German Environmental Survey for Adults

Note: This document specifies the content and wording of the interview. As this is a CAPI interview (computer-assisted personal interview), layout divergences may occur for technical reasons.

Basic Interview

IDNR of participant	☐☐☐☐☐☐
Date of interview	☐☐.☐☐.20☐☐ *Programming note: show date automatically*
Interviewer no.	☐☐☐☐☐☐

Questions with a coloured background and in blue font: the questions in **blue** font and in fields with grey background are addressed to the interviewer and are **not** read out to the respondent.

The identity of the respondent is checked at the beginning of the interview / basic CAPI. This includes information about first and surnames as well as age (cf. address protocol).

First of all, we would like to know your date of birth.

B0 When were you born? Please enter the **month** and **year** you were born.

Month ☐☐

Year ☐☐☐☐

To interviewer: please check whether the information given at this point corresponds to the age stated in the documentation. If the participant does not want to state their month and year of birth, the interview will be terminated.

B1 To interviewer: the respondent lives in...
Programming note: show either apartment or house for all corresponding questions.

an apartment ☐

a house ☐

Next, we would like to ask you about [your apartment/house].

B2A How long have you **lived** in *Point*?
To interviewer: present list B2A/B2B.
Programming note: show the place name of Point and follow filter guide.
Source: GerES II, IV

	No	Yes	
Since birth.....	☐	☐	➔ ☞ continue with question B2B
For 12 months and longer.....	☐	☐	➔ Since when (year)? ☐☐☐☐
For less than 12 months	☐	☐	➔ How many months? ☐☐ Months

declined to respond ☐

B2B How long have you **lived** in [**this apartment/house**]*?*
To interviewer: present list B2A/B2B
Programming note for which address is stated and follow filter guide
Source: GerES II, IV

	No	Yes	
Since birth.....	☐	☐	➔ ☞ continue with question B3
For 12 months and longer.....	☐	☐	➔ Since when (year)? ☐☐☐☐
For less than 12 months	☐	☐	➔ How many months? ☐☐ Months

declined to respond ☐

B3 In which **room** in [your apartment/house] do **you usually sleep at night**?
To interviewer: response determines the room for the Mould Module conducted separately.
Source: new question
Programming note: transfer this answer to the "Mould Module" CAPI.

Bedroom/sleeping area ☐

Living room ☐

Combined living / sleeping area (e.g. studio apartment) ☐

Other room ☐

please specify _____

don't know ☐ declined to respond ☐

B4 Now we would like to ask you about your **sleeping habits.** Do you **usually sleep** with **windows shut** in summer or winter?
Source: GerES I, IV V

	Yes	No
In summer with windows shut	☐	☐
In winter with windows shut	☐	☐

don't know ☐ declined to respond ☐

B5 Thinking back over **the last 12 months**, to what extent has **noise in the room bothered you or caused you distress**?

Note on programming: the room stated in question B3 is shown here (see script).

Source: New Question:

To interviewer: present list **B5** with response items and response categories.

	not at all	somewhat	moderately	strongly	extremely strongly
What is it like **during the day** with the windows **shut**, how bothered or distressed do you feel**?**	☐	☐	☐	☐	☐
And what about **at night** with the windows **shut**, how bothered or distressed do you feel**?**	☐	☐	☐	☐	☐
And what about **during the day** with windows **open**, how bothered or distressed do you feel**?**	☐	☐	☐	☐	☐
And what about **at night** with windows **open**, how bothered or distressed do you feel**?**	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

B6 Does this room have **windows facing a street**?
To interviewer: if at least one street is visible from the window, the question must be answered with "Yes".
Programming note: the room stated in question B3 is shown here
Source: GerES IV

Yes ☐

No ☐

don't know ☐ declined to respond ☐

B7 In which room [of the apartment/house] do you usually spend the **longest** during the **24 hours of a day**?

To interviewer: point out to the respondent that sleeping time must also be included in the time spent in the room. Response determines the room in which indoor air samples are collected for a sub-sample.

Source: GerES I to V

Bedroom/sleeping area ☐

Living room ☐

Combined living/sleeping area (e.g. in studio apartment) ☐

Other room, please specify: ☐

_____

don't know ☐ declined to respond ☐

B8 So is this the **same room** in which you sleep at night?

Source: new question (*UBA note: in the CAPI, there is still the bracket (as in question B3) IV also read this out, please delete the bracket).*

Programming note: compare the answer with those to questions B3 and B7.

Yes ☐

No ☐

don't know ☐ declined to respond ☐

B9 On average, how many **hours per day** do you spend in this room?

To interviewer: point out to the respondent that the time spent in the room must also include sleeping time.

Source: GerES I to V

☐☐ Hours (2 digits)

don't know ☐ declined to respond ☐

B10 How many **other people** usually spend time in this room?

Source: new question

☐☐ People

don't know ☐ declined to respond ☐

B11 Does anybody **smoke** in the room?

To interviewer: smoking on the balcony does **not** count as "smoking in the room".

Source: GerES I to V

Yes ☐

No ☐

don't know ☐ declined to respond ☐

B12 Is there an **animal cage** with a pet in this room?

To interviewer: aquariums or terrariums as well as dog kennels or cat litter boxes or bird cages are not regarded as animal cages. What is relevant is litter/chaff, e.g. in a guinea pig cage.

Source: GerES IV

Yes ☐

No ☐

don't know ☐ declined to respond ☐

B13 On which **floor** is this room located?

To interviewer: present **list B13** with answer categories. If the room is directly under the roof, tick "attic/top floor".

*Source: GerES I - V **Programming note**: sequence of storey and attic swapped*

Basement	Ground floor	Storey	Attic/top floor
☐	☐	☐☐	☐

don't know ☐ declined to respond ☐

B14 Does this room have **windows facing a street**?

To interviewer: if there is at least one street visible from the window, answer "yes".

Programming note: only ask the question if different rooms were stated in B3 and B7.

Yes ☐

No ☐

don't know ☐ declined to respond ☐

B15 Are **windows in the room very airtight, airtight or draughty** when shut?

Source: GerES I

Very airtight ☐

Airtight ☐

Draughty ☐

don't know ☐ declined to respond ☐

B16 Are the **windows** in this room **tilt windows**?

To interviewer: tilt windows are windows the casements of which can be tilted about a horizontal axis below or in the middle. If only one window can (structurally) be tilted and the other window cannot, the response to the question must be "Yes".

Source: new question

Yes ☐

No ☐ ☞ continue with question B18

don't know ☐ declined to respond ☐

B17 **In general,** how often is the room **ventilated during the day** via **tilted windows**, in **summer** and in **winter**?
To interviewer: present list B17/18 with response categories and leave for B18.
Source: new question

	not at all	less than once per day	once daily	twice daily	several times per day	permanently
In summer	☐	☐	☐	☐	☐	☐
In winter	☐	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

B18 **In general,** how often is the room **ventilated during the day** with **fully opened windows**, in **summer** and in **winter**?
To interviewer: present list B17/18 with answer categories. Also includes ventilation through balcony/patio doors.
Source: new question

	not at all	less than once per day	once daily	twice daily	several times per day	permanently
In summer	☐	☐	☐	☐	☐	☐
In winter	☐	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

We now go back to talking about [the entire apartment / house].

B19 Next we would like to know what **flooring** [this apartment/house] has.
To interviewer: please present **list B19-B24** with the response items. Enter a tick in each line!
Textile flooring (product with a wear layer of textile fibres) means carpeting, fitted carpets, carpets (one large carpet) and individual carpet tiles of different sizes. The backing of this flooring consists either of a foam/synthetic back (=soft rubber back) or the flooring has a secondary textile back (=other fabric on the back). For runners, rugs or other carpets (doormats, bathroom mats are not to be considered), synthetic underlays are often used to prevent them from sliding and to avoid ripples. This is usually made of polyester fleece or very soft, thin synthetic mesh. **Parquet** is flooring made of wood (e.g. hardwood) that is sawn into small pieces and put together according to certain patterns. **Floorboards** are a wooden floor made of wide and long solid wood elements, often in room lengths. If the wood surface is paint- or varnish-sealed, tick "coated". When oiling the wood, the wood fibres of the surface are impregnated with oil without forming a layer on the wood. In this case, tick "treated". Staining is the treatment of the surface using a stain. The aim of staining can be to change the colour tone or to protect the surface against mould. In this case, also tick "treated". Ask about floorings in living rooms only. Enter screed or concrete without any other flooring under "other floorings".
Please record all floorings - also those covered with carpets or similar.
Source: GerES I-V but modified

B20 What **percentage** does the respective flooring have in **relation to all rooms?**
"Tending to low" means a percentage of up to 1/3, "tending to medium" means a percentage between 1/3 and 2/3 or about half, and "tending to high" means a percentage of about 2/3 or more in relation to all rooms.

