

Living in Germany

Survey 2012
on the social situation
of households

Household Questionnaire

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 cooperation is voluntary. The scientific validity of this survey, however, depends on the cooperation of every member of every household.

Therefore, we ask that:

- You allow our representative to carry out this interview; **or**
- You carefully fill out the questionnaire yourself.

**Before handing in the questionnaire, please
enter in accordance with the address log:**

Household number

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The questionnaire has been completed by:

First name

--

Person
number

--	--

How is it done?

Please complete the questionnaire by

- placing an X in the small boxes

[illegible]

- entering numbers in the large boxes (flush right)

Example: Date of Birth:

1	9	4	5
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- **filling in the long blanks with written answers**

Example: Other reason.....☒

Change of job

A pointing finger precedes further explanation to the question.

Please answer each question in turn.
Skip questions only when expressly told to do so in the text.

Example:

Are there children in your household?

Yes ☐

No ☐ ➡ *Question...!*

*If you mark "yes" for this question,
go to the next question.*

*If you mark "no" for this question,
proceed directly to the question indicated.*

SAMPLE

The costs of your dwelling

1. Did you personally live in this dwelling at the point in time of our last survey, that is, about a year ago?

Yes..... ☐ ➔ Question 9!

No..... ☐



2. What was the most important reason for moving into this dwelling?

Please give **up to three** reasons!

Notice given by the previous landlord..... ☐

Acquired ownership of own dwelling ☐

Inheritance / gift / transfer of property ☐

Work reasons ☐

Family reasons:

Marriage..... ☐

Separation / divorce ☐

Moved out of parents' home ☐

Other family reason..... ☐

Size and costs of the dwelling:

Previous dwelling too small ☐

Previous dwelling too large ☐

Costs of previous dwelling (rent, interest, mortgage payments) too high. ☐

Other reasons related to the previous dwelling:

Previous dwelling was poorly designed, equipped, etc. ☐

Previous dwelling was poorly located ☐

Previous dwelling was not accessible to elderly or disabled people..... ☐

Previous dwelling was in a bad neighborhood..... ☐

New neighborhood better for my personal living situation ☐

Other reasons..... ☐

Please
state:

3. 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 mark **only one** per row!

Better

About
the
same

Worse

What about...

– costs (for example, rent) ☐ ☐ ☐

– the size of the dwelling ☐ ☐ ☐

– how the dwelling is designed, equipped ☐ ☐ ☐

– the neighborhood ☐ ☐ ☐

– living environment (noise, exhaust fumes, pollution) ☐ ☐ ☐

– access to public transportation ☐ ☐ ☐

– relationships / contact with neighbors? ☐ ☐ ☐

4. Since what month/year have you personally been living in this dwelling?

Month

--	--

 Year

--	--	--	--

5. How would you describe your neighborhood?

A residential area with mostly old buildings..... ☐

A residential area with mostly newer buildings.....

A mixed-use residential and commercial/industrial neighborhood

A commercial area (shops, banks, offices) with few residential dwellings

An industrial area with few residential dwellings

6. What kind of building do you live in?

Farm house ☐

Detached house containing 1 or 2 dwellings (one above the other)

Row house or duplex (with one dwelling next to the other)..... ☐

Residential building containing 3 or 4 dwellings.....

Residential building containing 5 to 8 dwellings ☐

Residential building containing 9 or more dwellings
(up to 8 stories)

High-rise building (9 or more stories)..... ☐

7. Is it a boarding house or similar accommodation?

No.....☐

Yes: – School dormitory / residence for teenagers.. ☐

- College dormitory

– Residence for workers.....

– Retirement home, nursing home ☐

– Assisted living facility.....

– Hotel / guesthouse.....

