

Making it easier

- Some questions refer to the reference week. The reference week is given on the front cover. Please enter it on the name flap.
- Please keep the name flap folded out while you complete the questionnaire. Please observe the order of the columns for the respective persons as given on the name flap.
- Please do not complete the establishment flap before you are asked to do so in the course of completing the questionnaire (question 150 on page 40).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

We will guide you through the questionnaire.

- If possible, each person should answer the questions for him or herself. Information may be provided on behalf of children (under 15 years), people in need of care or people with disabilities who are not able to answer the questions for themselves.
- Not all questions will have to be answered by all persons. When there is an answer box with an arrow (jump instruction), the numeral beside the arrow indicates the question to be answered next by the relevant person.

Example:	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input checked="" type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10
No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the example, Person 1 answers "Yes" and goes to question 10.
Person 2 answers "No" and goes to the next question.

- Jump instructions may differ between persons. This is why you should not complete the questionnaire for several persons at the same time as jump instructions are easily overlooked.
- When entering figures, please do so right-aligned.

Example: Hours per week

- If you wish to correct an answer, please do so as follows.

Example: Yes
No

model questionnaire

Household and dwelling

1 Are there any other households in your dwelling apart from your own, e.g. subtenants?

i Other households in your dwelling consist of people with whom you do not live together or maintain a joint household. People living in a shared dwelling should usually be treated as separate households.

Yes, number of other households
 No, no other households 8

Note !
 The reference week is given on the front cover.

2 How many people in total were living in your household on Thursday of the reference week?

i People who are temporarily away from home, for instance for job or health reasons, are part of your household if that is where they usually live. **Subtenants, visitors and domestic staff** are not household members.

Number of people in your household (including yourself)

3 Who are the members of your household? Please fold out the flap at the side of page 2 and enter their names.

i If more than **5 people** live in the household, please contact the statistical office to request an extra questionnaire. The contact details are given on the front cover.

Note !
 Please observe the order of the columns for the respective persons.

4 What is your sex, as stated in the birth register?

Male 1
 Female 2
 Gender diverse 3
 Not stated in the birth register 4

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 When were you born?

Month
 Year

	Person 1	Person 2	Person 3	Person 4	Person 5
Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Is your birthday before the last day of the reference week in 2023?

Yes 1
 No 8

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

7 What is your marital status?

	Person 1	Person 2	Person 3	Person 4	Person 5
Single	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partnership	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partner has died	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partnership has been dissolved	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note

→ 10 The arrow and the numeral 10 mean that question 10 should be answered next.

8 Do you occupy at least one more dwelling (including room, accommodation, residential establishment)?

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I have another dwelling in Germany.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have another dwelling abroad.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I do not have another dwelling.	8 <input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10

9 Is this dwelling your main residence?

i If you have **more than one dwelling**, your main residence is the one where you usually live (centre of life, family home).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Are the people in the household present or temporarily absent?

i "Temporarily absent" means that people usually live in the household but are temporarily away (e.g. commuters, students, apprentices, people in hospital/on holiday/doing volunteer service).

	Person 1	Person 2	Person 3	Person 4	Person 5
Present	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily absent	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Did you move into this household after the last interview?

i Please mark "Yes" for children born in the last 12 months.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 When did you move into this household, after the last interview?

i Please enter the month and year of birth for children born in the last 12 months.

Month

Year

Not applicable as I was living in the household before the last interview.

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14

13 Which life situation applied to you when you moved in?

In employment

Other life situation

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Have any household members moved out in the last 12 months?

Yes, number of those who moved out

No

8 → 16

15 Please enter the first name of each person who moved out as well as the following information:

First name of the person who moved out

Month of moving out

Year of moving out

Where did the person move to?

To another private household

To a collective household (e.g. residential establishment, old people's home)

Abroad

To an unknown place

	1. moved out person	2. moved out person	3. moved out person
First name of the person who moved out	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month of moving out	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of moving out	<input type="text"/>	<input type="text"/>	<input type="text"/>
To another private household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a collective household (e.g. residential establishment, old people's home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To an unknown place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Have any household members died in the last 12 months?

Yes, number of those who died

No

8 → 18

17 Please enter the first name of each person who died:

First name of the person who died

1. deceased person	2. deceased person	3. deceased person
<input type="text"/>	<input type="text"/>	<input type="text"/>

People and household

18 Do you live in a one-person household?

Yes → 24

No

19 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my mother is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my father is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21 Does your spouse live in this household?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my spouse is number (see flap)	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23

No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22 Does your partner live in this household?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my partner is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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model questionnaire

23 What is your relationship to Person 1?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am Person 1.	<input type="checkbox"/>				
I am (his/her) ...					
wife, husband.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter, son (including stepchildren, adopted and foster children).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter-in-law, son-in-law.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
granddaughter, grandson.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-granddaughter, great-grandson.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother, father (including stepparents, adoptive and foster parents).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother-in-law, father-in-law.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
grandmother, grandfather.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-grandmother, great-grandfather.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister, brother.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister-in-law, brother-in-law.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
another relative by birth/marriage.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not related by birth/marriage.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Housing circumstances

i When answering the questions please use the statement of incidental rental expenses, any utilities contract you may have concluded and, if applicable, your tenancy agreement.

24 What type of building does your household live in?

- Detached single-family house 1
- Single-family house as a terraced house or semi-detached house 2
- Single-family house with an additional (granny) flat or two-family house 3
- Residential building with 3 to 9 dwellings 4
- Residential building with 10 or more dwellings 5
- Other type of building 6

25 What year was the building constructed in which you live?

i This refers to **the year in which the building was completed.**

If additions, alterations and extensions have been made to the building, the question refers to the original year of completion.

- Before 1919 1
- 1919 to 1948 2
- 1949 to 1978 3
- 1979 to 1990 4
- 1991 to 2000 5
- 2001 to 2010 6
- 2011 to 2019 7
- 2020 or later 10

26 What is the living floor space of the whole dwelling/single-family house?

i **The living floor space includes also** the kitchen, bathroom, toilet, corridor, mansard, relevant balcony area and sublet rooms.

The living floor space **does not include** areas used for commercial purposes.

If you live in a single-family house with an additional (granny) flat, please count only the floor space used by yourself.

See also p. 113: **1** "Living floor space".

Floor space in full square metres

model questionnaire

27 How many bedrooms, dining and living rooms are there in the dwelling/single-family house you live in?

i Bedrooms, dining and living rooms **do not include**, kitchen, bathroom, toilet, corridor, storerooms, balconies, and rooms used for commercial purposes.

If you live in a single-family house with an additional (granny) flat, please count only the bedrooms, dining and living rooms used by yourself.

Number of rooms

28 When did your household move into the dwelling/single-family house?

i Please state the year when the occupant moved in who has lived longest in the dwelling/house.

If you live in a shared dwelling please state the year when you moved in yourself.

Year of moving in

29 How are the bedrooms, dining and living rooms mainly heated?

District heating 1

Central heating
(heating system supplying the entire dwelling unit or the building with several dwellings)

Individual heating systems
(e.g. single-storey heating, fixed single-room or multi-room stoves, electrical storage or night storage heating) 3

Non-fixed heating
(e.g. portable radiators and fan heaters) 4

No heating at all 8 → 31

I don't know. 9

30 What type of energy is used to heat your bedrooms, dining and living rooms?

Gas (natural gas or propane gas) 1

Electricity (no heat pump) 2

Heating oil 3

Coal (briquettes, lignite, coke, hard coal) 4

Wood logs 5

Wood pellets (or other biomass) 6

Renewable energy (solar energy, exhaust, ground or other ambient heat, e.g. heat pump) 7

Other 8

I don't know. 9

Model questionnaire

31 Has the building you live in been improved in the last 5 years as regards thermal insulation, windows or heating system?

i E.g. thermal insulation of external walls, roof or floor, replacement of old windows with double or triple glazed windows and installation of better and more efficient heating systems

- Yes, 3 or more measures 1
- Yes, 2 measures 2
- Yes, 1 measure 3
- No 8
- I don't know. 9

32 Does your household (co-)own or rent the dwelling/single-family house?

i Owners of a multi-family house who live in one dwelling themselves and rent out the remaining dwellings of the building please indicate "(Co-)owner". Occupants of a cooperative dwelling please indicate "tenant".

- (Co-)owner 1
- Tenant 2 → 39

33 Please indicate a household member who is an owner of the dwelling/the single-family house.

i If two or more household members are owners of the dwelling/single-family house, please enter the number of the oldest household member.

Number of person (see flap)

34 Did your household pay back loans last month for the dwelling/single-family house your household lives in?

i This includes paying back mortgages and loans under savings and loan contracts regarding the dwelling your household lives in/the living floor space your household occupies in your house. This does not include loans for the maintenance of the real property.

- Yes, number Number of loans
- No 8 → 36

Model questionnaire

35 How much did your household pay back last month on loans for the dwelling/single-family house?

i Please refer to your loan repayment plan or statement of account for the amounts. If your repayments are not made on a monthly basis, please enter the average monthly amount. If you repay a loan for more than one dwelling in the house, enter only the proportion of the overall loan that refers to the dwelling your household lives in.

Monthly amount of interest and repayment (full euros)

Monthly amount of interest (full euros)

Loan 1	Loan 2	Loan 3	Loan 4
_____	_____	_____	_____
_____	_____	_____	_____

36 What are the housing costs of the dwelling/ single-family house your household lives in?

i Households belonging to a **commonhold association**: Under incidental expenses below, please enter only costs incurred in addition to your commonhold contribution.

Monthly commonhold contribution

i Owners not belonging to a commonhold association please mark "No".

Commonhold contribution 8 No Yes → Monthly amount (full euros) _____

Monthly energy costs

Electricity 8 No Yes → _____

Heating and gas 8 No Yes → _____

Annual real property tax 8 No Yes → Annual amount (full euros) _____

Annual incidental expenses

Non-life or residential building insurance 8 No Yes → _____

Waste collection 8 No Yes → _____

Water costs (water consumption, waste water) 8 No Yes → _____

Chimney sweep 8 No Yes → _____

Street cleaning 8 No Yes → _____

Annual costs of maintenance and repairs

i Include regularly maintenance and repairs within the last 12 months **to maintain the value of the property**. Do not include the costs of work conducted to increase the value of the property.

Maintenance and repairs 8 No Yes → Annual amount (full euros) _____

model questionnaire

37 How much is the monthly operating and incidental expenses (not including interest payments)?

i Please take into account energy costs, real property tax, incidental expenses (see question 36), energy costs and commonhold contribution.

Please convert any expenses to monthly amounts and then add up these monthly amounts.

Monthly amount
(full euros)

Operating and incidental expenses

38 What is the monthly expenses for interest on loans and for regular maintenance and repairs conducted to maintain the value of the dwelling/ single-family house you live in?

If you do not incur any expenses of this type, please enter the value "0".

Monthly amount
(full euros)

Loan interest, maintenance and repairs

 → 47

39 Please indicate a household member who signed the tenancy agreement.

i If the person who signed the tenancy agreement does not live in your household, please enter the number of the oldest person in your household.

Number of person (see flap)

40 Which statement applies to your household regarding the rental circumstances?

i **Rent-free occupation** does not apply where the rent is paid by third parties (e.g. employment agency, public assistance office, parents for children).

The household **pays lower rent**, e.g. when it has a certificate of eligibility to live in a social dwelling. The rent may be lower also for private or other reasons (e.g. flat provided by the employer, student residence).

The household occupies the dwelling rent-free (except for incidental expenses where applicable). 1

The household pays lower rent (e.g. with a certificate of eligibility). 2

The household lives in rented accommodation at market conditions. 3

41 What is the total amount you pay to your landlord/landlady or property management every month?

i When answering this and the following questions, please use your tenancy agreement and the statement of incidental rental expenses.

