German Environmental Survey for Adults GerES VI

# Questionnaire

## about weather and climate

**IDNR** ☐☐☐☐☐☐

(We will fill this in for you)

Thank you for taking the time to participate in GerES VI.
This questionnaire contains questions about climate change. The questions aim to find out to what extent people perceive their health to be affected by the consequences of climate change. We would therefore request you to complete in this questionnaire. Our interviewer will then take the completed questionnaire with them when we visit you.

# Notes
## on completing the questionnaire

- Please use the **enclosed pen** to complete the form.
- Please **do not** write your name or telephone number on the questionnaire.
- Please answer the questions in sequence! Tick what applies to you for each question..
- Unless otherwise indicated, please tick **only one response** for each question.

**Do you have a pet?**
☒ yes ○ no

- **Skip a question** only if the box you ticked is followed by the note „continue with question ...“.

○ yes ☒ no ➡ *Continue with question (Q) 12*

- Sometimes **more than one response** is possible. In these cases, the response fields are square and you will find the note: *Multiple responses possible.*

**And where is that the case?**
*Multiple responses possible*
☒ at home
☒ at work

- Please enter a response in the free text fields.

**What is your current profession?**

Flower seller

- If you want to correct the response, black out the wrong response, tick and draw a circle around the correct response. Example:

**If the illness has occurred within the last 12 months?**

☒ yes ● no ○ don‘t know

If you have any questions, you can contact us by calling the survey telephone number **+49(0) 800 / 112 11 39 (toll-free)** or by sending an **e-mail** to **GerES@telquest.de.**

GerES Survey Team

# Behaviour in the summer months

**1** **How long do you spend outdoors during the day (from approximately 9am – 5pm) in the summer months (this also includes time on the terrace and balcony)?**

A **Work-related, including breaks and journeys to work (this also includes school, university, further training and similar)**

| not at all | less than 1 hour/ day | 1-3 hours/ day | 3-5 hours/ day | more than 5 hours/ day |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

B **In my free time, on days when I am working**

| not at all | less than 1 hour/ day | 1-3 hours/ day | 3-5 hours/ day | more than 5 hours/ day |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

C **In my free time, on days when I am not working or if I am not currently working (e.g. participants who are retired or on parental leave)**

| not at all | less than 1 hour/ day | 1-3 hours/ day | 3-5 hours/ day | more than 5 hours/ day |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**2** **On hot and sunny summer days: do you take precautions to safeguard your well-being and health?**

**During working hours (work-related activity, also school, university, further training, etc.):**

◯ no

◯ yes

*If „yes“:* which? *Multiple responses are possible.*

- ☐ I try to stay in the shade or in cool indoor areas as much as possible.
- ☐ I make sure that I wear suitable clothing.
- ☐ I wear UV-protective clothing.
- ☐ I wear a head covering.
- ☐ I use UV protection (meaning sunscreen or similar).
- ☐ I drink more water and other non-alcoholic drinks.
- ☐ I adjust my diet and eat light foods.

**During free time (this also includes periods outside of employment, e.g. retirement or parental leave):**

◯ no

◯ yes

*If „yes“:* which? *Multiple responses are possible.*

- ☐ I try to stay in the shade or in cool indoor areas as much as possible.
- ☐ I make sure that I wear suitable clothing.
- ☐ I wear UV-protective clothing.
- ☐ I wear a head covering.
- ☐ I use UV protection (meaning sunscreen or similar).
- ☐ I drink more water and other non-alcoholic drinks.
- ☐ I adjust my diet and eat light foods.

# Events in your surroundings

**3** **Which of the following events have you noticed to date in your habitual surroundings and which do you fear could occur in your habitual surroundings in the future?**
*Note: „habitual surroundings“ refer to the regions in which you live and work and to frequently visited holiday destinations.*

**For which of the events that you have experienced, have you noticed a change in the frequency of occurrence since childhood??**
*Note: please also answer if the place(s) where you spent your childhood differ(s) from your habitual surroundings.*

A **Occurrence of hot spells, droughts or forest fires in your habitual surroundings**

| | | | |
|---|---|---|---|
| perceived: | ◯ yes | feared: | ◯ yes |
| | ◯ no | | ◯ no |

*If perceived:* have you noticed a change in frequency since childhood?

◯ no
◯ yes, more often
◯ yes, less often

B **Pollution of water bodies (lakes, rivers, seas, etc.) by pathogens in your habitual surroundings (e.g. motile microorganisms, excessive algae growth, bacteria)**
*Note: pollution of water through rubbish or litter is not what is meant here).*

| | | | |
|---|---|---|---|
| perceived: | ◯ yes | feared: | ◯ yes |
| | ◯ no | | ◯ no |

*If perceived:* have you noticed a change in frequency since childhood?