– Other home / residence ☐

Please
state:

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

Before 1919.....☐

1919 to 1948.....☐

1949 to 1971.....☐

1972 to 1980..... ☐1981 to 1990.....☐1991 to 2000.....☐

2001 or later.....☐

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

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

Yes..... ☐

No..... ☐

10. How large is the total living area of 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..... ☐

– a bit too small..... ☐

– just right ☐

– a bit too large ☐

– much too large? ☐

13. How would you describe the condition of the building you live in?

In good condition..... ☐

In need of partial renovation..... ☐

In need of complete renovation..... ☐

Near collapse ☐

14. What amenities does your dwelling have?

Does it have -

Yes No

– a kitchen ☐ ☐

– a bath or shower inside..... ☐ ☐

– hot water, a boiler ☐ ☐

– central heating or self-contained heating system within dwelling .. ☐ ☐

– floor heating (full or partial) ☐ ☐

– balcony, terrace, porch..... ☐ ☐

– cellar, storage areas ☐ ☐

– own yard, garden, access to yard or garden ☐ ☐

– alarm system ☐ ☐

– air conditioner (ventilation system) ☐ ☐

– solar collector, solar energy system..... ☐ ☐

– other alternative energy source (e.g., geothermal heat pump)..... ☐ ☐

– elevator / lift inside building..... ☐ ☐

15. Have you or your landlord made any of the following improvements to your dwelling since the beginning of 2011?

- Installed a kitchen.....☐
- Installed a bathtub, shower, toilet.....☐
- Installed central heating or self-contained heating system within dwelling.....☐
- Installed new windows.....☐
- Installed insulation (e.g., wall, roof, basement ceiling).....☐
- Made modifications to provide barrier-free access to the elderly (e.g., elevator, ramp, stair lift, bath).....☐
- Other.....☐

No, none of these.....☐

Question 18!

16. Who paid for these improvements—you or your landlord?

- Landlord.....☐ **Question 18!**
- Myself.....☐
- Both.....☐

17. Did you do the work yourself or did you hire someone (a tradesperson, company, or technician) to do it?

- Myself.....☐
- Hired tradesperson, company, or technician.....☐
- Both.....☐

17a. How much did this work cost your household?

euros

18. Did this dwelling change ownership within the last year?

- Yes.....☐
- No.....☐ **Question 20!**

19. What kind of change in ownership occurred?

- I am / we are ...
- now owner(s).....☐ because I / we ...
 - purchased the dwelling.....☐
 - inherited or was/were given the dwelling.....☐
 - no longer owner(s).....☐ because ...
 - I / we sold the dwelling.....☐
 - gave / bequeathed it / other.....☐
 - still tenants, but it is now owned by someone else.....☐

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

- Main tenant.....☐ **Question 21!**
- Subletter.....☐
- Owner.....☐ **Question 29!**

For tenants only:

21. 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?

Yes..... ☐

No..... ☐

22. Is this dwelling government-subsidized housing (*Sozialwohnung*)?

Yes, and it is still subsidized ☐

Yes, but it is no longer subsidized ☐

No ☐

23. What is your monthly rent?

euros

I don't pay rent..... ☐ ➔ Question 28!

24. Are the heating costs (usually including hot water) included in the rent?

Yes..... ☐

No..... ☐

25. What are your monthly heating costs (including hot water)?

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

euros

Don't know ☐

- 25a What are your monthly electricity costs?

euros

Don't know ☐

26. Are other costs included in the rent, for example, water, garbage removal, etc.?

Yes, included in full..... ☐

How much
are they?

euros per month

Don't know. ☐

Yes, included in part ☐

No ☐

27. How does your dwelling compare to similar dwellings with regards to rent? Is it –

– very inexpensive ☐

– inexpensive ☐

– about average ☐

– a bit too expensive ☐

– much too expensive? ☐

28. Who is the owner of the dwelling?

Municipal government ☐

Professional organization or union ☐

My employer ☐

Private owner ☐

Don't know ☐

Skip now to question 38!

For homeowners only:

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

Yes..... ☐
↓

No ☐ ➔ Question 31!

30. What are your monthly payments including interest on this loan or mortgage?

👉 If you don't know the exact amount, **please estimate!** Please do the same for the next questions.