If you live in a shared dwelling, each of the occupants should enter the proportion they pay.

See also p. 113:

2 "Payment of rent upon receipt of services from the Employment Agency (Employment Office)".

Monthly total amount

full euros

42 Does the monthly total amount you pay to your landlord/landlady or property management include incidental rental expenses?

i The incidental rental expenses include allocated costs for heating, (hot) water supply, waste collection, street cleaning, house and caretaker services, property management, gardening, staircase lighting and cleaning, lift, cable network connection, real property tax, building insurance. They do **not** include telephone and broadcasting fees, garages or carports, electricity for lighting or for operating household appliances, television sets and the like.

- Yes 1
- Yes, but the incidental rental expenses are not shown. 7
- No 8 } → 46

43 What are these monthly incidental rental expenses?

Monthly amount full euros

44 How much of this amount is the monthly operating expenses ("cold" incidental expenses not including heating and hot water)?

Monthly amount full euros

45 How much of this amount is the monthly incidental expenses for heating and hot water ("warm" incidental expenses)?

Monthly amount full euros

46 Do you have additional housing costs that you do not pay to your landlord/landlady or the property management?

i This includes costs paid directly to the provider for electricity, gas and water, as well as maintenance costs for work conducted to maintain the value of the property and (smaller) repairs which are not paid by the landlord/landlady.

Please convert all expenses into monthly amounts and then sum up the monthly amounts.

- Yes, the average monthly amount is full euros
- No 8

47 Thinking of your household's total housing costs, which of the following statements applies?

- The housing costs are a heavy burden. 1
- The housing costs are somewhat a burden. 2
- The housing costs are not a burden at all. 3

model questionnaire

Assessing the household's financial situation

48 In the last 12 months, has your household been in arrears on the following expenses?

Please mark only one box per type of expense.

Rent for the dwelling/house your household lives in

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

Interest and/or repayment regarding mortgages on the dwelling/house your household lives in

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

Interest and/or repayment regarding consumer loans, e. g. for a car or furniture (not including current account overdraft)

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

Electricity, heating or water bills

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

49 Are following things available in your household?

A computer (including laptop, notebook, tablet PC and the like)

- Yes 1
- No, because the household cannot afford it. 2
- No, for other reasons 3

A car (not including company/official cars)

- Yes 1
- No, because the household cannot afford it. 2
- No, for other reasons 3

model questionnaire

50 What can your household afford financially?

Spending at least one week's holiday per year away from home (including with friends/relatives or in the household's own holiday accommodation).

Yes 1

No 8

Having a meal with meat, poultry or fish or an equivalent vegetarian meal every second day.

Yes 1

No 8

Making unexpected expenses of 1250 euros or more from the household's own financial resources.

Yes 1

No 8

Keeping the dwelling adequately warm.

Yes 1

No 8

51 In your household, can you replace furniture (bed, sofa, dresser, cupboard) when worn out or damaged?

Yes 1

No, because the household cannot afford it. 2

No, for other reasons 3

52 Thinking of your household's monthly income, is your household able to make ends meet?

i Include the income of all household members.

Please mark only one box.

With great difficulty 1

With difficulty 2

With some difficulty 3

Fairly easily 4

Easily 5

Very easily 6

model questionnaire

53 Does your household repay consumer loans not used to finance owner-occupied housing?

- Yes 1
- No 8 → 55

54 Thinking of the repayment of those loans including interest, which of the following statements applies?

- The repayment is a heavy burden. 1
- The repayment is somewhat a burden..... 2
- The repayment is not a burden at all. 3

Overall satisfaction with the dwelling

55 Overall, how satisfied are you with your dwelling/ single-family house?

- Very dissatisfied..... 1
- Dissatisfied 2
- Satisfied 3
- Very satisfied 4

56 What do you think applies to your dwelling/ single-family house?

The roof is leaky.

- Yes 1
- No 8

There is damp on the walls, floor or foundation.

- Yes 1
- No 8

There is rot in window frames or floors.

- Yes 1
- No 8

The bedrooms, dining and living rooms are too dark or do not have enough natural light.

- Yes 1
- No 8

There is too much noise from neighbours or from outside (e. g. traffic, business, factory).

- Yes 1
- No 8

model questionnaire

57 What do you think applies to the residential quarter or nearby area where your household lives?

There is dirt, grime or other environmental problems caused by factories, road traffic or air traffic.

Yes 1

No 8

There is crime, violence or vandalism of buildings.

Yes 1

No 8

58 Is your dwelling/single-family house equipped so as to make it comfortably warm in winter?

Yes 1

No 8

model questionnaire

Benefits received for children in 2022

59 Did your household receive children's allowance in 2022 for children living in the household?

- Yes 1
- No 8 → 61
- Not applicable as household members do not have children. 9 → 72

60 For how many children living in the household did your household receive children's allowance?

Number of children

61 Did your household receive children's allowance in 2022 for children not living in the household?

- Yes 1
- No 8 → 63

62 For how many children not living in the household did your household receive children's allowance?

Number of children

63 Did your household receive supplementary children's allowance from the family benefits office of the employment agency in 2022 for children living in the household?

- Yes 1
- No 8 → 65

64 For which children did your household receive supplementary children's allowance?

Please enter for each child for how many months your household received the supplementary children's allowance and what the monthly amount was.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount per month (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

65 Did your household receive advance maintenance payments in 2022 for children living in the household?

- Yes 1
- No 8 → 67

66 For which of the children did your household receive advance maintenance payments?

Please enter for each child for how many months your household received advance maintenance payments.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

model questionnaire

67 Did your household receive allowance in 2022 for foster children living in the household?

Yes 1
 No 8 → 69

68 For which of the children did your household receive allowances for foster children?

Please enter for each child for how many months your household received allowance for foster children and what the monthly amount was.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount per month (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

69 Did your household receive long-term care allowance in 2022 for children in need of care (under the Social Code, Book XII) who live in the household?

Yes 1
 No 8 → 71

70 For which of the children did your household receive long-term care allowance for children in need of care?

Please enter for each child for how many months your household received long-term care allowance and what the monthly amount was.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount per month (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

71 Did your household receive benefits for education and participation or financial support for school supplies and school day trips in 2022?

Yes, an annual amount of full euros
 No 8

Model questionnaire

Income from public benefits in 2022

72 Did your household receive the following public benefits in 2022?

i Regarding the benefits received, please enter the number of months and the average monthly amount or the annual amount.

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Unemployment benefit II (Hartz IV), social benefit, accommodation costs	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
including: accommodation costs	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Cost-of-living assistance/benefit according to the 5th to 9th chapter of the Social Security Code XII	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Basic security benefits in old age and in cases of reduced earning capacity	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Housing allowance in the form of rent support or mortgage and home upkeep support (not accommodation costs)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Other income of the household in 2022

73 Did your household, or a household member, receive the following types of income in 2022?

i Regarding the payments received, please enter the number of months and the average monthly amount or the annual amount.

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Maintenance payments from people not living in the household in 2022.	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other regular payments from people not living in the household in 2022.	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

74 Did your household receive income from renting or leasing (proceeds less expenses for maintenance or, perhaps, for interest on loans) in 2022?

	No	yes	Number of months	Gross amount per month (full euros)	Gross annual amount (full euros)
Income from renting and leasing	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

75 Did your household receive income from savings or investments (capital assets) in 2022?

i This includes e.g. interest on saving accounts or building society savings agreements as well as dividends and profits from securities, shares, funds, or from business assets (participations).

Yes 1

No 8 → 77

76 What was the amount of income from these savings and investments (capital assets)?

Please add up all income amounts (after tax deducted by the credit institutions, if applicable) of the individual household members and allocate the total to one of the classes below.

- Less than 250 euros 1
- 250 to less than 1 000 euros 2
- 1 000 to less than 2 500 euros 3
- 2 500 to less than 5 000 euros 4
- 5 000 to less than 10 000 euros 5
- 10 000 euros or over 6

77 In your household, did any children aged 15 or under on 31 December 2022 receive income from own employment in 2022?

- Yes 1
- No 8 → 79

78 Which child earned income from own employment?

i For each child who received income from employment, please enter the number of months and the amount per month or the annual amount.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or					
Annual amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

79 Did any children aged 15 or under and living in your household on 31 December 2022 receive orphan's pension/benefit?

- Yes 1
- No 8 → 81

80 Which child received orphan's pension or orphan's benefit?

i For each child who received orphan's pension/benefit, please enter the number of months and the amount per month or the annual amount.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or					
Annual amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Model questionnaire

81 Did your household produce food for its own use in its own garden or by keeping small animals in 2022?

- Yes 1
- No 8 → 83

82 Please estimate the annual amount you would have paid if you had had to buy that food.

- Less than 50 euros 1
- 50 to less than 100 euros 2
- 100 to less than 200 euros 3
- 200 to less than 300 euros 4
- 300 euros or over 5

Payments made in 2022

83 Did your household pay real property tax on owner-occupied property in 2022?

i Real property includes any owner-occupied dwellings, houses or land for private use.

- Yes 1
- No 8 → 83

84 How much real property tax did you pay on your owner-occupied main dwelling?

- Annual amount full euros
- Not applicable as the household does not own the main dwelling. 8

85 How much real property tax did you pay on other owner-occupied real property (e. g. second dwellings, holiday dwellings)?

- Annual amount full euros
- Does not apply, household has no other owner-occupied property. 8

86 Did your household pay back loans in 2022 (repayment of mortgages and loans under savings and loan contracts) for the dwelling/house your household lives in?

- Yes 1
- No 8 → 88

model questionnaire

87 How much did your household pay back on loans (repayment of mortgages and loans under savings and loan contracts) for the dwelling/ house your household lives in?

i Please refer to your loan repayment plan or statement of account for the amounts. If you repay a loan for more than one dwelling in the house, please enter only the proportion of the overall loan that refers to the dwelling you live in. Please enter the average monthly amount.

Monthly amount of interest and repayment full euros

including: monthly amount of interest

88 Did your household make one of the following payments in 2022?

i If several people of your household made payments to people living outside of your household, please add up all amounts.

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Maintenance payments to people not living in the household.	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	_____	_____	or _____
Other regular payments to people not living in the household.	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	_____	_____	oder _____

Information and communication technology in the household

89 Does your household have internet access?

i This refers to the possibility of accessing the internet **from home**. This includes internet access through fixed devices (e.g. desktop computer) and mobile devices (e.g. smartphone).

Yes 1

No 8

I don't know. 7

model questionnaire

Children in day care

90 Is there at least one child in your household who is aged 14 or under?

- Yes
- No → 95

91 For each child aged 14 or under, please indicate the type of care in the 12 months before the reference week.

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above categories applies. 7	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95

92 For each child aged 14 or under, please indicate the type of care in the 4 weeks before the reference week.

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above categories applies. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

93 Is there at least one child in your household who is aged 12 or under?

- Yes
- No → 95

94 During a usual week, how many hours is the child cared for?

Please enter the number of full hours for each child aged 12 or under and for each applicable type of care.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional child minder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Au-pair, babysitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preschool institution (pre-primary education)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care services for pupils before and/or after school (offered by school or other facility)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relatives, friends, neighbours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable as the child is cared for only by his/her parents. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey participation

95 Have questions 1 to 94 been answered by a household member?

Yes, person number (see flap)

No 8

96 How many minutes did it take to answer this part of the questionnaire?

Number of minutes

Citizenship and duration of residence

97 Were you born in Germany?

i The place of birth is Germany also in the following cases:

- the place of birth was part of Germany’s national territory at the time of birth, but today it is not (e.g. Breslau before 1945).
- the place of birth is part of Germany’s national territory today, but it was not at the time of birth (e.g. the person concerned was born in Dresden between 1949 and 1990, which was GDR territory at the time, or in Saarland between 1947 and 1956).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99

98 Were you born in the Federal Republic of Germany (today’s territory)?

i “Today’s territory” refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 102	<input type="checkbox"/> → 102	<input type="checkbox"/> → 102	<input type="checkbox"/> → 102	<input type="checkbox"/> → 102
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99 In which country (today's borders) were you born?

