

The University of Applied Sciences¹ is currently conducting a research project named SAĞLIK. Herewith we want to create programs for older people with Turkish migration background; hopefully we can improve your health-related quality of life.

For this we need your support and your knowledge, because you are really qualified to inform us about your own health and about your needs.

My name is... and I take part in the project as a student assistant. I would like to fill out the questionnaire with you. Your answers will be treated strictly and remain anonymous. You needn't mention your confidentiality.

Besides, all information/responses are voluntary: If you do not like to answer a question, it will have no consequences for you.

But of course we will appreciate any information and I want to express my gratitude for your help!

► *Interview instruction: if this symbol*  *appears, please use the corresponding card.*

Please give the exact date of your birth:

Date of birth: ► *Interview instruction: March 1946 → 03 46*
Month Year

If unclear/unknown: Before 1950
About 1950
After 1950

Not specified

► *Interview instruction: do not ask for gender, only mark!*

Gender female
male

¹ On demand: In cooperation with the Departments of Health Sciences and Social Work under the supervision of Prof. Dr. Westenhöfer and Prof. Deneke, Dep. Health Sciences, and Prof. Schmoecker, Dep. Social Work.

I Health status – medical care and service

Firstly I want to ask you about your health care.

1. Do you have a personal GP you can contact when you have health problems?²

Yes ➔ continue with question 2

No ➔ continue with question 4

Not specified.. ➔ continue with question 4

2. When you think of the last two years – how often did you go to see your personal GP? (provided there were no acute diseases and/or if no operations were carried out)

(Several times) weekly

Every 2-3 weeks

Once per month

Once per quarter

Less than once per quarter

Not at all

Not specified

3. How often does your GP ask/tell you...

	At each visit	Some-times	Never
a. ...about how much sport you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...that you should do sport regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...if you easily lose your balance and fall down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ... whether you have problems to walk or whether you have problems to keep your balance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...check your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

² Question 1-3: Börsch-Supan/Hank 2009

	At each visit	Sometimes	Never
f. ...ask you about the medication you to take, because another doctor described it for you or you bought it without prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you physically disabled?

Yes ➔ continue with question 5, 6, and 7

No ➔ continue with question 8

Not specified.. ➔ continue with question 8

5. What is the degree of your disability?

Unknown

Not specified..

6. Do you have an ID for the disabled?

Yes ➔ with mark: _____

No

Not specified..

7. How was your disability caused?

➤ **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

Due to your work

Work-related accident

Disability from childhood

Age-related illness

Chronic disease.....

Other: _____

Not specified..

8. There are a lot of programs offered by agencies dealing for example with techniques how to relax, nutrition and sport. Some of the programs are financed by the health insurance. Have you participated in such activities for the last 12 months?

Yes ➔ continue with question 9 and 10

No..... ➔ continue with question 11

Not specified.. ➔ continue with question 11

9. What programs have you taken part in the last 12 months and how were they being paid for? (more than one answer possible)

	Yes, participation during the last 12 months	Type of financing	
		Completely self-financed	Partially self-financed
Weight reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation or stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness or sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti smoking addiction course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you think that your participation in one of the programs has improved your well-being or your health status?

Yes

No.....

Not specified..

11. When you want to know something about health (Treatment recommendations, household remedy etc.), who do you ask and how often does it occur? (more than one answer possible)³



➤ **Interview instruction: let the participants answer freely, if necessary ask about missing items**

➤ **Interview instruction: mark item "incorrect" if for example there are no children**

	Always	Often	Some- times	Rarely	Never	Incorrect
Spouse/Partner*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild/Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend(s)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor(s)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensing chemist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of a community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitor(s)* of a community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of a Turkish community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitor(s) of a Turkish community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of a mosque or a religious meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitor(s)* of a mosque or a religious meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of an alevit institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitor(s)* of an alevit institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Unzutreffendes streichen

I ask nobody for advice

I inform myself elsewhere...

Continue next side

³ Im Türkischen gibt es keine Unterscheidung männlich/weiblich, daher wird die Geschlechtsverteilung über die Netzwerkkarten erfragt.

	Always	Often	Sometimes	Rarely	Never
Brochure/Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II Health-related quality of life⁴

12. Generally speaking, would you say your health is: 

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Compared to one year ago, how would you rate your health in general now? 