Loan or mortgage payments and interest..... euros per month

31. What were the maintenance costs for this dwelling / building in the last calendar year?..... euros per year

32. What were your heating costs in the last calendar year?..... euros per year

32a What were your electricity costs in the last calendar year? euros per year

33. And what were the costs of water, garbage removal, street cleaning, etc. in the last calendar year?..... euros per year

34. Do you pay fees for the management or maintenance of the building?

Yes..... ☐ ➔ euros per month

No..... ☐

35. If you compare your dwelling with a rental dwelling, are these costs ...

- very inexpensive ☐
- inexpensive ☐
- about average ☐
- a bit too expensive ☐
- much too expensive ☐

36. And if you lived in this dwelling or building as a tenant: what do you estimate the monthly rent would be without heating costs?

About euros per month Don't know ☐

37. Did you receive financial support through the government homeowners' assistance program to build / buy a private home (*staatliche Eigenheimzulage*) during the last calendar year?

How much financial support did you receive through this program in the year 2011?

Yes..... ☐ ➔ euros in the year 2011

No..... ☐

Now some more questions for everyone:

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

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

Yes..... ☐



No ☐ ➔ Question 42!

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

Please state the gross amount including savings for future maintenance / renovation. ... euros in the year 2011

40. What expenses did you have for the properties you let or leased in the last calendar year?


Please state separately:

- Maintenance and repairs
- Loan, mortgage, and interest payments

Maintenance costs euros in the year 2011

Loan, mortgage, and interest payments..... euros in the year 2011


41. Will you be able to deduct these expenses from the last year from your taxes or declare them as losses? If so, how much?

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

Yes..... ☐ euros from the year 2011

No..... ☐

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


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

Yes..... ☐



No ☐ ➔ Question 45!

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

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

Loan repayment (include interest payments).. euros per month

44. Does repaying these loans place a major burden on your household, a minor burden, or no burden at all?

Major burden ☐

Minor burden ☐

No burden..... ☐

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

- Savings account (*Sparbuch / Spargirokonto / Tagesgeldkonto*) ☐
- Savings plan to build a home (*Bausparvertrag*) ☐
- Life insurance ☐
- Fixed-interest securities (e.g., saving bonds, mortgage bonds, federal savings bonds) ☐
- Other securities (e.g., stocks, funds, bonds, equity options) ☐
- Company assets (in your own company, other companies) ☐

No, none of these ☐



Question 47!

Can you deduct loan repayments from your taxes for the last year? How much?

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

Yes..... ☐ ➔ euros

No..... ☐

46. What was your total income from interest, dividends, and profits from all investments in the last calendar year?

Last year euros

If you don't know the exact amount, **please estimate according to the following list:**

- less than 250 euros ☐
- 250 up to but less than 1,000 euros ☐
- 1,000 up to but less than 2,500 euros ☐
- 2,500 up to but less than 5,000 euros ☐
- 5,000 up to but less than 10,000 euros ☐
- 10,000 euros or more ☐

47. Did you or another member of the household receive a large sum of money or other assets (car, house, etc.) as an inheritance, gift, or lottery winnings last year?

We are referring here to money or other assets worth more than 500 euros.

Yes..... ☐

↓

No..... ☐ ➔ **Question 49!**

as:

- Inheritance..... ☐
- Gift..... ☐
- Lottery winnings ☐

48. What was the value of these?

euros


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


		Number of months received in 2011	Average amount per month	
Child benefit (<i>Kindergeld</i> , excluding supplementary child benefit, <i>Kinderzuschlag</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/>	(no supplementary child benefit) euros
	No <input type="checkbox"/>			
Supplementary child benefit (<i>Kinderzuschlag</i> , which is paid to low-income earners in addition to the child benefit, <i>Kindergeld</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/>	euros
	No <input type="checkbox"/>			
Unemployment benefit II, including social benefit and accomodation expenses (<i>Arbeitslosengeld II einschließlich Sozialgeld und Unterkunftskosten</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/>	euros
	No <input type="checkbox"/>			
Long-term care insurance benefits (<i>Leistungen der Pflegeversicherung</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/>	euros
	No <input type="checkbox"/>			
Monthly subsistence allowance / Assistance in special circumstances (<i>Laufende Hilfe zum Lebensunterhalt / Hilfe in besonderen Lebenslagen</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/>	euros
	No <input type="checkbox"/>			
Basic income support for the elderly / those with reduced earning capacity (<i>Grundsicherung im Alter und bei Erwerbsminderung</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/>	euros
	No <input type="checkbox"/>			
Housing allowance (<i>Wohngeld oder Lastenzuschuss</i>) if not included in unemployment benefit II / social assistance (<i>Arbeitslosengeld II / Sozialhilfe</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/> <input type="text"/>	<input type="text"/>	euros
	No <input type="checkbox"/>			

50. 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?

		Amount per month	
Child benefit (<i>Kindergeld</i> , excluding supplementary child benefit, <i>Kinderzuschlag</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/>	no benefit euros for <input type="text"/> children
	No <input type="checkbox"/>		
Supplementary child benefit (<i>Kinderzuschlag</i> , which is paid to low-income earners in addition to the child benefit, <i>Kindergeld</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/>	euros
	No <input type="checkbox"/>		
Unemployment benefit II, including social benefit and accomodation expenses (<i>Arbeitslosengeld II einschließlich Sozialgeld und Unterkunftskosten</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/>	euros
	No <input type="checkbox"/>		
Long-term care insurance benefits (<i>Leistungen der Pflegeversicherung</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/>	euros
	No <input type="checkbox"/>		
Monthly subsistence allowance / Assistance in special circumstances (<i>Laufende Hilfe zum Lebensunterhalt / Hilfe in besonderen Lebenslagen</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/>	euros
	No <input type="checkbox"/>		
Basic income support for the elderly / those with reduced earning capacity (<i>Grundsicherung im Alter und bei Erwerbsminderung</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/>	euros
	No <input type="checkbox"/>		
Housing allowance (<i>Wohngeld oder Lastenzuschuss</i>) if not included in unemployment benefit II / social assistance (<i>Arbeitslosengeld II / Sozialhilfe</i>)	Yes <input type="checkbox"/> ⇒	<input type="text"/>	euros
	No <input type="checkbox"/>		

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

 Please state the net monthly income, which means after deductions for taxes and social security. Please include regular income such as pensions, housing allowances, child benefits, grants for higher education, maintenance payments, etc.

 If you do not know the exact amount, please estimate the amount per month. euros per month

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

Yes..... ☐ euros per month

No..... ☐

53. Are you able to pay your rent or mortgage/interest payments without any difficulty?


Yes..... ☐

No..... ☐

Does not apply, do not pay rent or mortgage/interest payments..... ☐

54. Do you have any of the following in your household?

 Please check all that apply and answer the question in the second column!

	Yes	Have any of the following been bought in the last 12 months?
		 Please also tick
- Car	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Motorcycle, moped	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Microwave oven	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Dish washer	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Washing machine	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Stereo	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Television	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- DVD player with no recorder	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- DVD recorder	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- PC / personal computer	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Internet connection of the following types: DSL, cable, power line, UMTS	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Other type of Internet connection	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Telephone (landline)	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Cellular/mobile telephone	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- Fax machine	<input type="checkbox"/> ⇒	<input type="checkbox"/>
- ISDN connection	<input type="checkbox"/> ⇒	<input type="checkbox"/>

Does your household have ...?

55. Does someone in your household need care or assistance on a constant basis due to age, sickness, or medical treatment?

Yes..... ☐

No ☐ ➔ Question 61!



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

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.

person in need of care
first name



Needs assistance with ...