◯ no
◯ yes, more often
◯ yes, less often

C **Spread of allergenic plant and animal species in your habitual surroundings (e.g. ragweed plant, oak processionary moth)**

perceived: ◯ yes ◯ no

feared: ◯ yes ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

D **Occurrence of insects that can carry pathogens in your habitual surroundings (e.g. ticks, mites, mosquitoes, etc.)**

perceived: ◯ yes ◯ no

feared: ◯ yes ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

E **Occurrence of severe weather in your habitual surroundings (e.g. storms, hail, heavy rain)**

perceived: ◯ yes ◯ no

feared: ◯ yes ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

F **Occurrence of floods/flooding in your habitual surroundings**

perceived: ◯ yes ◯ no

feared: ◯ yes ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

G **Ozone concentration in the ambient air in your habitual surroundings (the gas ozone irritates the respiratory tract and often manifests itself in the summer)**

perceived: ◯ yes ◯ no

feared: ◯ yes ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

H **Dust pollution of the air in your habitual surroundings (e.g. fine dust, pollen, airborne dust, sand particles, smog)**

perceived: ◯ yes ◯ no

feared: ◯ yes ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

I **Reduced snowfall in winter in your habitual surroundings**

perceived: ◯ yes feared: ◯ yes

◯ no ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

J **Increased water levels in natural water bodies in your habitual surroundings**

perceived: ◯ yes feared: ◯ yes

◯ no ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

K **Decreased water levels in natural water bodies in your habitual surroundings**

perceived: ◯ yes feared: ◯ yes

◯ no ◯ no

*If perceived:* have you noticed a change in frequency since childhood?

◯ no

◯ yes, more often

◯ yes, less often

**4** **If in the previous question (question 3) you ticked at least one of the perceived events and stated that you perceived a change in the frequency of occurrence: to what extent do you agree with the following statements?**

A **These experienced changes trigger a feeling of sadness in me.**

| disagree entirely | tend to disagree | tend to agree | agree entirely |
|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ |

B **These experienced changes trigger a feeling of anger in me.**

| disagree entirely | tend to disagree | tend to agree | agree entirely |
|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ |

C **These experienced changes trigger a feeling of resignation in me.**

| disagree entirely | tend to disagree | tend to agree | agree entirely |
|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ |

D **These experienced changes trigger a feeling of fear in me.**

| disagree entirely | tend to disagree | tend to agree | agree entirely |
|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ |

E **These experienced changes trigger a feeling of powerlessness in me.**

| disagree entirely | tend to disagree | tend to agree | agree entirely |
|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ |

# Heat

**5** **Do you usually have health problems during a hot spell (several consecutive hot days on which it hardly cools down, even at night)?**

◯ no, I don‘t have any health problems, even in prolonged heat

◯ yes, and this is what I suffer from:
*Multiple responses possible.*

- ☐ Lack of sleep
- ☐ Headaches
- ☐ Difficulty with concentrating
- ☐ Circulatory problems
- ☐ Languor
- ☐ Skin irritations
- ☐ Other symptoms, please specify:

**6** **Have you ever had an illness related to heat and/or sun exposure?**

◯ no

◯ yes, please specify:
*Multiple responses possible.*

- ☐ Sunburn
- ☐ Sunstroke
- ☐ Heat syncope
- ☐ Heat exhaustion
- ☐ Heat cramps
- ☐ Heat stroke
- ☐ Heat rash
- ☐ Acne aestivalis/sun allergy
- ☐ Others, please specify:

**7** **Is your well-being affected by excessive indoor air temperatures in your apartment/house during hot spells (several consecutive hot days during which it hardly cools down, even at night)?**

◯ no

◯ yes

A **Do you take action to counter these high indoor air temperatures?**

◯ no

◯ yes, please specify:
*Multiple responses possible.*

- ☐ Airing early in the morning or late in the evening
- ☐ Close curtains to reduce sunlight
- ☐ Lower Venetian blinds/shutters/roller blinds to reduce sunlight
- ☐ Close shutters to reduce sunlight
- ☐ Switch on ceiling fan
- ☐ Switch on mobile fan
- ☐ Switch on permanently-installed air conditioner
- ☐ Switch on mobile air conditioner
- ☐ Others, please specify:

**8** **Now let's consider thermal protection of the building you live in: does your apartment or your house feature one or more of the following thermal protection products?**
*Multiple responses possible.*
*Note: please only consider items that have an impact on your living space.*

| Product | Yes (product present) | No (roduct not present) | Purchase/ installation planned |
|---|---|---|---|
| Venetian blinds/shutters/roller blinds outside | ☐ | ☐ | ☐ |
| Venetian blinds/shutters/roller blinds inside | ☐ | ☐ | ☐ |
| Solar protection film on window panes | ☐ | ☐ | ☐ |
| Awning | ☐ | ☐ | ☐ |
| Curtains that provide shade | ☐ | ☐ | ☐ |
| Permanently-installed air conditioning | ☐ | ☐ | ☐ |
| Mobile air conditioner | ☐ | ☐ | ☐ |
| Ceiling fan | ☐ | ☐ | ☐ |
| Mobile fan | ☐ | ☐ | ☐ |
| Facade greening | ☐ | ☐ | ☐ |
| Shady trees | ☐ | ☐ | ☐ |
| Shady shrubs/hedges | ☐ | ☐ | ☐ |
| Others, please specify: | ☐ | ☐ | ☐ |

# Information and warning services

**9** **Do you search for information on one or more of the following topics or do you use warning services (e.g. Katwarn, Nina or heat warnings) and have you modified your behaviour as a result?**

◯ no

◯ yes, I search for:
*Multiple answers possible.*

| | Behaviour modified as a result? | |
|---|---|---|
| ☐ Weather forecasts | ◯ yes | ◯ no |
| ☐ Heat warnings | ◯ yes | ◯ no |
| ☐ UV index | ◯ yes | ◯ no |
| ☐ Pollen forecasts | ◯ yes | ◯ no |
| ☐ Ozone forecasts/warnings | ◯ yes | ◯ no |
| ☐ Storm warnings | ◯ yes | ◯ no |
| ☐ Severe weather warnings | ◯ yes | ◯ no |
| ☐ Others, please specify: ..... | ◯ yes | ◯ no |

**10** **Does a severe weather/storm warning for your region cause you to modify your behaviour accordingly and, for example, not leave your apartment/house for the duration of the warning?**

◯ yes

◯ no

**If „no“: why not?**
*Multiple responses possible.*

☐ It won‘t be so bad.

☐ Urgent errands/obligations still need to be run/met.

☐ Such forecasts have often not come true.

☐ In general, I do not trust such forecasts.

☐ Others, please specify: .....

# Perception of our climate

**11** **In your perception, is our climate changing?**

◯ no → *Please continue with **Q12***

◯ I have no opinion on this. → *Please continue with **Q12***

◯ yes

A **If you perceive our climate to be changing, does this have an impact on your health and on your feelings or mood?**
*Multiple responses possible.*

☐ Impact on my health

☐ Impact on my feelings/mood

☐ No impact → *Please continue with **Q12***

B **If you perceive any impacts, do these impacts tend to be positive or negative?**
*Multiple responses possible.*

| | | |
|---|---|---|
| Impact on my health tends to be | ◯ positive | ◯ negative |
| Impact on my feelings/mood tends to be | ◯ positive | ◯ negative |

**12** **Thinking about climate change triggers the following reaction in me:**

◯ Does not trigger any reaction in me.

◯ Triggers a reaction in me, and that is:
*Multiple responses possible.*

- ☐ Anxiety
- ☐ Stress
- ☐ Feeling of powerlessness
- ☐ Feeling of anger
- ☐ Dejection
- ☐ Indifference
- ☐ Hope for effective countermeasures
- ☐ Resignation
- ☐ Frustration
- ☐ Need to get involved
- ☐ Others, please specify:

**13** **Do you feel physically or mentally stressed by climate change and if so, to what extent?**

◯ no, climate change does not bother me.

◯ yes, climate change weighs on my mind.

**If „yes“: climate change weighs on my mind, to the following extent:**

| very little | little | moderately | strongly | very strongly |
|---|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ | ◯ |

A **Which of the following things concern you more than climate change?**
*Multiple responses possible.*

- ☐ Nothing
- ☐ My health
- ☐ The health of relatives/friends
- ☐ My financial situation
- ☐ Work/education
- ☐ Family/relationships
- ☐ Corona pandemic
- ☐ Wars/political developments
- ☐ Others, please specify:

**14** **When did you fill in the questionnaire?**

Date ☐☐.☐☐.20☐☐

**15** **Approximately how long did it take to complete the questionnaire?**

☐☐☐ Minutes

# Thank you for completing the questionnaire.