Much better now than one year ago	Somewhat better now than one year ago	About the same	Somewhat worse now than one year ago	Much worse than one year ago
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following items are about activities you might do during an ordinary day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
14. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁴ SF-36 v. 2 – Übersetzung aus dem RKI-Gesundheitsfragebogen

	Yes, limited a lot	Yes, limited a little	No, not limited at all
17. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Bending, kneeling, or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Walking several blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Walking one block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	always	often	sometimes	rarely	never
24. I could not work as long as usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have achieved less than I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I could only do certain things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I had difficulty in performing my duties (for example it took too much of an effort).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	always	often	sometimes	rarely	never
28. I could not work as long as usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I have achieved less than I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I could not concentrate as well as before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How much do your physical and emotional problems interfered with your normal social activities concerning family, friends, neighbors, or groups in the last 4 weeks?

Very severe	Severe	Moderately	Slightly	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How often have you been in pain for the past 4 weeks?



Very often	Often	Sometimes	Rarely	About never	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Extremely	Quite a bit	Moderately	A little bit	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about how you feel and how things have been with you during the last 4 weeks.



How often did you feel in the last 4 weeks...	Always	Mostly	Some-times	Rarely	Never
34. ...full of pep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. ...very nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. ... Have you been in such despondency that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. ...calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. ...full of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you feel in the last 4 weeks...	Always	Mostly	Some-times	Rarely	Never
39. ...discouraged and sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. ...worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. ...happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. ...tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. During the past 4 weeks, how often has your physical health or emotional problems interfered with your social activities (like going to see friends, relatives, etc.)?

Always	Most of the time	Sometimes	Rarely	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How true or false is each of the following statements for you?



	Definitely true	Mostly true	I don't know	Does not apply to me in most circumstances	Does not apply to me at all
44. I seem to get ill a little easier than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. I am as healthy as anybody I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. I expect my health to get worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. My health is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III Movement – physical activity and sport / effort

The next section of the survey deals with your activities and sport.

48. Do you remember yesterday, it was... (Weekday?) – How much time did you spend with the following activities?⁵

➤ **Interview instruction: estimation in hours, the total value is 24 hours.**



- _____ hours Sleeping and lying
- _____ hrs. Sitting
- _____ hrs. Light physical activities, for example cooking, shopping, body care, selling, walking, tidying up
- _____ hrs. Moderate physical activities, for example cleaning, cycling, swimming

⁵ in Anlehnung an Mensink 2003

_____ hrs. Strenuous physical activities, for example lifting heavy objects, heavy gardening, chopping wood, running fast

Not specified

49. Concerning your exercise was it yesterday a normal or an exceptional day?

Normal

Exceptional much exercise.....

Exceptional little exercise

Not specified.....

50. Do you normally do sports or do you do sports just for exercise?

Yes ➔ continue with question 51

No ➔ continue with question 52

Not specified.. ➔ continue with question 51

51. What kind of sports do you do or what kind of exercise, and how often?

➤ *Interview instruction: let the participants answer freely; go into more detail, if necessary.*

Kind of sport , Kind of movement	Less than 1 hour/week	Regularly 1-2 hrs/week	Regularly 2-4 hrs./week	Regularly More than 4 hrs./week
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

52. Generally speak, how much attention do you pay to sufficient physical activity?

Very much	Much	Some extent	Not much	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

IV Dealing with tobacco^{6/} and alcohol⁷

53. Do you smoke or do you smoke occasionally?

Yes ➔ continue with question 54 and 55

No..... ➔ continue with question 56

Not specified.. ➔ continue with question 56

54. How much do you smoke on average? (more than one answer possible)

➤ *Interview instruction: let the participants answer freely; go into more detail, if necessary.*

	Ø number per day	Ø number per week
Cigarettes		
Cigars/Cigarillos		
Whistle		
Waterpipes		
Others:		

Not specified

55. Do you want to stop smoking?

No, I do not intend to

Yes, I think about it.....

Yes, I have the firm intention.....

Not specified.....

56. How often do you drink alcoholic beverages?





Never..... ➔ continue with question 59

Once a month, even less.....

