

1206²⁰²²

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Household (A-L3, M1-M2 + N-Q)

infas

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

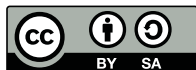
The SOEP Survey Papers are available at <http://www.diw.de/soepsurveyspapers>

Editors:

- Dr. Carina Cornesse, DIW Berlin and University of Bremen
- Dr. Jan Goebel, DIW Berlin
- Prof. Dr. Cornelia Kristen, University of Bamberg and DIW Berlin
- Prof. Dr. Philipp Lersch, DIW Berlin and Humboldt-Universität zu Berlin
- Prof. Dr. Carsten Schröder, DIW Berlin and Freie Universität Berlin
- Prof. Dr. Jürgen Schupp, DIW Berlin and Freie Universität Berlin
- Prof. Dr. Sabine Zinn, DIW Berlin and Humboldt-Universität zu Berlin

Please cite this paper as follows:

infas, 2022. SOEP-Core – 2021: Household (A-L3, M1-M2 + N-Q). SOEP Survey Papers 1206: Series A – Survey Instruments (Erhebungsinstrumente). Berlin: DIW Berlin/SOEP



This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

© 2022 by SOEP

ISSN: 2193-5580 (online)

DIW Berlin
German Socio-Economic Panel (SOEP)
Mohrenstr. 58
10117 Berlin
Germany

soeppapers@diw.de

SOEP-Core – 2021: Household (A-L3, M1-M2 + N-Q)

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.

Questionnaire

Household

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

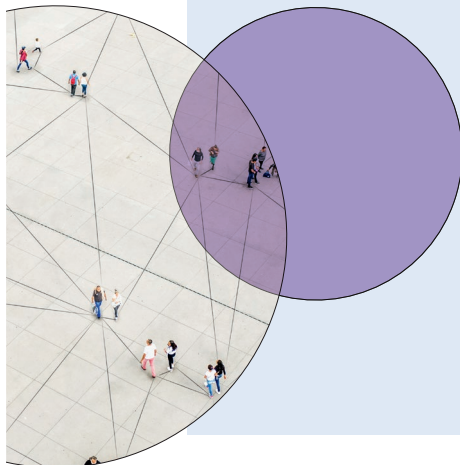
- allow our staff member to interview you
- or carefully fill out this questionnaire yourself.

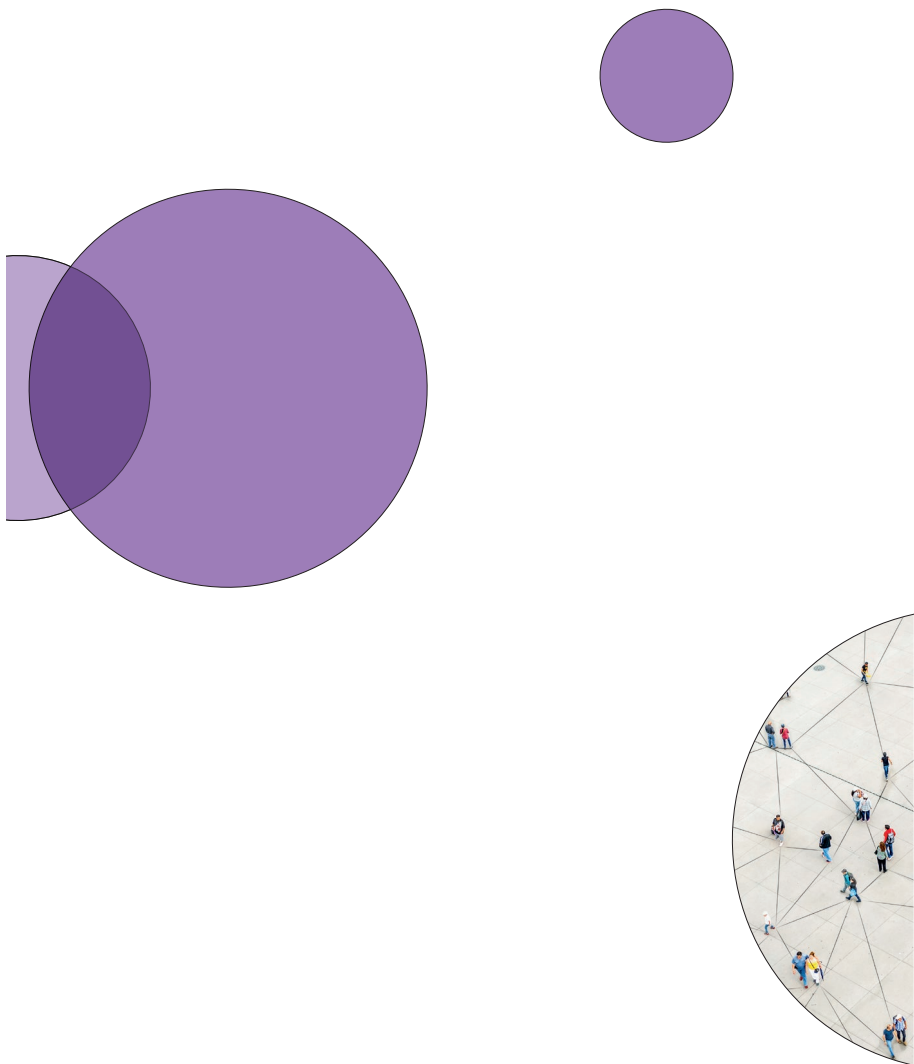
This questionnaire is to be filled out by

