

1449²⁰²⁵

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2023: Household (A-R+IAB-SOEP-M1-M8c)

infas

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

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

- 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/soepsurveypapers>

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SOEP-Core – 2023: Household (A-R+IAB-SOEP-M1-M8c)

infas

2025

Questionnaire

Household

Haushalt

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.

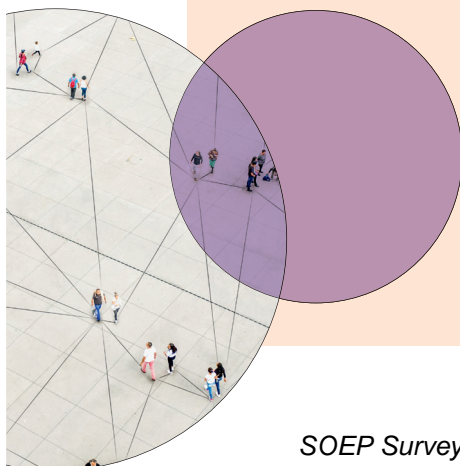
Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of every household.

We therefore cordially request that you either

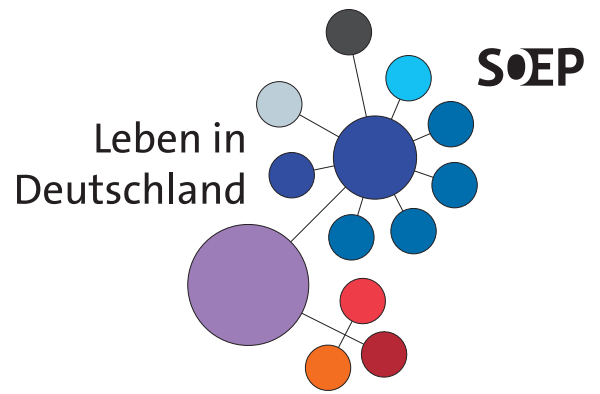
- allow our staff member to interview you
- or carefully fill out this questionnaire yourself.

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

First name:



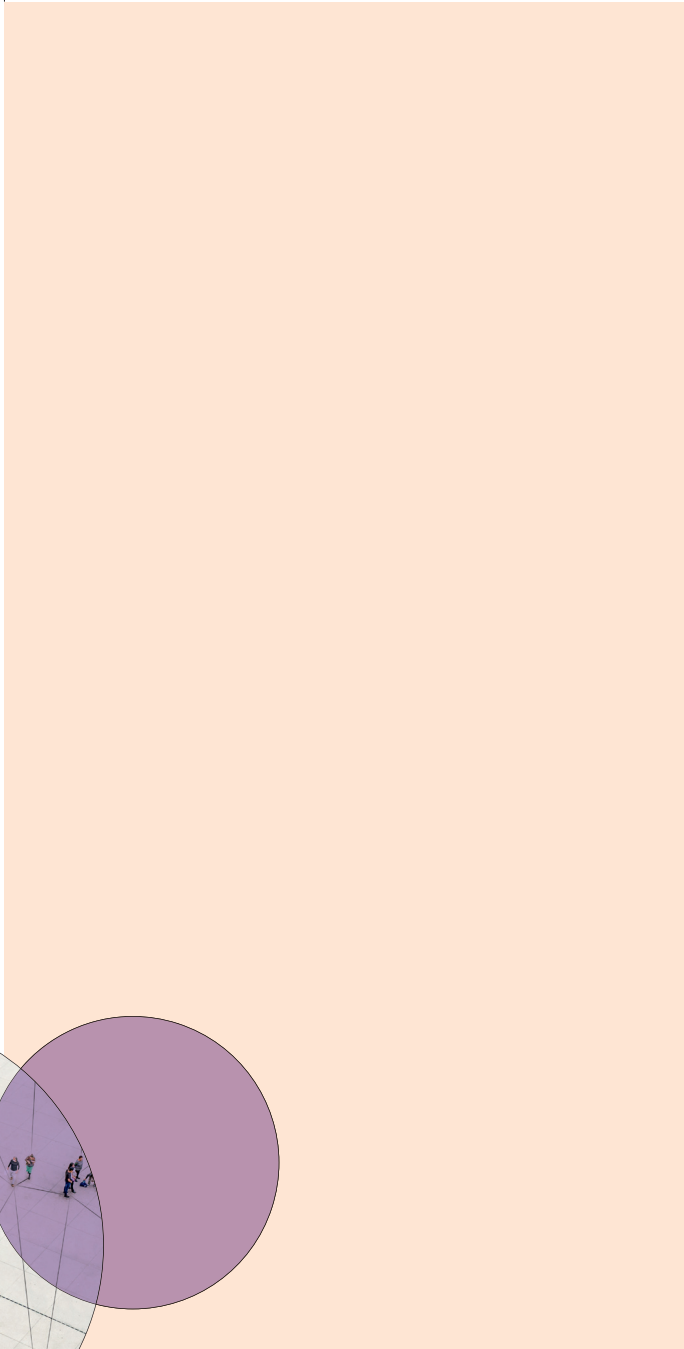
EN



Questionnaire

Household

Haushalt



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

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

Your personal access code is:

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

Falls eine Interviewerin/ein Interviewer vor Ort, bitte angeben:

LFD

Interviewernummer

Datum (Tag . Monat . Jahr)

infas

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7707/HH_EN/2023

<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 pay attention:

 use only a black pen to fill out the questionnaire.

 that the information is clearly legible.

 and that the information is inside the boxes.

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

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.

 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 9, page 5**

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

... after the household moved or after one or more participants in “Living in Germany” moved into the household 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 the move mentioned above?

Month Year

- 3** What was the most important reason that led to this change, that is, to your move to a new home or out of an existing household?

 If there is more than one reason, please indicate the main decisive reason!

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?

 Please select only one per line!

What about ...	Better 1	About the same 2	Worse 3
... costs (for example, 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?

 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 residential and commercial area with flats, houses, shops, and businesses	3 <input type="checkbox"/>
A commercial area (shops, banks, offices) with few residential dwellings	4 <input type="checkbox"/>
An industrial area with few residential dwellings	5 <input type="checkbox"/>

6 What kind of building do you live in?

 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?

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"/>	
2021 to 2023	9 <input type="checkbox"/>	

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

Yes ¹ → please state:
No ²

9 Has the size of your dwelling changed within the last year, for example, due to remodeling or changes in usage?

Yes ¹ No ² → Continue with question 12
↓

10 How large is the total living area in this dwelling?

m²

11 How many rooms does the dwelling have?

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

rooms

12 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

13 What amenities does your dwelling have? Does it have:

 Please select only one per line!

	Yes ¹	No ²
barrier-free home furnishings suitable for the elderly	<input type="checkbox"/>	<input type="checkbox"/>
floor heating (full or partial)	<input type="checkbox"/>	<input type="checkbox"/>
fireplace / ceramic tiled stove	<input type="checkbox"/>	<input type="checkbox"/>
balcony, terrace, porch	<input type="checkbox"/>	<input type="checkbox"/>
own yard, garden, access to yard or garden	<input type="checkbox"/>	<input type="checkbox"/>
swimming pool	<input type="checkbox"/>	<input type="checkbox"/>
alarm system	<input type="checkbox"/>	<input type="checkbox"/>
air conditioner (ventilation system)	<input type="checkbox"/>	<input type="checkbox"/>
solar collector, solar energy system	<input type="checkbox"/>	<input type="checkbox"/>
other alternative energy source (for example, geothermal heat pump)	<input type="checkbox"/>	<input type="checkbox"/>
windows with at least double glazing	<input type="checkbox"/>	<input type="checkbox"/>
thermal insulation (for example, on the façade, roof, basement ceiling)	<input type="checkbox"/>	<input type="checkbox"/>
elevator / lift inside building	<input type="checkbox"/>	<input type="checkbox"/>
basement / cellar, storage areas	<input type="checkbox"/>	<input type="checkbox"/>
garage / parking space	<input type="checkbox"/>	<input type="checkbox"/>

14 Which of the following apply to your household?

 Please give an answer in each line.

