attack	
10_3:dl013_3 bovp bovp_10_02 cause of death: cardiovascular disease	
10_3:dl013_3 vpl dl013 cause of death: cardiovascular disease	
10_3:dl014_3 bovp bovp_10_03 cause of death: cancer	
10_3:dl014_3 vpl dl014 cause of death: cancer	
10_3:dl015_3 bovp bovp_10_04 cause of death: epileptic stroke	
10_3:dl015_3 vpl dl015 cause of death: epileptic stroke	
10_3:dl016_3 bovp bovp_10_05 cause of death: sever infectious disease	
10_3:dl016_3 vpl dl016 cause of death: sever infectious disease	
10_3:dl017_3 bovp bovp_10_06 cause of death: gastrointestinal tract disease	
10_3:dl017_3 vpl dl017 cause of death: gastrointestinal tract disease	
10_3:dl018_3 bovp bovp_10_07 cause of death: respiratory disease	
10_3:dl018_3 vpl dl018 cause of death: respiratory disease	
10_3:dl019_3 bovp bovp_10_08 cause of death: accident	
10_3:dl019_3 vpl dl019 cause of death: accident	
10_3:dl020_3 bovp bovp_10_09 cause of death: other	
10_3:dl020_3 vpl dl020 cause of death: other	
10_3:dl021_3 bovp bovp_10_10 cause of death unknown	
10_3:dl021_3 vpl dl021 cause of death unknown	

[Other] please specify:

10_3:vurs10_3 bovp bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10_3;dl020_3=1
10_3:vurs10_3 vpl vurs10	cause of death: Open information Person (1)	10_3;dl020_3=1 [2024]

**11\_3 Did the deceased person have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance health care directive)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1

11_3:dI022_3	bovp	bovp_11_01	left last will
11_3:dI022_3	vpl	dI022	left last will
11_3:dI023_3	bovp	bovp_11_02	left living will
11_3:dI023_3	vpl	dI023	left living will
11_3:dI024_3	bovp	bovp_11_03	left provisional power or attorney
11_3:dI024_3	vpl	dI024	left provisional power or attorney
11_3:dI025_3	bovp	bovp_11_04	left living will with instructions on use of death-delaying procedures
11_3:dI025_3	vpl	dI025	left living will with instructions on use of death-delaying procedures

**12\_3** Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?

Yes				1
No				2
Don't know				3
Can't / don't want to answer				-1
12_3:dI026_3	bovp	bovp_12	Mental limitation	
12_3:dI026_3	vpl	dI026	Mental limitation	

**13\_3** How would you describe the health of the deceased person about three months before his / her death?

Bad				5
Poor				4
Satisfactory				3
Good				2
Very good				1
Can't / don't want to answer				-1
13_3:dI027_3	bovp	bovp_13	Three months before death: state of health	
13_3:dI027_3	vpl	dI027	Three months before death: state of health	

**14\_3** Was the deceased person in need of assistance or care approximately three months before death?

Yes				1
No				2
Can't / don't want to answer				-1
14_3:dI028_3	bovp	bovp_14	Three months before death: in need of assistance	2,- 1@16_3
14_3:dI028_3	vpl	dI028	Three months before death: in need of assistance	2,- 1@16_3

14\_3;dl028\_3=1

**15\_3** Which of the following activities did the deceased person need help with? Needed help with ...

*Please select all that apply.*

- ...shopping and errands 1
- ...doing housework, preparing meals and drinks 1
- ...easier personal care activities, such as dressing and undressing, bathing, combing hair, shaving 1
- ...more difficult personal care activities, such as getting in and out of bed, going to the toilet, etc. 1
- None of the above 1
- Can't / don't want to answer 1

15_3:dl029_3	bovp	bovp_15_01	Need help: errands
15_3:dl029_3	vpl	dl029	Need help: errands
15_3:dl030_3	bovp	bovp_15_02	Help On Housework
15_3:dl030_3	vpl	dl030	Help On Housework
15_3:dl031_3	bovp	bovp_15_03	help with simple personal care: dressing, bathing...
15_3:dl031_3	vpl	dl031	help with simple personal care: dressing, bathing...
15_3:dl032_3	bovp	bovp_15_04	help in getting in and out of bed, using toilet
15_3:dl032_3	vpl	dl032	help in getting in and out of bed, using toilet
15_3:vhil5_3	bovp	bovp_15_05	Need for help: No need for help
15_3:vhil5_3	vpl	dl038	Need for help: No need for help