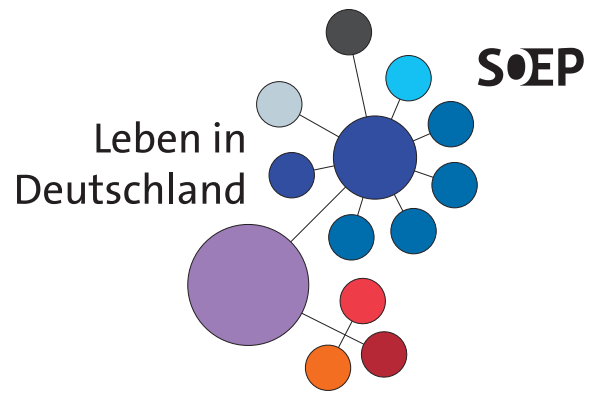
(may also be filled out by Interviewer):

First name:

<Vorname>







Questionnaire

Household

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Interviewnummer

infas

infas Institut für angewandte
Sozialwissenschaft GmbH

Postfach 240101
53154 Bonn
Tel. 0800/66 77 876
LiD@infas.de
www.leben-in-deutschland.de

7701/HH-EN/2021

<LFD/Personen-Nr>

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: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:

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

1 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.

hl0094

 “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

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

hlf0106
hlf0107_v2

Month Year

3 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?

hlf0108_v16
humzso

 Please give up to three reasons!

Termination of lease or uncertain rental situation 1

Work reasons (change of job, vocational training, university study) 2

Family reasons (change of relationship status, moved out of parents' home, inheritance) 3

Reasons relating to the house or apartment (cost, size, amenities) 4

Neighborhood / location of house or apartment 5

Other reasons 6

 Please state:


4 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?

hlf0126
hlf0127
hlf0128
hlf0129
hlf0130
hlf0131
hlf0132
hlf0526

 Please select only one per line!

| What about ... | Better 1 | About the same 2 | Worse 3 |
|--|--------------------------|--------------------------|--------------------------|
| ... costs (e.g., rent) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... the size of the dwelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... features and amenities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... neighborhood / location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... enviromental surroundings (noise, exhaust fumes, pollution) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... access to public transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... relationships / contact with neighbors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... relationship / contact with the landlord / property management company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 How would you describe your neighborhood?

hlf0153_v3

 Please select one answer only.

| | |
|---|----------------------------|
| A residential area with mostly old buildings | 1 <input type="checkbox"/> |
| A residential area with mostly newer buildings | 2 <input type="checkbox"/> |
| A mixed residential and commercial area with apartments, houses, shops and businesses | 3 <input type="checkbox"/> |
| A commercial area (shops, banks, offices) with very few residential dwellings | 4 <input type="checkbox"/> |

6 What kind of building do you live in?

hlf0154_v3

 Please select one answer only.