	Yes	No	If not: Is this for financial or other reasons?	
			Financial reasons	Other reasons
	¹	²	¹	²
There is an Internet connection 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"/>

15 Did this dwelling change ownership within the last year?

Yes ¹ → Continue with question 17

No ² → Continue with question 16

16 Has the dwelling changed ownership since your family has lived in it?

This includes if the dwelling changed ownership at the time when your household moved in.

Yes ¹ No ² → Continue with question 18



17 What kind of change in ownership occurred?

Please select only one per column!

I am / we are ...

... now owner(s) ¹ → because I / we ...

... purchased the dwelling ¹

... inherited or was/were given the dwelling ²

... no longer owner(s) ² → because ...

... I / we sold the dwelling ¹

... gave / bequeathed it / other ²

... still tenants, but it is now owned by someone else ³

18 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.

Main tenant ¹ } → Continue with question 28, page 8

Subletter ²

Owner ³ → Continue with question 19

Nursing home / retirement home ⁴ → Continue with question 45, page 12

19 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, page 8



20 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

21 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



22 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

23 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 in the last calendar year

No property tax ₁

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

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

euros in the last calendar year

No heating costs ₁

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

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

euros in the last calendar 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 in the last calendar year

No other additional costs ₁

27 Did you receive Baukindergeld, a subsidy for first-time home buyers with children, in the last calendar year?

Yes ₁ No ₂ → Continue with question 38, page 10

28 Is this government-subsidized housing (Sozialwohnung)?

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?

This also includes dwellings you have a legal right to live in indefinitely, for example, under the laws on Wohnrecht (lifetime tenancy) or Nießbrauch (usufruct).

Yes ₁

No ₂

30 Who or what institution is the owner of the dwelling?

 Please select one answer only.

- Private owner(s) 1
- Private company 2
- Cooperatively owned 3
- Charitable organisation (church, foundations, or similar) 4
- Local government apartment 5
- Company-owned apartment 6

31 What is your current monthly rent?

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

euros

- Don't pay rent but do pay utilities 2
- Don't pay either rent or utilities 3

→ Continue with question 38, page 10

32 Are the monthly heating costs included in the rental price you just mentioned?

- Yes 1
- No 2

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

 If you don't know the exact amount, please state or estimate the flat rate that you are charged for heating!

euros per month No heating costs 1

34 Is electricity included in the monthly rent stated above?

 If rent is stated!

- Yes 1
- No 2

35 What are your monthly electricity costs?

 If you don't know the exact amount, please state or estimate the flat rate that you are charged for electricity!

euros per month No electricity costs 1

36 Does the monthly rent stated above include the utility costs for water, garbage removal, etc., that is, all other additional costs not yet mentioned?

 If rent is stated!

- Yes 1
- No 2

37 What are your monthly utility costs for water, garbage removal, etc., in other words, all other additional costs not mentioned above?

If you don't know the exact amount, please estimate. If applicable, state the flat rate you are charged.

<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> euros per month				No other additional costs	<input style="width: 20px; height: 20px;" type="checkbox"/>

38 Which types of energy does your household use for heat, hot water, and cooking, and which types for light and household appliances?

Please first state which types of energy your household uses, and then mark what your household uses each type of energy for. For each type of energy you use, please state the average monthly costs or the annual costs—whichever you know or are better able to estimate.

Please select all that apply!

For the energy costs, please state your consumption costs including the base fee.

If possible, please state your annual consumption of each energy type in kilowatt hours (kWh), cubic meters (m³), liters (l), or kilograms (kg). If you don't know exactly, please estimate.

