Running since 1984, the German Socio-Economic Panel study (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:
Series A – Survey Instruments (Erhebungsinstrumente)
Series B – Survey Reports (Methodenberichte)
Series C – Data Documentation (Datendokumentationen)
Series D – Variable Descriptions and Coding
Series E – SOEPmonitors
Series F – SOEP Newsletters
Series G – General Issues and Teaching Materials

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infas

2022

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v38eu.
Dear participant,

The questions contained in this questionnaire deal with the household as a whole and not with the individuals in the household.

The questionnaire should be completed by the same person in the household who did it last year if possible.

Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of every household.

We therefore cordially request that you either

– allow our staff member to interview you
– or carefully fill out this questionnaire yourself.

This questionnaire is to be filled out by (may also be filled out by Interviewer):

First name:

<Vorname>
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:

<LinkCAWI>

Your personal access code is:

<PWD-CAWI>

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

If an interviewer is present, please enter:

LFD

Interviewernummer
How should the questionnaire be filled out?

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 
No 

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 
No 

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

Example: 
Please select one answer only.

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

Example:
Country: Germany

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

Example:
Number: 150

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

Example:
Yes Continue with question 11

Please make sure:

- that you fill out the questionnaire in black pen only.
- that your answers are clearly legible.
- and that your answers are inside the boxes.

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

Further information

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
Before completing this questionnaire for “Living in Germany”, it is important to first find out whether anything has changed in your household situation since the last survey or if everything has remained the same. The first question deals with household composition. Please tell us which applies.

“Last survey” refers to the last regular survey and not to the last supplementary surveys “Life During COVID19” or “Living in Germany – Corona-Monitoring”.

Please select one answer only.

My household lives in the same home or apartment at the same address ...

... and no one has joined or left the household since then 1
... but since then at least one person has joined or left the household 2

Continue with question 11

My household lives in a new home or apartment at a new address ...

... after the household has moved, due to the arrival of one or more participants of “Living in Germany” 3
... after new household formation 4

Continue with question 2

When did this change occur – in other words, when did you move into this new dwelling after a the move mentioned above?

Month
Year

What were the most important reasons that led to this change, that is, to your move to a new home or out of an existing household?

Please give up to three reasons!

Termination of lease or uncertain rental situation

Work reasons (change of job, vocational training, university study)

Family reasons (change of relationship status, moved out of parents’ home, inheritance)

Reasons relating to the house or apartment (cost, size, amenities)

Neighborhood / location of house or apartment

Other reasons

Please state:
How does your new dwelling compare to your previous one? Is your new dwelling better, about the same, or worse overall than the previous one?

Please select only one per line!

<table>
<thead>
<tr>
<th>What about ...</th>
<th>Better</th>
<th>About the same</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>... costs (e.g., rent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... the size of the dwelling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... features and amenities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... neighborhood / location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... enviromental surroundings (noise, exhaust fumes, pollution)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... access to public transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... relationships / contact with neighbors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... relationship / contact with the landlord / property management company</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you describe your neighborhood?

Please select one answer only.

| A residential area with mostly old buildings     | 1 |
| A residential area with mostly newer buildings   | 2 |
| A mixed residential and commercial area with apartments, houses, shops and businesses | 3 |
| A commercial area (shops, banks, offices) with very few residential dwellings | 4 |

What kind of building do you live in?

Please select one answer only.

| Farm house                                             | 1 |
| Detached house containing 1 or 2 dwellings (one above the other) | 2 |
| Row house or duplex (with one dwelling next to the other)     | 3 |
| Residential building containing 3 or 4 dwellings            | 4 |
| Residential building containing 5 to 8 dwellings            | 5 |
| Residential building containing 9 or more dwellings (up to 8 stories) | 6 |
| High-rise building (9 or more stories)                     | 7 |

When, approximately, was the building in which your dwelling is located built?

| Before 1919 | 1 |
| 1919 to 1948 | 2 |
| 1949 to 1971 | 3 |
| 1972 to 1980 | 4 |
| 1981 to 1990 | 5 |
| 1991 to 2000 | 6 |
| 2001 to 2010 | 7 |
| 2011 to 2020 | 8 |
| 2021        | 9 |
8 Can you provide the exact year in which the building was built?