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

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

hlf0016

| | | |
|--------------|----------------------------|------------------------------|
| Before 1919 | 1 <input type="checkbox"/> | } → Continue with question 9 |
| 1919 to 1948 | 2 <input type="checkbox"/> | |
| 1949 to 1971 | 3 <input type="checkbox"/> | |
| 1972 to 1980 | 4 <input type="checkbox"/> | } → Continue with question 8 |
| 1981 to 1990 | 5 <input type="checkbox"/> | |
| 1991 to 2000 | 6 <input type="checkbox"/> | |
| 2001 to 2010 | 7 <input type="checkbox"/> | |
| 2011 to 2020 | 8 <input type="checkbox"/> | } → Continue with question 9 |
| 2021 | 9 <input type="checkbox"/> | |

8 Can you provide the exact year in which the building was built?

hlf0596
hlf0017

Yes ¹ → please state:
No ²

9 Is it a boarding house or similar accommodation?


hlf0682

Yes ¹ No ² → *Continue with question 11*
↓

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

hlf0155_v3
hheimso

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?

hlf0018

Yes ¹
No ² → *Continue with question 14*

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

hlf0019_v1

m²

13 How many rooms does the dwelling have?

hlf0021_v1

 *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?

hlf0071_v1

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?

hlf0178_v1
hlf0179

 Please give an answer in each line.

hlf0180
hlf0181

hlf0186
hlf0187

hlf0188
hlf0189

hlf0190
hlf0191

hlf0192
hlf0193

hlf0613
hlf0614

hlf0194
hlf0195

hlf0615
hlf0616

hlf0617
hlf0618

hlf0619
hlf0620

hlf0621
hlf0622

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

16 Did this dwelling change ownership within the last year?

hlf0006

Yes No → Continue with question 18



17 What kind of change in ownership occurred?


hlf0015
hlf0007_v4
hlf0009

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

18 The next questions deal with the costs of living in your dwelling. First the question: Are you the main tenant, subletter, or owner?

hlf0001_v3

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

| | | | |
|-------------------------------------|---|--------------------------|--------------------------------------|
| Main tenant | 1 | <input type="checkbox"/> | } → Continue with question 28 |
| Subletter | 2 | <input type="checkbox"/> | |
| Owner | 3 | <input type="checkbox"/> | → Continue with question 19 |
| Nursing Home / Retirement Community | 4 | <input type="checkbox"/> | → Continue with question 31 |

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

hlf0087_v2

Yes 1 No 2 → **Continue with question 21**



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

hlf0088_v2

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

euros per month

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

hlf0599

Yes 1 No 2 → **Continue with question 23**



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

hlf0600

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

euros in the last calendar year

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

hlf0601

hlf0602

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

euros per year No property tax 1

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

hlf0090_v2

hlf0603

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

euros per year No heating costs 1

25 What were your electricity costs in the last calendar year?

hlf0084

hlf0604

 *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?

hlf0091_v3
hlf0605

 *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?

hlc0210

Yes 1

No 2

 **Continue with question 38**

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

hlf0011_v5

Yes 1

No 2

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?

hlf0073

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

Yes 1

No 2

30 Who is the owner of the dwelling?

hlf0013_v3

 *Please select one answer only.*

Private owner 1

Private company 2

Professional organization or union 3

Non-profit organization
(church, foundations, etc.) 4

Municipal government 5

My employer 6

31 What is your monthly rent?


hlf0074_v2
hlf0075_v2

 *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 2  **Continue with question 32**

Do not pay either rent or utilities 3  **Continue with question 38**

32 Is heating included in the rent stated above?

hlf0607

Yes 1

No 2

33 What are your average monthly heating costs (including hot water)?

hlf0069_v5
hlf0077_v2

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

euros per month

No heating costs

¹

34 Is electricity included in the rent stated above?

hlf0608

Yes ¹

No ²

35 What are your monthly electricity costs?

hlf0078
hlf0079

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

euros per month

No electricity costs

¹

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

hlf0610

Yes ¹

No ²

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

hlf0081_v2
hlf0082

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

euros per month

No other additional costs

¹

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

hlc0007

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

Yes ¹

No ²

→ Continue with question 46



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

hlc0008_v2

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

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

euros in the year 2020

40 Did you have any expenses for maintenance or modernization of the properties you let or leased in the last calendar year?

hlc0176

Yes ¹ No ² → 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?

hlc0111_v2

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?

hlc0177

Yes ¹ No ² → 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?

hlc0112_v2

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?

hlc0009

Yes ¹ No ² → 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?

hlc0010

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?

hlc0113_v2

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

Yes ¹ No ² → Continue with question 48



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

hlc0114_v3

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?

hlc0178

 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)?

hlc0179

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

euros 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?

hlc0180

 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)?

hlc0181

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

euros 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?

hlc0182

 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)?

hlc0183

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

euros for the year 2020

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

hlc0098

hlc0105

hlc0106

hlc0104

hlc0107

hlc0108

hlc0093

 Please select all that apply.