**16\_3** 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).*

	0	1	2	3	4	5	6	7	8	9	10	Can't / don't want to answer
	Completely dissatisfied										Completely satisfied	
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_3:dl034_3	bovp	bovp_16_01	Satisfaction one year before death
16_3:dl034_3	vpl	dl034	Satisfaction one year before death
16_3:dl035_3	bovp	bovp_16_02	Satisfaction three months before death
16_3:dl035_3	vpl	dl035	Satisfaction three months before death

**17\_3** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have had to restructure my life completely  1  
 Some things will change  2  
 Nothing has really changed in my life  3  
 Can't / don't want to answer  -1

17\_3:dl036\_3 bovp bovp\_17 change in personal life since death  
 17\_3:dl036\_3 vpl dl036 change in personal life since death

**1\_4** Please state the first name, date of birth, and sex of the deceased person.

Please select the first name of the person from the list of household members displayed. If the person is not included in the list, for example because he or she did not live in your household, enter the first name in the text field below.

[de] vorname1  1  
 [de] vorname2  2  
 [de] vorname3  3  
 [de] vorname4  4  
 [de] vorname5  5  
 [de] vorname6  6  
 [de] vorname7  7  
 [de] vorname8  8  
 [de] vorname9  9  
 [de] vorname10  10  
 [de] vorname11  11  
 [de] vorname12  12  
 [de] vorname13  13  
 [de] vorname14  14

Name:

1\_4:vname\_4 bovp bovp\_01\_01 [de] Vorname: Person (1)

Can't / don't want to answer  1

[Individual ID of the deceased person]

1\_4:vpnr\_4 bovp pid2 Unchanging ID Person deceased

1\_4:vpnr\_4 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1\_4:dl037\_4 bovp bovp\_01\_02 [de] Geburtstag: Person (1)

1\_4:dl037\_4 vpl dl037 Birthday: deceased person [2024]

Can't / don't want to answer  1

Month

1\_4:dl003\_4 bovp bovp\_01\_03 Month Of Birth: Deceased Person

1\_4:dl003\_4 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer  1

Year

1\_4:dl002\_4 bovp bovp\_01\_04 Year of birth: Deceased Person  
 1\_4:dl002\_4 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer 1

Sex:

Male 1

Female 2

Non-binary (divers) 3

Can't / don't want to answer -1

1\_4:dl001\_v2\_4 bovp bovp\_01\_05 Gender of person deceased [2022/2023]  
 1\_4:dl001\_v2\_4 vpl dl001\_h Gender of person deceased [harmonised]  
 1\_4:dl001\_v2\_4 vpl dl001\_v2 Gender of person deceased [2022]

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**2\_4 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

Can't / don't want to answer -1

2\_4:dl004\_4 bovp bovp\_02\_01 Relationship: Deceased Person 1:3,-  
 1@3\_4  
 2\_4:dl004\_4 vpl dl004 Relationship: Deceased Person 1:3,-  
 1@3\_4

[Other] please specify:

2\_4:vfamso\_4 bovp bovp\_02\_02 [de] Verwandtschaftsverhältnis: Offene 2\_4;dl004\_4=4  
 Angabe (1)  
 2\_4:vfamso\_4 vpl vfamso Family relationship: Open information 2\_4;dl004\_4=4

Can't / don't want to answer 1

**3\_4 How old was your family member when he/she died?**

Years 0:122

3\_4:dl005\_4 bovp bovp\_03 Age: Deceased Person  
 3\_4:dl005\_4 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1

**4\_4 Did the deceased person live in this household?**

Yes					1
No					2
Can't / don't want to answer					-1
4_4:dl006_4	bovp	bovp_04	Deceased Person lived in the househol		1,- 1@9_4
4_4:dl006_4	vpl	dl006	Deceased Person lived in the househol		1,- 1@9_4

4\_4;dl006\_4=2

**5\_4 Do you know if the deceased ever took part in the study "Living in Germany"?**

Yes, took part					1
No, did not take part					2
Don't know					3
Can't / don't want to answer					-1
5_4:dl007_4	bovp	bovp_05	person died was SOEP attendant		
5_4:dl007_4	vpl	dl007	person died was SOEP attendant		