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

100 When did you (first) arrive in the Federal Republic of Germany (today's territory)?

i See also p. 113: **E** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

101 What was your (main) reason for moving to the Federal Republic of Germany (today's territory)?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Employment: job found before moving to Germany 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment: no job found before moving to Germany 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic studies or other education, advanced training 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved to Germany with a family member or followed a family member (family reunification) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/partnership with a person living in Germany (family formation) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight, persecution, expulsion, asylum 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free movement within the EU: wished to settle in Germany 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102 What language/languages do you speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
I only speak German at home. 1	<input type="checkbox"/> → 104	<input type="checkbox"/> → 104	<input type="checkbox"/> → 104	<input type="checkbox"/> → 104	<input type="checkbox"/> → 104
I speak German and at least one other language at home. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not speak German at home but another language/other languages. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

103 What language do you mainly speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
Albanian	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bosnian	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	31 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macedonian	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	19 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romanian	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian	22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	24 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	32 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungarian	25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	33 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	26 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another European language	27 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another African language	28 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Asian language	29 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another language	30 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

104 Have you ever interrupted your stay in the Federal Republic of Germany (today's territory) and lived abroad for at least one year?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106

105 In what year did you return to the Federal Republic of Germany (today's territory) after you last stayed abroad for at least one year?

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

106 Do you have German citizenship?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, German citizenship only	1 <input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111
Yes, German citizenship and citizenship of at least one foreign country	2 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107 Of which foreign country do you have citizenship?

If you do not have citizenship of any country, please enter "stateless".

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

108 Do you have citizenship of another foreign country?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120

109 Of which second foreign country do you have citizenship?

Person 1	<input type="text"/>	} → 120
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

110 Of which other country do you have citizenship?

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

111 How did you obtain German citizenship?

i See also p. 113: **4** "Citizenship".

By birth 1
 As a non-naturalised (ethnic) German repatriate 2
 As a naturalised (ethnic) German repatriate 3
 By naturalisation (no ethnic German repatriate) 4
 By adoption by German parent(s) 5

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114
2	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120

112 When were you naturalised?

Year

Person 1	Person 2	Person 3	Person 4	Person 5
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

113 Which citizenship did you have before your naturalisation?

i You may also enter citizenship of the following former countries: Yugoslavia, Serbia and Montenegro, Soviet Union, Czechoslovakia.

If you were stateless before your naturalisation, please enter "stateless".

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

} → 120

114 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

Yes
 No

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 117	<input type="checkbox"/> → 117	<input type="checkbox"/> → 117	<input type="checkbox"/> → 117	<input type="checkbox"/> → 117
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

115 Has your mother moved to Germany (today's territory)?

i See also p. 113: **E** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes, but I do not know the year of arrival. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

116 Is/was your mother a German citizen?

i See also p. 113: **F** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I do not know how it was obtained. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

117 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

118 Has your father moved to Germany (today's territory)?

i See also p. 113: **E** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes, but I do not know the year of arrival. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

119 Is/was your father a German citizen?

i See also p. 113: **4** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I do not know how it was obtained.	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

120 Was your father born in Germany (today's territory)?

i See also p. 113: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	7 <input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122

121 In which country (today's borders) was your father born?

Person 1

Person 2

Person 3

Person 4

Person 5

122 Was your mother born in Germany (today's territory)?

i See also p. 113: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	7 <input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124

123 In which country (today's borders) was your mother born?

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

School or university attendance

124 Have you been a pupil, apprentice, student in the last 12 months before the reference week?

i Please mark "Yes" even if this applied only to part of the period.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132

125 Have you been a pupil, apprentice, student in the last 4 weeks before the reference week?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, because I switched to another school, higher education institution or apprenticeship, because of university vacation, school holidays, practical training phase in an establishment, studies at a higher education institution or school abroad, illness, maternity leave	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	8 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128

126 Were you aged 16 years or over on 31 December 2022?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128

127 Which qualification do you wish to obtain by pursuing this education/training?

	Person 1	Person 2	Person 3	Person 4	Person 5
Secondary general school certificate	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University entrance qualification (general or subject-restricted)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship or comparable full-time vocational school certificate	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman certificate	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade and technical school certificate or equivalent	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education degree	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other qualification	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state the other qualification you wish to obtain.

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

128 Which school/higher education institution did you last attend?

Schools of general education

	Person 1	Person 2	Person 3	Person 4	Person 5
Primary school	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation stage in grades 5/6 (e.g. at primary or secondary schools, diagnostic stage)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special school, special needs school, special needs assistance	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School offering several courses of education	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school, evening secondary general school	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school, evening intermediate school	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive school	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waldorf school	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar school	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational grammar school, also grammar school specialising in economics or technical subjects	10 <input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132
Evening grammar school, adult education college	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vocational schools offering a general school certificate

Vocational school offering an intermediate school certificate (e.g. full-time vocational school)	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational school offering an entrance qualification for higher education institutions					
Specialised upper secondary school	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time vocational school	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-year full-time vocational school	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vocational schools

Pre-vocational training year	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic vocational training year	17 <input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132
Vocational school (dual system)	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time vocational school providing a vocational qualification	19 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant)	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant)	21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care)	22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for educators	23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman training programme at trade and technical schools	24 <input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130
Trade and technical school e.g. for technicians, business economists	25 <input type="checkbox"/> } → 132	<input type="checkbox"/> } → 132	<input type="checkbox"/> } → 132	<input type="checkbox"/> } → 132	<input type="checkbox"/> } → 132
Specialised academy (in Bayern only)	26 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn the page for more schools.

still:

128 Higher education institutions

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational academy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences, Cooperative State University (in Baden-Württemberg, Schleswig-Holstein and Thüringen)	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131
University (also college of art and music, college of education, college of theology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral studies	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132

129 Which are the highest grades you attended at a school of general education?

	Person 1	Person 2	Person 3	Person 4	Person 5
Grades 1 to 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades 5 to 9/10	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132
Upper secondary grades in grammar school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

130 What is the title of your master craftsman specialisation?

I This refers to **master** craftsman training programmes **at trade and technical schools**, e.g. master carpenter, master hairdresser, master electrician, master home economist, master plumber and the like.

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/> → 132
Person 4	<input type="text"/>
Person 5	<input type="text"/>

model questionnaire

131 What course of study did you take?

	Person 1	Person 2	Person 3	Person 4	Person 5
Bachelor's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplom degree or comparable course of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

132 Are you 15 years or older?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226

Employment situation in the reference week

133 Did you do at least 1 hour of paid work in the reference week?
Please take into account also self-employment and minor jobs.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

134 Did you work for at least 1 hour in the reference week as an unpaid family worker in a family business?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

135 Do you normally have work or a job from which you were absent in the reference week?
Possible reasons are e.g. holidays, illness or parental leave.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

136 Did you do any casual or small work for payment in the reference week, such as those listed below?
This refers to work that you did not do for your own family.

i It includes working, for example, as/in ...

- | | |
|---|---|
| – waiter/waitress, service employee or temporary helper in a bar, restaurant or hotel | – harvesting |
| – household helper or cleaner | – preparing analyses or reports, scientific work |
| – delivery services driver for restaurants, online shops; or as courier | – academic assistant |
| – babysitter | – bookkeeping |
| – carer of children or of people in need of care | – translator |
| – deliverer of advertising leaflets or free newspapers | – coach in a sports club |
| – hostess/gentleman host | – temporary security worker |
| – private tutor | – freelancer on online platforms |
| – renovation or construction helper (e.g. painting, wallpapering, plastering, installing electrics, plumbing) | – artist or performer |
| – gardening (mowing the lawn, cutting hedges or trees, etc.) | – blogger, influencer, or creating other online content for pay |
| | – pet carer |
| | – preparing events |
| | – other activities |

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141
No 8	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191

137 Why did you not work in the reference week?

i See also p. 113:
5 "Partial retirement" and
6 "Caregiver Leave Act/Family Caregiver Leave Act".

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness, accident (including spa treatment, rehabilitation)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, special leave	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation leave (within the framework of a working time account or an annualised hours contract)	3 <input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141
Maternity leave	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial retirement	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational and continuing training	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act ...	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season	9 <input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
Strike, lockout	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-time work for technical or economic reasons ...	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General and continuing education, school attendance	13 <input type="checkbox"/> → 139	<input type="checkbox"/> → 139	<input type="checkbox"/> → 139	<input type="checkbox"/> → 139	<input type="checkbox"/> → 139
Personal, family responsibilities	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have already found a job but did not yet work in that job in the reference week.	16 <input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191

138 Are you still receiving continued pay, public or social benefits as full or partial wage/salary replacement?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

139 Indicate the total period of your absence from work.

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less	1 <input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141
More than 3 months	8 <input type="checkbox"/> → 192	<input type="checkbox"/> → 192	<input type="checkbox"/> → 192	<input type="checkbox"/> → 192	<input type="checkbox"/> → 192

140 Do you do any work in that job during the off-season?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 192	<input type="checkbox"/> → 192	<input type="checkbox"/> → 192	<input type="checkbox"/> → 192	<input type="checkbox"/> → 192

Job during the reference week

141 What was your status in employment in the reference week?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 114: **7** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official (not including candidates), judge	4 <input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143
Salary earner (not including apprentices)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage earner (not including apprentices), homeworker	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier	10 <input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143
In voluntary military service	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year)	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other employee with a small-scale job	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

142 With whom did you conclude/enter into your apprenticeship contract?

i This refers to remunerated apprenticeships/traineeships.

	Person 1	Person 2	Person 3	Person 4	Person 5
With an establishment (company, shop, office, hospital, public authority)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With an inter-company or external institution as vocational training provider, e.g. a vocational training centre for disabled young people (Berufsbildungswerk), educational centre (Bildungszentrum)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

143 Are you in marginal employment?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 114: **8** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 520-euros job, mini-job (average maximum earnings of 520 euros per month)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's minimum income, unemployment benefit II)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

144 How often do you work in your job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Regularly	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregularly, occasionally	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a seasonal basis	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

145 Please provide some keywords to describe your current job.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1	<input style="width: 400px; height: 25px;" type="text"/>
Person 2	<input style="width: 400px; height: 25px;" type="text"/>
Person 3	<input style="width: 400px; height: 25px;" type="text"/>
Person 4	<input style="width: 400px; height: 25px;" type="text"/>
Person 5	<input style="width: 400px; height: 25px;" type="text"/>

model questionnaire

146 What is the title of your current job?



For example

- fashion shop assistant
- primary school teacher
- travel agent
- construction engineer
- electronic equipment mechanic
- unskilled construction labourer
- nurse

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

147 Do you mainly perform executive or supervisory duties in your job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, executive duties (including the authority to take staff, budget and strategy decisions)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

148 What activities does your current job usually consist of?

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Giving guidance to staff	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising staff	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distributing work	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking the work performed	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

149 Enter the branch of activity of the establishment (location) you currently work in.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you are a **temporary employee**, please enter the branch of activity you currently work in.

Please state the **branch of activity** as accurately as possible, for example

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114: **9** "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

150 Please fold out the flap at the side of page 2 and enter the name and address of the establishment.

i **The name and address of the establishment** will only be used to identify its branch of activity and will not be stored.

151 Are you employed in the public service?

i **The public service comprises** the federal, Land and municipal authorities, publicly maintained schools, the employment agency, the social security institutions, the police and the Federal Armed Forces.

If you work in a privatised successor company of Deutsche Post/Bundesbahn or are employed by a church, please indicate "No".