	Used	Heating	Hot water	Cooking, lighting, appliances	Monthly amount in euros or	annual amount in euros	Annual consumption																			
	1	1	2	3																						
Electricity, night storage heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> kWh								
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Liquefied petroleum gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> l								
Heating oil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> l								
Coal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> kg								
Wood, wood pellets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> m ³								
District heating (heat network)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> kWh								
Geothermal or other ambient heat, waste heat recovery (heat pumps, heat exchangers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> kWh								
Biomass (aside from wood), biogas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> / <table style="border: 1px solid black; padding: 2px; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> kWh								
Solar heat (solar collectors)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> kWh																

39 Is this household currently buying electricity at a special rate for green power?

Yes

No

40 How many vehicles are there in your household?

 This refers to cars, motorcycles, mopeds, and scooters.

Number:

--	--



We don't have any of these vehicles in our household for:

financial reasons	1	<input type="checkbox"/>
ecological reasons	3	<input type="checkbox"/>
other reasons	2	<input type="checkbox"/>

 Continue with question 45, page 12

41 What type of vehicle is it?

 Please list the vehicle used most first, then list any other vehicles in order of the frequency of their use.

	First vehicle 1	Second vehicle 2	Third vehicle 3	Fourth vehicle 4
Compact car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-range car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luxury car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle / scooter / moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42 What type of fuel or fuels do you use for the vehicle?

How much does your household spend on these fuels?

	First vehicle 1	Second vehicle 2	Third vehicle 3	Fourth vehicle 4	per month	or	per year
Super	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	/	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
E10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	/	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Diesel (not including biodiesel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	/	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	/	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Biodiesel (RME), bioethanol, vegetable oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	/	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Electricity (e-car / hybrid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	/	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Hydrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	/	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

43 What is your vehicle's average fuel consumption per 100 km?

 Please give the average fuel consumption either in liters or kilowatt hours (kWh).
If you don't know exactly, please estimate.

	First vehicle 1	Second vehicle 2	Third vehicle 3	Fourth vehicle 4
Liters	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
or				
Kilowatt hours (kWh)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

44 What was the vehicle's mileage in 2022, that is, how many kilometers was it driven in total over the course of the calendar year?

 If you don't know exactly, please estimate.

First vehicle: km

Second vehicle: km

Third vehicle: km

Fourth vehicle: km

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

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

Yes ₁ No ₂ → Continue with question 53



46 About what was your total income from letting and leasing in the last calendar year?

 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 2022

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

Yes ₁ No ₂ → Continue with question 49



48 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 in the year 2022

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

Yes ₁ No ₂ → Continue with question 51



50 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 in the year 2022

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

Yes ₁ No ₂ → Continue with question 53



52 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 in the year 2022

53 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 ₁ No ₂ → Continue with question 55



54 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

55 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?

We are only referring to money or assets worth more than 500 euros!

Yes ₁ No ₂ → Continue with question 57, page 14



56 What was the amount or monetary value of the inheritance(s)?

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

euros in the year 2022

57 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?

We are only referring to money or assets worth more than 500 euros!

Yes ₁ No ₂ → Continue with question 59



58 What was the amount or monetary value of the gift(s)?

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

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

euros in the year 2022

59 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?

We are only referring to money or assets worth more than 500 euros!

Yes ₁ No ₂ → Continue with question 61



60 What was the amount or monetary value of the lottery winning(s)?

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

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

euros for the year 2022

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

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)

→ Continue with question 63

Fixed-interest securities (for example, saving bonds,
mortgage bonds, federal savings bonds)

Other securities
(for example, stocks, funds, bonds, equity options)

→ Continue with question 62

No, none of the above

→ Continue with question 65

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

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

Yes ₁ →

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

 euros

No ₂

63 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

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

 euros → Continue with question 65

Don't know ₁ → Continue with question 64

64 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 or more 6




65 Have you or has any member of your household received any of the following benefits during the last calendar year?



If you or another household member received a specific government benefit, please state the number of months it was received and the average amount of that benefit per month.

Please give an answer in each line.