4\_4;dl006\_4=2

**6\_4 What was the deceased person's main living environment for the last year of his/her life?**

Alone in own household					1
Together with spouse / partner in private household					2
Together with other family members in private househld					3
Accommodation geared to the needs of senior citizens (assisted living, etc.)					4
Retirement home / Nursing home					5
Clinic, hospital					6
Other environment					7
Can't / don't want to answer					-1
6_4:dl008_4	bovp	bovp_06	Domestic environment of deceased Person		
6_4:dl008_4	vpl	dl008	Domestic environment of deceased Person		

4\_4;dl006\_4=2

**7\_4 Where did the deceased person live?**

Here in this house					1
In the neighborhood					2
Nearby (within an hour on foot)					3
Further away in Germany					4
In a foreign country					5
Can't / don't want to answer					-1
7_4:dl009_4	bovp	bovp_07	focus of deceased person's life		
7_4:dl009_4	vpl	dl009	focus of deceased person's life		

4\_4:dl006\_4=2

**8\_4** 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	1
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8\_4:dl010\_4 bovp bovp\_08 Contact to deceased person last 12 months

8\_4:dl010\_4 vpl dl010 Contact to deceased person last 12 months

**9\_4** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1

9\_4:dl011\_4 bovp bovp\_09 Place of death

9\_4:dl011\_4 vpl dl011 Place of death

**10\_4** Can you tell us what the cause of death was?

*Please select all that apply.*

Heart attack	1
Cardiovascular disease	1
Cancer	1
Stroke	1
Severe infectious disease (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_4:dl012_4 bovp bovp_10_01	cause of death: heart attack
10_4:dl012_4 vpl dl012	cause of death: heart attack
10_4:dl013_4 bovp bovp_10_02	cause of death: cardiovascular disease
10_4:dl013_4 vpl dl013	cause of death: cardiovascular disease
10_4:dl014_4 bovp bovp_10_03	cause of death: cancer
10_4:dl014_4 vpl dl014	cause of death: cancer
10_4:dl015_4 bovp bovp_10_04	cause of death: epileptic stroke
10_4:dl015_4 vpl dl015	cause of death: epileptic stroke
10_4:dl016_4 bovp bovp_10_05	cause of death: sever infectious disease
10_4:dl016_4 vpl dl016	cause of death: sever infectious disease
10_4:dl017_4 bovp bovp_10_06	cause of death: gastrointestinal tract disease
10_4:dl017_4 vpl dl017	cause of death: gastrointestinal tract disease
10_4:dl018_4 bovp bovp_10_07	cause of death: respiratory disease
10_4:dl018_4 vpl dl018	cause of death: respiratory disease
10_4:dl019_4 bovp bovp_10_08	cause of death: accident
10_4:dl019_4 vpl dl019	cause of death: accident
10_4:dl020_4 bovp bovp_10_09	cause of death: other
10_4:dl020_4 vpl dl020	cause of death: other
10_4:dl021_4 bovp bovp_10_10	cause of death unknown
10_4:dl021_4 vpl dl021	cause of death unknown

[Other] please specify:

10_4:vurs10_4 bovp bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10_4:dl020_4=1
10_4:vurs10_4 vpl vurs10	cause of death: Open information Person (1)	10_4:dl020_4=1 [2024]

**11\_4** Did the deceased person have any of the following documents on file as a precautionary measure?

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance health care directive)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1

11_4:dI022_4	bovp	bovp_11_01	left last will
11_4:dI022_4	vpl	dI022	left last will
11_4:dI023_4	bovp	bovp_11_02	left living will
11_4:dI023_4	vpl	dI023	left living will
11_4:dI024_4	bovp	bovp_11_03	left provisional power or attorney
11_4:dI024_4	vpl	dI024	left provisional power or attorney
11_4:dI025_4	bovp	bovp_11_04	left living will with instructions on use of death-delaying procedures
11_4:dI025_4	vpl	dI025	left living will with instructions on use of death-delaying procedures

**12\_4** Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?

Yes				1
No				2
Don't know				3
Can't / don't want to answer				-1
12_4:dI026_4	bovp	bovp_12	Mental limitation	
12_4:dI026_4	vpl	dI026	Mental limitation	

