

Survey LISA

**Quality of life, interests & independence in old age
in the Berlin-Mitte district**



**LISA – “Quality of life, interests and independence in old age”
Survey of elderly people in the Mitte district**

Ladies and Gentlemen,

The Mitte District Office (Bezirksamt Mitte) is currently conducting a survey among those in the district aged over 60. The aim is to find out more in order to improve the work and services of the district's institutions and organisations for older people.

Your answers to these questions should reflect your own opinion or situation – there are no right or wrong answers. The questionnaire can be completed in writing, online, or with the help of an interviewer. If your native language is not German, translations of the questionnaire into Turkish, Arabic, English, Polish and Russian are available upon request. These can be sent to you by post or email as requested. If you need help completing the questionnaire, you can return the enclosed sheet or call our hotline from Monday to Friday between 9 am and 5 pm (030-9018 42204).

Taking part is worth it! Anyone who completes and returns the questionnaire will be entered into a prize drawing with a chance to win attractive prizes, such as a trip for 2 – either to Mallorca or Antalya (see enclosed sheet).

Participation in this survey is of course voluntary.

Thank you very much for taking part!

Instructions on how to fill in the questionnaire

Because the topic of “health in old age” is very diverse, this questionnaire is very long. However, we have tried to make it as straightforward as possible.

Please try to complete the questionnaire to the greatest possible extent. If you feel uncomfortable about any of the questions, please feel free to skip them. There are questions that do not apply to everyone – you can also skip these. All open-ended questions should be written clearly in block letters and in German if possible.

If you have any questions about the questionnaire or the survey, please call us or send us an email (see below for contact information).

Data protection declaration

- I agree that the persons and entities named in the supplementary sheet may use the personal details provided in this questionnaire for the purposes stated.

Publisher: Bezirksamt Mitte von Berlin
Abteilung Stadtentwicklung, Soziales, Gesundheit
Qualitätsentwicklung, Planung, Koordination
Müllerstraße 146
13341 Berlin

Person responsible: Jeffrey Butler
Gesundheits- und Sozialberichterstattung
Telefon: 9018 42575
Email: jeffrey.butler@ba-mitte.berlin.de

Vocational school / Technical college No vocational qualification or university degree
 other qualification:

P11 What is your current employment situation?

Pensioner, retired Employed (full-time or part-time)
 In early retirement, partial retirement In marginal employment
 Currently looking for work other:

P12 What was/is your employment status in your working life? I was/am:

Worker Employee Civil servant
 Self-employed/Freelance Housewife/Househusband Not working

P13 What was/is your main professional occupation? Specify the exact job title (not necessarily educational qualification).

I was/am working as:

P14 If you are still employed, what are the reasons for this? (multiple answers possible!)

I do not yet receive a pension.
 I enjoy my work. I want to supplement my income.
 I want to continue to have a purpose. My pension alone is not enough to live on.
 My job means I have contact with other people. I am not entitled to a pension.
 other reason:

P15 What is the total net monthly income in your household? This means, what do you have left for rent and to live on after tax and social security contributions?

Less than €1,000 €1,000-€2,000 €2,000-€3,000 €3,000-€4,000 More than €4,000

Questions about your housing situation

W1 Since when have you been living in your current home?

Since:

--	--	--	--	--

W2 Where or how do you live?

In your own house/apartment In shared accommodation
 I rent (house/apartment) in a home for senior citizens → continue to question **W4**
 with relatives/friends in assisted living accommodation → continue to question **W4**
 other:

W3 How many people live in your household?			
<input type="radio"/> I live alone.	<input type="radio"/> I live with		additional person(s).

W4 My house / My apartment is accessible without steps.			
<input type="radio"/> applies completely	<input type="radio"/> mostly applies	<input type="radio"/> somewhat applies	<input type="radio"/> does not apply

W5 My apartment would be suitable for me if I were less mobile (e.g. can be accessed with a walking frame or wheelchair).			
<input type="radio"/> applies completely	<input type="radio"/> mostly applies	<input type="radio"/> somewhat applies	<input type="radio"/> does not apply

W6 Who do you currently live with? (multiple answers possible!)	
<input type="radio"/> Not with anyone / I live alone	<input type="radio"/> With my grandchildren
<input type="radio"/> With husband/wife or partner	<input type="radio"/> With other family members
<input type="radio"/> With my own children	<input type="radio"/> with relatives/friends
<input type="radio"/> With other people:	