Errands outside the home ☐

Running the household, preparing meals and drinks ☐

Minor care, such as help with getting dressed,
washing up, combing hair, shaving ☐

Major care, such as getting in and out of bed,
bowel movements ☐

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

Yes..... ☐ based on: care level 1 ☐ care level 2 ☐ care level 3 ☐

No ☐

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

- relatives in the household ☐ ➔
- community or church nurse,
medical social worker ☐
- private care service ☐
- friends ☐
- neighbors ☐
- relatives outside the household ☐

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

Is this person paid for this?

Yes..... ☐ No ☐

59. Besides this person, are there other people in the household who are in need of assistance or care?

No ☐ Yes ☐ ➔ other person(s)

60. Are there regular expenses for assistance or care?

Yes..... ☐ ➔ euros per month
No ☐

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

Yes, regularly ☐ ➔
Yes, occasionally ☐
No ☐


How much do you pay
per month on average? euros per month

62. Are there children born in 1996 or later living in your household?

Yes.....☐

No☐ ➡ **last page!**

63. What year were these children born?

 Please state the years of birth separately, starting with the oldest child born in 1996 or later and then each subsequent child by age, ending with the youngest.

Please state: ➡

First name:

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Year of birth:

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

64. What school does your child currently attend?

Does not attend school.....☐ ➡ Q.66☐ ➡ Q.66☐ ➡ Q.66☐ ➡ Q.66

Elementary school (*Grundschule*, including *Förderstufe/schulform-unabhängige Orientierungstufe*, the transition grades prior to entering secondary school).....

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Lower secondary school (*Hauptschule*).....

--	--	--	--

Intermediate school (*Realschule*).....

--	--	--	--

Upper secondary school (*Gymnasium*).....

--	--	--	--

Comprehensive school (*Gesamtschule*).....

--	--	--	--

Vocational school (*Berufsschule*).....

--	--	--	--

Other type of school.....

--	--	--	--

65. Does the child usually stay at school all day?

Yes.....☐.....☐.....☐.....☐

No.....☐.....☐.....☐.....☐

66. Does the child currently attend nursery school, daycare, pre-school, creche, etc.?

No, he/she does not attend any of these.....

☐ ➡ Q.67.....☐ ➡ Q.67.....☐ ➡ Q.67.....☐ ➡ Q.67

Yes, approximately

➡ hours per day

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

Yes, childcare provider outside the home (*Tagesmutter*).....

--	--	--	--

Yes, paid in-home childcare provider (*Betreuungsperson*).....

--	--	--	--

Yes, relatives.....

--	--	--	--

Yes, friends/acquaintances/neighbors.....

--	--	--	--

No

--	--	--	--

Please write the names of your children again from the previous page:



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68. Does your child currently participate in any of the following activities?

Children not yet attending school:

Children's gymnastics, sports, swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early childhood music lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic activities (painting for children, children's theater, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other parent-child groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children attending school:

Extra-curricular activities at school:

Sports club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music club.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art club.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other clubs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities outside school:

Sports, dance, gymnastics, ballet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music or singing lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing or painting lessons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth fire department, Red Cross, or similar aid organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth groups (e.g., Pathfinders, church youth groups, environmental groups).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular visits to youth centers or youth houses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, none of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. How much do school, care, and the activities described above cost you?

Average monthly cost in euros	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No costs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Implementation of the interview

A What is the date today?

Day		Month	

B How was the interview conducted?

Oral interview ☐

Respondent completed the questionnaire him/herself
Please specify:

- in the presence of the interviewer ☐
- in the absence of the interviewer ☐

Partly as an oral interview, partly him/herself ☐

C Duration of the interview:

The oral (complete or partial) interview lasted minutes

The respondent needed minutes to complete the questionnaire
(please ask)

D Other notes:

Thank you!

*Please don't forget to complete the **Individual Questionnaire!***

Listen-Nr.	Lfd. Nr.

Ich bestätige die korrekte
Durchführung des Interviews:

--

Abrechnungs-Nummer

--

Unterschrift des Interviewers