**13\_4** How would you describe the health of the deceased person about three months before his / her death?

Bad				5
Poor				4
Satisfactory				3
Good				2
Very good				1
Can't / don't want to answer				-1
13_4:dI027_4	bovp	bovp_13	Three months before death: state of health	
13_4:dI027_4	vpl	dI027	Three months before death: state of health	

**14\_4** Was the deceased person in need of assistance or care approximately three months before death?

Yes				1
No				2
Can't / don't want to answer				-1
14_4:dI028_4	bovp	bovp_14	Three months before death: in need of assistance	2,- 1@16_4
14_4:dI028_4	vpl	dI028	Three months before death: in need of assistance	2,- 1@16_4

14\_4;dl028\_4=1

**15\_4** Which of the following activities did the deceased person need help with? Needed help with ...

*Please select all that apply.*

...shopping and errands	1
...doing housework, preparing meals and drinks	1
...easier personal care activities, such as dressing and undressing, bathing, combing hair, shaving	1
...more difficult personal care activities, such as getting in and out of bed, going to the toilet, etc.	1
None of the above	1
Can't / don't want to answer	1

15_4:dl029_4	bovp	bovp_15_01	Need help: errands
15_4:dl029_4	vpl	dl029	Need help: errands
15_4:dl030_4	bovp	bovp_15_02	Help On Housework
15_4:dl030_4	vpl	dl030	Help On Housework
15_4:dl031_4	bovp	bovp_15_03	help with simple personal care: dressing, bathing...
15_4:dl031_4	vpl	dl031	help with simple personal care: dressing, bathing...
15_4:dl032_4	bovp	bovp_15_04	help in getting in and out of bed, using toilet
15_4:dl032_4	vpl	dl032	help in getting in and out of bed, using toilet
15_4:vhil5_4	bovp	bovp_15_05	Need for help: No need for help
15_4:vhil5_4	vpl	dl038	Need for help: No need for help

**16\_4** 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).*

	0	1	2	3	4	5	6	7	8	9	10	Can't / don't want to answer
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_4:dl034_4	bovp	bovp_16_01	Satisfaction one year before death
16_4:dl034_4	vpl	dl034	Satisfaction one year before death
16_4:dl035_4	bovp	bovp_16_02	Satisfaction three months before death
16_4:dl035_4	vpl	dl035	Satisfaction three months before death

**17\_4** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

- I have had to restructure my life completely  1
- Some things will change  2
- Nothing has really changed in my life  3
- Can't / don't want to answer  -1

17\_4:dl036\_4 bovp bovp\_17 change in personal life since death  
 17\_4:dl036\_4 vpl dl036 change in personal life since death

**1\_5** Please state the first name, date of birth, and sex of the deceased person.

Please select the first name of the person from the list of household members displayed. If the person is not included in the list, for example because he or she did not live in your household, enter the first name in the text field below.

- [de] vorname1  1
- [de] vorname2  2
- [de] vorname3  3
- [de] vorname4  4
- [de] vorname5  5
- [de] vorname6  6
- [de] vorname7  7
- [de] vorname8  8
- [de] vorname9  9
- [de] vorname10  10
- [de] vorname11  11
- [de] vorname12  12
- [de] vorname13  13
- [de] vorname14  14

Name:

1\_5:vname\_5 bovp bovp\_01\_01 [de] Vorname: Person (1)

Can't / don't want to answer  1

[Individual ID of the deceased person]

1\_5:vpnr\_5 bovp pid2 Unchanging ID Person deceased

1\_5:vpnr\_5 vpl vpid Unchanging ID Person deceased

Day, month and year of birth:

Day

1\_5:dl037\_5 bovp bovp\_01\_02 [de] Geburtstag: Person (1)

1\_5:dl037\_5 vpl dl037 Birthday: deceased person [2024]

Can't / don't want to answer  1

Month

1\_5:dl003\_5 bovp bovp\_01\_03 Month Of Birth: Deceased Person

1\_5:dl003\_5 vpl dl003 Month Of Birth: Deceased Person

Can't / don't want to answer  1

Year

1\_5:dl002\_5 bovp bovp\_01\_04 Year of birth: Deceased Person  
 1\_5:dl002\_5 vpl dl002 Year of birth: Deceased Person