W7 Could you imagine living <u>with younger people</u> (in the same house/apartment) you are <u>not related to</u>?		
<input type="radio"/> Yes, I could imagine doing that	<input type="radio"/> Yes, that's how I live now	<input type="radio"/> No

W8 What were the reasons for your last move? (multiple answers possible!)	
<input type="radio"/> I moved into a smaller home	<input type="radio"/> I moved into a disabled accessible home
<input type="radio"/> I moved into a cheaper home	<input type="radio"/> I moved closer to family members
<input type="radio"/> I moved into a form of assisted living accommodation	<input type="radio"/> I move into shared accommodation
<input type="radio"/> Landlord terminated the rental agreement	<input type="radio"/> other:

W9 Do you currently think about moving?	
<input type="radio"/> Yes	<input type="radio"/> No → continue to question WG1

W10 Why do you want to move? (multiple answers possible!)	
<input type="radio"/> The apartment is too big.	<input type="radio"/> The neighbourhood has changed.
<input type="radio"/> The apartment is too small.	<input type="radio"/> I lost my partner.
<input type="radio"/> Bus and rail connections are inadequate.	<input type="radio"/> I can no longer manage on my own.
<input type="radio"/> The apartment is not barrier-free.	<input type="radio"/> The rent is too high.
<input type="radio"/> A refurbishment was announced.	<input type="radio"/> The house/apartment is in bad condition.
<input type="radio"/> I need care assistance.	other reasons:
	<input type="radio"/>

Questions about the residential area

WG1 To allow us to evaluate your information about your residential area, we need to approximately know where you live. Use the map on the front of the questionnaire to find the name of your residential area.

- Tiergarten Süd
 Alexanderplatz
 Moabit Ost
 Parkviertel
 Osloer Straße
 Regierungsviertel
 Brunnenstraße Süd
 Moabit West
 Wedding Zentrum
 Brunnenstraße Nord

WG2 How often do you use the parks and green spaces in your residential area?

- (Almost) daily
 1 to 3 times a week
 1 to 3 times a month
 Less than once a month
 Never

WG3 How well suited is your residential area for everyday activities such as going for a walk, cycling or running errands?

- very good
 good
 satisfactory
 not so good
 bad

WG4 What do you feel is missing in this regard? (Specific suggestions can be indicated below.)

- Less traffic
 Benches
 Public toilets
 Lowered kerbs
 Something else:

WG5 To what extent do the following statements apply to you? Please tick as appropriate:

In my residential area:	Applies completely	Mostly applies	Somewhat applies	Does not apply
...I feel comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have everything I need for everyday life (e.g. bank, post office, grocery shops).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I am well connected to bus and rail services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...There are enough parks and green spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...There are many busy roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...It is very loud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I sometimes feel unsafe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...There are meeting places for senior citizens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WG7 Here you can provide us with specific information about your residential area.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Questions about health**G1 Please enter the following information about yourself here:**

Body weight:				Kilograms	Height				Centimetres
--------------	--	--	--	-----------	--------	--	--	--	-------------

G2 How would you describe your general state of health?

- excellent very good good not so good bad

G3 What is your health insurance cover?

- Statutory (AOK, BKK, Barmer, etc.) Private health insurance
- Private health insurance with subsidy Not insured
- Other:

G4 Do you suffer from a chronic illness that impacts your everyday life?

- Yes No

if yes, which ones:

- diabetes cardiovascular disease mental illness a different illness:
-

G5 Are you officially severely disabled?					
<input type="radio"/> No	<input type="radio"/> Yes	Degree of disability:			%
Marker	<input type="radio"/> G	<input type="radio"/> GI	<input type="radio"/> BI	<input type="radio"/> RF	
	<input type="radio"/> aG	<input type="radio"/> B	<input type="radio"/> H	<input type="radio"/> T	

G6 Do you need to regularly take medication? If so, how many different types of medication (not individual tablets) do you need per day?					
<input type="radio"/> No, none	<input type="radio"/> yes, 1-3	<input type="radio"/> 4-6	<input type="radio"/> 7-10	<input type="radio"/> More than 10	

G7 Does your state of health have a negative impact on you climbing stairs, if you have to walk up several floors?		
<input type="radio"/> a lot	<input type="radio"/> a little	<input type="radio"/> not at all

G8 Does your state of health have a negative impact on other strenuous everyday activities, such as lifting heavy objects or activities that require mobility?		
<input type="radio"/> a lot	<input type="radio"/> a little	<input type="radio"/> not at all