Yes 1  → please state:  
No 2 

9 Is it a boarding house or similar accommodation?

Yes 1  No 2  → Continue with question 11

10 What kind of group housing (dorm, shelter, boarding house, etc.) is it?

Dorm for young adults, secondary school students, or university students 1  
Boarding house for workers 2  
Nursing / retirement home 3  
Other type of group housing or shelter 4 

↓ Please state:

11 Has the size of your dwelling changed within the last year, e.g., due to remodeling or changes in usage?

Yes 1  No 2  → Continue with question 14

12 How large is the total living space in this dwelling?

m²

13 How many rooms does the dwelling have?

Include all rooms of 6m² or more but exclude kitchen and bathroom

rooms

14 What do you think about the total size of your dwelling?

For the size of your household, is it ...

... much too small 1  
... a bit too small 2  
... just right 3  
... a bit too large 4  
... much too large? 5
### 15 Which of the following apply to your household?

*Please give an answer in each line.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Financial reasons</th>
<th>Other reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is an Internet connection in the household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are one or more cars in the household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The household has financial reserves for emergencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I/we go away on vacation at least one week a year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends are invited for a meal at least once per month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have a hot meal with meat, fish, or poultry at least every other day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We take part in leisure activities at least once a month such as going to the movies, a concert, a sporting event, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worn-out furniture is replaced with new furniture, even if it is still functional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worn-out clothing is replaced with new clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The dwelling is always kept comfortably heated in the colder months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyone in the household has a small sum of money available for personal use each week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyone in the household owns at least two pairs of outdoor shoes in the right size (including an all-weather pair)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 16 Did this dwelling change ownership within the last year?

- Yes [ ]
- No [ ] → Continue with question 18

### 17 What kind of change in ownership occurred?

- I am / we are...
  - now owner(s) [ ] → because I / we...
    - purchased the dwelling [ ]
    - inherited or was/were given the dwelling [ ]
  - no longer owner(s) [ ] → because...
    - I / we sold the dwelling [ ]
    - gave / bequeathed it / other [ ]
  - still tenants, but it is now owned by someone else [ ]
The next questions deal with the costs of living in your dwelling. First the question: Are you the main tenant, subletter, or owner?

- If you have the right to reside there rent-free or if you have lifelong tenancy, please answer under main tenant.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main tenant</td>
<td>1</td>
</tr>
<tr>
<td>Subletter</td>
<td>2</td>
</tr>
<tr>
<td>Owner</td>
<td>3</td>
</tr>
<tr>
<td>Nursing Home / Retirement Community</td>
<td>4</td>
</tr>
</tbody>
</table>

Continue with question 28

Do you still owe money, for example, on loans or a mortgage, for the dwelling / building you live in?

- Yes: 1
- No: 2

Continue with question 21

What are your monthly payments including interest on this/these loan(s) or mortgage(s)?

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

[ ] euros per month

Did you have to pay for maintenance or modernization of this dwelling / building where you live in the last calendar year?

- Yes: 1
- No: 2

Continue with question 23

What were your maintenance or modernization costs for this dwelling / building where you live in the last calendar year?

If you don’t know the exact amount: please estimate!

[ ] euros in the last calendar year

How much was the property tax for this dwelling / building where you live in the last calendar year?

If you don’t know the exact amount: please estimate!

[ ] euros per year

No property tax: 1

What were your heating costs (including hot water) in the last calendar year?

If you don’t know the exact amount: please estimate!

[ ] euros per year

No heating costs: 1

What were your electricity costs in the last calendar year?

If you don’t know the exact amount: please estimate!

[ ] euros per year

No electricity costs: 1
26 And how much did you pay in the last calendar year for water, garbage removal, street cleaning, and other additional costs not mentioned above?

If you don’t know the exact amount: please estimate!

[ ] [ ] [ ] euros per year No other additional costs

27 Have you received Baukindergeld, a subsidy for first-time home buyers with children?

Yes [ ] [ ]

No [ ] [ ]

Continue with question 38

28 Is this dwelling government-subsidized housing (Sozialwohnung)?

Yes [ ] [ ]

No [ ] [ ]

29 Is the dwelling being provided to you at reduced rent by the owner, for example, your employer or a relative, or in exchange for building maintenance / janitorial work?

This includes the right to reside there rent-free and lifelong tenancy.

Yes [ ] [ ]

No [ ] [ ]

30 Who is the owner of the dwelling?

Please select one answer only.