			In 2022		
	No 2	Yes 1	Number of months	Average amount per month	
Child benefit (<i>Kindergeld</i>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<i>excl. the supplementary child benefit and child bonus, if applicable</i>
Supplementary child benefit (<i>Kinderzuschlag</i> , which is paid to low-income earners in addition to the child benefit, <i>Kindergeld</i>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	
We are not referring here to benefits that are part of the educational package	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Educational and participation package (compensation for families whose children are not in childcare)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Unemployment Benefit II (Hartz IV), including social benefit and accommodation expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Long-term care insurance benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Monthly subsistence allowance / Assistance in special circumstances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<i>including accommodation expenses</i>
Basic income support for the elderly / those with reduced earning capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<i>including accommodation expenses</i>
Housing allowance (rent and expenses benefit)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	

66 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?

-  If you or another household member receive a certain government benefit, please state in each case the average amount of this benefit per month.
-  If you or another household member receive child benefits, please also state for how many children.
-  Please give an answer in each line.

	No	Yes	Current monthly amount	Currently for ... (number of children)	
Child benefit (<i>Kindergeld</i>)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	<i>not including supplementary child benefit, if applicable</i>
Supplementary child benefit (<i>Kinderzuschlag</i> , which is paid to low-income earners in addition to the child benefit, <i>Kindergeld</i>)					
 We are not referring here to benefits that are part of the educational package	<input type="checkbox"/>	<input type="checkbox"/>	→ <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"/>		
Citizen's income (<i>Bürgergeld</i>), including social benefit (<i>Sozialgeld</i>) and accommodation expenses	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>		
Long-term care insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>		
Monthly subsistence allowance / Assistance in special circumstances	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>		<i>including accommodation expenses, if applicable</i>
Basic income support for the elderly / those with reduced earning capacity	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>		<i>including accommodation expenses, if applicable</i>
Housing allowance (rent and expenses benefit)					
 If not included in accommodation expenses under .under Unemployment Benefit II / monthly subsistence... / basic income support for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>		

67 If you add up 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.


euros per month

68 Have you or has another member of your household visited one of the Tafel food pantries in the last 12 months to obtain food for yourself or your household?

Yes 1

No 2

69 How much money do you calculate per week or month for groceries to feed yourself and your family members living in this household?

 Please state the average amount either for a normal week or a normal month—whichever is easier for you to answer.

euros in a normal week


or

euros in a normal month

70 What percentage of the groceries you use in your household are certified organic?

Percent

71 Now you'll see some things people might (have to) spend money on in daily life. Thinking back on the last month, how many euros has your household spent on each of the following things?

 In each blank, please state an amount (whole numbers only).
If you don't know the exact amount, please estimate.

Larger purchases (for example, car, furniture, electrical appliances, etc.): euros

Clothing and shoes: euros

Leisure activities (for example, restaurant visits, cultural events, gym memberships): euros

Mobility (for example, fuel, auto loans and running expenses, train and bus tickets): euros

Services (for example, hairdresser, childcare, medical expenses): euros

Travel, vacations: euros

72 And will your household probably spend more or less on the following things in the next 12 months than you did in the last 12 months? What about...

 Please select one answer per line.

	Plans to spend more	Plans to spend about as much	Plans to spend less
	1	2	3
Larger purchases (for example, car, furniture, electrical appliances, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articles of everyday use (for example, groceries, alcohol and tobacco, non-food goods like cleaning supplies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing and shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities (for example, restaurant visits, cultural events, gym memberships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility (for example, fuel, auto loans and running expenses, train and bus tickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services (for example, hairdresser, childcare, medical expenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel, vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs (for example, rent, mortgage, utilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73 And will your household save more or less in the next 12 months than you did in the last 12 months?

- Plans to save more 1
Plans to save about as much 2
Plans to save less 3

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

- Yes, regularly 1
Yes, occasionally 2
No 3
- } → Continue with question 75
} → Continue with question 76

75 How much do you pay per month on average?

euros per month

76 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?