Yes

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No

model questionnaire

152 How many people work in the establishment (location) you currently work in?

i If you are self-employed and have several establishments/locations, your answer regarding the size of the establishment should refer to the establishment with the highest number of employees.

		Person 1	Person 2	Person 3	Person 4	Person 5
Up to 10 people	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 19 people	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 to 49 people	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 to 249 people	4	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154
250 to 499 people	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
500 people or more	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

153 Please enter the exact number of people working in the establishment.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change of job or occupation

154 Did you change your job/line of business in the reference week or the preceding 12 months?

i If you are **self-employed** or a **freelancer** and you changed your line of business, please mark "Yes".

If you are an employee and you **started a new job** with your current or a new employer, please mark "Yes".

A **change of job** includes a switch from dependent employment to self-employment or freelance work and vice versa.

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156

155 Why did you change your job/line of business?

If there are several reasons, please mark the main one.

		Person 1	Person 2	Person 3	Person 4	Person 5
Start of or search for a better job	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

156 Did you change your occupation in the reference week or the preceding 12 months?

i This includes a change of occupation without retraining.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scope and scale of current job

157 Do you currently have a full-time or part-time job?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

If you are in partial retirement or parental leave please mark the category relating to the time before you entered partial retirement or parental leave.

	Person 1	Person 2	Person 3	Person 4	Person 5
Full-time	1 <input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160
Part-time	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

158 Why do you work part-time?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Could not find full-time work	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School education, studies, other education or advanced training	2 <input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160
Own illness, consequences of an accident	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal reasons	10 <input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160
I want to work part-time	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

159 Why do you yourself look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

160 Are you self-employed/a freelancer or an unpaid family worker?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162

161 How many hours per week do you usually work?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

Please round to the nearest half hour (e. g. 38.5).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

↳ 167 ↳ 167 ↳ 167 ↳ 167 ↳ 167

162 Do you have a working contract for your job with a company that has placed you in a temporary assignment?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

163 Do you have a fixed-term working contract?

i An apprenticeship or training contract is considered as a fixed-term contract.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, fixed-term contract 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, open-ended contract 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

164 Do you have a written employment contract or a verbal agreement?

	Person 1	Person 2	Person 3	Person 4	Person 5
Written employment contract 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal employment agreement 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

165 Do you usually work as many hours per week as contractually agreed?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

166 How many hours a week do you usually work, including regular extra hours and stand-by duty?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

See also p. 114: **10** "Stand-by duty".

Please round to the nearest half hour (e. g. 40.5).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

167 In the reference week, were there any days when you did not work because of vacation or public holidays?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169

168 How many days in total did you not work in the reference week because of vacation or public holidays?

i Please include half days and count them as 0.5.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

169 In the reference week, were there (other) days when you did not work because of illness, injury or a temporary disability?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171

170 How many days in total did you not work in the reference week because of illness?

i Please include half days and count them as 0.5.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

171 In the reference week, were there (other) days when you did not work because of other reasons?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173

model questionnaire

172 How many days in total did you not work in the reference week for other reasons?

i Please include half days and count them as 0.5.

Number of days

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

173 How many hours did you actually work in the reference week?

i **The number of hours actually worked** may differ from the hours usually worked because of overtime, holidays, extra shifts, public holidays, illness and the like.

The number of hours actually worked includes continuing and advanced training, stand-by duty, and work done at home provided that it is a normal part of your job, such as for teachers.

If you did not work in the reference week, please enter "0".

Please round to the nearest half hour (e.g. 28.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Second or additional jobs

174 Did you have more than one paid job in the reference week?

i This includes working as a self-employed person or unpaid family worker.

Yes, I had 2 jobs.

Yes, I had more than 2 jobs.

No

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186

175 Are you in marginal employment in your additional job?

i If you have **more than one additional job**, please answer the questions below for the additional job in which you work the most hours.

See also p. 114: **B** "Marginal employment".

Yes, a 520-euros job, mini-job (average maximum earnings of 520 euros per month)

Yes, short-term employment (a maximum of 3 months or 70 days worked per year)

Yes, a one-euro job (job opportunity for people receiving citizen's minimum income, unemployment benefit II)

No

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

176 How often do you work in your additional job?

Regularly

Irregularly, occasionally

On a seasonal basis

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

177 What is your status in your additional job?

i See also p. 114: **■** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official, judge	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage earner, homemaker	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

178 Please provide some keywords to describe your additional job.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

179 What is the title of your additional job?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

Person 1

Person 2

Person 3

Person 4

Person 5

180 Do you mainly perform executive or supervisory duties in your additional job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, executive duties (including the authority to take staff, budget and strategy decisions)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

181 Enter the branch of activity of the establishment (location) in which you work in your additional job.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you are a **temporary employee**, please enter the branch of activity in which you work in your additional job.

Please state the **branch of activity** as accurately as possible, for example

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114:  "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

182 How many hours a week do you usually work in your additional job, including regular extra hours and stand-by duty?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

Please round to the nearest half hour (e. g. 10.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

183 How many hours did you actually work in your additional job in the reference week?

If you did not work in the reference week, please enter "0".

Please round to the nearest half hour (e. g. 9.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**184 Thinking of your main or additional jobs:
What is the total hours you usually work per week?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 30 hours per week	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 hours per week and more	2 <input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186

185 Why do you work less than 30 hours per week?

If there are several reasons, please indicate the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, advanced training, studies	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness or health problem	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to work more hours but cannot find a job with 30 or more hours.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not want to work 30 hours or more.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours I work in all jobs correspond to a full-time job.	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housework, looking after children or other people	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of desired working hours

186 Would you like to retain your normal weekly working hours or to change them, subject to a corresponding adjustment in earnings?

i The **weekly working hours** include the hours worked in the main job as well as in second and additional jobs.

	Person 1	Person 2	Person 3	Person 4	Person 5
Retain	1 <input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190
Increase	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce	3 <input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189

187 How would you like to increase your working hours?

	Person 1	Person 2	Person 3	Person 4	Person 5
Exclusively by working more hours in the current job(s)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusively by taking up one or more additional jobs	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusively by moving to a job with more working hours	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without tying myself down to one of the above options	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By combining some of the above options	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

188 Thinking of the 2 weeks following the reference week:

Would you be able to start working more hours in these 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

189 How many hours a week would you like to work?

i The **weekly working hours** include the hours worked in the main job as well as in second and additional jobs.

Please round to the nearest half hour (e.g. 32.5).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Search for work by persons in employment/persons with a second job

190 Did you look for different or additional work in the reference week or the preceding 3 weeks?

i **Looking for work includes** any search for paid work, including second or mini-jobs, self-employed or freelance activities, or small-scale activities.

Forms of search are, for instance, looking through job offers in newspapers or on the internet, searching for job vacancies on notice boards, asking acquaintances and relatives.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Last job or absence from work

191 Have you ever done paid work as an employee or self-employed person?

i Retired people and former apprentices please mark "Yes" if they worked for a total of **more than 3 months**.

Former unpaid family workers please mark "Yes".

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203

192 Did you work for more than 3 months in that job?

i If you did paid work several times for a shorter period (e.g. seasonal work or as a student assistant), please mark "Yes" if you worked for a total of more than 3 months.

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

193 Why did you leave or are absent from your last paid job?

If there are several reasons, please mark the main one.

		Person 1	Person 2	Person 3	Person 4	Person 5
Reasons related to the labour market						
Dismissal (including closure of establishment)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of a fixed-term working contract	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale or closure of own enterprise	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family reasons						
Have to look after children	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal reasons						
Own resignation	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or vocational education, studies	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal reasons	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons						
Other main reason	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

197 Please provide some keywords to describe your last job/the job from which you are absent.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

198 What was/is the title of your last job/the job from which you are absent?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

model questionnaire

199 Did you mainly perform executive or supervisory duties in your last job/the job from which you are absent?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, executive duties (including the authority to take staff, budget and strategy decisions)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

200 Enter the branch of activity of the establishment (location) you last worked in or the branch of activity of the job from which you are absent.

i If the establishment has several locations, please enter the main activity of the location, not of the whole enterprise.

If you were a temporary employee, please enter the branch of activity of your last job/the job from which you are absent.

Please state the branch of activity as accurately as possible, for example

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114:

9 "Establishment (location)".

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

201 In your last job/the job from which you are absent: Were you employed in the public service?

i The public service comprises the federal, Land and municipal authorities, publicly maintained schools, the employment agency, the social security institutions, the police and the Federal Armed Forces.

If you worked in a privatised successor company of Deutsche Post/Bundesbahn, most recently or were employed by a church, please indicate "No".

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

202 What type of employment contract did you have in your last main job?

		Person 1	Person 2	Person 3	Person 4	Person 5
Open-ended work contract	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed-term work contract	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

203 Did you make any effort to find (new) work in the reference week or the preceding 3 weeks? This includes any search for a job with only a few hours or activities to start a business.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205

204 What did you do in the reference week or the preceding 3 weeks to find new work?

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Contacted the employment agency (job centre) or other employment authority	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacted private employment organisations	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placed job wanted advertisements	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded to job offers	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent off unsolicited applications	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked friends, relatives, acquaintances	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looked through job offers	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took tests, interviews, exams	8 <input type="checkbox"/> → 215	<input type="checkbox"/> → 215	<input type="checkbox"/> → 215	<input type="checkbox"/> → 215	<input type="checkbox"/> → 215
Placed or updated online CVs	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Searched for premises, offices, equipment for self-employment or a freelance job	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied for licences, concessions or financial resources for self-employment or a freelance job	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took other action for self-employment or a freelance job	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took other action	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

205 Did you find a job in the reference week?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I found a job in the reference week and have started it.	1 <input type="checkbox"/> → 215	<input type="checkbox"/> → 215	<input type="checkbox"/> → 215	<input type="checkbox"/> → 215	<input type="checkbox"/> → 215
Yes, I found a job in the reference week but have not started it yet.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not find a job in the reference week.	8 <input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207

206 When will you start your new job?

Within the next 3 months after the reference week ... 1
 Later, that is, after more than 3 months after the reference week 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

207 If you are not looking for a job, would you nevertheless like to work?

i This also refers to jobs with only a few hours.
 Yes 1
 No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

208 Why did you not look for a job in the reference week and the preceding 3 weeks?

If there are several reasons, please mark the main one.
 No suitable job available 1
 I am awaiting re-employment (following temporary lay-off). 2
 Own illness, consequences of an accident 3
 Permanently reduced earning capacity, permanent disability 4
 Have to look after children 5
 Have to look after people with disabilities 6
 Have to look after people in need of care 7
 Other family responsibilities 8
 Other personal responsibilities 9
 School or vocational education, studies 10
 Retirement 11
 Other main reason 12

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

209 Why do you yourself look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.
 There is no adequate care available in the vicinity. 1
 There is no adequate care available at the relevant times of the day. 2
 Adequate care is too expensive. 3
 I want to do it myself. 4
 Other essential reasons 9

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

210 If a paid job had been available in the reference week, could you have started it within the following 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

211 Why would you not be able to start a new job within the following 2 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	2 <input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217
Permanently reduced earning capacity, permanent disability	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities	8 <input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217
Retirement	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

212 Why do you yourself look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	2 <input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217
Adequate care is too expensive.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

213 Why do you not want to, or why are you not able to work?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	2 <input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217
Permanently reduced earning capacity, permanent disability	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities	8 <input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217
Retirement	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

214 Why do you yourself look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	2 <input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217
Adequate care is too expensive.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

215 How long have you looked or did you look for (other) work?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 1 month	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 3 months	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to less than 6 months	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to less than 12 months	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 1 ½ years	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 ½ to less than 2 years	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 to less than 4 years	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 years or more	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

216 If a paid job had been available in the reference week, could you have started it within the following 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-assessment of life situation in the reference week and other information on employment

217 Regarding your situation in the reference week: which category best describes it?

i See also p. 113:

5 "Partial retirement" and

6 "Caregiver Leave Act/Family Caregiver Leave Act".

Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) and currently

	Person 1	Person 2	Person 3	Person 4	Person 5
on parental leave	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in partial retirement	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fully or partly released from work under the Caregiver Leave Act	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partly released from work under the Family Caregiver Leave Act	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) not on parental leave or in partial retirement and not released from work	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer					
without employees	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil, student	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired or in early retirement	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife/househusband, looking after children or people in need of care	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently unfit for work	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

218 In what year did you enter employment for the first time?

i **This also includes** apprenticeships/company-based vocational training and training at a vocational academy/cooperative state university.

Please mark **“Not applicable”** even if so far you have done only a (second) job as a pupil or student.

	Person 1	Person 2	Person 3	Person 4	Person 5
Year of entering employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226

219 How many years have you been in employment since then?

i Only count the years in which you were actually in employment.

This also includes apprenticeships/company-based vocational training and training at a vocational academy/cooperative state university.

Please round up to full years.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

220 Do you do at least 1 hour of paid work (second job) in a usual week, although you are mainly not in employment (see question 217, answers 10-15)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225

model questionnaire

221 What was your status in your last main job?

i See also p. 114: **■** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official (not including candidates), judge	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner (not including apprentices)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage earner (not including apprentices), homeworker	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship)	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person doing compulsory military/civilian service	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In voluntary military service	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year)	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	99 <input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226

222 Please provide some keywords to describe your last main job.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1	<input style="width: 400px; height: 25px;" type="text"/>
Person 2	<input style="width: 400px; height: 25px;" type="text"/>
Person 3	<input style="width: 400px; height: 25px;" type="text"/>
Person 4	<input style="width: 400px; height: 25px;" type="text"/>
Person 5	<input style="width: 400px; height: 25px;" type="text"/>

223 What was the title of your last main job?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

224 Enter the branch of activity of the establishment (location) in which you last worked in your main job.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you were a temporary employee, please enter the branch of activity of your last main job.

Please state the **branch of activity** as accurately as possible, for example

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114: **9** "Establishment (location)".

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

model questionnaire

225 Please think of the last 5 years. What was the duration of your last unemployment?

	Person 1	Person 2	Person 3	Person 4	Person 5
No unemployment in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of the last unemployment in months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

226 Which are your main sources of livelihood?

i See also p. 114:
m "Main sources of livelihood".

Main sources of livelihood:

Code from List 226

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 226	
Own employment	1
Unemployment benefit I	2
Citizen's minimum income, unemployment benefit II (Hartz IV), social benefit	3
Public assistance, e. g. basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments	4
Pension based on my own entitlements	5
Surviving dependant's pension	15
Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk)	6
Parental allowance	7
Income of the parents	8
Income of the partner, spouse or other relatives	14
Maintenance payments or other regular payments received from other private households	9
Training assistance (BAföG), scholarship/grant	10
Benefits for asylum seekers	11
Benefits from own long-term care insurance (long-term care allowance)	12
Other financial support, e. g. early retirement payments, allowances for foster children, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act , corona emergency aid	13

model questionnaire

227 What was your personal net income (total of all income sources) in the month before the reference week?

i The personal net income

is calculated as gross earnings less taxes and less contributions to health, long-term care and unemployment insurance as well as to statutory pension insurance.

This includes:

- earnings from main and second job(s), extra payments (e.g. Christmas bonus, severance pay, bonus payments)
- pensions
- unemployment benefit I, citizen’s minimum income, unemployment benefit II (Hartz IV), social benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits
- heating and housing benefits, housing allowance, children’s allowance, long-term care allowance, parental allowance, training assistance (BAföG), child bonus, corona emergency aid, and other public payments
- maintenance payments or other regular payments received from other private households
- further income and receipts (e.g. entrepreneurial income, income from renting and leasing, interest, dividends)

See also p. 114:  “Net income”.

Personal net income:

Code from List 227

I had no income. 90

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List 227

Less than 250 euros	1	8 000 to less than 3 250 euros	13
250 to less than 500 euros	2	3 250 to less than 3 500 euros	14
500 to less than 750 euros	3	3 500 to less than 4 000 euros	15
750 to less than 1 000 euros	4	4 000 to less than 4 500 euros	16
1 000 to less than 1 250 euros	5	4 500 to less than 5 000 euros	17
1 250 to less than 1 500 euros	6	5 000 to less than 6 000 euros	18
1 500 to less than 1 750 euros	7	6 000 to less than 7 000 euros	19
1 750 to less than 2 000 euros	8	7 000 to less than 8 000 euros	20
2 000 to less than 2 250 euros	9	8 000 to less than 10 000 euros	21
2 250 to less than 2 500 euros	10	10 000 to less than 15 000 euros	22
2 500 to less than 2 750 euros	11	15 000 to less than 25 000 euros	23
2 750 to less than 3 000 euros	12	25 000 euros or over	24

228 What was the total net income of your household in the month before the reference week?

i The net **income of the household** is the sum of the net incomes of all people in the household.

Net household income

Monthly amount
(full euros)

If you are not able to state an exact amount, please enter the size class of List 227 that corresponds to the amount of your monthly net household income.

Code from List 227

Development of the household income

229 How has net household income changed compared with the previous year?

i Please take into account the income of all household members.

- The net household income has increased. 1
- The net household income is more or less unchanged. 2 → 232
- The net household income has decreased. 3 → 231

230 What is the main reason for the increase in net household income?

- Pay rise or working more hours 1
- Return to work after illness, parental leave, childcare or looking after ill people or people in need of care 2
- Change of job or new job 3
- Change in household composition 4 → 232
- Increase in social benefits or transfer payments 5
- Indexation or reassessment of salary (only for employees in Belgium or Luxembourg) 6
- Other reasons 7

231 What is the main reason for the decrease in net household income?

- Lower wage/salary or working fewer hours (includes also involuntary switch to self-employment) 1
- Parental leave, childcare or looking after ill people or people in need of care 2
- New job 3
- Loss of job, unemployment (including closure of own enterprise in case of self-employment) 4
- Inability to work due to illness, need of care or disability 5
- Divorce, dissolution of partnership or other changes in household composition 6
- Retirement 7
- Reduction of social benefits or transfer payments 8
- Other reasons 9

model questionnaire

232 What development of your net household income do you expect for the next 12 months?

The future net household income ...

- will increase. 1
- will remain unchanged. 2
- will decrease. 3

233 Are you 15 years or older?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

For persons aged under 15 years, the questionnaire ends here!

Educational and vocational attainment

234 Do you hold a general school certificate?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No/No yet	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238

235 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

	Person 1	Person 2	Person 3	Person 4	Person 5
School certificate obtained after no more than 7 years of school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school certificate (also former school type starting with grade 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of general education in the GDR					
school certificate obtained after grade 8 or 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
school certificate obtained after grade 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate, intermediate school-leaving certificate or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education entrance qualification (general or subject-restricted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of special school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

236 Did you obtain your general school certificate in Germany or abroad?

	Person 1	Person 2	Person 3	Person 4	Person 5
Germany	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238
Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

237 How long did you attend school?

Please round to the nearest year.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of years in school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

238 Do you have a vocational training qualification or a higher education degree?

i Vocational training also includes a pre-vocational training year, on-the-job training or an internship of at least 12 months.

A higher education degree also includes a degree from a university of applied sciences.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 240	<input type="checkbox"/> → 240	<input type="checkbox"/> → 240	<input type="checkbox"/> → 240	<input type="checkbox"/> → 240
No/Not yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

239 In what year did you obtain your highest qualification from a school of general education?

Year

Not applicable as I have no general school certificate (yet).

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
↳ 246	↳ 246	↳ 246	↳ 246	↳ 246	↳ 246
<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246

240 In what year did you obtain your highest vocational qualification or your higher education degree?

Year

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

241 Did you obtain your highest vocational qualification or higher education degree in Germany or abroad?

Germany

Abroad

	Person 1	Person 2	Person 3	Person 4	Person 5
Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

242 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

	Person 1	Person 2	Person 3	Person 4	Person 5
On-the-job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internship	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246
Pre-vocational training year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship, vocational training in the dual system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparatory training for the intermediate service in public administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant)	<input type="checkbox"/> → 245	<input type="checkbox"/> → 245	<input type="checkbox"/> → 245	<input type="checkbox"/> → 245	<input type="checkbox"/> → 245
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery teacher/educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's qualification or equivalent trade and technical school certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised and engineering schools of the GDR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised academy (in Bayern only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education institutions					
Diplom degree, Bachelor's, Master's, state examination e.g. for the teaching profession:					
Vocational academy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg, Schleswig-Holstein and Thüringen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's degree	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

Model questionnaire

243 What is the title of the highest degree you obtained from a higher education institution?

	Person 1	Person 2	Person 3	Person 4	Person 5
Bachelor's	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplom degree, state examination e.g. for the teaching profession, artistic and comparable degrees.....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

244 Did you work on your doctorate in the reference week or the preceding 12 months?

i This refers only to doctorates that are supported by a doctoral supervisor.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

245 In what (main) field did you obtain your highest vocational qualification or higher education degree?

i **Fields of vocational training are**
e.g. care for the elderly, floristry, bricklayer, mechatronics technician, care assistant, industrial clerk.

Fields of study are
e.g. mechanical engineering, production engineering, agricultural science, teacher training course (grammar school).

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

246 Were you aged between 16 and 34 years on 31 December 2022?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248

247 Did you ever start school education, vocational training or studies, but then discontinued without a certificate or degree?

i This includes changing the field of education, training or studies.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, once	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, more than once	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuing education and training

248 In the 4 weeks before the reference week, did you participate in continuing vocational training courses/seminars or in leisure, sports or hobby-related courses?

i **Forms of continuing training are**
e.g. courses, seminars, conferences, private tuition, study circles, e-learning activities.

Continuing vocational training includes
retraining, career advancement courses, courses preparing for new tasks in the job, advanced training (e.g. computers, management, rhetoric).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pension insurance

249 Do you receive an old-age pension from statutory pension insurance?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

250 Were you insured under the statutory pension insurance scheme in the reference week?

i See also p. 114:
13 "Statutory pension insurance".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, compulsorily insured	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, voluntarily insured	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internet access and internet use

251 Did you use the internet in the last 3 months?

i You may have used the internet at any location (at home, at work or other places) via any internet-enabled device (e.g. desktop PC, laptop, tablet, smartphone, game console, e-book reader).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

252 Were you aged 16 years or over on 31 December 2022?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

Health insurance coverage

253 What kind of health insurance did you have in 2022?

i For each kind of insurance, please enter the number of months in which you were covered by the respective insurance policy.

By statutory health insurance ...

	Person 1	Person 2	Person 3	Person 4	Person 5
Compulsory insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family member's insurance (number of months) ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student covered by students' health insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student covered by voluntary insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private health insurance ...					
Insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family member's insurance (number of months) ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I was entitled to free statutory medical care for soldiers etc. (number of months).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I was not insured (number of months).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your health

254 How is your health in general?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
Very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

255 Do you have any chronic illness or long-standing health problem?

i This refers to illnesses or health problems that have lasted or are expected to last for at least 6 months.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

256 Are you restricted from activities in normal everyday life due to a health problem?

Would you say you are ...