Private owner [ ] [ ]

Private company [ ] [ ]

Professional organization or union [ ] [ ]

Non-profit organization (church, foundations, etc.) [ ] [ ]

Municipal government [ ] [ ]

My employer [ ] [ ]

31 What is your monthly rent?

Please list the amount you pay in rent either including or excluding heating costs, depending on which amount you know better!

[ ] [ ] [ ] euros

Continue with question 32

Do not pay rent but do pay utilities [ ] [ ]

Continue with question 32

Do not pay either rent or utilities [ ] [ ]

Continue with question 38

32 Is heating included in the rent stated above?

Yes [ ] [ ]

No [ ] [ ]
### Question 33
What are your average monthly heating costs (including hot water)?

> If you don't know the exact amount, please state or estimate your monthly heating payment!

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>euros per month</td>
<td>No heating costs</td>
<td>1 ☐</td>
</tr>
</tbody>
</table>

### Question 34
Is electricity included in the rent stated above?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 ☐</td>
</tr>
<tr>
<td>No</td>
<td>2 ☐</td>
</tr>
</tbody>
</table>

### Question 35
What are your monthly electricity costs?

> If you don't know the exact amount, please state or estimate your monthly electricity payment!

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>euros per month</td>
<td>No electricity costs</td>
<td>2 ☐</td>
</tr>
</tbody>
</table>

### Question 36
Are other additional expenses not previously mentioned such as water, garbage removal, etc. included in the rent stated above?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 ☐</td>
</tr>
<tr>
<td>No</td>
<td>2 ☐</td>
</tr>
</tbody>
</table>

### Question 37
What are your other average monthly costs for water, garbage removal, etc. in other words, all additional costs?

> If you don't know the exact amount, please state or estimate your monthly payment!

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>euros per month</td>
<td>No other additional costs</td>
<td>1 ☐</td>
</tr>
</tbody>
</table>

### Question 38
Did you or someone in your household receive income from letting or leasing property (land/dwelling) last year?

Please state actual income, not the value of tax subsidies for owner-occupied housing.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 ☐</td>
</tr>
<tr>
<td>No</td>
<td>2 ☐</td>
</tr>
</tbody>
</table>

→ Continue with question 46

### Question 39
About what was your total income from letting and leasing last year?

> If you don't know the exact amount: please estimate!

> Please state the gross amount including savings for future maintenance / renovation.

<table>
<thead>
<tr>
<th>euros in the year 2020</th>
<th></th>
</tr>
</thead>
</table>
40. Did you have any expenses for maintenance or modernization of the properties you let or leased in the last calendar year?

Yes ☐  No ☐  → Continue with question 42

41. What were your expenses for maintenance or modernization of the properties you let or leased in the last calendar year?

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

[ ] [ ] [ ] [ ] [ ] euros for the year 2020

42. Were there any loan, mortgage, or interest payments for these properties you let or leased in the last calendar year?

Yes ☐  No ☐  → Continue with question 44

43. What were the loan, mortgage, and interest payments for these properties you let or leased in the last calendar year?

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

[ ] [ ] [ ] [ ] [ ] euros for the year 2020

44. Will you be able to deduct these expenses from the last year from your taxes or declare them as losses?

Yes ☐  No ☐  → Continue with question 46

45. How much of these expenses in the last calendar year can you claim as deductions or losses on your tax return?

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

[ ] [ ] [ ] [ ] [ ] euros for the year 2020

46. Are you or is someone in your household currently paying back loans and interest on loans that you took out for large purchases or other expenditures?

Please do not include loan, mortgage, or interest payments stated in answer to previous questions.

Yes ☐  No ☐  → Continue with question 48

47. How much do you pay per month on these loans?

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

Loan repayment (including interest payments) euros per month [ ] [ ] [ ] [ ] [ ]
**48** Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as an inheritance in the last calendar year?

—if we are only referring to money or assets worth more than 500 euros!

Yes [ ] 1 No [ ] 2 → Continue with question 50

**49** What was the total monetary value of the inheritance(s)?

—if you don’t know the exact amount: please estimate!

€ for the year 2020

**50** Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as a gift in the last calendar year?

—if we are only referring to money or assets worth more than 500 euros!

Yes [ ] 1 No [ ] 2 → Continue with question 52

**51** What was the total monetary value of the gift(s)?

—if you don’t know the exact amount: please estimate!

€ for the year 2020

**52** Did you or another member of the household receive a large sum of money or other assets (house, car, etc.) as lottery winnings in the last calendar year?

—if we are only referring to money or assets worth more than 500 euros!