¹

Savings account
(Sparbuch / Spargirokonto / Tagesgeldkonto)

Savings plan to build a home (Bausparvertrag)

Life insurance

Company assets (in your own company, other companies)

Fixed-interest securities (e.g., saving bonds,
mortgage bonds, federal savings bonds)

Other securities (e.g., stocks, funds, bonds, equity options)

No, none of the above

→ Continue with question 56

→ Continue with question 55

→ Continue with question 58

55 Can you deduct losses for any of the above from your taxes for the last year? How much?

hlc0094
hlc0095

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

Yes euros

No

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

hlc0013_v2
hlc0184

In the last calendar year euros Continue with question 58

Don't know Continue with question 57

57 Please estimate according to the following list:

hlc0014

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

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

hlc0039_v3
hlc0041
hlc0042_v2

Please give an answer in each line.

hlc0049_v2
hlc0050_v2
hlc0051_v2

hlc0188
hlc0189
hlc0190

hlc0052
hlc0053
hlc0054

hlc0077
hlc0078
hlc0079_v2

hlc0055_v1
hlc0057
hlc0059_v2

hlc0061_v2
hlc0062
hlc0063

hlc0080_v1
hlc0081
hlc0082_v2

| | | | In 2020 | |
|---|----------------------------|----------------------------|---|---|
| | No | Yes | Number of months | Average amount per month if applicable |
| Child benefit | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>excl. supplementary child benefit</i> |
| Supplementary child benefit (Kinderzuschlag, which is paid to low-income earners in addition to the child benefit, Kindergeld) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| We are not referring here to benefits that are part of the educational package | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Educational and participation package (compensation for families whose children are not in childcare) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Unemployment benefit II (Hartz IV), including social benefit and accommodation expenses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Long-term care insurance benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Monthly subsistence allowance / Assistance in special circumstances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Average amount per month if applicable, incl. accommodation expenses</i> |
| Basic income support for the elderly / those with reduced earning capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Average amount per month if applicable, incl. accommodation expenses</i> |
| Housing allowance (rent and expenses benefit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| If not included in accommodation expenses under unemployment benefit II / monthly subsistence... / basic income support for the elderly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

59 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?

hlc0044_v2
hlc0045_v2
hlc0043

Please give an answer in each line.

hlc0046_v4
hlc0047_v2

hlc0191
hlc0192

hlc0064_v2
hlc0065

| | | | Currently | |
|---------------|--------------------------|--------------------------|---|--|
| | No | Yes | Amount per month if applicable | For ... (number of children) |
| Child benefit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <i>excl. supplementary child benefit</i> |

hlc0085_v6
hlc0090_v2

Supplementary child benefit (Kinderzuschlag, which is paid to low-income earners in addition to the child benefit, Kindergeld)

hlc0067_v1
hlc0068_v2

We are not referring here to benefits that are part of the educational package

hlc0070_v2
hlc0071

hlc0083_v1
hlc0084_v2

Educational and participation package (compensation for families whose children are not in childcare)

Unemployment benefit II (Hartz IV), including social benefit and accommodation expenses

Long-term care insurance benefits

Monthly subsistence allowance / Assistance in special circumstances

Basic income support for the elderly / those with reduced earning capacity

Housing allowance (rent and expenses benefit)
 If not included in accommodation expenses under unemployment benefit II / monthly subsistence... / basic income support for the elderly

60 If you look at the total income of all of the members of your household: what is your monthly household income today?

hlc0005_v2

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.

euros per month

61 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?

hlc0119_v3
hlc0120_v2

Yes ¹ → in the amount of euros per month → Continue with question 63

No, our income and expenses are equal ²

No, our income is not enough to cover our expenses ³ → Continue with question 62

62 How do you usually make up for the shortfall?

hfeh1b1
hfeh1b2

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

hfeh1b3
hfeh1b4

By using existing savings → in the amount of euros per month

hfeh1b5
hfeh1b6

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

hfeh1b7

None of the above

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

hlf0261

Yes, regularly ¹ } → **Continue with question 64**

Yes, occasionally ² }

No ³ → **Continue with question 65**


64 How much do you pay per month on average?

hlf0262

euros per month

65 How many books there are approximately in your household?

hlf0197

 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.

fewer than 10 books ¹

10 to fewer than 50 books ²

50 to fewer than 100 books ³

100 to fewer than 200 books ⁴

200 to fewer than 500 books ⁵

500 to fewer than 1,000 books ⁶

1,000 books or more ⁷

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

hlf0623

 We are not referring here to farm animals!