Programming note: follow filter guide, B19 A results in B 21, B 22, B19 B results in B23, B19 C results in B24.

	B19) Flooring	No	Don't know	Yes		B20) Percentage: Up to 1/3	Between 1/3 and 2/3	More than 2/3	Don't know
	A **Textile flooring** as carpeted floor or carpet tiles, carpets, runners, rugs	☐	☐	☐	➔	☐	☐	☐	☐
B21	Do these textile floorings have a **foam/synthetic back?**	☐	☐	☐					
B22	Do these textile floorings have a **synthetic underlay**?	☐	☐	☐					

	B19ff **Other flooring**, please specify: To interviewer: "Other flooring" means non-textile, especially wipeable floors.	No	Don't know	Yes		B20) Percentage: Up to 1/3	Between 1/3 and 2/3	More than 2/3	Don't know
	B **Wooden parquet**	☐	☐	☐	➔	☐	☐	☐	☐
B23	a) coated (e.g. with varnish)	☐	☐	☐					
	b) treated (stained, oiled, waxed)	☐	☐	☐					
	c) untreated	☐	☐	☐					
	C **Wooden floorboards**	☐	☐	☐	➔	☐	☐	☐	☐
B24	a) coated (e.g. with paint)	☐	☐	☐					
	b) treated (stained, oiled, waxed)	☐	☐	☐					
	c) untreated	☐	☐	☐					
	D **Laminate**	☐	☐	☐	➔	☐	☐	☐	☐
	E **PVC, vinyl laminate**	☐	☐	☐	➔	☐	☐	☐	☐
	F **Linoleum**	☐	☐	☐	➔	☐	☐	☐	☐
	G **Tiles, stone floors, marble, tiles, terrazzo**	☐	☐	☐	➔	☐	☐	☐	☐
	H **Cork**	☐	☐	☐	➔	☐	☐	☐	☐
	I **OSB/USB panels**	☐	☐	☐	➔	☐	☐	☐	☐
	J **Other floorings,** please specify: _____	☐	☐	☐	➔	☐	☐	☐	☐
								declined to respond	☐

B25 Now please think about the **upholstered furniture** in [your apartment/house]. Do you have the following upholstered furniture?

To interviewer: please present **list B25/B26** with the response items. Enter a tick in each line! Definitions: **Fully upholstered furniture** (upholstered furniture with a frame or supporting base and upholstered seat(s), backrest(s) and sides), upholstered **furniture with visible frame** (surface-treated frame is not or only partially upholstered), **upholstered chairs/armchairs - chairs/armchairs with upholstered seat and/or backrest and visible frame**. Furniture with upholstered surfaces (e.g. bedheads, wardrobe doors) is **not** what is meant here.

Programming note: follow filter guide

Source: GerES V

B26 How many **seats** are there per material? *Source: in GerES IV "Percentage" now number of seats*

B25)	No	Don't know	Yes		B26) Number of seats
Textile cover	☐	☐	☐	➔	☐☐
Leather cover	☐	☐	☐	➔	☐☐
Synthetic cover (e.g. faux leather)	☐	☐	☐	➔	☐☐

don't know ☐ declined to respond ☐

Now let's talk first about damp and then about mould contamination.

To interviewer: Damp contamination is water damage/moisture stains without visible mould growth. Mould contamination means visible mould growth.

BS1 Is there or has there been **damp** in [your apartment / house]?
Programming note: follow the filter guide.

No ☐ ☞ continue with question BS4
Yes, presently ☐
In the past, now eliminated ☐
don't know ☐ declined to respond ☐

BS2 And in **which room** is there or was there **damp** in [your apartment/house]?
To interviewer: present list BS2 with the response categories. 2 ticks are possible in each line.
Programming note: follow filter guide. Only if there was/is damp contamination in the bed-room/combined living/sleeping area or in the sleeping area from statement B3, continue with question BS3. In all other situations, continue with question BS4.

	a) Presently	b) In the past, now elimi-nated	
Kitchen	☐	☐	☞ continue with question BS4
Hallway, vestibule	☐	☐	☞ continue with question BS4
Bathroom	☐	☐	☞ continue with question BS4
Living room	☐	☐	☞ continue with question BS4
Bedroom	☐	☐	
Combined living/sleep-ing area (e.g. studio apartment)	☐	☐	
Storeroom	☐	☐	☞ continue with question BS4
Basement	☐	☐	☞ continue with question BS4
Other room, please specify: _____	☐	☐	☞ continue with question BS4
don't know	☐	☐	☞ continue with question BS4
declined to respond	☐	☐	☞ continue with question BS4

BS3 **Where** in the **bedroom/sleeping area** is/was the **damp**?

To interviewer: present list BS3 with the response categories. 2 ticks are possible in each line.

Programming note: indication of whether damp is currently present in the bedroom/combined living/sleeping area must be communicated to UBA promptly, so that notification of results by UBA can be scheduled, i.e. transfer "damp in the room yes/no" to the completion log.

	A) Presently	B) In the past, now eliminated
Window area	☐	☐
Ceiling	☐	☐
Exterior wall	☐	☐
Interior wall	☐	☐
Corner with exterior wall	☐	☐
Corner with interior wall	☐	☐
Floor	☐	☐
Other, please specify: _____	☐	☐
don't know	☐	☐
declined to respond	☐	☐

BS4 Is there or has there been **visible mould growth** in [your apartment / house]?

To interviewer: If the mould has only been painted over, the mould contamination has not been removed and "yes, presently" should be ticked.

If mould contamination has not been actively removed and is only periodically (e.g. at the time of the home visit) not visible, also tick "yes, presently".

Programming note: follow filter guides.

No ☐ ☞ continue with question BS7

Yes, presently ☐ ☞ continue with question BS5A/C

In the past, now eliminated ☐ ☞ continue with question BS5B/D

don't know ☐ declined to respond ☐

BS5A/C And in **which room** is that?

To interviewer: present list BS5 and "**templates**":
0.5 m² = half a square metre and use **0.5m² template**.
20 cm =² size of a large matchbox and use **20 cm² template**. If there is infestation in several places in the room, indicate the total size.

	A) Visible mould growth			C) Size of infestation		
	No	Yes		> 0.5 m²	0.5 m² to 20 cm²	< 20 cm²
Kitchen	☐	☐	➔	☐	☐	☐
Hallway, vestibule	☐	☐	➔	☐	☐	☐
Bathroom	☐	☐	➔	☐	☐	☐
Living room	☐	☐	➔	☐	☐	☐
Bedroom / sleeping area	☐	☐	➔	☐	☐	☐

Combined living/sleeping area (e.g. studio apartment)	☐	☐	➔	☐	☐	☐
Storeroom	☐	☐	➔	☐	☐	☐
Basement	☐	☐	➔	☐	☐	☐
Other room, please specify: _____	☐	☐	➔	☐	☐	☐

don't know ☐

declined to respond ☐

BS5B/D And in **which room** was that?

Programming notes: , continue with question BS6 only if there was/is visible mould growth in the sleeping area or in the combined living/sleeping area or in the sleeping area from statement B3. In all other situations continue with question BS7.

To interviewer: present list BS5 and "**templates**":
0.5 m² = half square metre and use **0.5m² template**
20 cm =² size of a large matchbox and use **20cm² template**.
If there was infestation in several places in the room, indicate the total size.

	B) Visible Mould Growth			D) Size of infestation		
	No	Yes		> 0.5 m²	0.5 m² to 20 cm²	< 20 cm²
Kitchen	☐	☐	➔	☐	☐	☐
Hallway, vestibule	☐	☐	➔	☐	☐	☐
Bathroom	☐	☐	➔	☐	☐	☐
Living room	☐	☐	➔	☐	☐	☐
Bedroom / sleeping area	☐	☐	➔	☐	☐	☐
Combined living/sleeping area (e.g. studio apartment)	☐	☐	➔	☐	☐	☐
Storeroom	☐	☐	➔	☐	☐	☐
Basement	☐	☐	➔	☐	☐	☐
Other room, please specify: _____	☐	☐	➔	☐	☐	☐

don't know ☐

declined to respond ☐

BS6 **Where** in the **bedroom/sleeping area** is/was **visible mould growth?**

To interviewer: present list BS6 with the response categories.