⁶ In Anlehnung an RKI Gesundheitsfragebogen 65+, nicht vollständig übernommen


⁷ Audit-C

- 2-4 times a month.....
- 2-3 times a week
- 4 or more times a week
- Not specified..... ➔ continue with question 57 and possibly 58

57. When you drink alcoholic beverages, how many glasses do you normally have per day?  

	Beer 0,3 l	Wine/Champagne 0,2 l	Schnapps/Liqueur 0,02 l
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2 glasses per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4 glasses per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-6 glasses per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-9 glasses per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 or more glasses per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

58. How often do you have six or more drinks on one occasion, for example at a party or for dinner?  

- Never.....
- Less than monthly
- Monthly.....
- Weekly.....
- Daily or almost daily
- Not specified.....

V Nutrition

The following part deals with your eating habits.

59. What meals do you usually have?

	Regular	Irregul	Never
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

60. How often do you have a hot meal?

- More than once per day
- 1 x daily
- Several times a week
- 1 x per week
- Less than 1x per week
- Never
- Not specified

61. How many portions of fruits and vegetables do you usually have per day?

➤ **Interview instruction: one portion corresponds to one handful. Take some examples from the list, if not clear.**

➤ **Interview instruction: let the participants answer freely, then mark.**

1 serving of vegetables corresponds e.g.	1 serving of fruits corresponds e.g.
<ul style="list-style-type: none"> • 1 small kohlrabi or 1 paprika or 1 tomato • 2 handfuls salad or chopped carrots • 1 small can of vegetables (125 g) • 2 handfuls broccoli- spinach or mushrooms (125 g) • 1 handful of dried legumes such as lentils or peas • 1 handful of cabbage or pickled vegetables • 1 glass of tomato- or carrot juice 	<ul style="list-style-type: none"> • 1 apple or 1 banana or 1 orange or 1 peach • 2 handfuls of strawberries, raspberries or grapes • 4 tablespoons of fruitcompod without sugar or light syrup 2 handfuls berries • 5 Prunes or dried apricots • 1 glass of fruit juice with 100% fruit content or 1 Smoothie • 1/2 handful of nuts (ca. 25 g)

	Fruit	Vegetable
No portion	<input type="checkbox"/>	<input type="checkbox"/>
1 Portion	<input type="checkbox"/>	<input type="checkbox"/>
2 Portions	<input type="checkbox"/>	<input type="checkbox"/>
3 Portions	<input type="checkbox"/>	<input type="checkbox"/>
4 Portions	<input type="checkbox"/>	<input type="checkbox"/>
5 Portions	<input type="checkbox"/>	<input type="checkbox"/>
More than 5 Portions	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

62. How often do you usually eat meat?

More than 1x day.....

1 x daily

Several times a week

1 x per week

Less than 1x per week

Never.....

Not specified.....

63. Do you deliberately eat low fat?



Always	Mostly	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

64. Do you watch the amount of what you eat so that you keep your weight?



Always	Mostly	Sometimes	Rarely	Neyer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

65. How much and what do you drink usually per day?

1 glass water or 1 cup of tea/coffee = 0,2l

➤ **Interview instruction: let the participants answer freely; then ask for beverages and complete missing items.**

	Not at all	0,2 – under 0,5l	0,5 – under 1l	1 – under 1,5l	1,5 – 2l	More than 2l
Coffee (Espresso, Cappuccino...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea (Darjeeling, Fruit-, Herbal tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit or vegetable juices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cola, Fanta, Sprite ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, Cocoa...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

66. In general, how much attention do you pay to healthy diet?

Very important	important	Not that important	Hardly important	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

67. What is your weight and what is your height, please?

Height (cm): _____ Weight (kg): _____

Not specified

68. Do you think...?⁸

...that you are too thin?

...that you are just a little bit too thin?

...that you have the correct weight?.....

...that you are just a little bit too obese? .

...that you are too obese?

Not specified.....

69. Who cooks for you most of the time?

➤ **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

⁸ Körperselbstbild - RKI Gesundheitsfragebogen 65+

- I myself
- My spouse/my partner
- My child/my children
- My mother
- My father
- My neighbor/my neighbors
- Meals on wheels
- Others: _____
- Not specified

70. Who buys the food for you most of the time?

➤ *Interview instruction: let the participants answer freely; go into more detail, if necessary.*

- I myself
- My spouse/my partner
- My child/my children
- My mother
- My father
- My neighbor/my neighbors
- Meals on wheels
- Others: _____
- Not specified

71. In what shops do you normally buy your food most of the time? What do you especially like there and how do you get there?