Yes ¹ → **Continue with question 67**

No ² → **Continue with question 68**

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

hlf0254

 Please select all that apply. ¹

hlf0255

Dog

hlf0626

hlf0627

Cat

hlf0256

hlf0257

hlf0196

hlf0258

Rabbit

Guinea pig / hamster / mouse

Bird

Fish

Horse / pony

Other pets

68 Does someone in your household require constant care or assistance due to age, sickness, or medical treatment?

hlf0291

Yes ¹ No ² → Continue with question 77



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

hlf0631

person(s) in need of care

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

hpnam
hlf0300
hlf0301
hlf0302
hlf0303
hlf0305

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 ...

Please select all that apply.

1

... 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)?

hlf0369

Yes ¹ No ² → Continue with question 73



72 What "degree of care" (Pflegrad) has the person requiring assistance or care been assessed to need?

hlf0370_v2

Please select one answer only.

Degree of care 1 ¹

Degree of care 2 ²

Degree of care 3 ³

Degree of care 4 ⁴

Degree of care 5 ⁵

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

hlf0595

Yes ¹ No ²

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

hlf0317_v3
hhnam

Please select all that apply.

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

By...

1

... 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

hlf0446
hlf0320
hlf0447
hlf0315_v3
hlf0448

75 Does the person / people who provide this help receive financial compensation?

hlf0322
 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, ...)?

hlf0331 hlf0332
 ☞ 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, ...)?

hle0015 hle0016
 Yes 1 → euros per month
 No 2

78 Are there children born in 2005 or later living in your household?

hfk0044
 Yes 1 No 2 → Continue with question 101

79 What year were these children born?

hknama_1_1 hknama_1_2 hknama_1_3 hknama_1_4
 k_birthy_v1_1 ☞ 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.
 k_birthy_v1_2 k_birthy_v1_3 k_birthy_v1_4 ☞ 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.

| | 1st child: | 2nd child: | 3rd child: | 4th child: |
|----------------|---|---|---|---|
| First name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Year of birth: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |


80 What school does your child currently attend?

| | | | | |
|--|---|---|---|---|
| ks_none_v3_1 ks_none_v3_2 ks_none_v3_3 ks_none_v3_4 No longer in school | 1 <input type="checkbox"/> → Continue 2nd child | 1 <input type="checkbox"/> → Continue 3rd child | 1 <input type="checkbox"/> → Continue 4th child | 1 <input type="checkbox"/> → Question 101 |
| ks_gen_v4_1 ks_gen_v4_2 ks_gen_v4_3 ks_gen_v4_4 Not yet in school | 2 <input type="checkbox"/> → Question 88 | 2 <input type="checkbox"/> → Question 88 | 2 <input type="checkbox"/> → Question 88 | 2 <input type="checkbox"/> → Question 88 |
| Elementary school* | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Lower secondary school (Hauptschule) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Intermediate school (Realschule) | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Upper secondary school (Gymnasium) | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Comprehensive school (Gesamtschule) | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Vocational school (Berufsschule) | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Other type of school | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |

* (Grundschule, including Förderstufe/schulformunabhängige Orientierungstufe, the transition grades prior to entering secondary school)

 Please state the first names of the children again:

hknama_2_1
hknama_2_2
hknama_2_3
hknama_2_4

| | | 1st child: | 2nd child: | 3rd child: | 4th child: |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|
| First name: | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 81 ks_spe_1 ks_spe_2 ks_spe_3 ks_spe_4 Is it a school with a special teaching concept such as a Waldorf school, Montessori school, etc ... School for children with special needs, speech defects, etc. No, none of the above | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82 hdigis1a_1 hdigis1a_2 hdigis1a_3 hdigis1a_4 hdigis2a_1 hdigis2a_2 hdigis2a_3 hdigis2a_4 hdigis3a_1 hdigis3a_2 hdigis3a_3 hdigis3a_4 Did your child receive learning materials online or attend school online in the year 2020?  Please select all that apply. Yes, received learning materials online Yes, attended school online No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83 kd_time_v2_1 kd_time_v2_2 kd_time_v2_3 kd_time_v2_4 Does the child usually attend school all day? Yes No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84 ks_lunch_1 ks_lunch_2 ks_lunch_3 ks_lunch_4 If you want, does the facility provide the child with lunch? Yes No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 85 kd_instb_v6_1 kd_instb_v6_2 kd_instb_v6_3 kd_instb_v6_4 What type of school is it? It is: ... Public (state-run) ... Religious ... Non-profit, including Free Alternative Schools ... Private | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 86 ks_asc_v2_1 ks_asc_v2_2 ks_asc_v2_3 ks_asc_v2_4 Is the child currently in after-school day care (Schulhort) or a comparable child care program at school? Yes No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Please state the first names of the children again:

hknama_3_1
hknama_3_2
hknama_3_3
hknama_3_4

| | 1st child: | 2nd child: | 3rd child: | 4th child: |
|--|--|--|--|--|
| First name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 87 How much does the school cost you? Average monthly cost in euros: Nothing | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| | → Question 93 | → Question 93 | → Question 93 | → Question 93 |
| 88 Does the child currently attend nursery school, daycare, pre-school, creche, etc.? Yes, approximately hours per day: No, none of these | <input type="text"/> <input type="checkbox"/> → Question 93 | <input type="text"/> <input type="checkbox"/> → Question 93 | <input type="text"/> <input type="checkbox"/> → Question 93 | <input type="text"/> <input type="checkbox"/> → Question 93 |
| 89 Does the school or facility serve lunch to your child if you choose? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 90 What type of school or facility is it? It is: ... 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) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 91 How much do you pay for the school or facility? Average monthly cost in euros: Nothing | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| 92 Since what year has the child been attending this childcare facility? Since the year: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

ks_amtp_v3_1
ks_amtp_v3_2
ks_amtp_v3_3
ks_amtp_v3_4
ks_cost_v2_1
ks_cost_v2_2
ks_cost_v2_3
ks_cost_v2_4

kd_hrs_v1_1
kd_hrs_v1_2
kd_hrs_v1_3
kd_hrs_v1_4
ks_pre_v7_1
ks_pre_v7_2
ks_pre_v7_3
ks_pre_v7_4

kd_lunch_v2_1
kd_lunch_v2_2
kd_lunch_v2_3
kd_lunch_v2_4

kd_instc_v7_1
kd_instc_v7_2
kd_instc_v7_3
kd_instc_v7_4

kk_amtp_v2_1
kk_amtp_v2_2
kk_amtp_v2_3
kk_amtp_v2_4
kk_cost_v2_1
kk_cost_v2_2
kk_cost_v2_3
kk_cost_v2_4

kc_pre_v1_1
kc_pre_v1_2
kc_pre_v1_3
kc_pre_v1_4

Please state the first names of the children again:

hknama_4_1
hknama_4_2
hknama_4_3
hknama_4_4

First name:

| 1st child: | 2nd child: | 3rd child: | 4th child: |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

kc_mindr_v2_1
kc_mindr_v2_2
kc_mindr_v2_3
kc_mindr_v2_4
kc_care_v4_1
kc_care_v4_2
kc_care_v4_3
kc_care_v4_4
kc_care_v2_1
kc_care_v2_2
kc_care_v2_3
kc_care_v2_4
kc_care_v3_1
kc_care_v3_2
kc_care_v3_3
kc_care_v3_4
kc_care_v5_1
kc_care_v5_2
kc_care_v5_3
kc_care_v5_4

Yes, childcare provider outside the home (Tagesmutter)

1

1

1

1

Yes, paid in-home childcare provider (Betreuungsperson)

Yes, relatives

Yes, friends/acquaintances/neighbors

No

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

hkcovarzta,
hkcovarztb,
hkcovarztc,
hkcovarztd

Yes

1

1

1

1

No

2

2

2

2

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

hkmnt1a
hkmnt1b
hkmnt1c
hkmnt1d

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

No, never

1 → Question 99

1 → Question 99

1 → Question 99

1 → Question 99

Yes, for the coronavirus, but the test results were negative

2 → Question 97

2 → Question 97

2 → Question 97

2 → Question 97

Yes, for the coronavirus, and the test results were positive

3 → Question 95

3 → Question 95

3 → Question 95

3 → Question 95

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

hkmnt2a
hkmnt3a
hkmnt4a
hkmnt2b
hkmnt3b
hkmnt4b
hkmnt2c
hkmnt3c
hkmnt4c
hkmnt2d
hkmnt3d
hkmnt4d