Programming note: indication of whether mould is currently present in the bedroom is transferred to the completion log.

	a) Presently	b) In the past, now eliminated
Window area	☐	☐
Ceiling	☐	☐
Exterior wall	☐	☐
Interior wall	☐	☐

Corner with exterior wall	☐	☐
Corner with interior wall	☐	☐
Floor	☐	☐
Other, please specify: _____	☐	☐
don't know	☐	☐
declined to respond	☐	☐

BS7 Is there a **mouldy and/or musty smell like a basement smell in** [your apartment/house]?

No ☐ ☞ continue with question BP1

Yes ☐

don't know ☐ declined to respond ☐

BS8 And in **which room** is there a **mouldy and /or musty smell like a basement smell** in [your apartment/house]?

To interviewer: present list BS8 with the response categories.

	yes	**no**
Kitchen	☐	☐
Hallway, vestibule	☐	☐
Bathroom	☐	☐
Living room	☐	☐
Bedroom/sleeping area	☐	☐
Combined living / sleeping area (e.g. studio apartment)	☐	☐
Storeroom	☐	☐
Cellar	☐	☐
Other room, please specify:_____	☐	☐
don't know	☐	☐
declined to respond	☐	☐

Next, we would like to ask you which products are used in your household

BP1 **Are the following chemical pesticides used in your household?** *Tick all that apply.*

To interviewer: present **list BP1** with response items**. Chemical pesticides** contain chemical agents that are specifically manufactured and used to **destroy pests in a targeted** or preventive manner. N.B. in the body protection category: JACUTIN PEDICUL **FLUID** contains the active ingredient dimeticone and is not a chemical pesticide/biocide. NYDA with the active ingredient dimeticone is also not a chemical pesticide/biocide. It only has a physical effect on lice. Products that serve to repel pests (repellents), such as Autan (repellent against mosquitoes that is applied to the skin), are **not** what are meant here.
Vinegar etc. are not chemical products that are specially produced for pest control purposes.
Source: GerES IV, V

	yes	**no**	**don't know**

For **animal care** (e.g. against fleas and ticks, such as Jacutin, flea collar)	☐	☐	☐
For **plant protection** (e.g. against aphids, like Paral)	☐	☐	☐
For **protection of goods** against e.g. **ants, cockroaches** (e.g. Blattanex, Cealflor, substances against grain/flour moths)	☐	☐	☐
For **textile protection** (e.g. moth balls, strips, bags, such as Nexalotte, ENVIRA moth spray)	☐	☐	☐
As **insecticide in the household** (e.g. electronic pest control, with vaporisation plates or insect spray, like PSY 9, Paral)	☐	☐	☐
For **body protection** (e.g. substances with biocides against head lice, such as Jacutin Pedicul Spray, Infecto Pedicul, Goldgeist Forte).....	☐	☐	☐
Against **mould** on walls and ceilings (e.g. ULZ-Austria or Molto mould remover)	☐	☐	☐
declined to respond	☐		

BP2 **Are you the only person in this household who has used household products in the last 12 months?**

Yes ☐ ☞ continue with question BP4

No ☐, then we would like to know:

have you <u>personally</u> applied or used the following products in this household in the last 12 months?

Present **list BP2/BP3** with response items and leave for BP3. *Source: GerES IV, V modified*

BP3 **And if so, <u>how often</u> do you generally do this?**

Programming note: follow filter guide

<u>To interviewer</u>: bleaching agents are substances that reduce colouration, e.g. when washing textiles. During the bleaching process, substances that are contained in the fibres and discolour them are chemically destroyed and are contained in <u>e.g.</u> Vanish **Oxy** Action. White laundry sheets or similar are not meant here. They contain optical brighteners (=are fluorescent substances whose function is to increase whiteness and brightness and to compensate for the yellowing of materials) and are therefore not bleaching agents. *Source: GerES IV, V modified*

Product type	BP2) no	BP2) yes		BP3) several times per week	BP3) once per week	BP3) several times per month	BP3) once per month	BP3) less than once per month
Toilet bowl rim hangers or toilet gel tablets	☐	☐						
Drain cleaner	☐	☐	➔	☐	☐	☐	☐	☐
Room/fragrance spray in bath-room/toilet (e.g. against odour nuisance)	☐	☐	➔	☐	☐	☐	☐	☐
Disinfectants	☐	☐	➔	☐	☐	☐	☐	☐
Sanitary cleaners i.e. special products for removing boiler scale, rust deposits, lime-scale residues, urine scale and cement residues on tiles, earthenware, glass	☐	☐	➔	☐	☐	☐	☐	☐
All-purpose cleaners are cleaning agents that can be used almost anywhere in the household for cleaning and care purposes	☐	☐	➔	☐	☐	☐	☐	☐
Glass cleaner	☐	☐	➔	☐	☐	☐	☐	☐
Benzine/cleaning alcohol for removing oil and grease stains	☐	☐	➔	☐	☐	☐	☐	☐
Furniture polish	☐	☐	➔	☐	☐	☐	☐	☐

Leather impregnating agent to make leather waterproof	☐	☐	➔	☐	☐	☐	☐	☐
Fabric impregnating agent to make fabrics/textiles waterproof	☐	☐	➔	☐	☐	☐	☐	☐
Fabric softener (substance added to the rinse cycle water during laundry to make it softer).	☐	☐	➔	☐	☐	☐	☐	☐
Bleaching agent (substance to remove or reduce undesirable stains in textiles, in particular to eliminate yellowing).	☐	☐	➔	☐	☐	☐	☐	☐
Oven spray	☐	☐	➔	☐	☐	☐	☐	☐
Ceran cooktop cleaner	☐	☐	➔	☐	☐	☐	☐	☐
Dishwasher tabs	☐	☐	➔	☐	☐	☐	☐	☐
Special liquid floor cleaner (e.g. for laminate, parquet floors)	☐	☐	➔	☐	☐	☐	☐	☐

BP4 **Have you or anyone else applied or used chemical wood preservatives in the home?**
To interviewer: chemical wood preservatives contain chemical agents to preserve wood. These agents are intended to protect the wood from destruction by fungi, bacteria, insects and other animals. If the respondent answers "no", the interviewer should not ask whether "don't know" is more appropriate. *Source: GerES IV, V*

yes ☐
no ☐
don't know ☐ declined to respond ☐

BP5 **In the last 12 months, have you come into contact with the following products at work and/or in your private life? I.e. have you been in contact with the product via your skin, through inhalation or swallowing?**
To interviewer: present list **BP5/BP6** with response items and categories.
Programming note: follow filter guide
Source: new question

BP6 **And if so, how often did this occur in the last 12 months?**
Source: new question

Product	BP5 no	BP5 yes		several times per week	once per week	several times per month	once per month	less than once per month	d. k.
Extinguishing foam	☐	☐							☐
Wall or ceiling paints / wall or ceiling lacquers	☐	☐	➔	☐	☐	☐	☐	☐	☐
Construction adhesive / construction putty	☐	☐	➔	☐	☐	☐	☐	☐	☐
Construction and assembly foams	☐	☐	➔	☐	☐	☐	☐	☐	☐

Next, we would like to address the topic of **noise.**

BL1 Thinking about the **last 12 months** here, was **there any noise during the day from the sources listed below**?

To interviewer: present list BL1/2 with response items and categories and leave until BL2. Please explain the list: there are different sources of noise on the list. Please enter at least one tick in each line. If the respondent does not understand the term "noise", please give an explanation: noise means loud noise and sounds.

Programming note: follow filter guide, i.e. only ask BL2 for the noise sources to which the answer in BL1 was yes.

Source: ISO/TS 15666, 2003, but already modified in GerES IV + V.

BL2 For each of the existing noise sources, please tell me whether you **felt** "not at all", "somewhat", "moderately", "strongly" or "extremely strongly" **bothered or distressed by them during the day**. To interviewer: List BL1/BL2 with response items and categories is available.