G9 Please think about the last four weeks. During this time, how often...					
	always	usually	sometimes	rarely	never
have you felt rushed or under time pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you felt depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you felt calm and well-balanced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you felt you have lots of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you been in a lot of physical pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has it happened that as a result of physical health issues your work or your everyday activities....?					
- suffered and you did less than you wanted to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Were you limited in the type of activity you were able to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was it the case that as a result of psychological or emotional problems at work or in your everyday activities?					
- You managed to do less than you wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Were you limited in the type of activity you were able to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That you were restricted with regard to your social contacts (e.g. friends or family) because of physical or psychological problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you deal with problems?

D1 I can rely on my own capabilities in difficult situations.

- Does not apply at all
 Applies a little.
 Applies somewhat
 Applies quite well
 Applies fully

D2 I can deal with most problems on my own.

- Does not apply at all
 Applies a little.
 Applies somewhat
 Applies quite well
 Applies fully

D3 I can generally solve even demanding and complicated tasks.

- Does not apply at all
 Applies a little.
 Applies somewhat
 Applies quite well
 Applies fully

T1 The following is about activities which people do in their everyday lives. Please indicate approximately how often you do the following activities. If there is anything you never do, just leave the line blank.

<i>Everyday activities</i>	Daily	4 to 5 times a week	2 to 3 times a week	Weekly	Less often
Run errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work in your own household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take care of someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after children/grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet up with friends/acquaintances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for a pet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Browse the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read a book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go out (restaurant, pub, bar,...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a snack bar, café, bakery, patisserie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go for a walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play an instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sing with others (choir)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to the cinema, theatre, concerts, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise or exert yourself physically in everyday life so that you are out of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Non-everyday activities</i>	Several times a week	Weekly	Monthly	Several times a year	Less often
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a public library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a place of worship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a sports club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to a social meeting place (in the neighbourhood)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit a local interest or cultural club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handicrafts, painting, needlework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Card games or other games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend courses (e.g. foreign languages, computer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go on excursions/travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go hiking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work as a volunteer on your own, in a club, or in another organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would like to see more of the following services or activities:

.....

.....

Questions about your social environment

S1 How often are you in contact (in person, by phone, on social media or by email) with the following people, if applicable? If you are not in contact with anyone, leave the line blank.

	Daily	4 to 5 times a week	2 to 5 times a week	Weekly	Less often
Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Own children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Great-)grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acquaintances/neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: e.g. clergy, pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Which:					

S2 My most important contact person(s) is/are:

This/These person(s) live(s):

- | | |
|---|---|
| <input type="radio"/> In the same household/house | <input type="radio"/> In another district of Berlin |
| <input type="radio"/> In my neighbourhood | <input type="radio"/> Outside Berlin |
| <input type="radio"/> In my district | <input type="radio"/> Abroad |

S3 How many people are you close enough with that you can rely on them if you have a serious personal problem?

- None 1 to 2 3 to 5 6 or more

S4 How easy is it for you to get practical help from a neighbour if you need it?

- Very easy Easy Possible Somewhat difficult Very difficult

S5 How much sympathy and interest do other people show in what you do?

- | | |
|---|---|
| <input type="radio"/> A great deal of sympathy and interest | <input type="radio"/> Not a lot of sympathy or interest |
| <input type="radio"/> A lot of sympathy and interest | <input type="radio"/> No sympathy or interest |
| <input type="radio"/> Neither a lot nor little | |

S6 Do you have access to the internet at home?

- Yes No I can access the internet elsewhere.

S7 Do you use email to communicate with your family or friends?

- Yes No

S8 Do you use any social media? (e.g. WhatsApp, Twitter or Facebook)

- Yes No

S9 Are there people from other countries or cultures in your close circle of friends or acquaintances? If not, could you imagine this being the case?

- Yes No I could imagine this being the case.

Questions about your mental state

Please answer the questions based on how they apply to you personally in the last week.

B1 I can be as happy today as I used to be.

- Exactly the same Not quite the same Only a little Hardly or not at all

B2 I can laugh and see the funny side of things.

- Yes, as much as always Not quite as much any more Much less now Not at all

B3 I feel happy.

- Not at all Rarely Sometimes Usually

B4 I feel limited in my activities.

- Almost always Very often Sometimes Not at all

B5 I have lost interest in my appearance.