⇒ Name of the shop ⇒		
I go there, because...		
I...		
...walk	<input type="checkbox"/>	<input type="checkbox"/>
...ride my bike	<input type="checkbox"/>	<input type="checkbox"/>
...drive with the car	<input type="checkbox"/>	<input type="checkbox"/>
...go by bus and train	<input type="checkbox"/>	<input type="checkbox"/>

➤ continue with question 73

➤ continue with question 72

Not specified

72. Why don't you walk or ride your bike? (more than one answer possible)

➤ **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

I am in pain.....

I do not want to.....

It's too exhausting for me

It is too far away for me

I can't ride a pushbike

Others: _____

Not specified.....

73. Do you use a delivery service for your purchases?



Always	Mostly	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

VI „Selbstwirksamkeitserwartung“ („self-efficacy“)

The following section of the survey deals with how you think you can have an influence on difficult situations.



How do you agree with...?⁹

	It's exactly right	It's true rather	It does little	It's not true
74. I always succeed in solving problems when I try.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. If someone opposes me, I can find ways to push through my plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. I have no difficulty in achieving my aims/objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Even if there are unexpected events, I believe I can				

⁹ Jerusalem/Schwarzer 1986

manage all right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. In unexpected situations I always know how to handle them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. I have a solution for every problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Difficult situations don't frighten me. I know I can rely on my skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. When I am confronted with a problem, I have more than once solution to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. When I get confronted with a new thing, I know how I can handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Whatever happens, I can cope with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII Deprivation and Satisfaction in Germany

84. In Germany, migrants are often badly treated. Have you experienced such a think?¹⁰

Did you feel treated differently because of your origin...	Yes, several times	Yes, once	Never	Not at all
...when you went shopping /to a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when looking for employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when looking for a flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...at the Police station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...at the Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...in a situation...:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII Social networking

Social life can help to be happy and to stay healthy when you get older. Therefore, we have a few questions about the number of friends you have and about your social life.

¹⁰ in Anlehnung an Meschede et al. 2010

85. What are your friends like and how often do you see them?¹¹



➤ **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

	Daily	Weekly	Monthly	Rarely	Never
Spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club members*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(former) Colleagues*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of a meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors* of a meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of a Turkish community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors* of a Turkish community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of a mosque or a religious meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors* of a mosque or a religious meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff* of an alevit institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors* of an alevit institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Delete as appropriate

The following questions are about the social support experienced by you. How do the following statements apply to you?¹²



	It's exactly right	It's mostly true	It does little	It's more like not	Its not true

¹¹ Im Türkischen gibt es keine Unterscheidung männlich/weiblich, daher wird die Geschlechtsverteilung über die Netzwerkkarten erfragt

¹² Fragebogen zur sozialen Unterstützung - Kurzform (F-SozU K-14)

86. I easily find someone, who takes care of my apartment when I'm not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. People accept me as I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. I get a lot of understanding and supportive help from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. I have a close friend and I can always count on his/her help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. If necessary, I can borrow something from my friends or neighbors without any problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. I have friends / relatives who always have time in case I need someone to talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. I know several people for activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. I have friends / relatives who give me hug.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. When I'm ill, I can ask friends and relatives without a problem to do errands for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. When I'm depressed, I know someone who I can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. There are people who share my happiness and my tribulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. With some friends / relatives I can be quite at ease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. I have a familiar person whose closeness I enjoy without any restriction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. There is a group I belong to and which a meet a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100. The following section is about the help and support someone gives to you and about who gives it to you.

	Yes	No
Do you get help in the household, e.g. cooking, shopping and cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get support for tasks outside the house, e.g. someone to accompany you to the doctor or to the Office?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in need of care?	<input type="checkbox"/>	<input type="checkbox"/>
	🔍 question 101	🔍 question 102

101. If so, who helps and supports you and who cares for you?

➤ **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

	Help in the household	Support beyond the house	nursing
Spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary helpers, e.g. from social institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
paid home help, for example Cleaning lady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
paid professional assistants, for example Nursing, social station, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. According to you, do you need more support to be able to cope with everyday life?

Yes

No.....

Not specified..