	BL1)		BL2) bothered or distressed by it				
	no	yes	not at all	somewhat	moderately	strongly	extremely strongly
Street noise (e.g. vehicles, sirens, street sweeping machines)	☐	☐ ➔	☐	☐	☐	☐	☐
Aircraft noise	☐	☐ ➔	☐	☐	☐	☐	☐
Rail traffic noise	☐	☐ ➔	☐	☐	☐	☐	☐
Construction noise	☐	☐ ➔	☐	☐	☐	☐	☐
Neighbourhood noise (e.g. church bells, dogs barking, football fans, loud conversations)	☐	☐ ➔	☐	☐	☐	☐	☐
Industrial/commercial noise	☐	☐ ➔	☐	☐	☐	☐	☐
Noise from restaurants / discos	☐	☐ ➔	☐	☐	☐	☐	☐
Noise from children's playgrounds / youth centres (incl. schoolyard)	☐	☐ ➔	☐	☐	☐	☐	☐
Noise through natural sounds (e.g. stream, birds)	☐	☐ ➔	☐	☐	☐	☐	☐
Noise due to sounds in the apartment / house (e.g. water/heating pipes, technical equipment, renovation work, washing machine, dishwasher, smoke detector).	☐	☐ ➔	☐	☐	☐	☐	☐
Noise through agriculture / gardening (e.g. agricultural machines, leaf blowers, lawn mowers)	☐	☐ ➔	☐	☐	☐	☐	☐
Noise through other people living in the household / pets in the apartment / house (e.g. gaming console, alarm clock)	☐	☐ ➔	☐	☐	☐	☐	☐
Other noise, please specify: _____	☐	☐ ➔	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

BL3 Now I should like to ask you the same question again **regarding at night** when sleeping. Thinking about the **last 12 months** here in your home, was there any **noise at night when sleeping from the sources listed below**?
To interviewer: present list BL3/BL4 with response items and categories and leave until BL4. Enter a tick in each line. At night means from 10 p.m. to 6 a.m.

BL4 For each of the existing sources of noise, please tell me whether you **felt** "not at all", "somewhat", "moderately", "strongly" or "extremely" **bothered or distressed while sleeping at night**.
To interviewer: List BL3/4 with response items and categories is available. At night means from 10 p.m. to 6 a.m.

Programming note: follow filter guide, i.e. only ask BL4 for the noise sources to which the answer in BL3 was yes.

	BL3)		BL4) bothered or distressed by it				
	No	Yes	not at all	somewhat	moderately	strongly	extremely strongly
Street noise (e.g. vehicles, sirens, street sweeping machines)	☐	☐ ➔	☐	☐	☐	☐	☐
Aircraft noise	☐	☐ ➔	☐	☐	☐	☐	☐
Rail traffic noise	☐	☐ ➔	☐	☐	☐	☐	☐
Construction noise	☐	☐ ➔	☐	☐	☐	☐	☐
Neighbourhood noise (e.g. church bells, dogs barking, football fans, loud conversations)	☐	☐ ➔	☐	☐	☐	☐	☐
Industrial/commercial noise	☐	☐ ➔	☐	☐	☐	☐	☐
Noise from restaurants / discos	☐	☐ ➔	☐	☐	☐	☐	☐
Noise from children's playgrounds / youth centres (incl. schoolyard)	☐	☐ ➔	☐	☐	☐	☐	☐
Noise through natural sounds (e.g. stream, birds)	☐	☐ ➔	☐	☐	☐	☐	☐
Noise due to sounds in the apartment / house (e.g. water/heating pipes, technical equipment, renovation work, washing machine, dishwasher, smoke detector).	☐	☐ ➔	☐	☐	☐	☐	☐
Noise through agriculture / gardening (e.g. agricultural machines, leaf blowers, lawn mowers)	☐	☐ ➔	☐	☐	☐	☐	☐
Noise through other people living in the household / pets in the apartment / house (e.g. gaming console, alarm clock)	☐	☐ ➔	☐	☐	☐	☐	☐
Other noise, please specify: _____	☐	☐ ➔	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

Now we would like to ask you questions about "odours in indoor air".
A wide variety of odours can be caused by floorings, new furniture, home textiles, paints and varnishes.

BG1 If you think about the **last 3 months** here in your home: **have you felt bothered or distressed by such odours in [your apartment / house]?**

Programming note: follow filter guide

Source: new question II 1.3

Yes ☐

No ☐ ☞ continue with question Bz1

don't know ☐ declined to respond ☐

BG2 And in **which room(s)** is/was this?

To interviewer: present list **BG2/BG3** with response items.

Source: new question II 1.3 or based on Dorer et al. 2016 "Odours in indoor air".

BG3 **To what extent do the odours bother you or cause you distress?**

	BG2		BG3			
	No	**Yes**	**somewhat**	**moderately**	**strongly**	**extremely strongly**
Bedroom/sleeping area	☐	☐ →	☐	☐	☐	☐
Living room	☐	☐ →	☐	☐	☐	☐
Combined living/sleeping area (e.g. studio apartment)	☐	☐ →	☐	☐	☐	☐
Children's room	☐	☐ →	☐	☐	☐	☐
Kitchen	☐	☐ →	☐	☐	☐	☐
Hallway, vestibule	☐	☐ →	☐	☐	☐	☐
Bathroom	☐	☐ →	☐	☐	☐	☐
Storeroom	☐	☐ →	☐	☐	☐	☐
Basement	☐	☐ →	☐	☐	☐	☐
Other room, please specify: _____	☐	☐ →	☐	☐	☐	☐

don't know ☐ declined to respond ☐

We continue with the topic of "**Dental status**". There are different materials used for dental fillings, for example amalgam and composite/synthetic fillings.

Bz1 Do you have teeth with **amalgam fillings?**

To interviewer: amalgam fillings can be recognised by their silvery-grey colour.

Source: GerES I-V ***Programming note: follow filter guide***

Yes ☐

No ☐ ☞ continue with question Bz3

don't know ☐ declined to respond ☐

Bz2 **How many teeth with amalgam fillings** do you have? If you do not know exactly, please check up.
Source: GerES I-V

☐☐ Teeth with amalgam fillings

don't know ☐ declined to respond ☐

Bz3 Do you have teeth with **composite/synthetic fillings***?*
To interviewer: synthetic fillings can be recognised by their white colour.
Programming note: follow filter guide
Source: GerES IV

Yes ☐

No ☐ ☞ continue with question Bz5

don't know ☐ declined to respond ☐

Bz4 **How many teeth with composite/synthetic fillings** do you have? If you do not know exactly, please check up.
Source: GerES IV

☐☐ Teeth with synthetic fillings

don't know ☐ declined to respond ☐

Bz5 Do you have teeth with **inlays?**
To interviewer: an **inlay** is a dental filling made in a dental laboratory that is placed in the tooth, usually to treat the effects of decay and to reconstruct the resulting damaged tooth.
Source: new question
Programming note: follow filter guide

Yes ☐

No ☐ ☞ continue with question Bz7

don't know ☐ declined to respond ☐

Bz6 **How many teeth with inlays** do you have? If you don't know exactly, please check up.
Source: new question

☐☐ Teeth with inlays

don't know ☐ declined to respond ☐

Bz7 Do you use the following **types of dental correction**, stabilisation or protection?
To interviewer: present list Bz7 with response items. Enter one tick in each line. Retainers are fixed to the inside of teeth after the removal of fixed braces to stabilise the position of the teeth.
Source: new question

	Yes	No
Fixed braces	☐	☐
Removable braces	☐	☐
Fixed retainer	☐	☐
Removable retainer	☐	☐
Teeth grinding-, bite block-, snore-guards	☐	☐

don't know ☐ declined to respond ☐

The following questions are about body protection, personal hygiene and cosmetic products.

Bk1 Have you applied **sunscreen** to yourself in the **last 12 months***?*
Programming note: follow filter guide
Source: question changed from GerES V

No ☐ ☞ continue with question Bk3

Yes ☐

🡻 don't know ☐ declined to respond ☐ ☞ continue with question Bk3

Bk2 **When did you last apply sunscreen to yourself?**
To interviewer: present list Bk2 with response items.
Source: new question

in the last 7 days ☐
8 to 14 days ago ☐
15 days to 3 months ago ☐
3 months to 6 months ago ☐
more than 6 months ago ☐

don't know ☐ declined to respond ☐

Bk3 Have you applied the following **personal hygiene and cosmetic products** to yourself in the **last four weeks**?
To interviewer: list Bk3/4
- 2-in-1 products combining shampoo and shower gel are to be entered for both categories: body wash lotion/shower gel and shampoo (hair wash).
-2-in-1 wash and care products are to be entered for both categories:
Body wash lotion/shower gel and body lotion
- 3-in-1 "Shower gel for body, face and hair" products are to be entered under these 2 categories: body wash lotion/shower gel
and shampoo (hair wash).
- Body wash lotion/shower gel: the frequency of use of hand-washing products in liquid form for hand-washing is **not** what is meant here.
- Solvent-free nail varnishes are also to be entered. And "frequency" means frequency of application.
Source: GerES V but modified

Bk4 How often have you applied the following **personal hygiene and cosmetic products** to yourself? Please also think of solid products.

To interviewer: present list Bk3/Bk4 with answer items and answer categories. Enter one tick in each line.