	Person 1	Person 2	Person 3	Person 4	Person 5
severely limited	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
limited but not severely	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not limited	8 <input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258

257 How long have you been affected by these limitations?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 6 months	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months or more	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

258 Was there any time in the last 12 months when you really needed dental or orthodontic examination or treatment for yourself?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, no need for any examination or treatment.	8 <input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261

259 Did you have an examination or treatment each time you needed it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261
No, there was at least one occasion when I did not have an examination or treatment.	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

260 What was the main reason for not having a dental/orthodontic examination or treatment?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
I could not afford it (too expensive).	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt the waiting time for an appointment or examination was too long.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not take the time because of work or family responsibilities.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was too far away for me./I had no means of transport.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of dentists/orthodontists, hospitals, examinations or treatment.	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to wait and see if the problem got better on its own.	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know any good dentist or orthodontist.	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had other reasons.	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

261 Was there any time in the last 12 months when you really needed any other medical examination or treatment (excluding dental/orthodontic) for yourself?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, no need for any examination or treatment. 8	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264

262 Did you have an examination or treatment each time you needed it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264
No, there was at least one occasion when I did not have an examination or treatment. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

263 What was the main reason for not having a medical examination or treatment?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
I could not afford it (too expensive). 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt the waiting time for an appointment or examination was too long. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not take the time because of work or family responsibilities. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was too far away for me./I had no means of transport. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of doctors, hospitals, examinations or treatment. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to wait and see if the problem got better on its own. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know any good doctor. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had other reasons. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

264 Which of the following statements apply to your life situation?

I can replace worn-out clothes by new (not second-hand) ones.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have at least two pairs of properly fitting shoes in a good condition that are suitable for daily activities.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I get together with friends or relatives for a drink/meal at least once a month.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I regularly participate in leisure activities, even if they cost money (e.g. exercise, sporting events, cinema, concerts).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I spend a small amount of money each week on myself (e.g. for magazines, small gifts or going out for ice cream).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have an internet connection for personal use when I need it (e.g. via smartphone, computer, laptop or tablet).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

265 Overall, how satisfied are you with your life?

i Please answer on a scale from 0 to 10 where "0" is "Not at all satisfied" and "10" is "Completely satisfied".

Please mark only one box.

	Not at all satisfied										Completely satisfied		
	0	1	2	3	4	5	6	7	8	9	10		
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

266 Some say that you can trust most people. Others think that you cannot be careful enough with other people.

Do you think that one can trust most people?

i Please answer on a scale from 0 to 10 where "0" is "You cannot trust anyone" and "10" is "You can trust most people".

Please mark only one box.

	You cannot trust anyone										You can trust most people		
	0	1	2	3	4	5	6	7	8	9	10		
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

267 Overall, how satisfied are you with your current job?

i Please answer on a scale from 0 to 10 where "0" is "not at all satisfied" and "10" is "completely satisfied".

Please mark only one box.

	Not at all satisfied										Completely satisfied		Don't know	Not applicable
	0	1	2	3	4	5	6	7	8	9	10	99		
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

268 Do you have relatives, friends, neighbours or other people you could ask for financial assistance (money, loans or similar support) if you needed it?

i This refers to people not living in your household.

Yes

No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

269 Do you have relatives, friends, neighbours or other people you could ask for other help if you needed it?

This may be someone to talk to about personal matters or to help with daily activities.

i This refers to people not living in your household.

Yes

No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Your life situation when you were around 14 years old

	Person 1	Person 2	Person 3	Person 4	Person 5
270 Are you currently aged between 25 and 59 years?					
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285
271 In what kind of household did you live when you were around 14 years old?					
Private household	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collective or institutional household (e.g. children's home)	8 <input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285
272 Was the dwelling/single-family house in which you lived when you were around 14 years old ...					
an owner-occupied dwelling/house?	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a rented dwelling/house?	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The household occupied the dwelling/house rent-free.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
273 Did you live in the same household as your mother (or the person you considered to be your mother) when you were around 14 years old?					
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, she did not live in the same household, but I had contact with her.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, she did not live in the same household and I had no contact with her.	3 <input type="checkbox"/> } → 277	<input type="checkbox"/> } → 277	<input type="checkbox"/> } → 277	<input type="checkbox"/> } → 277	<input type="checkbox"/> } → 277
No, she had already died.	4 <input type="checkbox"/> }	<input type="checkbox"/> }	<input type="checkbox"/> }	<input type="checkbox"/> }	<input type="checkbox"/> }
274 What is the highest general school certificate your mother (or the person you considered to be your mother) had when you were around 14 years old?					
<i>Please convert any foreign qualifications to German equivalents.</i>					
No school leaving certificate	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school certificate	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate, school leaving certificate after grade 10, or equivalent	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of ten-grade school of general education in the GDR (eighth to tenth grade)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education entrance qualification (general or subject-restricted)	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

275 What is the highest vocational training qualification or higher education degree your mother (or the person you considered to be your mother) had when you were around 14 years old?

Please convert any foreign qualifications to German equivalents.

	Person 1	Person 2	Person 3	Person 4	Person 5
No vocational qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job training, internship or pre-vocational training year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed apprenticeship/vocational training or training for intermediate service in public administration/completion of a full-time vocational school or a secondary school offering general as well as vocational education to pupils aged 16 to 19 or a 1-year school for nurses, midwives etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualification as a master craftsman/technician or equivalent, completion of a 2-year or 3-year school for nurses, midwives etc., at a specialised academy or a specialised and engineering school in the GDR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education degree (e.g. Diplom degree, Magister degree, state examination, bachelor's degree, master's degree), doctor's degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

276 What is the main activity status that applied to your mother (or the person you considered to be your mother) when you were around 14 years old?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
She was an employee (full-time or part-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She was self-employed or a family worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She was unemployed or looking for a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She was retired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She was permanently unfit for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She was a housewife or had care responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not in employment for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

277 Did you live in the same household as your father (or the person you considered to be your father) when you were around 14 years old?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, he did not live in the same household, but I had contact with him.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, he did not live in the same household and I had no contact with him.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, he had already died.	<input type="checkbox"/> } → 281	<input type="checkbox"/> } → 281	<input type="checkbox"/> } → 281	<input type="checkbox"/> } → 281	<input type="checkbox"/> } → 281

278 What is the highest general school certificate your father (or the person you considered to be your father) had when you were around 14 years old?

Please convert any foreign qualifications to German equivalents.

	Person 1	Person 2	Person 3	Person 4	Person 5
No school leaving certificate	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school certificate	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate, school leaving certificate after grade 10, or equivalent	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of ten-grade school of general education in the GDR (eighth to tenth grade)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education entrance qualification (general or subject-restricted)	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

279 What is the highest vocational training qualification or higher education degree your father (or the person you considered to be your father) had when you were around 14 years old?

Please convert any foreign qualifications to German equivalents.

	Person 1	Person 2	Person 3	Person 4	Person 5
No vocational qualification	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job training, internship or pre-vocational training year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed apprenticeship/vocational training or training for intermediate service in public administration/completion of a full-time vocational school or a secondary school offering general as well as vocational education to pupils aged 16 to 19 or a 1-year school for nurses, midwives etc.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualification as a master craftsman/technician or equivalent, completion of a 2-year or 3-year school for nurses, midwives etc., at a specialised academy or a specialised and engineering school in the GDR	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education degree (e. g. Diplom degree, Magister degree, state examination, bachelor's degree, master's degree), doctor's degree	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

280 What is the main activity status that applied to your father (or the person you considered to be your father) when you were around 14 years old?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
He was an employee (full-time or part-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He was self-employed or a family worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He was unemployed or looking for a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He was retired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He was permanently unfit for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
He was a househusband or had care responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not in employment for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

281 How did you rank the financial situation at home when you were around 14 years old?

	Person 1	Person 2	Person 3	Person 4	Person 5
Very bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderately bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderately good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

282 Did all children (under 18 years) in your household have all their basic school needs met (e.g. books, school bag, pens/pencils) when you were around 14 years old?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, due to financial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

283 Did all children (under 18 years) in your household have a daily meal with meat, chicken or fish or a vegetarian equivalent when you were around 14 years old?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, due to financial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

284 Did all children (under 18 years) in your household go on holiday away from home for at least 1 week per year when you were around 14 years old?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, due to financial reasons	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Past experience of housing difficulties or renting difficulties

285 Have you ever experienced involuntary or enforced housing difficulties?

If you experienced housing difficulties more than once, please indicate the most recent occurrence.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, staying with friends or relatives temporarily because I had no place to stay	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, staying in emergency accommodation or other temporary residential building/facility (e.g. emergency shelter, women's refuge, refugee reception centre)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, staying in a place not intended as a permanent home (e.g. tent, garage, house to be demolished)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, homeless or living in the street	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	5 <input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288

286 What was the reason for experiencing housing difficulties?

If there are several reasons, please indicate the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Relationship or family problems	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health problems	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of a rental contract	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninhabitable accommodation	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving an institution after a long stay and no home to go to	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial problems or insufficient income	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

287 What enabled you to get out of housing difficulties?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
Found new partner or solved relationship problems with partner or family	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressed health problems	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gained employment	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved into social or subsidised dwelling	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Still experiencing housing difficulties	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

288 In the last twelve months, have you, or has your household been unable to pay on time the rent for your dwelling without borrowing money or taking loans due to financial difficulties?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/> } p. 89 289	<input type="checkbox"/> } p.95 289	<input type="checkbox"/> } p.101 289	<input type="checkbox"/> } p.107 289

model questionnaire

model questionnaire

Note 

Please enter your name in the box at the side.

Person 1:

289 Was your situation unchanged over the entire year of 2022?

If yes, please enter the code from List 289. → 290

If no, please enter for each month the code from List 289 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 289

Employee, public official (including temporary or professional soldier)		Apprentice receiving apprenticeship pay	10
Full-time	1	Unpaid family worker in a family business	
Part-time	2	Full-time	11
Self-employed person, freelancer		Part-time	12
Full-time	3	In the Federal Volunteer Service (also social, ecological or cultural year)	13
Part-time	4	In voluntary military service	14
In marginal employment	5	Pupil, person in non-remunerated vocational training, student	15
Person in employment ...		Pensioner	16
on parental leave	6	Unemployed	17
in partial retirement	7	Housewife/househusband	18
fully or partly released from work under the Caregiver Leave Act	8	Permanently unfit for work	19
partly released from work under the Family Caregiver Leave Act	9	Other	20

290 Were you registered as unemployed with the Federal Employment Agency in 2022?

Yes 1

No 8 → 292

291 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2022?

Yes 1

No, only for part of the period of unemployment 8

296 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2022?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

297 Did you receive income from self-employment or freelance work in 2022?

Yes 1

No 8 → 299

298 What was your income from self-employment or freelance work in 2022?

i Please also take into account withdrawals in kind or profits from the business assets. If you have generated negative income (losses) in total in 2022, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

Income from pensions in 2022

299 Did you receive pensions based on your own entitlements in 2022?

Yes 1

No 8 → 301

model questionnaire

300 What income from pensions based on your own entitlements did you receive in 2022?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	8 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

301 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2022?

i Please enter the amount received, not including health insurance contribution

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

302 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2022?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

model questionnaire

303 Did you receive unemployment benefit I or other benefits from the employment agency in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit I	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Financial support for continuing training	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Transitional allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

304 Did you receive any of the following benefits in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), subsidies for the Upgrading training assistance (Aufstiegs-BAföG)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	

model questionnaire

305 Did you receive any of the following benefits in 2022 due to the coronavirus crisis?

	No	Yes	Number of months	Amount per month (full euros)	Annual net amount (full euros)
For childcare: Corona sickness pay for children	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
For self-employed people: Grants through Corona economic aid (e.g. bridging, restart, hardship aid).	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Private old-age provision and benefits from private old-age provision in 2022

306 Did you make contributions to private old-age provision in 2022 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

307 Did you receive a pension from private old-age provision in 2022 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

308 Have you yourself answered the questions from 97?

Yes 1 → 310

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 310

309 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

310 How many minutes did it take you to complete the questionnaire?

Number of minutes

Note

Please enter your name in the box at the side.