Yes [ ] 1 No [ ] 2 → Continue with question 54

**53** What was the sum monetary value of the lottery winning(s)?

—if you don’t know the exact amount: please estimate!

€ for the year 2020

**54** Did you or another member of the household own any of the following savings or investment securities last year?

— please select all that apply.

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings account (Sparbuch / Spargirokonto /Tagesgeldkonto)</td>
</tr>
<tr>
<td>Savings plan to build a home (Bausparvertrag)</td>
</tr>
<tr>
<td>Life insurance</td>
</tr>
<tr>
<td>Company assets (in your own company, other companies)</td>
</tr>
<tr>
<td>Fixed-interest securities (e.g., saving bonds, mortgage bonds, federal savings bonds)</td>
</tr>
<tr>
<td>Other securities (e.g., stocks, funds, bonds, equity options)</td>
</tr>
<tr>
<td>No, none of the above</td>
</tr>
</tbody>
</table>

→ Continue with question 56

→ Continue with question 55

→ Continue with question 58
Can you deduct losses for any of the above from your taxes for the last year? How much?

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

Yes 1 → euros

No 2

What was your total income from interest, dividends, profits, and profit distribution from all of your investments in the last calendar year?

In the last calendar year → Continue with question 58

Don't know 1 → Continue with question 57

Please estimate according to the following list:

Please select one answer only.

Less than 250 euros 1

From 250 to less than 1,000 euros 2

From 1,000 to less than 2,500 euros 3

From 2,500 to less than 5,000 euros 4

From 5,000 to less than 10,000 euros 5

10,000 euros and more 6

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

Please give an answer in each line.

In 2020

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>No</th>
<th>Yes</th>
<th>Number of months</th>
<th>Average amount per month if applicable excl. supplementary child benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child benefit</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplementary child benefit (Kinderzuschlag, which is paid to low-income earners in addition to the child benefit, Kindergeld)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational and participation package (compensation for families whose children are not in childcare)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment benefit II (Hartz IV), including social benefit and accommodation expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term care insurance benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly subsistence allowance / Assistance in special circumstances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic income support for the elderly / those with reduced earning capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance (rent and expenses benefit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
And what is the situation now? Are you or is another member of your household currently receiving any of the following types of government benefits?  

Please give an answer in each line.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Currently</th>
<th>Amount per month</th>
<th>For ... (number of children)</th>
<th>excl. supplementary child benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplementary child benefit (Kinderzuschlag, which is paid to low-income earners in addition to the child benefit, Kindergeld)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We are not referring here to benefits that are part of the educational package</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational and participation package (compensation for families whose children are not in childcare)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment benefit II (Hartz IV), including social benefit and accommodation expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term care insurance benefits</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Monthly subsistence allowance / Assistance in special circumstances</td>
<td></td>
<td></td>
<td>incl. accommodation expenses</td>
<td></td>
</tr>
<tr>
<td>Basic income support for the elderly / those with reduced earning capacity</td>
<td></td>
<td></td>
<td>incl. accommodation expenses</td>
<td></td>
</tr>
<tr>
<td>Housing allowance (rent and expenses benefit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you look at the total income of all of the members of your household: what is your 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 allowances, child benefits, grants for higher education, maintenance payments, etc. If you do not know the exact amount, please estimate the amount per month.

<table>
<thead>
<tr>
<th>Monthly household income in euros per month</th>
<th></th>
</tr>
</thead>
</table>

Do you usually have money left over at the end of the month that you can put aside for larger purchases, emergencies, or to build savings? If so, how much?

Yes: in the amount of euros per month  
No, our income and expenses are equal  
No, our income is not enough to cover our expenses
62 How do you usually make up for the shortfall?

1. By taking out loans
   - in the amount of euros per month

2. By using existing savings
   - in the amount of euros per month

3. By getting help from family, friends and acquaintances
   - in the amount of euros per month

4. None of the above

63 Do you regularly or occasionally pay someone to provide household help?

1. Yes, regularly
   - Continue with question 64

2. Yes, occasionally
   - Continue with question 64

3. No
   - Continue with question 65

64 How much do you pay per month on average?

- euros per month

65 How many books there are approximately in your household?

- Please don’t count newspapers, magazine or schoolbooks.
  - For reference: One meter of bookshelf holds approximately 50 books.

- We are not referring to e-books.