Programming note: follow filter guide

Source: GerES V but modified

	Bk3			Bk4				
	No	Yes		(several times) daily	once per day	several times per week	once per week	less than once per week
Body wash lotion / shower gel	☐	☐	➔	☐	☐	☐	☐	☐
Body lotion	☐	☐	➔	☐	☐	☐	☐	☐
Creams (e.g. facial cream (day and night) and / or hand / foot cream)	☐	☐	➔	☐	☐	☐	☐	☐
Shampoo (hair wash)	☐	☐	➔	☐	☐	☐	☐	☐
Deodorants (e.g. deodorant spray, roller or stick)	☐	☐	➔	☐	☐	☐	☐	☐
Shaving products (e.g. shaving foam, gel, oil, soap)	☐	☐	➔	☐	☐	☐	☐	☐
Shaving water (e.g. after shave)	☐	☐	➔	☐	☐	☐	☐	☐
Fragrances (e.g. perfume, eau de toilette)	☐	☐	➔	☐	☐	☐	☐	☐
Hair styling products (e.g. hair gel, hairspray, hair wax, hair oil)	☐	☐	➔	☐	☐	☐	☐	☐
Face make-up (e.g. powder or rouge)	☐	☐	➔	☐	☐	☐	☐	☐
Eye make-up (e.g. eyeshadows, mascara or eyeliner pencil)	☐	☐	➔	☐	☐	☐	☐	☐
Make-up remover (e.g. cleansing milk, cleansing cream, gel, wipes or toner)	☐	☐	➔	☐	☐	☐	☐	☐
Lipstick, lip gloss, lip balm	☐	☐	➔	☐	☐	☐	☐	☐
Nail varnish	☐	☐	➔	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

The next topic is clothing

Bkl1 **In the last 12 months,** have you worn **windproof and waterproof, yet water-vapour-permeable and therefore breathable clothing** (e.g. jackets) and/or footwear, i.e. clothing equipped with Gore-Tex® technology?

To interviewer: clothing/shoes with other brand names are also meant, if **they** are **actually made of windproof, waterproof and water-vapour-permeable/breathable textiles.**

Programming note: follow filter guide

Source: new question

No ☐ ☞ continue with question Bkl3

Yes ☐

don't know ☐ declined to respond ☐ ☞ continue with question Bkl3

Bkl2 **How many** different items of such **clothing and/or pairs of shoes** have you **worn in the last 12 months**?

To interviewer: present **list Bkl2** with response items.

Source: new question

	none	one	2 to 3	4 to 5	more than 5
Clothing	☐	☐	☐	☐	☐
Pair of shoes	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

Bkl3 In summer, do you regularly wear **leather shoes** such as loafers or sandals **barefoot** or only with very **thin stockings / fine stockings,** so-called "nylons"?

To interviewer: only if asked: "regularly" means more than 3 days per week.

Source: GerES IV &V modified

Yes ☐ No ☐

don't know ☐ declined to respond ☐

Bkl4 In summer, do you regularly wear **plastic or rubber shoes** such as flip-flops, bathing slippers, bathing shoes, Crocs ® or clogs **barefoot** or only with very **thin stockings / fine stockings,** so-called "nylons"?

To interviewer: only if asked: "regularly" means more than 3 days per week.

Source: GerES IV &V modified

Yes ☐ No ☐

don't know ☐ declined to respond ☐

Now we move on to tattoos

Bv1 Do you have **one or more tattoos** on your skin?

To interviewer: a tattoo is a motif that is inserted into the skin with ink, pigment or other colouring agents.

Programming note: follow filter guide

Source: new question

No ☐ ☞ continue with question Bt1

Yes ☐

🡻 don't know ☐ declined to respond ☐ ☞ continue with question Bt1

Bv2 **Are these tattoos black** and / or **coloured?**

Source: new question

	Yes	**No**
Black.....	☐	☐
Coloured	☐	☐

don't know ☐ declined to respond ☐

We would now like to look at the topic of "drinking water"

Bt1 Do you use **drinking water from your domestic water supply** to prepare drinks (e.g. tea, juice, coffee) or for cooking?
To interviewer: this also means the use of drinking water directly from the tap.
Programming note: follow filter guide
Source: GerES I-V

Yes ☐
No ☐ ☞continue with question Bt6
don't know ☐ declined to respond ☐

Bt2 If you take **drinking water** from your tap for your own consumption....
Source: GerES II-V but modified

Programming note: follow filter guide

do you use it **immediately after opening** the tap?

Yes ☐ ☞ continue with question Bt6
No ☐
don't know ☐ declined to respond ☐

Bt3 Approximately how **long** do you leave water **running**?
To interviewer: present list Bt3 with possible answers.
Programming note / filter guide: only one time period is valid, but variable 04 can be mentioned in connection with 01, 02 and 03 .
Source: GerES II-V but modified

a few seconds ☐
about 1 minute ☐
2 minutes or longer ☐
until the water is really cold ☐
don't know ☐ declined to respond ☐

Bt4 Do you let the water **run for** some time first **each time you take it from the tap**?
Source: new question

Yes ☐ ☞continue with question Bt6
No ☐
don't know ☐ declined to respond ☐

Bt5 Please indicate in **which instances** you **let** the water **run** for a prolonged time first.
To interviewer: present list Bt5 with possible answers.
Multiple answers possible.
Source: new question

in the morning after nightly stagnation time ☐
Every time the water has been in the pipe for 4 hours and longer ☐
other ☐

please specify _____
don't know ☐ declined to respond ☐

Now let's talk about the **hot water** that comes out of the tap from which you usually take drinking water for drinking and cooking purposes.

Bt6 Do you use this **hot water** to prepare drinks or food or for drinking?
Source: GerES V

Yes ☐
No ☐
don't know ☐ declined to respond ☐

Bt7 Is this hot water **heated immediately before reaching the tap?**
To interviewer:
This question must be answered with **"yes"** if the drinking water is heated e.g. using a boiler or instant water heater directly before reaching the tap.

The answer to this question is **no,** if the drinking water is heated centrally in the house/apartment, e.g. by a water heater that supplies all hot water taps in the house/apartment (e.g. floor heating systems, gas boilers) or a combined central hot water heating system; with or without storage tank; heat exchanger (district heating).

Programming note: follow filter guide
Source: new question

Yes ☐
No ☐
don't know ☐ declined to respond ☐

Bt8 Now let's talk about the **amounts** of tap water or drinks prepared with tap water that you drink. What **quantities of tap water** did you drink **yesterday and the day before yesterday** in the following forms? Please use **list Bt8.** Please distinguish in each case between water from your **household supply** and water from an**other supply** (e.g. work)? Please indicate the number of cups containing approx. 150 ml and glasses containing approx. 200 ml.
Source: GerES V Cat. D modified

To interviewer: present list **Bt8** with illustration of dietary survey, "Examples of portions in the same size ratio". "**Half**" cups or glasses are to be entered as "00.5", "0.5" or ".5". Enter **coffee/tea pot/mug/beaker** with **2 cups.** If the respondent does not consume drinking water from the household supply, only ask for the amount of water from an "other supply" and tick "none" for "household supply" and vice versa, i.e. if the respondent does not consume drinking water from an "other supply", tick "none" and ask for the amount of water from the household supply!
Mineral water that is produced from tap water itself is to be noted under "tap water only". Tap water that is only consumed in small quantities (1 to 3 sips) for taking medication should not be recorded here (omit).
When consuming fruit juices **diluted with tap water,** e.g. apple juice spritzer (half juice, half tap water), please enter xy glasses times 0.5 (example: 3 glasses = 1.5).
When consuming **tea (coffee)** made **from tea (coffee) powder and tap water, enter** the full number of **cups** drunk under A) Tea or B) Coffee.

For **coffee with milk,** if half milk, half water, please enter xy cups times 0.5, i.e. only consider the amount of tap water drunk.

A) Number of **cups of tea** (e.g. fruit, herbal or black tea)

Yesterday				**The day before yesterday**			
Water from				Water from			
household supply		**other supply**		**household supply**		**other supply**	
quantity	**none**	**quantity**	**none**	**quantity**	**none**	**quantity**	**none**
☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐

B) Number of **cups of coffee** (also cereal, malt coffee or similar)

Yesterday				**The day before yesterday**			
Water from				Water from			
household supply		**other supply**		**household supply**		**other supply**	
quantity	**none**	**quantity**	**none**	**quantity**	**none**	**quantity**	**none**
☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐

C) Number of **glasses of "pure" tap water** (e.g. for taking medication)

Yesterday				**The day before yesterday**			
Water from				Water from			
household supply		**other supply**		**household supply**		**other supply**	
quantity	**none**	**quantity**	**none**	**quantity**	**none**	**quantity**	**none**
☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐

D) Number of **glasses of tap water for preparing smoothies, protein shakes, juices or similar.**

Yesterday				**The day before yesterday**			
Water from				Water from			
household supply		**other supply**		**household supply**		**other supply**	
quantity	**none**	**quantity**	**none**	**quantity**	**none**	**quantity**	**none**
☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐	☐☐.☐	☐

don't know ☐ declined to respond ☐

Bt9 Now let's talk about consumption of soups. How many bowls, cups or plates of **soup** have you had in the **last week**?