Can't / don't want to answer 1

Sex:

Male 1

Female 2

Non-binary (divers) 3

Can't / don't want to answer -1

1\_5:dl001\_v2\_5 bovp bovp\_01\_05 Gender of person deceased [2022/2023]  
 1\_5:dl001\_v2\_5 vpl dl001\_h Gender of person deceased [harmonised]  
 1\_5:dl001\_v2\_5 vpl dl001\_v2 Gender of person deceased [2022]

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**2\_5 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

Can't / don't want to answer -1

2\_5:dl004\_5 bovp bovp\_02\_01 Relationship: Deceased Person 1:3,-  
 1@3\_5  
 2\_5:dl004\_5 vpl dl004 Relationship: Deceased Person 1:3,-  
 1@3\_5

[Other] please specify:

2\_5:vfamso\_5 bovp bovp\_02\_02 [de] Verwandtschaftsverhältnis: Offene 2\_5;dl004\_5=4  
 Angabe (1)  
 2\_5:vfamso\_5 vpl vfamso Family relationship: Open information 2\_5;dl004\_5=4

Can't / don't want to answer 1

**3\_5 How old was your family member when he/she died?**

Years

3\_5:dl005\_5 bovp bovp\_03 Age: Deceased Person  
 3\_5:dl005\_5 vpl dl005 Age: Deceased Person

Can't / don't want to answer 1



4\_5;dl006\_5=2

**8\_5** 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	1
At least once a week	2
At least once a month	3
Less often	4
Never	5
Can't / don't want to answer	-1

8\_5:dl010\_5 bovp bovp\_08 Contact to deceased person last 12 months

8\_5:dl010\_5 vpl dl010 Contact to deceased person last 12 months

**9\_5** Where did your family member pass away?

At home	1
In another private household	2
In a hospital	3
In a retirement home / nursing home	4
In hospice	5
Another place	6
Don't know	7
Can't / don't want to answer	-1

9\_5:dl011\_5 bovp bovp\_09 Place of death

9\_5:dl011\_5 vpl dl011 Place of death

**10\_5** Can you tell us what the cause of death was?

*Please select all that apply.*

Heart attack	1
Cardiovascular disease	1
Cancer	1
Stroke	1
Severe infectious disease (pneumonia, flu, etc.)	1
Gastrointestinal disease	1
Respiratory illness	1
Accident	1
Other	1
Don't know	1
Can't / don't want to answer	1
10_5:dl012_5 bovp bovp_10_01 cause of death: heart attack	
10_5:dl012_5 vpl dl012 cause of death: heart attack	
10_5:dl013_5 bovp bovp_10_02 cause of death: cardiovascular disease	
10_5:dl013_5 vpl dl013 cause of death: cardiovascular disease	
10_5:dl014_5 bovp bovp_10_03 cause of death: cancer	
10_5:dl014_5 vpl dl014 cause of death: cancer	
10_5:dl015_5 bovp bovp_10_04 cause of death: epileptic stroke	
10_5:dl015_5 vpl dl015 cause of death: epileptic stroke	
10_5:dl016_5 bovp bovp_10_05 cause of death: sever infectious disease	
10_5:dl016_5 vpl dl016 cause of death: sever infectious disease	
10_5:dl017_5 bovp bovp_10_06 cause of death: gastrointestinal tract disease	
10_5:dl017_5 vpl dl017 cause of death: gastrointestinal tract disease	
10_5:dl018_5 bovp bovp_10_07 cause of death: respiratory disease	
10_5:dl018_5 vpl dl018 cause of death: respiratory disease	
10_5:dl019_5 bovp bovp_10_08 cause of death: accident	
10_5:dl019_5 vpl dl019 cause of death: accident	
10_5:dl020_5 bovp bovp_10_09 cause of death: other	
10_5:dl020_5 vpl dl020 cause of death: other	
10_5:dl021_5 bovp bovp_10_10 cause of death unknown	
10_5:dl021_5 vpl dl021 cause of death unknown	

[Other] please specify:

10_5:vurs10_5 bovp bovp_10_11	[de] Todesursache: Offene Angabe Person (1)	10_5;dl020_5=1
10_5:vurs10_5 vpl vurs10	cause of death: Open information Person (1)	10_5;dl020_5=1 [2024]