1. fewer than 10 books
2. 10 to fewer than 50 books
3. 50 to fewer than 100 books
4. 100 to fewer than 200 books
5. 200 to fewer than 500 books
6. 500 to fewer than 1,000 books
7. 1,000 books or more

66 Do you or does any other person in your household have a pet/pets?

- We are not referring here to farm animals!

1. Yes
   - Continue with question 67

2. No
   - Continue with question 68

67 Which pet/pets do you have in your household?

- Please select all that apply.

1. Dog
2. Cat
3. Rabbit
4. Guinea pig / hamster / mouse
5. Bird
6. Fish
7. Horse / pony
8. Other pets
68. Does someone in your household require constant care or assistance due to age, sickness, or medical treatment?

Yes ☐  No ☐  → Continue with question 77

69. How many people in need of care are there in your household?

[ ] person(s) in need of care

70. Who is it, and which of the following activities does he or she need assistance with?

Please state the person's first name. If there is more than one person in need of care in the household, please state the person most in need of care.

First name of person in need of care:

Needs assistance with ...

[ ] errands outside the home
[ ] housekeeping, preparing meals and drinks
[ ] minor care, such as help getting dressed and undressed, washing up, combing hair, shaving
[ ] major care, such as getting in and out of bed, bowel movements

None of the above

71. Does the person in need of care receive long-term care insurance benefits (Pflegeversicherung)?

Yes ☐  No ☐  → Continue with question 73

72. What “degree of care” (Pflegegrad) has the person requiring assistance or care been assessed to need?

Please select one answer only.

Degree of care 1 ☐  Degree of care 2 ☐  Degree of care 3 ☐  Degree of care 4 ☐  Degree of care 5 ☐

73. Was this person officially assessed and certified as having a limited ability to carry out everyday activities?

Yes ☐  No ☐

74. Who provides this person with the assistance he / she needs?

Please give us the name of the person in the household who is the main caregiver:

By...

[ ] relatives in the household
[ ] charitable organizations (Caritas, Diakonie, ASB, DRK, AWO, etc.)
[ ] private care service
[ ] friends / acquaintances / neighbors
[ ] relatives outside the household
[ ] other regular care providers
75 Does the person / people who provide this help receive financial compensation?
Yes 1
No 2

76 Does your household have regular expenses for the people requiring assistance or care that are not covered by health or long-term care insurance (e.g., transportation, medications, technical aids, care provider, ...)?
If there is more than one person requiring assistance / care in the household, please state the total sum for all persons requiring assistance / care in the household.
Yes 1 → euros per month
No 2

77 Does your household have regular expenses for people who do not live in this household and require assistance or care and are not covered by health or long-term care insurance (e.g., transportation, medications, technical aids, care provider, ...)?
Yes 1 → euros per month
No 2

78 Are there children born in 2005 or later living in your household?
Yes 1
No 2 → Continue with question 101

79 What year were these children born?
This refers to the four oldest children born in 2005 or after. Start with the oldest child born in 2005 or after, then enter the other children in order of age, the youngest child last.
Please answer questions 80 to 100 in columns, that is, all these questions for the 1st child first, then for the 2nd child, and so on.

<table>
<thead>
<tr>
<th>First name:</th>
<th>2nd child:</th>
<th>3rd child:</th>
<th>4th child:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

80 What school does your child currently attend?
No longer in school 1 → Continue 2nd child 1 → Continue 3rd child 1 → Continue 4th child 1 → Question 101
Not yet in school 1 → Question 88 1 → Question 88 1 → Question 88 1 → Question 88

Elementary school* 1 1 1 1
Lower secondary school (Hauptschule) 1 2 3 4
Intermediate school (Realschule) 1 1 1 1
Upper secondary school (Gymnasium) 1 4 4 4
Comprehensive school (Gesamtschule) 1 5 5 5
Vocational school (Berufsschule) 1 6 6 6
Other type of school 1 7 7 7

* (Grundschule, Including Förderstufe/schulformunabhängige Orientierungstufe, the transition grades prior to entering secondary school)
Please state the first names of the children again:

<table>
<thead>
<tr>
<th>First name:</th>
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</thead>
<tbody>
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</tbody>
</table>

81 Is it a school with a special teaching concept such as a ...

- Waldorf school, Montessori school, etc
  - Yes: 1
  - No: 2

- School for children with special needs, speech defects, etc.
  - Yes: 1
  - No: 2