Again, please distinguish between water from your **household supply** and water from an**other supply** (e.g. work).

Please indicate the number of bowls containing approx. 150 ml or plates containing approx. 150 ml. When consuming "soups", also include the number of bowls (plates) of "packet soups" or canned soups to which drinking water is added. Canned soup to which no extra tap water is added before consumption is not to be included.

Source: GerES V

To interviewer: present list **Bt9** with illustration from the dietary survey, "Examples of portions in the same size ratio". "Half" cups, plates are to be entered as "00.5", "0.5" or ".5". If the respondent does not drink water from the household supply, only ask for the amount of water from an "other supply" and tick "none" under "household supply" and vice versa!

	Water from			
	household supply		**other supply**	
	quantity	**none**	**quantity**	**none**
Number of cups (or plates) of **soup**	☐☐.☐	☐	☐☐.☐	☐

don't know ☐ declined to respond ☐

Now let's talk about your eating habits

BE1 **In the last 4 weeks,** how often have you eaten **food from a communal food service** such as a **canteen, dining hall or cafeteria** or **mobile lunch service/meals on wheels** (e.g. work-place, university)?

To interviewer: please present list BE1 with the response categories. If the respondent has been on holiday in the last 4 weeks and therefore has not had any communal meals, tick 'not at all'. Or if the respondent usually eats 5 times a week, e.g. in the canteen, but has been on holiday for e.g. 2 weeks in the last 4 weeks, the frequency should be averaged.

Source: GerES V modified

(several times) daily	several times per week	once per week	several times per month	once per month	never
☐	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

BE2 How often have you had the **following foods and beverages in the last 4 weeks?** Please look at the **list BE2** and tell me if it was (several) times daily, several times per week, once per week, several times per month, once per month,or not at aller.

Please also think of food you have prepared yourself.

To interviewer: please present list BE2 with the response categories. Please put a tick in each line.

In between, please keep reminding the participant that **food and beverages consumed during the last 4 weeks** are being asked for.

Source GerES II-V modified several times

	(several times) daily	several times per week	once per week	several times per month	once per month	never
Fast Food	☐	☐	☐	☐	☐	☐
(Fast food are prepared meals produced for quick consumption, e.g. bratwurst sausages, hamburgers, or doner kebabs, Note to interviewer: you may name companies such as McDonald's, Burger King, KFC, Subway, Ditsch, etc.).						
Ready meals	☐	☐	☐	☐	☐	☐
(Ready meals are ready-to-eat meals that only need to be heated, e.g. frozen meals for the microwave or oven [e.g. frozen pizza]).						
Dairy products of animal origin:						
Milk To interviewer: this also refers to the milk in coffee, tea, cocoa or cereal.	☐	☐	☐	☐	☐	☐
Cheese (fresh, soft, cut or hard cheese)	☐	☐	☐	☐	☐	☐
Butter (excl. margarine)	☐	☐	☐	☐	☐	☐
Other dairy products (e.g. curd, yoghurt, buttermilk, sour cream, cream)	☐	☐	☐	☐	☐	☐

	(several times) daily	several times per week	once per week	several times per month	once per month	never
Plant-based dairy substitutes:						

Plant-based milk substitute (e.g. soy, oat, rice, almond, coconut drink). To interviewer: this also refers to milk substitutes in coffee, tea, cocoa or cereal.	☐	☐	☐	☐	☐	☐
Other dairy substitute products (e.g. soy curd, soy yoghurt, cheese substitutes)	☐	☐	☐	☐	☐	☐
Plant-based meat substitutes (e.g. cold cuts, minced meat substitute, sausages, burger patties etc. based on soya, pea, lentil, lupine or wheat protein).	☐	☐	☐	☐	☐	☐
Eggs (e.g. fried egg, scrambled egg, boiled egg)	☐	☐	☐	☐	☐	☐
Sausage (e.g. smoked sausage, mortadella, cooked sausage, salami, liver sausage, ham, corned beef)	☐	☐	☐	☐	☐	☐
Meat (e.g. pork/beef/lamb. Excluding poultry, game or sausage).	☐	☐	☐	☐	☐	☐
Poultry (e.g. chicken)	☐	☐	☐	☐	☐	☐
Game (e.g. venison, wild boar, hare)	☐	☐	☐	☐	☐	☐
Offal (liver, kidney, heart, liver sausage)	☐	☐	☐	☐	☐	☐
Fish (Please also consider e.g. tuna in a salad or on a pizza).	☐	☐	☐	☐	☐	☐
Crustaceans and shellfish (e.g. lobster, langoustine, scampi, crab, shrimp, oysters, mussels. Please also consider e.g. scampi on a pizza and crab cocktails, etc.).	☐	☐	☐	☐	☐	☐
Bread/bread rolls (full grain, brown, mixed grain or white bread/bread rolls)	☐	☐	☐	☐	☐	☐
Cereals, cornflakes, oats	☐	☐	☐	☐	☐	☐
Rice	☐	☐	☐	☐	☐	☐
Legumes (e.g. beans, peas, lentils)	☐	☐	☐	☐	☐	☐
Vegetables (incl. leaf salad) (every type of vegetable: fresh vegetables, frozen vegetables, vegetables in cans /glasses)	☐	☐	☐	☐	☐	☐
Fruits (every type of fruit: fresh fruit, frozen fruit, fruit in cans/glasses)	☐	☐	☐	☐	☐	☐
Nuts (e.g. peanuts, walnuts, hazelnuts, trail mix, salted and/or spiced)	☐	☐	☐	☐	☐	☐
Chewing gum (Please also consider dental care gum).	☐	☐	☐	☐	☐	☐
Chocolate or chocolate bars (also pralines)	☐	☐	☐	☐	☐	☐

Beer (incl. alcohol-free and beer mix variants e.g. Radler [shandy])	☐	☐	☐	☐	☐	☐
Wine, spritzer, sparkling wine, prosecco (also non-alcoholic and mixed variants e.g. Aperol Spritz)	☐	☐	☐	☐	☐	☐

declined to respond ☐ don't know ☐

BE3 Have you been eating an **exclusively vegetarian or vegan diet for the last 4 weeks**?
A vegetarian diet does not include dead animals and products made from them (no fish, no meat). A vegan diet excludes all animal products.
Source: new question
To interviewer: if respondent switches between a vegan and vegetarian diet, vegetarian should be ticked.

Yes, vegetarian ☐
Yes, vegan ☐ ☞ continue with question BE5
No ☐ ☞ continue with question BE6

don't know ☐ declined to respond ☐

BE4 How long have you been eating a **vegetarian** diet?
Source: new question
To interviewer: if the person has only been vegetarian for the last 4 weeks, please enter "For 1 month".

For 10 years or more ☐
For ☐☐ months
For ☐☐ years

don't know ☐ declined to respond ☐

BE5 How long have you been eating a **vegan** diet?
Source: new question
To interviewer: if the person has only been vegan for the last 4 weeks, please enter "For 1 month" here.

For 10 years or more ☐
For ☐☐ months
For ☐☐ years

don't know ☐ declined to respond ☐

BE6 How high was the **share of organic ("bio") products** in your diet in the **last 4 weeks**? Please estimate. This refers to **products with an organic seal** (hexagonal state organic seal, seals of cultivation associations e.g. Demeter, Bioland, Naturland, Biokreis, Biopark etc.). Please also consider food and beverages that have been consumed away from home.
Source: new question (INGER, slightly modified)

To interviewer: please present list BE6 with the response categories. For mixed categories, indicate the frequency for the product that is consumed most.