- Yes 1 → euros per month } → Continue with question 78
No, my income and expenses are the same 2
No, my expenses are higher than my income 3 → Continue with question 77

77 How do you usually make up for the shortfall?

 Please select all that apply.

- By taking out loans 1 → in the amount of euros per month
By using existing savings 2 → in the amount of euros per month
By getting help from family, friends, or acquaintances 3 → in the amount of euros per month
None of the above 4


78 Does someone in your household require constant assistance or care due to age, sickness, or disability?

- Yes 1 No 2 → Continue with question 87, page 20


79 How many people in need of assistance or care are there in your household?

person(s) in need of care

80 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 assistance or care:



Needs assistance with ...

 Please select all that apply.

- | | |
|---|--------------------------|
| ... shopping and errands outside the home | <input type="checkbox"/> |
| ... housekeeping, preparing meals and drinks | <input type="checkbox"/> |
| ... minor care, such as help getting dressed and undressed, washing up, combing hair, shaving | <input type="checkbox"/> |
| ... major care, such as help getting in and out of bed, going to the toilet | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

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

Yes ¹ No ² → Continue with question 83



82 What level of care (Pflegegrad) was the person requiring assistance or care assigned?

 Please select one answer only.

- | | | |
|--------------|--------------------------|--------------|
| Care level 1 | <input type="checkbox"/> | ¹ |
| Care level 2 | <input type="checkbox"/> | ² |
| Care level 3 | <input type="checkbox"/> | ³ |
| Care level 4 | <input type="checkbox"/> | ⁴ |
| Care level 5 | <input type="checkbox"/> | ⁵ |

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

Yes ¹ No ²


84 Who provides the additional assistance this person needs?

 Please select all that apply.

By...

... relatives in the household

↓ Please give us the name of the person in the household who provides most of the assistance:

 Please enter no more than one name.



... charitable organizations (Caritas, Diakonie, ASB, DRK, AWO, etc.)

... private care service

... friends / acquaintances / neighbors

... relatives outside the household

... other regular care providers

→ Continue with question 86, page 20


→ Continue with question 85, page 20

85 Does the person / do the people who provide this assistance receive financial compensation?

Yes 1

No 2

86 Does your household have regular expenses for the people requiring assistance or care that are not covered by health or long-term care insurance (for example, 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

87 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 (for example, transportation, medications, technical aids, care provider, ...)?

Yes 1 → euros per month

No 2

88 Do you or does another member of your household provide care for someone who lives outside your household and is permanently in need of assistance or care due to age, sickness, disability, or medical treatment?

 *If this applies to more than one person, please think of the person closest to you.*

 *We are not referring to professional care activities.*

Yes 1 → **Continue with question 89**

No 2

Does not apply, no one in the household's immediate family is in need of assistance or care 3 → **Continue with question 100, page 23**

89 Please enter the first name of the person in the household who provides most of the care or assistance:

 *If you provide most of the assistance, please enter your first name here.*

Please enter the first name of the person in the household who provides most of the assistance:



90 Is this person paid for providing the assistance?

Yes 1

No 2

91 How often does this person usually assist the person who needs care or assistance?

Once a week 1

Twice a week 2

More than twice a week 3

92 Who is it that lives outside your household and needs assistance or care?

 *If this applies to more than one person, please continue to think of the person closest to you.*

- | | | |
|------------------------------------|---|--------------------------|
| Spouse / partner | 1 | <input type="checkbox"/> |
| Mother or father | 2 | <input type="checkbox"/> |
| Stepmother or stepfather | 3 | <input type="checkbox"/> |
| Grandmother or grandfather | 4 | <input type="checkbox"/> |
| Own child | 5 | <input type="checkbox"/> |
| Other relative | 6 | <input type="checkbox"/> |
| Someone else who is not a relative | 7 | <input type="checkbox"/> |

93 What is that person's gender?

 *In the following questions, we are referring to the person who is in need of assistance or care.*