**11\_5 Did the deceased person have any of the following documents on file as a precautionary measure?**

	Yes	No	Don't know	Can't / don't want to answer
A last will and testament	1	2	3	-1
Living will (advance health care directive)	1	2	3	-1
Lasting power of attorney (in case of loss of mental capacity, etc.)	1	2	3	-1
Advance funeral wishes (with details on burial, etc.)	1	2	3	-1

11_5:dI022_5	bovp	bovp_11_01	left last will
11_5:dI022_5	vpl	dI022	left last will
11_5:dI023_5	bovp	bovp_11_02	left living will
11_5:dI023_5	vpl	dI023	left living will
11_5:dI024_5	bovp	bovp_11_03	left provisional power or attorney
11_5:dI024_5	vpl	dI024	left provisional power or attorney
11_5:dI025_5	bovp	bovp_11_04	left living will with instructions on use of death-delaying procedures
11_5:dI025_5	vpl	dI025	left living will with instructions on use of death-delaying procedures

**12\_5** Had the deceased person suffered any severe losses of mental capacity (memory loss, etc.)?

Yes				1
No				2
Don't know				3
Can't / don't want to answer				-1
12_5:dI026_5	bovp	bovp_12	Mental limitation	
12_5:dI026_5	vpl	dI026	Mental limitation	

**13\_5** How would you describe the health of the deceased person about three months before his / her death?

Bad				5
Poor				4
Satisfactory				3
Good				2
Very good				1
Can't / don't want to answer				-1
13_5:dI027_5	bovp	bovp_13	Three months before death: state of health	
13_5:dI027_5	vpl	dI027	Three months before death: state of health	

**14\_5** Was the deceased person in need of assistance or care approximately three months before death?

Yes				1
No				2
Can't / don't want to answer				-1
14_5:dI028_5	bovp	bovp_14	Three months before death: in need of assistance	2,- 1@16_5
14_5:dI028_5	vpl	dI028	Three months before death: in need of assistance	2,- 1@16_5

14\_5;dl028\_5=1

**15\_5** Which of the following activities did the deceased person need help with? Needed help with ...

*Please select all that apply.*

- ...shopping and errands 1
- ...doing housework, preparing meals and drinks 1
- ...easier personal care activities, such as dressing and undressing, bathing, combing hair, shaving 1
- ...more difficult personal care activities, such as getting in and out of bed, going to the toilet, etc. 1
- None of the above 1
- Can't / don't want to answer 1

15_5:dl029_5	bovp	bovp_15_01	Need help: errands
15_5:dl029_5	vpl	dl029	Need help: errands
15_5:dl030_5	bovp	bovp_15_02	Help On Housework
15_5:dl030_5	vpl	dl030	Help On Housework
15_5:dl031_5	bovp	bovp_15_03	help with simple personal care: dressing, bathing...
15_5:dl031_5	vpl	dl031	help with simple personal care: dressing, bathing...
15_5:dl032_5	bovp	bovp_15_04	help in getting in and out of bed, using toilet
15_5:dl032_5	vpl	dl032	help in getting in and out of bed, using toilet
15_5:vhil5_5	bovp	bovp_15_05	Need for help: No need for help
15_5:vhil5_5	vpl	dl038	Need for help: No need for help

**16\_5** 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).*

	0	1	2	3	4	5	6	7	8	9	10	Can't / don't want to answer
About a year before death	0	1	2	3	4	5	6	7	8	9	10	-1
About three months before death	0	1	2	3	4	5	6	7	8	9	10	-1

16_5:dl034_5	bovp	bovp_16_01	Satisfaction one year before death
16_5:dl034_5	vpl	dl034	Satisfaction one year before death
16_5:dl035_5	bovp	bovp_16_02	Satisfaction three months before death
16_5:dl035_5	vpl	dl035	Satisfaction three months before death

**17\_5** Finally, a question for you personally: To what extent has your life changed as a result of your family member's death?

I have had to restructure my life completely	1
Some things will change	2
Nothing has really changed in my life	3
Can't / don't want to answer	-1

17_5:dl036_5	bovp	bovp_17	change in personal life since death
17_5:dl036_5	vpl	dl036	change in personal life since death