	Never eat/drink, neither organic/"bio" nor conventional	(almost) exclusively organic/"bio"	organic/"bio" more than half	organic/bio half	organic/"bio" less than half	(almost) exclusively conventional/not organmic/"bio"	don't know
Milk / milk products of animal origin	☐	☐	☐	☐	☐	☐	☐
Plant-based milk/ milk substitute products	☐	☐	☐	☐	☐	☐	☐
Eggs	☐	☐	☐	☐	☐	☐	☐
Meat, sausages	☐	☐	☐	☐	☐	☐	☐
Grain products (e.g. bread/bread rolls, cereal/cornflakes, pasta)	☐	☐	☐	☐	☐	☐	☐
Legumes (e.g. peas, lentils, beans, soy)	☐	☐	☐	☐	☐	☐	☐
Vegetables (incl. leaf salad)	☐	☐	☐	☐	☐	☐	☐
Fruits	☐	☐	☐	☐	☐	☐	☐
Coffee, tea	☐	☐	☐	☐	☐	☐	☐
Beer, wine	☐	☐	☐	☐	☐	☐	☐

BE7 **In the last 4 weeks,** how often have you consumed **food and/or drinks** sold or served in the **following packaging**?
Source: new question

To interviewer: please present list BE7 with the response categories.
You may mention company names such as McDonald's, Burger King, KFC, Ditsch etc.).

	(several times) daily	several times per week	once per week	several times per month	once per month	never
Plastic bottles (incl. cooking oil)	☐	☐	☐	☐	☐	☐
Plastic packaging	☐	☐	☐	☐	☐	☐

e.g. packaging for prepackaged cheese and sausage products, vegetables, yoghurt, packaging for takeaway food, cling film

Coated cardboard/paper	☐	☐	☐	☐	☐	☐

Water-, dirt- and grease-repellent, like for example tetrapacks, packaging for frozen meals, vegetables etc., wrapping paper for cheese and sausage at the deli counter, wrapping for fast food (wrapping paper for burgers, pizza boxes from delivery services, not frozen pizza boxes).

Cans for food and drink	☐	☐	☐	☐	☐	☐

Now let's talk about your different whereabouts and times at these locations

BA1 Please tell me in chronological order where you were **yesterday** or on the **last working day (i.e. on [name of working day]).**

To interviewer: please present list BA1/BA2, have the **data entry form** ready, leave it to one side until question BA2! If the interviewee was in a certain location for 5 minutes more than once during these 24 hours, the times are to be added up and entered. In the case of periods spent in exposure-relevant places such as "outdoors in road traffic" and in "closed vehicles", round up the time rather generously, to ensure that no less than a 15-minute interval is noted.

Programming note: show *weekday*

Source: GerES V

A) in your own apartment / house

B) in **other indoor areas**: in a flat/house of another person, office, factory hall, school, high school/adult education centre/music school/language school, conference/meeting room, cinema/theatre/concert hall, library/exhibition hall/museum, doctor/vet/therapy practice, shopping centre/supermarket/boutique, gym, fitness studio, swimming pool, restaurant/café, bar/disco/pub, church/community centre.

C) in **closed vehicles**: car, taxi, bus, lorry, tram, subway, city train, regional or long-distance railway, other closed vehicles.

D) outdoors in road traffic: on foot, moped, motorbike, bicycle, electric scooter, kickboard, inline skates, at railway stations, bus stops

E) in **nature** or otherwise **outdoors:** garden, park, garden area, forest, meadow, field, swimming pond, outdoor swimming pool, balconies, terraces (also at home), playground, sports ground, yard, backyard, sled run, ice-skating rink.

The query should be conducted using the following schedule until 24 hours are complete.

☐ o'clock
☐ 15
☐ 30
☐ 45

don't know ☐ declined to respond ☐

BA2 Now we are interested in **last weekend**.
Please tell me in chronological order where you were **last [Saturday/Sunday].**

To interviewer: please leave list BA1/BA2 to one side and have the **data entry form** ready!

Programming note: Show *weekend day*

Source: GerES V

☐ o'clock
☐ 15
☐ 30
☐ 45

don't know ☐ declined to respond ☐

BA3 **How often** do you usually spend time in **rooms** where people **smoke**? Please tell me, using **list BA3,** for each room listed there, how often you spend time there or whether this never happens. Please also include parties.

To interviewer: please present list BA3. This refers to smoking tobacco products (not e-cigarettes or similar). Please enter a tick in each line. For item F: If "rarely" or more frequent stays are indicated, ask in which room(s) and enter the respondent's information (possibly also n/a, don't know, "at parties"). For statements such as "workshop", clarify whether this is "at home" or "at work". For statements such as "smoking rooms", clarify whether this is "at work" or e.g. "in restaurants etc.".

Programming note: if "never" at home, then go to BA6
Source: GerES IV, V items modified

	daily	several times per week	once per week	several times per month	once per month	rarely	never
At home	☐	☐	☐	☐	☐	☐	☐
At acquaintances, relatives, friends, neighbours	☐	☐	☐	☐	☐	☐	☐
In restaurants, taverns, pubs, ice cream parlours .....,	☐	☐	☐	☐	☐	☐	☐
In car	☐	☐	☐	☐	☐	☐	☐
At work	☐	☐	☐	☐	☐	☐	☐
In other rooms, please							
specify_____	☐	☐	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

BA4 Do you or others **smoke inside your [apartment / house]?** Please also include parties.

To interviewer: this refers to smoking tobacco products (not e-cigarettes or similar).
Programming note: please follow filter guide and show apartment or house analogous to B2
Source: GerES II

Yes ☐
No ☐ ☞ continue with question BA6

don't know ☐ declined to respond ☐

BA5 **How often** did this occur in the **last 12 months?** Please also include parties.

To interviewer: please present list BA5 with response options.
Programming note: Please note the filter guide
Source: GerES II modified

daily	several times per week	once per week	several times per month	once per month	rarely	never
☐	☐	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

BA6 Do you or others **smoke** exclusively **outside [this apartment/house],** e.g. on the balcony or terrace**?** Please also include parties.
To interviewer: this refers to smoking tobacco products (not e-cigarettes or similar).
Programming note: please follow filter guide and "exclusively" will only be displayed if the response to BA4 was "No".
Source: GerES II modified

Yes ☐
No ☐ ☞ continue with question BA8
don't know ☐ declined to respond ☐

BA7 **How often** did this occur in the **last 12 months?** Please also include parties.
To interviewer: please present list BA7 with response options!
Programming note: please follow filter guide
Source: GerES II modified

daily	several times per week	once per week	several times per month	once per month	rarely	never
☐	☐	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

Now we would like to look further into your own smoking behaviour

BA8 Do you smoke **tobacco products**? This means e.g. cigarettes, cigars, cigarillos, pipe tobacco, water pipe/hookah or others. This does **not** mean electronic cigarettes or similar products.
Programming note: follow filter guide
Source: new question (like question 76)

Yes, daily ☐
Yes, occasionally ☐
No, no longer ☐ ☞continue with question BA14
I have never smoked ☐ ☞continue with question BA14
don't know ☐ declined to respond ☐

BA9 **What tobacco products** do you smoke? (Excluding electronic cigarettes or similar products).
To interviewer: multiple responses possible. Please present list BA9 with response options!
Programming note: follow filter guide
Source: new question (like question 77)

Cigarettes ☐ ☞continue with question BA10
Cigars, Cigarillos ☐ ☞continue with question BA11
Pipe tobacco ☐ ☞continue with question BA12
Water pipe/hookah ☐ ☞continue with question BA13
Others ☐
don't know ☐ declined to respond ☐

BA10 **How many cigarettes** do you smoke on average per day, or per week or per month if you do not smoke cigarettes every day?
To interviewer: enter only one possible response.
Source: new question (like question 94/95, modified)

☐☐ cigarettes per day
☐☐ cigarettes per week
☐☐ cigarettes per month
don't know ☐ declined to respond ☐

BA11 **How many cigars, cigarillos** do you smoke on average per day, or per week or per month if you do not smoke cigars, cigarillos every day?
To interviewer: enter only one possible response.
Source: new question

☐☐ cigars, cigarillos, per day
☐☐ cigars, cigarillos per week
☐☐ cigars, cigarillos per month
don't know ☐ declined to respond ☐

BA12 **How many times** per day do you smoke a **pipe**, or per week or per month if you do not smoke a **pipe** every day?
To interviewer: enter only one possible response.
Source: new question

☐☐ times per day
☐☐ times per week
☐☐ times per month
don't know ☐ declined to respond ☐

BA13 **How many times** per day do you smoke a **water pipe/hookah** per day, or per week or month if you do not smoke a water pipe/hookah every day?
To interviewer: enter only one possible response.
Source: new question

☐☐ times per day
☐☐ times per week
☐☐ times per month
don't know ☐ declined to respond ☐

BA14 Do you use **alternative products** to tobacco cigarettes? This means, for example, electronic cigarettes, tobacco heaters, vaporisers, chewing tobacco or snuff tobacco.
Programming note: follow filter guide
Source: new question (UPB question 07.4)

Yes, daily ☐
Yes, occasionally ☐
No ☐ ☞continue with question BU1
don't know ☐ declined to respond ☐