Person 2:

289 Was your situation unchanged over the entire year of 2022?

If yes, please enter the code from List 289. → 290

If no, please enter for each month the code from List 289 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 289

Employee, public official (including temporary or professional soldier)		Apprentice receiving apprenticeship pay	10
Full-time	1	Unpaid family worker in a family business	
Part-time	2	Full-time	11
Self-employed person, freelancer		Part-time	12
Full-time	3	In the Federal Volunteer Service (also social, ecological or cultural year)	13
Part-time	4	In voluntary military service	14
In marginal employment	5	Pupil, person in non-remunerated vocational training, student	15
Person in employment ...		Pensioner	16
on parental leave	6	Unemployed	17
in partial retirement	7	Housewife/househusband	18
fully or partly released from work under the Caregiver Leave Act	8	Permanently unfit for work	19
partly released from work under the Family Caregiver Leave Act	9	Other	20

290 Were you registered as unemployed with the Federal Employment Agency in 2022?

Yes 1

No 8 → 292

291 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2022?

Yes 1

No, only for part of the period of unemployment 8

296 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2022?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

297 Did you receive income from self-employment or freelance work in 2022?

Yes 1
 No 8 → 299

298 What was your income from self-employment or freelance work in 2022?

i Please also take into account withdrawals in kind or profits from the business assets. If you have generated negative income (losses) in total in 2022, please enter this amount with a minus sign.

Income Gross annual amount (full euros)

Income from pensions in 2022

299 Did you receive pensions based on your own entitlements in 2022?

Yes 1
 No 8 → 301

model questionnaire

300 What income from pensions based on your own entitlements did you receive in 2022?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	8 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

301 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2022?

i Please enter the amount received, not including health insurance contribution

No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

302 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2022?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

model questionnaire

Income from other public institutions in 2022

303 Did you receive unemployment benefit I or other benefits from the employment agency in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit I	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Financial support for continuing training	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Transitional allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

304 Did you receive any of the following benefits in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), subsidies for the Upgrading training assistance (Aufstiegs-BAföG)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	

model questionnaire

305 Did you receive any of the following benefits in 2022 due to the coronavirus crisis?

	No	Yes	Number of months	Amount per month (full euros)	Annual net amount (full euros)
For childcare: Corona sickness pay for children	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
For self-employed people: Grants through Corona economic aid (e.g. bridging, restart, hardship aid).	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Private old-age provision and benefits from private old-age provision in 2022

306 Did you make contributions to private old-age provision in 2022 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

307 Did you receive a pension from private old-age provision in 2022 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

308 Have you yourself answered the questions from 97?

Yes 1 → 310

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 310

309 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

310 How many minutes did it take you to complete the questionnaire?

Number of minutes

Note 

Please enter your name in the box at the side.

289 Was your situation unchanged over the entire year of 2022?

If yes, please enter the code from List 289. → 290

If no, please enter for each month the code from List 289 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 289	
Employee, public official (including temporary or professional soldier)	
Full-time	1
Part-time	2
Self-employed person, freelancer	
Full-time	3
Part-time	4
In marginal employment	5
Person in employment ...	
on parental leave	6
in partial retirement	7
fully or partly released from work under the Caregiver Leave Act	8
partly released from work under the Family Caregiver Leave Act	9
Apprentice receiving apprenticeship pay	10
Unpaid family worker in a family business	
Full-time	11
Part-time	12
In the Federal Volunteer Service (also social, ecological or cultural year)	13
In voluntary military service	14
Pupil, person in non-remunerated vocational training, student	15
Pensioner	16
Unemployed	17
Housewife/househusband	18
Permanently unfit for work	19
Other	20

290 Were you registered as unemployed with the Federal Employment Agency in 2022?

Yes 1

No 8 → 292

291 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2022?

Yes 1

No, only for part of the period of unemployment 8

Person 3:

296 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2022?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

297 Did you receive income from self-employment or freelance work in 2022?

Yes 1

No 8 → 299

298 What was your income from self-employment or freelance work in 2022?

i Please also take into account withdrawals in kind or profits from the business assets. If you have generated negative income (losses) in total in 2022, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

Income from pensions in 2022

299 Did you receive pensions based on your own entitlements in 2022?

Yes 1

No 8 → 301

model questionnaire

300 What income from pensions based on your own entitlements did you receive in 2022?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	8 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

301 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2022?

i Please enter the amount received, not including health insurance contribution

No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

302 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2022?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

model questionnaire

Income from other public institutions in 2022

303 Did you receive unemployment benefit I or other benefits from the employment agency in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit I	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Financial support for continuing training	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Transitional allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

304 Did you receive any of the following benefits in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), subsidies for the Upgrading training assistance (Aufstiegs-BAföG)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	

305 Did you receive any of the following benefits in 2022 due to the coronavirus crisis?

	No	Yes	Number of months	Amount per month (full euros)	Annual net amount (full euros)
For childcare: Corona sickness pay for children	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
For self-employed people: Grants through Corona economic aid (e.g. bridging, restart, hardship aid).	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Private old-age provision and benefits from private old-age provision in 2022

306 Did you make contributions to private old-age provision in 2022 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

307 Did you receive a pension from private old-age provision in 2022 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

308 Have you yourself answered the questions from 97?

Yes 1 → 310

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 310

309 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

310 How many minutes did it take you to complete the questionnaire?

Number of minutes

model questionnaire

Note 

Please enter your name in the box at the side.

289 Was your situation unchanged over the entire year of 2022?

If yes, please enter the code from List 289. → 290

If no, please enter for each month the code from List 289 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 289	
Employee, public official (including temporary or professional soldier)	
Full-time	1
Part-time	2
Self-employed person, freelancer	
Full-time	3
Part-time	4
In marginal employment	5
Person in employment ...	
on parental leave	6
in partial retirement	7
fully or partly released from work under the Caregiver Leave Act	8
partly released from work under the Family Caregiver Leave Act	9
Apprentice receiving apprenticeship pay	10
Unpaid family worker in a family business	
Full-time	11
Part-time	12
In the Federal Volunteer Service (also social, ecological or cultural year)	13
In voluntary military service	14
Pupil, person in non-remunerated vocational training, student	15
Pensioner	16
Unemployed	17
Housewife/househusband	18
Permanently unfit for work	19
Other	20

290 Were you registered as unemployed with the Federal Employment Agency in 2022?

Yes 1

No 8 → 292

291 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2022?

Yes 1

No, only for part of the period of unemployment 8

296 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2022?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e. g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e. g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

297 Did you receive income from self-employment or freelance work in 2022?

Yes 1

No 8 → 299

298 What was your income from self-employment or freelance work in 2022?

i Please also take into account withdrawals in kind or profits from the business assets. If you have generated negative income (losses) in total in 2022, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2022

299 Did you receive pensions based on your own entitlements in 2022?

Yes 1

No 8 → 301

model questionnaire

300 What income from pensions based on your own entitlements did you receive in 2022?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	8 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

301 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2022?

i Please enter the amount received, not including health insurance contribution

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

302 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2022?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

model questionnaire

Income from other public institutions in 2022

303 Did you receive unemployment benefit I or other benefits from the employment agency in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit I	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Financial support for continuing training	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Transitional allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

304 Did you receive any of the following benefits in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), subsidies for the Upgrading training assistance (Aufstiegs-BAföG)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	

305 Did you receive any of the following benefits in 2022 due to the coronavirus crisis?

	No	Yes	Number of months	Amount per month (full euros)	Annual net amount (full euros)
For childcare: Corona sickness pay for children	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
For self-employed people: Grants through Corona economic aid (e.g. bridging, restart, hardship aid).	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Private old-age provision and benefits from private old-age provision in 2022

306 Did you make contributions to private old-age provision in 2022 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

307 Did you receive a pension from private old-age provision in 2022 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

308 Have you yourself answered the questions from 97?

Yes 1 → 310

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 310

309 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

310 How many minutes did it take you to complete the questionnaire?

Number of minutes

Note 

Please enter your name in the box at the side.

289 Was your situation unchanged over the entire year of 2022?

If yes, please enter the code from List 289. → 290

If no, please enter for each month the code from List 289 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 289

Employee, public official (including temporary or professional soldier)		Apprentice receiving apprenticeship pay	10
Full-time	1	Unpaid family worker in a family business	
Part-time	2	Full-time	11
Self-employed person, freelancer		Part-time	12
Full-time	3	In the Federal Volunteer Service (also social, ecological or cultural year)	13
Part-time	4	In voluntary military service	14
In marginal employment	5	Pupil, person in non-remunerated vocational training, student	15
Person in employment ...		Pensioner	16
on parental leave	6	Unemployed	17
in partial retirement	7	Housewife/househusband	18
fully or partly released from work under the Caregiver Leave Act	8	Permanently unfit for work	19
partly released from work under the Family Caregiver Leave Act	9	Other	20

290 Were you registered as unemployed with the Federal Employment Agency in 2022?

Yes 1

No 8 → 292

291 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2022?

Yes 1

No, only for part of the period of unemployment 8

292 **Thinking of your main or additional jobs:
How many hours per week did you usually
work in 2022?**

Number of hours.....	Number _ _
Not applicable as I was not in employment in the entire calendar year of 2022.	
	8 <input type="checkbox"/>

Income from employment in 2022

293 **Did you receive income (wage/salary) as an
employee in 2022?**

i This includes mini-jobs and remuneration
of public officials or judges.

Yes	1 <input type="checkbox"/>
No	8 <input type="checkbox"/> → 297

294 **Did you receive the following types of
income (wage/salary) as an employee or
public official in 2022?**

i Please enter the net amount (income after
deduction of taxes and social insurance
contributions, if applicable).

			Number of months		Yes		Net amount per month (full euros)		Annual net amount (full euros)
	No	Yes							
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _	_ _ _ _ _	or	_ _ _ _ _ _
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _	_ _ _ _ _	or	_ _ _ _ _ _

295 **Did you receive one or more of the
following extra payments in 2022?**

i Please enter the net amount

						Annual net amount (full euros)
	No	Yes				
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _ _ _ _ _
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _ _ _ _ _
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _ _ _ _ _
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _ _ _ _ _
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _ _ _ _ _
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/>		→		_ _ _ _ _ _

model questionnaire

296 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2022?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e. g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e. g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

297 Did you receive income from self-employment or freelance work in 2022?

Yes 1

No 8 → 299

298 What was your income from self-employment or freelance work in 2022?

i Please also take into account withdrawals in kind or profits from the business assets. If you have generated negative income (losses) in total in 2022, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

Income from pensions in 2022

299 Did you receive pensions based on your own entitlements in 2022?

Yes 1

No 8 → 301

model questionnaire

300 What income from pensions based on your own entitlements did you receive in 2022?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	8 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

301 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2022?

i Please enter the amount received, not including health insurance contribution

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

302 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2022?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

model questionnaire

Income from other public institutions in 2022

303 Did you receive unemployment benefit I or other benefits from the employment agency in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit I	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Financial support for continuing training	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Transitional allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

304 Did you receive any of the following benefits in 2022?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), subsidies for the Upgrading training assistance (Aufstiegs-BAföG)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	

305 Did you receive any of the following benefits in 2022 due to the coronavirus crisis?

	No	Yes	Number of months	Amount per month (full euros)	Annual net amount (full euros)
For childcare: Corona sickness pay for children	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
For self-employed people: Grants through Corona economic aid (e.g. bridging, restart, hardship aid).	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Private old-age provision and benefits from private old-age provision in 2022

306 Did you make contributions to private old-age provision in 2022 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

307 Did you receive a pension from private old-age provision in 2022 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

308 Have you yourself answered the questions from 97?

Yes 1 → 310

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 310

309 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

310 How many minutes did it take you to complete the questionnaire?

Number of minutes

1 Living floor space

The total living floor space of the dwelling is the cumulative floor space of all rooms in the dwelling. Rooms outside the self-contained dwelling (e.g. mansards) and cellar and attic rooms converted for residential use also form part of the dwelling. The living floor space of a rented dwelling is usually stated in the tenancy agreement. If you calculate the living floor space yourself please include the individual areas as follows:

- the full living floor space of rooms with a clear height of at least 2 metres;
- half the living floor space of rooms or of floor areas under a sloping ceiling in rooms with a clear height of at least 1 metre but less than 2 metres;
- a quarter of the floor space of balconies, loggias, roof gardens.