- Yes, that is correct
- I no longer care as much as I should
- I may not care enough
- I care as much as I always have

B6 I look to the future with joy.

- Yes, very much so A bit less than before A lot less than before Hardly or not at all

B7 I can enjoy a good book, a good radio or TV show.

- Often Sometimes Quite rarely Very rarely

Questions about your alcohol consumption and smoking

AR1 How often do you drink alcohol?

- More than 3 times a week
 2 to 3 times a week
 2 to 4 times a month
 Once a month or less
 Not at all

AR2 On a day when you drink alcohol, how many drinks do you have on average? (1 drink = 0.33 l beer, 0.15 l wine, 0.02 l spirits)

- 1 to 2 drinks a day
 3 to 4 drinks a day
 5 to 6 drinks a day
 7 to 8 drinks a day
 more than 10 drinks a day

AR3 How often have you had 6 or more glasses of alcohol at an event?

- Daily or almost daily
 About once a week
 About once a month
 Less than once a month
 Not at all

AR4 Do you smoke?

- Yes No → continue to question S1
 yes, I used to smoke. years
 If so, how many: 1 to 3 cigarettes
 Up to half a pack
 Half to 1 pack
 More than 1 pack a day

Questions about health care and prevention

V1 Do you have a family doctor who you usually first consult if you have a health problem?

- Yes No

Do they make house calls?

- Yes No

V2 Which of the following preventive health measures do you regularly take (i.e. at least once a year)?

- | | |
|--|--|
| <input type="radio"/> General health care (family doctor) | <input type="radio"/> Memory training |
| <input type="radio"/> Cancer screening (gynaecologist/urologist) | <input type="radio"/> Vaccinations (e.g. flu) |
| <input type="radio"/> Dental check-ups | <input type="radio"/> Courses offered by a health insurance company (e.g. exercise, nutrition) |
| <input type="radio"/> Dermatological check-up | <input type="radio"/> Others: |
| <input type="radio"/> Ophthalmological check-up | |

V3 In the <u>last 12 months</u>, how often have you gone to...?					
	Not at all	Once or twice	3 to 5 times	5 to 10 times	More than 10 times
A family doctor at their practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A specialist at their practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A dentist at their practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid or A&E department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hospital (overnight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

V4 Overall, how do you rate the medical care in your residential area?

very good good satisfactory not so good bad

V5 What do you find is lacking?

Family doctor Dentist Eye doctor Another specialist Which one?:
.....

V6 How difficult is it for you to visit a doctor outside your residential area?

very difficult difficult not that difficult not difficult at all

Questions about the need for care or help

P1 Have you been granted a long-term care grade; if so, which one?

No long-term care grade Long-term care grade 2 Long-term care grade 4
 Long-term care grade 1 Long-term care grade 3 Long-term care grade 5

P2 How often do you use the services listed below?

	Not at all	Daily	2 to 3 times a week	Weekly	Monthly	Less often
At-home nursing care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobile lunch service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Companionship service or transport service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P3 Suppose you are or will be in need of help or care. What help can you expect? (multiple answers possible!)

Partner Friends/Acquaintances/neighbours
 Own children Help from home care service
 Grandchildren None of these
 Other family members Other kinds of help:

Questions about how you obtain information

I1 How do you find out about health, cultural and social services for the elderly in your district? Through... (multiple answers possible!)

- Free district newspapers
- Newspapers or magazines
- Programmes (e.g. organised by the district or by clubs)
- Friends, acquaintances, relatives (e.g. by talking to them)
- Social counselling services (district, clubs etc.), which ones:

-
- Radio or television
 - The internet
 - Informational material from health insurance companies / pharmacies

Other, please specify:

I2 If your German is not very good, how do you find out about health issues? (You can tick several answers!)

- I get brochures in my native language.
- I ask friends/relatives to explain the German material to me.
- I use media outlets in my native language to find out about things (TV, radio).
- I search the internet for information in my native language.
- I get treatment or seek advice when I visit my home country.

I3 If you have difficulties with the German language, what do you do when you need to see a doctor? (multiple answers possible)

- I go to a doctor who is a native speaker of my language.
- I take a qualified interpreter with me.
- I take a family member with me.
- None of these Other kinds of help:

Ü1 If you used a translation to fill in the questionnaire, which language was it in?

- Turkish Arabic Russian Polish English

**What type of offerings and services would be of interest to you?
What would you like to see in your district that currently does not exist?**

Please specify:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Thank you very much for taking part!