BA15 **What alternative products** do you use?
To interviewer: multiple responses possible. Please present list BA15 with response options!
Programming note: follow filter guide
Source: new question (based on UPB and suggestion by Mr. Pluym)

Electronic cigarettes (e.g. Blu, Juul)	☐	☞continue with question BA 16
Tobacco heaters (e.g. IQOS, Glo)	☐	☞continue with question BA19
Vaporiser (to vaporise herbs, resins, waxes and oils)	☐	☞continue with question BA20
Chewing tobacco (snus), snuff tobacco	☐	
Others	☐	

don't know ☐ declined to respond ☐

BA16 **What kind of e-cigarette do you use?**
To interviewer: multiple responses possible.
Programming note: follow filter guide
Source: DEBRA study (slightly modified)

Disposable e-cigarette	☐	☞go to question BA17
E-cigarette with replaceable, ready filled cartridges or pods	☐	☞go to question BA17
E-cigarette with a tank that you can fill yourself with a liquid	☐	☞continue with question BA18
Other	☐	

don't know ☐ declined to respond ☐

BA17 **How many disposable e-cigarettes, cartridges or pods** do you currently use on average per day, or per week or per month if you do not use electronic cigarettes every day?
To interviewer: enter only one possible response.
Source: DEBRA study (slightly modified)

☐☐	disposable e-cigarettes, cartridges or pods per day
☐☐	disposable e-cigarettes, cartridges or pods per week
☐☐	disposable e-cigarettes, cartridges or pods per month

don't know ☐ declined to respond ☐

BA18 **How many millilitres** of liquid do you use on average per day, or per week or per month if you do not use electronic cigarettes every day?
To interviewer: enter only one possible response.
Source: DEBRA study (slightly modified)

☐☐ millilitres of liquid per day
☐☐ millilitres of liquid per week
☐☐ millilitres of liquid per month

don't know ☐ declined to respond ☐

BA19 **How many tobacco heater** (e.g. IQOS, Glo) **sticks** do you use on average per day, or per week or per month if you do not use sticks every day?
To interviewer: enter only one possible response.
Source: new question (UPB 07.13, modified)

☐☐ sticks per day
☐☐ sticks per week
☐☐ sticks per month

don't know ☐ declined to respond ☐

BA20 **How often do you use the vaporiser** on average per day, or per week or per month if you do not use the vaporiser every day?
To interviewer: enter only one possible response.
Source: new question

☐☐ per day
☐☐ per week
☐☐ per month

don't know ☐ declined to respond ☐

Next are questions about your neighbourhood (living environment)

BU1 How long does it take you to **walk** from your home to the following places/facilities (in your neighbourhood)?
If you do not use any of the facilities mentioned, please indicate how long it would take you, if you walked alone (without dog, child, etc.)!
To interviewer: present BU1 list. Please enter one tick per line. The question **always** refers to **the nearest** place/facility. We wish to find out the **time it takes** to walk to the **specific destination**. Please **also answer** these questions, even if you do not visit these places/facilities on foot or at all. We are interested in finding out how quickly these places/facilities **can be reached on foot.** The term "**neighbourhood**" is defined as a radius of approximately five to ten minutes on foot from the respondent's residential address.
Programming note / filter guide: if up to 15 mins. were stated for A 1, go to the following question BU2, otherwise continue with question BU5.
Source: GerES V modified

	1 - 5 mins.	6 - 10 mins.	11 -15 mins.	16 - 20 mins.	more than 20 mins.	don't know
Public green space (e.g. park, green belt, forest, meadow areas, cemetery)	☐	☐	☐	☐	☐	☐
Stop for public transport	☐	☐	☐	☐	☐	☐
Public playground	☐	☐	☐	☐	☐	☐
Public training grounds / gym	☐	☐	☐	☐	☐	☐
Public swimming pool / swimming hall	☐	☐	☐	☐	☐	☐
Public beach, lake, stream, river	☐	☐	☐	☐	☐	☐

declined to respond ☐

BU2 **In the last 12 months,** how often did you **use** this **public green space** on average in summer and on average in winter?

To interviewer: present list BU2. Please enter one tick per line.

Programming note / filter guide: if "never" was indicated for summer and winter, go to BU5, otherwise continue with the following question BU3.

Source: forsa Politik- und Sozialforschung GmbH, 2020 modified (new question)

	(almost/several times) daily	several times per week	once per week	several times per month	once per month	rarely	never
In summer	☐	☐	☐	☐	☐	☐	☐
In winter	☐	☐	☐	☐	☐	☐	☐

don't know ☐ declined to respond ☐

BU3 For which **activities did** you use this **public green space** in the **last 12 months,** in summer and in winter?

To interviewer: present list BU3 of activities. For each activity, one ticks for summer and one tick for winter. If other activities are mentioned by the respondent, the information should be recorded separately for summer and winter.

Programming note: for other activities, provide input fields separately for summer and winter.

Source: forsa Politik- und Sozialforschung GmbH, 2020 modified (new question)

	Summer		Winter	
	Yes	No	Yes	No
Physical activity (e.g. sports, taking a walk)	☐	☐	☐	☐
For activities with children (playing, frolicking)	☐	☐	☐	☐
Encounters with other people	☐	☐	☐	☐
Rest (relaxation in nature)	☐	☐	☐	☐
As a place for experiencing nature	☐	☐	☐	☐
As a footpath / to cross e.g. with bicycle	☐	☐	☐	☐
Further activities	☐	☐	☐	☐
Please specify	_____		_____	

don't know ☐ declined to respond ☐

BU4 How do you rate the **quality of** this **public green space** in terms of the following aspects/characteristics: ....

To interviewer: present list BU4 of quality aspects and response options. Please enter one tick per line.

Source: forsa Politik- und Sozialforschung GmbH, 2020 modified (new question)

	very good	good	OK	bad	very bad	don't know
Cleanliness / condition	☐	☐	☐	☐	☐	☐
Safety with regard to crime, vandalism	☐	☐	☐	☐	☐	☐
Safety with regard to risk of accidents, uneven paths, lack of lighting	☐	☐	☐	☐	☐	☐
Accessibility (e.g. are there heavily trafficked roads around this green space, is access only possible via stairs).	☐	☐	☐	☐	☐	☐
Equipment (e.g. seating opportunities, areas with shadow, sports equipment)	☐	☐	☐	☐	☐	☐
Aesthetics	☐	☐	☐	☐	☐	☐
Other, please specify _____	☐	☐	☐	☐	☐	☐

declined to respond ☐

BU5 **In the last 12 months,** how often did the following **things/incidents** occur in your neighbourhood (living environment)?

To interviewer: present list BU5 of things/incidents and response options. Please enter one tick per line.

Source: Scottish Household Survey. Shiue et al 2016 modified

	often	sometimes	rarely	never	don't know
Loud neighbours or regular loud celebrations	☐	☐	☐	☐	☐
Vandalism, material damage, graffiti	☐	☐	☐	☐	☐
Waste lying around, contamination	☐	☐	☐	☐	☐
Neighbourhood disputes	☐	☐	☐	☐	☐
Aggressive behaviour of individual persons or groups	☐	☐	☐	☐	☐
Drug use or dealing	☐	☐	☐	☐	☐
Lack of street lighting	☐	☐	☐	☐	☐
Noise and dirt from animals	☐	☐	☐	☐	☐

declined to respond ☐

BU6 In the **last 12 months, to what extent** have you been bothered or disturbed by the **things/incidents** mentioned in your neighbourhood (living environment)?
I have a scale here from "0" to "10" where you can indicate to what extent the things/incidents have bothered or disturbed you overall. If you felt extremely bothered or disturbed, please choose "10", if you did not feel bothered or disturbed at all, please choose "0" and if you are somewhere in between, please choose a number between 0 and 10. If you now think about the **last 12 months here in your neighboorhood**, which number between 0 and 10 best indicates to what extent you felt bothered or disturbed overall by these things/incidents. (*Source: Text VDI Guideline "Odours" VDI 3883 2015*)
To interviewer: present list BU6 of things/incidents with the **scale.** Please enter one digit (00 to 10) in each line.
Programming note/filter guide: only ask about the things/incidents that actually occur (see BU5).
Source: Scottish Household Survey. Shiue et al 2016 modified

	Scale number
Loud neighbours or regular loud celebrations	☐☐
Vandalism, material damage, graffiti	☐☐
Waste lying around, contamination	☐☐
Neighbourhood disputes	☐☐
Aggressive behaviour of individual persons or groups	☐☐
Drug use or dealing	☐☐
Lack of street lighting	☐☐
Noise and dirt from animals	☐☐

-end of interview-