- | | | |
|-----------------------------|---|--------------------------|
| Male | 1 | <input type="checkbox"/> |
| Female | 2 | <input type="checkbox"/> |
| nonbinary (<i>divers</i>) | 3 | <input type="checkbox"/> |

94 Does that person receive benefits through health insurance?

- | | | | | | | |
|-----|---|--------------------------|----|---|--------------------------|-----------------------------|
| Yes | 1 | <input type="checkbox"/> | No | 2 | <input type="checkbox"/> | → Continue with question 96 |
|-----|---|--------------------------|----|---|--------------------------|-----------------------------|
- ↓

95 What level of care was that person assigned?

 *Please select one answer only.*

- | | | |
|--------------|---|--------------------------|
| Care level 1 | 1 | <input type="checkbox"/> |
| Care level 2 | 2 | <input type="checkbox"/> |
| Care level 3 | 3 | <input type="checkbox"/> |
| Care level 4 | 4 | <input type="checkbox"/> |
| Care level 5 | 5 | <input type="checkbox"/> |

96 Where does that person live?

- | | | |
|--|---|--------------------------|
| In a private household | 1 | <input type="checkbox"/> |
| In an institutional setting, such as assisted living, a nursing home, or a retirement home | 2 | <input type="checkbox"/> |

97 How far away from you does that person live?

 *If you don't know the exact distance, please estimate.*

- | | | |
|--|---|--------------------------|
| In this same building but a different household | 1 | <input type="checkbox"/> |
| In this same neighborhood | 2 | <input type="checkbox"/> |
| In this same city or town, but more than 15 minutes away on foot | 3 | <input type="checkbox"/> |
| In another city or town in Germany, but reachable within an hour | 4 | <input type="checkbox"/> |
| Further away (but in Germany) | 5 | <input type="checkbox"/> |
| In a different country | 6 | <input type="checkbox"/> |

98 Does that person need help from other people, associations, or services?

Yes

¹

No

²

→ Continue with question 100



99 Who is the additional assistance that person needs provided by?

 Please select all that apply.

By:

¹

...another person in my household

...charitable organizations (for example, Caritas, Diakonie, ASB, DRK, AWO, ...)

...private care service

...friends / acquaintances / neighbors

...relatives outside my household

...mobile in-home care service

...daytime or nighttime in-home care provider

...long-term in-home care

...24-hour care

...other regular care assistance

100 Are there children born in 2006 or later living in your household?

Yes ¹ No ² → Continue with question A, page 28


101 What year were these children born?

This refers to the four oldest children born in 2006 or later. Start with the oldest child born in 2006 or later, then enter the other children in order of age, the youngest child last.

Please answer questions 101 to 118 in columns, so first, all of the questions for the first child, then all of the questions for the second 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"/>
102 Does the child have German citizenship?				
Yes	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
No	<input type="checkbox"/> ² → Question 105	<input type="checkbox"/> ² → Question 105	<input type="checkbox"/> ² → Question 105	<input type="checkbox"/> ² → Question 105
103 Does the child have citizenship in another country besides Germany?				
Yes	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
No	<input type="checkbox"/> ² → Question 106	<input type="checkbox"/> ² → Question 106	<input type="checkbox"/> ² → Question 106	<input type="checkbox"/> ² → Question 106
104 Please state the child's other country/countries of citizenship. If the child has citizenship in three or more countries, please also state the third country after the second.				
2nd country of citizenship:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd country of citizenship:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	→ Question 106	→ Question 106	→ Question 106	→ Question 106
105 Please state the child's other country/countries of citizenship. If the child has citizenship in more than one country, please also state the second country after the first.				
1st country of citizenship:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd country of citizenship:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Please state the first names of the children again:

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
106 What school does your child currently attend?				
No longer attends school	1 <input type="checkbox"/> → Question A, page 28	1 <input type="checkbox"/> → Question A, page 28	1 <input type="checkbox"/> → Question A, page 28	1 <input type="checkbox"/> → Question A, page 28
Does not yet attend school	2 <input type="checkbox"/> → Question 114	2 <input type="checkbox"/> → Question 114	2 <input type="checkbox"/> → Question 114	1 <input type="checkbox"/> → Question 114
Elementary school*	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Lower secondary school (Hauptschule), middle school	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Intermediate secondary 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"/>
Another kind of school	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
107 Is it a school with a special teaching concept such as a ...				
... Waldorf school, Montessori school, etc.?	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
... School for children with special needs, speech defects, etc.?	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
No, none of the above	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
108 Did your child receive learning materials online or attend school online in the year 2022?				
 Please select all that apply.	1	1	1	1
Yes, received learning materials online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, attended school online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109 Does the child usually attend school all day?				
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"/>

*(Grundschule), including special needs school (Förderschule)

 Please state the first names of the children again:

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
110 Does the school or facility serve lunch to the child if you choose?				
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 What type of school is it? It is:				
... Public (state-run)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
... Religious	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
... Non-profit, including Free Alternative Schools	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
... Private	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
112 Does your child currently attend after-school daycare or something similar at school? If so, for how many hours per week?				
Yes	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
113 How much does the school cost you? Average monthly cost in euros:				
Nothing	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	→ Question 119, page 27	→ Question 119, page 27	→ Question 119, page 27	→ Question 119, page 27
114 Does your child currently attend nursery school, pre-school, or daycare? If so, for how many hours per week?				
Yes	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week	1 <input type="checkbox"/> → <input type="text"/> <input type="text"/> Hours per week
No, does not go to any of these facilities	2 <input type="checkbox"/> → Question 119, page 27	2 <input type="checkbox"/> → Question 119, page 27	2 <input type="checkbox"/> → Question 119, page 27	2 <input type="checkbox"/> → Question 119, page 27

 Please state the first names of the children again:

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
115 Does the school or facility serve lunch to the child if you choose?				
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"/>
116 What type of school or facility is it? It is:				
... Public (for example, state-run daycare)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
... Religious or other non-profit	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
... Non-profit private school or facility founded by an association of parents	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
... Employer-operated (for example, company daycare)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
... For-profit private (for example, private daycare)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
117 How much do you pay for the school or facility?				
Average monthly cost in euros:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nothing	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
118 Since what year has the child been attending this school or facility?				
Since year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

→ Question 119 only applies to children who are currently attending elementary school or are too young to attend elementary school. If all your children are older, please skip to question A.

 Please state the first names of the children again:

	1st child:	2nd child:	3rd child:	4th child:
First name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
119 If you think about a normal week, which people regularly take care of the child, and how many hours do they spend per week looking after the child? <i>Please select all that apply. Do not count hours when the person looking after the child is sleeping.</i>				
	Hours per week	Hours per week	Hours per week	Hours per week
You yourself	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Spouse / partner	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Child's father / mother (if that person is not your spouse / partner)	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Child's grandparents	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Child's older siblings	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Other relatives	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Childcare provider outside the home (<i>Tagesmutter</i>)	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Paid in-home childcare provider (<i>Betreuungsperson</i>)	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Friends / acquaintances / neighbors	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
No one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A Finally, please provide the following information.

What is your date 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"/>
Day			Month			Year			

B Are you...

- ... male 1
- ... female 2
- ... nonbinary (*divers*) 3

C How many people live permanently in your household, including children and yourself?

 Your household includes everyone who lives together with you in the same dwelling and whose living expenses are paid mainly out of the same household budget.

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

D When did you finish filling out the questionnaire?

Date:	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	Time:	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
	Day			Month			Hour			Minute	

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

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

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

 Please select all that apply.

- | | | |
|--|--------------------------|------------------------------|
| Yes, spouse / partner | <input type="checkbox"/> | } → Continue with question G |
| Yes, another person who lives here in this household | <input type="checkbox"/> | |
| Yes, another person who does not live here in this household | <input type="checkbox"/> | |
| No | <input type="checkbox"/> | → End of questionnaire |

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

- 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