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

Day and month:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Year:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Please state the first names of the children again:

hknama_5_1
hknama_5_2
hknama_5_3
hknama_5_4

First name:

| 1st child: | 2nd child: | 3rd child: | 4th child: |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

96 Did your child become so severely ill with the coronavirus infection that he/she had to be admitted to the hospital for treatment?
 We are referring here to inpatient treatment, where the child had to stay overnight at the hospital.

Yes 1

No 2

| | 1st child: | 2nd child: | 3rd child: | 4th child: |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| Yes | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

97 Was the test that was administered a rapid test?
 With results usually provided within an hour.

Yes 1

No 2

| | 1st child: | 2nd child: | 3rd child: | 4th child: |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| Yes | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

97a Why was your child tested for the coronavirus?
 Please select all that apply for every child.

Symptoms that indicate a coronavirus infection → Question 98

Contact with someone who was infected → Question 98

Contact with someone who may have been infected → Question 98

Routine testing (for example, in daycare or at school, or on admission to the hospital) → Question 99

Upon return from a trip abroad → Question 99

Before leaving on a trip abroad → Question 99

Parents wanted to have child tested → Question 99

Other reason → Question 99

| | 1st child: | 2nd child: | 3rd child: | 4th child: |
|---|--|--|--|--|
| Symptoms that indicate a coronavirus infection | <input type="checkbox"/> 1 → Question 98 | <input type="checkbox"/> 1 → Question 98 | <input type="checkbox"/> 1 → Question 98 | <input type="checkbox"/> 1 → Question 98 |
| Contact with someone who was infected | <input type="checkbox"/> → Question 98 | <input type="checkbox"/> → Question 98 | <input type="checkbox"/> → Question 98 | <input type="checkbox"/> → Question 98 |
| Contact with someone who may have been infected | <input type="checkbox"/> → Question 98 | <input type="checkbox"/> → Question 98 | <input type="checkbox"/> → Question 98 | <input type="checkbox"/> → Question 98 |
| Routine testing (for example, in daycare or at school, or on admission to the hospital) | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 |
| Upon return from a trip abroad | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 |
| Before leaving on a trip abroad | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 |
| Parents wanted to have child tested | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 |
| Other reason | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 | <input type="checkbox"/> → Question 99 |

hktmntgr1a
hktmntgr2a
hktmntgr3a
hktmntgr4a
hktmntgr5a
hktmntgr6a
hktmntgr7a
hktmntgr8a
hktmntgr1b
hktmntgr2b
hktmntgr3b
hktmntgr4b
hktmntgr5b
hktmntgr6b
hktmntgr7b
hktmntgr8b
hktmntgr1c
hktmntgr2c
hktmntgr3c
hktmntgr4c
hktmntgr5c
hktmntgr6c
hktmntgr7c
hktmntgr8c
hktmntgr1d
hktmntgr2d
hktmntgr3d
hktmntgr4d
hktmntgr5d
hktmntgr6d
hktmntgr7d
hktmntgr8d

 Please state the first names of the children again:

hknama_6_1
hknama_6_2
hknama_6_3
hknama_6_4


First name:

| 1st child: | 2nd child: | 3rd child: | 4th child: |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

98

From when to when did the symptoms last?

hkcovsb1a
hkcovsb2a
hkcovsb3a
hkcovse1a
hkcovse2a
hkcovse3a
hkcovsb1b
hkcovsb2b
hkcovsb3b
hkcovse1b
hkcovse2b
hkcovse3b
hkcovsb1c
hkcovsb2c
hkcovsb3c
hkcovse1c
hkcovse2c
hkcovse3c
hkcovsb1d
hkcovsb2d
hkcovsb3d
hkcovse1d
hkcovse2d
hkcovse3d

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

Symptoms started:

Day and month:

| | | | |
|---|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
|---|---|---|---|

Year:

| | | | |
|---|---|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|---|---|

Symptoms ended:

Day and month:

| | | | |
|---|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
|---|---|---|---|

Year:

| | | | |
|---|---|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|---|---|