No, none of the above

82 Did your child receive learning materials online or attend school online in the year 2020?

- Yes, received learning materials online
  - Yes: 1
  - No: 2

- Yes, attended school online
  - Yes: 1
  - No: 2

83 Does the child usually attend school all day?

- Yes: 1
  - No: 2

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

- Yes: 1
  - No: 2

85 What type of school is it?

- Public (state-run)
  - Yes: 1
  - No: 2

- Religious
  - Yes: 1
  - No: 2

- Non-profit, including Free Alternative Schools
  - Yes: 1
  - No: 2

- Private
  - Yes: 1
  - No: 2

86 Is the child currently in after-school day care (Schulhort) or a comparable child care program at school?

- Yes: 1
  - No: 2
Please state the first names of the children again:

<table>
<thead>
<tr>
<th>First name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st child:</td>
</tr>
<tr>
<td>2nd child:</td>
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<tr>
<td>3rd child:</td>
</tr>
<tr>
<td>4th child:</td>
</tr>
</tbody>
</table>

### Question 87: How much does the school cost you?
- **Average monthly cost in euros:**
  - Nothing: [ ]
  - [ ]
  - [ ]
  - [ ]

### Question 88: Does the child currently attend nursery school, daycare, pre-school, creche, etc.?
- Yes, approximately hours per day:
  - [ ]
  - [ ]
  - [ ]
  - [ ]

### Question 89: Does the school or facility serve lunch to your child if you choose?
- Yes: [ ]
- No: [ ]

### Question 90: What type of school or facility is it?
- **Public (for example, state-run daycare):** [ ]
- **Religious or other non-profit:** [ ]
- **Non-profit private school or facility founded by an association of parents:** [ ]
- **Employer-operated (for example, company daycare):** [ ]
- **For-profit private (for example, private daycare):** [ ]

### Question 91: How much do you pay for the school or facility?
- **Average monthly cost in euros:**
  - Nothing: [ ]
  - [ ]
  - [ ]
  - [ ]

### Question 92: Since what year has the child been attending this childcare facility?
- Since the year:
Please state the first names of the children again:

<table>
<thead>
<tr>
<th>1st child:</th>
<th>2nd child:</th>
<th>3rd child:</th>
<th>4th child:</th>
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</tbody>
</table>

First name:

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

- Yes, childcare provider outside the home (Tagesmutter)
  - Yes
  - No
- Yes, paid in-home childcare provider (Betreuungsperson)
  - Yes
  - No
- Yes, relatives
  - Yes
  - No
- Yes, friends/acquaintances/neighbors
  - Yes
  - No
- No

**94** Now about COVID-19. Has a doctor ever diagnosed your child with a coronavirus infection (COVID-19)?

- Yes
  - Yes, for the coronavirus, and the test results were positive
    - Yes
    - No
  - Yes, for the coronavirus, but the test results were negative
    - Yes
    - No
  - No

**94a** Has your child been tested for the coronavirus with a throat or nasal swab?

- No, never
  - Yes
  - No
- Yes, for the coronavirus, but the test results were negative
  - Yes
  - No
- Yes, for the coronavirus, and the test results were positive
  - Yes
  - No

**95** On what date did your child (first) test positive:

- If you don’t remember the exact date, please estimate.

Day and month:

Year:
Please state the first names of the children again:

<table>
<thead>
<tr>
<th>1st child:</th>
<th>2nd child:</th>
<th>3rd child:</th>
<th>4th child:</th>
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</tbody>
</table>

First name:

Did your child become so severely ill with the coronavirus infection that he/she had to be admitted to the hospital for treatment?

- Yes
- No

We are referring here to inpatient treatment, where the child had to stay overnight at the hospital.

Was the test that was administered a rapid test?

- Yes
- No

With results usually provided within an hour.

Why was your child tested for the coronavirus?