103. What do you do in your spare time when not at home and how often do you do it? ¹³ (more than one answer possible)



➤ **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

¹³ Fragen wurden modifiziert nach Richard et al. (2008)

	Daily	Weekly	Monthly	Rarely	Never
Visiting Friends / relatives*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a restaurant or a cafe *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to evening classes, e.g. VHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending religious events (e.g. mosque)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping my neighbors (e.g. watering flowers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to an event (e.g. Dance, Concert)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in a self-care group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a meeting place for senior citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a Cultural Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in a political rally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Delete as appropriate

IX Demographic data

Now I would like to ask you some personal questions – of course, the data will be treated confidentially and will remain anonymous.

104. In what country were you born?

In _____

Not specified

105. For how long have you been living in Germany?

Since my birth.....

Since _____ ...

Not specified.....

106. Are you German?

Yes ➔ continue with question 108

No..... ➔ continue with question 107

Not specified.. ➔ continue with question 107

107. Do you have a permanent residence permit?

Yes

No.....

Not specified..

108. What is your mother tongue?

_____ If not German ➔ continue with question 109, otherwise

➔ 110

Not specified.. ➔ continue with question 109

109. If German is not your first language, how good is your language?

Very good	Good	Moderately	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Not specified

110. What is your marital status?

➤ **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

Single

In partnership alive

Married

Parted.....

Divorced

Widowed

Not specified.....

111. Do you have children?

Yes I have, _____ (Number) ➔ continue with question 112

No I have not. ➔ continue with question 113

Not specified.. ➔ continue with question 113

112. Where do your children live? (more than one answer possible)

➤ *Interview instruction: let the participants answer freely; go into more detail, if necessary.*

In the same house.....

In the same district

In another part of Hamburg

In another city in Germany

In Turkey

In another Country.....

Not specified.....

113. Where would you like to live in a few years?

➤ *Interview instruction: let the participants answer freely; go into more detail, if necessary.*

I would like to live in Hamburg

I would like to return to Turkey

I would like to live in Hamburg and in Turkey

I would like to live in a different place: _____

Not specified

X Housing conditions

114. How are your housing and living conditions? Do you live...

...alone

...with a partner.....

...with another person: _____

with _____ Persons (*Number*)

with _____ Pets (*Number*)

Not specified.....

115. What is your current residential form? Do you live...

...in an apartment: - for rent

...in my own flat.....

...in a house - for rent.....

...in my own house.....

...in a care facility

...in a nursing home

Others _____ (*please name*)

Not specified.....

116. What floor do you live on?

Basement

Ground floor

First floor

Second floor

Third floor

Fourth floor or higher.....

} with lift

} without lift

Not specified

117. Would you say as far as your flat is concerned that ...¹⁴

	Yes	No
...it is too small?	<input type="checkbox"/>	<input type="checkbox"/>
...it is too expensive?	<input type="checkbox"/>	<input type="checkbox"/>
...there isn't enough light?	<input type="checkbox"/>	<input type="checkbox"/>
...it cannot be adequately heated or air conditioned?	<input type="checkbox"/>	<input type="checkbox"/>

¹⁴ question 116 and 117: RKI health questionnaire 65+

118. And what do you say about the immediate environment of your home – would you say, that...

	Yes	No
...there are sufficient facilities such as drug stores, doctors and Grocery Stores in an acceptable distance?	<input type="checkbox"/>	<input type="checkbox"/>
...that public transit is good?	<input type="checkbox"/>	<input type="checkbox"/>
...there are air pollution, noise disturbance and other environmental problems?	<input type="checkbox"/>	<input type="checkbox"/>
...there is Vandalism and a high crime rate?	<input type="checkbox"/>	<input type="checkbox"/>

XI Education

Now it's about your education and your profession.

119. How many years did you go to school?

► *Interview instruction: let the participants answer freely; go into more detail, if necessary.*

- Not at all
- 1 - 5 years
- 6 - 8 years
- 9 - 11 years
- > 12 years
- Not specified.....

120. What school-degree do you have?

► *Interview instruction: let the participants answer freely; go into more detail, if necessary.*

- No degree.....
- Primary school.....
- Certificate if basic secondary schooling
- GCE at the O'level

GCE at the A'level, university degree

Other degree: _____

Not specified.....

121. What is your profession?

► **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

No Profession

Vocational Training.....

Technical college/vocational training school

College degree

University degree

Other: _____

Not specified.....