99

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

hkcovhqa
hkcovhqb
hkcovhqc
hkcovhqd

Yes

→ Question 100


No

→ Continue
2nd child, Question 80, page 16

100

When was your child (last) quarantined at home?

hkcovhqb1a
hkcovhqb2a
hkcovhqb1b
hkcovhqb2b
hkcovhqb1c
hkcovhqb2c
hkcovhqb1d
hkcovhqb2d

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

Month:

| | | | |
|---|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
|---|---|---|---|

Year:

| | | | |
|---|---|---|---|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|---|---|

→ Continue
2nd child, Question 80, page 16

→ Continue
3rd child, Question 80, page 16

→ Continue
4th child, Question 80, page 16

→ Question 101

101

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


hcovarzt

Yes

No

102 Have you been tested for the coronavirus with a throat or nasal swab?

hmnt1

 *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**

103 Date of the (first) positive test:hmnt2,
hmnt3,
hmnt4

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

Day: Month: Year:

103a Was it a rapid test?

hcovstest

 *With results usually provided within an hour.*

Yes ¹

No ²

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

hhqua_n

Yes ¹ No ² → **Continue with question 106**

↓

105 When were you (last) quarantined at home?hcovhqb1
hcovhqb2

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

Month: Year:

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

hcoverv

Yes ¹ → **Continue with question 106a**

No ² → **Continue with question A, page 24**

106a Please state the first name of the person:

hcoverwa
hcoverwb
hcoverwc
hcoverwd

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.

| | 2nd household member | 3rd household member | 4th household member | 5th household member |
|-------------|----------------------|----------------------|----------------------|----------------------|
| First name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

hhmcovarza
hhmcovaztb
hhmcovaztc
hhmcovaztd

Please answer seperately for each household member.

| | | | | |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| Yes | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| No | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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

hhmmnt1a
hhmmnt1b
hhmmnt1c
hhmmnt1d

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

| | | | | |
|--|--|--|--|--|
| No, never | 1 <input type="checkbox"/> → Question 110 | 1 <input type="checkbox"/> → Question 110 | 1 <input type="checkbox"/> → Question 110 | 1 <input type="checkbox"/> → Question 110 |
| Yes, for the coronavirus, but the test results were negative | 2 <input type="checkbox"/> → Question 109a | 2 <input type="checkbox"/> → Question 109a | 2 <input type="checkbox"/> → Question 109a | 2 <input type="checkbox"/> → Question 109a |
| Yes, for the coronavirus, and the test results were positive | 3 <input type="checkbox"/> → Question 109 | 3 <input type="checkbox"/> → Question 109 | 3 <input type="checkbox"/> → Question 109 | 3 <input type="checkbox"/> → Question 109 |

109 Date of the first positive test:

hhmmnt2a
hhmmnt3a
hhmmnt4a
hhmmnt2b
hhmmnt3b
hhmmnt4b
hhmmnt2c
hhmmnt3c
hhmmnt4c
hhmmnt2d
hhmmnt3d
hhmmnt4d

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

| | | | | |
|----------------|---|---|---|---|
| Day and month: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Year: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

109a Was it a rapid test?

hhmcovstesta
hhmcovstestb
hhmcovstestc
hhmcovstestd

With results usually provided within an hour.

| | | | | |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| Yes | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| No | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |

 Please state the first names of the household members again:

hcoverwa_2
hcoverwb_2
hcoverwc_2
hcoverwd_2

| | 2nd household member | 3rd household member | 4th household member | 5th household member |
|-------------|----------------------|----------------------|----------------------|----------------------|
| First name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |


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

hhqua2_na
hhqua2_nb
hhqua2_nc
hhqua2_nd

| | | | | |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| Yes | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| No | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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

hcovhqb1a
hcovhqb2a
hcovhqb1b
hcovhqb2b
hcovhqb1c
hcovhqb2c
hcovhqb1d
hcovhqb2d

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

| | | | | |
|--------|---|---|---|---|
| Month: | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Year: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | → Continue with 3rd household member, Question 106a | → Continue with 4th household member, Question 106a | → Continue with 5th household member, Question 106a | → Question A |

A When did you finish filling out the questionnaire?

datt
datm
datst
datmi

Date: Time: :
Day Month Hour Minute

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

dauer2

Minutes

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

anw1
anw2
anw3
anw4

 Please select all answers that apply.

1

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

→ Continue with question D

→ End of questionnaire

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

abl

Yes 1 No 2

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