- Contact with someone who was infected
- Contact with someone who may have been infected
- Routine testing (for example, in daycare or at school, or on admission to the hospital)
- Upon return from a trip abroad
- Before leaving on a trip abroad
- Parents wanted to have child tested
- Other reason

Symptoms that indicate a coronavirus infection

- Question 98
**Please state the first names of the children again:**

<table>
<thead>
<tr>
<th>1st child:</th>
<th>2nd child:</th>
<th>3rd child:</th>
<th>4th child:</th>
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<tbody>
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</table>

**From when to when did the symptoms last?**

*If you don’t remember the exact date, please estimate.*

**Symptoms started:**

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<th>Day and month:</th>
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</table>

<table>
<thead>
<tr>
<th>Year:</th>
<th></th>
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</table>

**Symptoms ended:**

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<tr>
<th>Day and month:</th>
<th></th>
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<tbody>
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<table>
<thead>
<tr>
<th>Year:</th>
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</table>

**Whether or not your child has ever been tested, has the child been in home quarantine?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
<th>Question 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
<td>Question 100</td>
</tr>
</tbody>
</table>

**When was your child (last) quarantined at home?**

*If you don’t remember the exact date, please estimate.*

**Month:**

<p>| | | | |</p>
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</tbody>
</table>

**Year:**

<p>| | | | |</p>
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<tbody>
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</tbody>
</table>

**Has a doctor ever diagnosed you with a coronavirus infection (COVID-19)?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No</th>
<th>2</th>
</tr>
</thead>
</table>
Have you been tested for the coronavirus with a throat or nasal swab?

- We are referring to tests administered by trained personnel, for instance, in a doctor’s office, pharmacy, or testing center.

No, never \[1\] → Continue with question 104

Yes, for the coronavirus, but the test results were negative \[2\] → Continue with question 103a

Yes, for the coronavirus, and the test results were positive \[3\] → Continue with question 103

Date of the (first) positive test:

If you don’t remember the exact date, please estimate.

Day: [ ] Month: [ ] Year: [ ]

Was it a rapid test?

With results usually provided within an hour.

Yes \[1\]

No \[2\]

Whether or not you were tested: Have you ever been quarantined at home?

Yes \[1\] → Continue with question 106

No \[2\] → Continue with question 106a

When were you (last) quarantined at home?

If you don’t remember the exact date, please estimate.

Month: [ ] Year: [ ]

Are there any other members of your household besides you who were born before 2005?

Yes \[1\] → Continue with question 106a

No \[2\] → Continue with question A, page 24
Please state the first name of the person:

Please answer questions 107 to 111 by column: first all the questions about the second household member, then all the questions about the third household member, and so on.

<table>
<thead>
<tr>
<th>2nd household member</th>
<th>3rd household member</th>
<th>4th household member</th>
<th>5th household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**107 Has a doctor ever diagnosed the household member with a coronavirus infection (COVID-19)?**

Please answer separately for each household member.

<table>
<thead>
<tr>
<th></th>
<th>2nd household member</th>
<th>3rd household member</th>
<th>4th household member</th>
<th>5th household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**108 Has the household member ever been tested for the coronavirus with a throat or nasal swab?**

We are referring to tests administered by trained personnel, for instance, in a doctor’s office, pharmacy, or testing center.

<table>
<thead>
<tr>
<th></th>
<th>2nd household member</th>
<th>3rd household member</th>
<th>4th household member</th>
<th>5th household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, never</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Yes, for the coronavirus, but the test results were negative</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Yes, for the coronavirus, and the test results were positive</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**109 Date of the first positive test:**

If you don’t remember the exact date, please estimate.

<table>
<thead>
<tr>
<th></th>
<th>2nd household member</th>
<th>3rd household member</th>
<th>4th household member</th>
<th>5th household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day and month:</td>
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<tr>
<td>Year:</td>
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</table>

**109a Was it a rapid test?**

With results usually provided within an hour.

<table>
<thead>
<tr>
<th></th>
<th>2nd household member</th>
<th>3rd household member</th>
<th>4th household member</th>
<th>5th household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Please state the first names of the household members again:

<table>
<thead>
<tr>
<th>2nd household member</th>
<th>3rd household member</th>
<th>4th household member</th>
<th>5th household member</th>
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</table>

First name:

Whether or not they were tested: Have any other household members ever been quarantined at home?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

When was the household member (last) quarantined at home?

If you don’t remember the exact date, please estimate.

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
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<tbody>
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</table>

Continue with 3rd household member, Question 106a

Continue with 4th household member, Question 106a

Continue with 5th household member, Question 106a

Question A

When did you finish filling out the questionnaire?

Date: [ ] Day [ ] Month

Time: [ ] Hour [ ] Minute

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

[ ] Minutes

Were other persons present while you were filling out the questionnaire?

Please select all answers that apply.

Yes, spouse / partner

Yes, other person who is living in the same household

Yes, other person who does not live in the same household

No

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

Yes [ ] No [ ]

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