XII Employment situation

122. Are you currently employed?

Yes ➔ continue with question 123

Nein ➔ continue with question 124

Not specified.. ➔ continue with question 123 or 124

123. If you are employed, how many hours per week do you work?

► **Interview instruction: let the participants answer freely; go into more detail, if necessary.**

To 5 hours/week.....

6 - 14 hours/week.....

15 - 34 hours/week.....



35 - 40 hours/week.....

41 - 50 hours/week.....

} ➔ continue with question 125

> 50 hours/week.....

Not specified.....

124. If you are not employed, which of the following details apply to you? (reasons for not working anymore)  

Full-time in household

Pensioner

Disability pension

Early retirement.....

Unemployment

Unemployment, other reasons

Not specified.....

125. If you are or if you were in an employment, what is or what was your job?

_____ (Employment)

Not specified

126. How satisfied are / were you with your current / last occupation?  

very dissatisfied	rather dissatisfied	neither nor	rather satisfied	very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

XIII Care of relatives¹⁵


127. Do you currently look after someone of your family?

Yes ➔ continue with question 128 and 129

No..... ➔ continue with question 130


Not specified.. ➔ continue with question 130

¹⁵ According to the RKI health questionnaire 65+

128. If you currently look after someone of your family, how often do you have to do it? 

Several times a day	Once a day	Several times a week	Once a week	Several times a month	Once a month	less than 1x per month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

129. How much of a burden is it to you to look after someone of your family? 

A great burden	Quite a burden	Hard	Almost no burden	No burden at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

XIV Religious denomination

130. What is your religious denomination?



- None.....
- Muslim.....
- Christian
- Others..... , _____
- Not specified.....

131. How important is religion to you? 

Very important	More important	Less important	Not important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

XV Income



132. What is your monthly available income (after deduction of tax, health insurance, social security contributions)? (estimated value)  

- | | |
|--|--|
| Under 500 Euro..... <input type="checkbox"/> | 2.501 – 3.000 Euro..... <input type="checkbox"/> |
| 500 – 750 Euro..... <input type="checkbox"/> | 3.001 – 3.500 Euro..... <input type="checkbox"/> |
| 751 – 1.000 Euro..... <input type="checkbox"/> | 3.501 – 4.000 Euro..... <input type="checkbox"/> |
| 1.001 – 1.500 Euro..... <input type="checkbox"/> | 4.001 – 4.500 Euro..... <input type="checkbox"/> |
| 1.501 – 2.000 Euro..... <input type="checkbox"/> | More than 4.500 Euro . <input type="checkbox"/> |
| 2.001 – 2.500 Euro..... <input type="checkbox"/> | |
| Unknown <input type="checkbox"/> | |
| Not specified..... <input type="checkbox"/> | |

133. Do you think that your monthly income is sufficient?  

Always	Most of the time	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

134. What is your monthly available income for the total household (after deduction of tax, health insurance, social security contributions)? (estimated value)  

- | | |
|--|--|
| Under 500 Euro..... <input type="checkbox"/> | 2.501 – 3.000 Euro..... <input type="checkbox"/> |
| 500 – 750 Euro..... <input type="checkbox"/> | 3.001 – 3.500 Euro..... <input type="checkbox"/> |
| 751 – 1.000 Euro..... <input type="checkbox"/> | 3.501 – 4.000 Euro..... <input type="checkbox"/> |
| 1.001 – 1.500 Euro..... <input type="checkbox"/> | 4.001 – 4.500 Euro..... <input type="checkbox"/> |
| 1.501 – 2.000 Euro..... <input type="checkbox"/> | More than 4.500 Euro. <input type="checkbox"/> |
| 2.001 – 2.500 Euro..... <input type="checkbox"/> | |
| Unknown <input type="checkbox"/> | |
| Not specified..... <input type="checkbox"/> | |

135. Do you think that your monthly income is sufficient?  

Always	Most of the time	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

XVII Ideas, suggestions, requests

136. When you think of this survey, do you have any further comments to make?

In the field...	
...of nutrition	
...of exercise	
...social life (to be a member of the community, to share the activities of the community).	

Not specified

137. When you think of this wide range of offers, which one would you choose? (All offers would be free and within walking distance)

	Very	Some- what	Little	Not
	interested			
Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture and discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not specified

Thanks for your help!

Completed on: _____ (date)

in: _____ (district)

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