2 Payment of rent for Hartz IV recipients

Recipients of Hartz IV benefits (unemployment benefit II, social benefit) whose rent is paid in full or in part by the employment agency (job centre) are to state the full amount of rent and incidental rental expenses paid to the landlord/landlady or property management.

3 Today's territory

"Today's territory" refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

4 Citizenship

German by birth

Please mark "German by birth" also in these cases:

- Expellees:
People who did not acquire German citizenship by birth but acquired it due to their **recognition as persons of ethnic German origin** in accordance with Section 1 of the Federal Expellees Act **and** who **immigrated** to today's territory of Germany **before 1950**, please mark "German by birth". For those who immigrated in 1950 or later, please see the notes on ethnic German repatriates.
- If you were temporarily deprived of German citizenship that you had acquired by birth, please mark "German by birth".
- Children born within marriage to a German mother and a foreign father after 1 April 1953 and before 1 January 1975 and who, consequently, acquired German citizenship by means of a declaration or by naturalisation please mark "German by birth".
- Children of a parent of German citizenship:
Children born outside marriage to a German father and a foreign mother before 1 July 1993 and who acquired German citizenship by naturalisation please mark "German by birth".
- People who acquired German citizenship by legitimation (e.g. subsequent marriage of the parents of a child born outside marriage) by 30 June 1998 please mark "German by birth".
- People who have acquired German citizenship since 2021 by means of a declaration in accordance with Section 5 of the Nationality Act please mark "German by birth".
- People born in Saarland:
People born in Saarland between 1947 and 1956, at least one of whose parents had German citizenship when the child was born, please mark "German by birth" even if they had French citizenship at the time of birth.

Ethnic German repatriates with and without naturalisation

- People who came to Germany as ethnic German repatriates between 1993 and 2000 received an official certificate of naturalisation (not a certificate in accordance with Section 7 of the Nationality Act). In this case, please mark "As a naturalised (ethnic) German repatriate".
- For people who have been granted German citizenship on the grounds of their eligibility for naturalisation as an ethnic German repatriate: please mark "As a naturalised (ethnic) German repatriate".
- For people with a certificate in accordance with Section 7 of the Nationality Act: please mark "As a non-naturalised (ethnic) German repatriate".

Notes on "**German by naturalisation**" in case of marriage
People who acquired German citizenship by marriage or by a declaration or naturalisation due to marriage please mark "German by naturalisation".

5 Partial retirement

The Act on Facilitating a Smooth Transition to Retirement provides the framework conditions for partial retirement agreements between employers and employees. The employment agency promotes part-time work arrangements for employees who reduce their working hours to half of the regular working time when they are 55 years old or older.

Caregiver Leave Act/Family Caregiver Leave Act

Employees have the right to be temporarily released from work to look after close relatives at home. They may choose between two different release options: Under the Caregiver Leave Act, employees may be released from work on a full-time or part-time basis for a maximum of six months to look after a close relative in need of care.

Since 2015 there has been a legal right to family caregiver leave. This allows employees to reduce their weekly working hours if they care for relatives in need of care in their home environment.

7 Categorisation of job

If you are self-employed and only employ unpaid family workers (no wage or salary), please mark the category "Self-employed without employees". Those who work freelance or on a contract basis are considered as self-employed, including people who provide tuition, give private lessons or babysit. If you work without pay in a business owned by a family member or relative, you are an unpaid family worker. If you receive pay for your work, you are either a wage earner or salary earner.

Public officials include officials employed by the Protestant Church and the Roman Catholic Church. "Insurance officers" and "bank officers" should classify themselves as salary earners.

The category of wage earners comprises skilled workers as well as semi-skilled and unskilled workers.

If you are an intern, a (paid) trainee or a volunteer in the Federal Volunteer Service in your additional job, please indicate „Salary earner“.

8 Marginal employment

In the case of marginal employment, that is, a 520-euros job (also referred to as mini-job; with a pay of up to 520 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

A job is also considered to be marginal employment if it is limited to a maximum of three months or 70 days worked per year.

People in a one-euro job continue to receive citizen's minimum income, unemployment benefit II plus an additional expenses allowance of usually 1 to 2 euros per hour worked.

9 Establishment (location)

An establishment is the location where you work (e.g. a shop, freelancer's office, agricultural holding, location of an enterprise, body governed by public law, etc.).

A location (e.g. a specific establishment of an enterprise) may comprise several separate work places (such as a production site, a warehouse and an administrative building all on the business premises). The people working at those work places belong to one and the same establishment.

The people working in an establishment include part-time workers, apprentices, working proprietors and unpaid family workers.

10 Stand-by duty

The whole period of stand-by duty is to be included in the weekly working hours. Stand-by duty means that an employee has to be on stand-by at a place specified by the employer to perform work if necessary.

This is to be distinguished from on-call duty. On-call duty means that the employee is free to decide where to stay. The employee is required to start work within reasonable time if the need arises. In this case, only the actual hours worked and the travelling time count as working time.

11 Main sources of livelihood

If you are in employment, this does not have to be your main source of livelihood (e.g. the living expenses of apprentices are often paid by their parents). If you pay your living expenses mainly from what you earn in marginal employment, please enter employment. Pensioners who are still in employment may live mainly on what they earn or on their pension, depending on the amount of benefits they receive.

Regular payments of life assurance companies (including benefits paid by pension funds of specific liberal professions such as doctors or pharmacists) are regarded as maintenance payments from own property.

12 Net income

Please also include:

- benefits paid to encourage capital formation,
- advances,
- rent paid for company-owned housing,
- interest received, dividends, other property income and similar amounts,
- income in kind (e.g. foodstuffs, free coal for miners).

Long-term care benefits in kind (provided by care homes and home care services) are not to be included here.

13 Statutory pension insurance

You have statutory pension insurance if you are insured with the German Federal Pension Insurance (Deutsche Rentenversicherung Bund, formerly BfA, LVA) or the German Pension Insurance Miners, Railway and Maritime (Knappschaft-Bahn-See). This includes the statutory pension insurance of a foreign country (e.g. people who live in Germany but are employed subject to social insurance contributions in a neighbouring country).

You also have statutory pension insurance if you

- pay contributions to the agricultural pension fund,
- work in a Federal Volunteer Service,
- do a year of voluntary work in the social, cultural or ecological sector
- do voluntary military service or
- do reserve duty training as a soldier.

Statutory pension insurance is compulsory mainly for wage earners, salary earners and certain self-employed persons (e.g. home workers with no more than two assistants from outside their family). Public officials and comparable salary earners (employees of health insurance institutions with public official status), self-employed persons (with few exceptions) and unpaid family workers without a working contract are exempted from compulsory pension insurance.

Contributions are paid for unemployed persons who receive unemployment benefit I. They are therefore regarded as liable to compulsory statutory pension insurance. With effect from 1 January 2011, contributions are no longer paid for unemployed persons receiving unemployment with citizen's minimum income, benefit II (Hartz IV). They are not liable to compulsory insurance.

This does not refer to company old-age pension schemes, public officials' pension scheme, occupational pension schemes and private old-age pension schemes (e.g. state-sponsored private pension plan according to "Riester", life assurance and the like).

Notification in accordance with Section 17 of the Federal Statistics Act (BStatG)¹ and with the General Data Protection Regulation (EU) 2016/679 (GDPR)²

Purpose, type and scope of the survey

The microcensus collects statistical data on the population and the labour market as well as on income, living conditions and housing circumstances of households on a representative basis. The data are collected based on different survey components. The survey units are persons, households and dwellings.

The purpose of the microcensus is to provide statistical data, with a detailed subject-related breakdown, on the population structure, the economic and social situation of the population, of families and households, on the labour market, the occupational structure and education of the labour force, and on the housing circumstances. It also serves to meet European obligations. Every year, up to one percent of the population may be surveyed. In every sampling district, the survey is conducted not more than four times within five consecutive calendar years. Data for the additional survey component concerning income and living conditions will be collected from a maximum of 12 percent of the microcensus respondents.

Legal basis, voluntariness

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Implementing Regulations (EU) No 2019/2180, (EU) No 2019/2181, (EU) No 2019/2242, (EU) No 2020/1721 and (EU) No 2021/2052, Delegated Regulations (EU) No 2020/256, (EU) No 2020/258, (EU) No 2020/2175, (EU) No 2021/466 and (EU) No 2022/29 and implementing Decision (EU) No 2020/2050 in conjunction with the Federal Statistics Act (BStatG).

Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10 and Section 8 (1) to (3) of the Microcensus Act.

Providing information is voluntary in accordance with Section 8 (3) in conjunction with Section 13 (7), second sentence, of the Microcensus Act.

The legal basis for processing the data you have provided is the consent pursuant to Article 6 paragraph 1 point (a) – where relevant – in conjunction with Article 9 paragraph 2 point (a) of GDPR.

Consent to the processing of the personal data can be revoked at any time. The revocation will only apply in the future. Any processing of information prior to the revocation will not be affected by it.

The legal basis for evaluations of data on the type and extent of the provision of information (e.g. device used or time spent) is Section 6 (1), first sentence, no. 2 of the Federal Statistics Act.

Controller

The controller responsible for processing your data is the statistical office responsible for your Land.

The contact details are available at:

<https://www.statistikportal.de/de/statistische-aemter>.

Confidentiality

The individual data collected are always kept confidential in accordance with Section 16 of the Federal Statistics Act. Individual data may be passed on only in exceptional cases explicitly regulated by law.

Individual data may in particular be transmitted to:

- public agencies and institutions within the official statistics network which are entrusted with the production of federal or European statistics (e.g. the statistical offices of the Länder, the Deutsche Bundesbank, the Statistical Office of the European Union [Eurostat]),
- service providers with whom a contractual relationship exists (here: Federal Information Technology Centre (ITZBund) as the IT service provider of the Federal Statistical Office, computer centres of the Länder).

Pursuant to Section 16 (6) of the Federal Statistics Act, institutions of higher education or other institutions tasked with independent scientific research may, for the purpose of carrying out scientific projects, be provided

1. with individual data if attributing the anonymised individual data to the relevant respondents or data subjects requires unreasonable effort in terms of time, cost and manpower (de facto anonymised individual data),
2. with access to individual data not including name and address (formally anonymised individual data) within specially protected areas of the Federal Statistical Office and the statistical offices of the Länder, if effective measures are in place to safeguard confidentiality.

A list of regularly contracted IT service providers can be found here <https://www.statistikportal.de/de/statistische-aemter>.

Article 11 of Regulation (EU) No 2019/1700 provides for transmission of collected individual data to the Commission (Eurostat). Pursuant to Article 15 of Regulation (EU) No 2019/1700, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat and in accordance with the conditions stipulated in Article 7 of Regulation (EU) No 557/2013 - provide access to individual data not including name and address for scientific purposes and pass on sets of individual data from the data sets regarding the domains specified in Article 3 of Regulation (EU) No 2019/1700 provided that those sets of individual data have been modified so as to reduce the risk of identifying the statistical unit to an appropriate level.

Persons receiving individual data are also obliged to maintain confidentiality.

¹ The up-to-date wording of the relevant national legal provisions can be found at <https://www.gesetze-im-internet.de/> (search terms "Bundesstatistikgesetz" (BStatG) or "Mikrozensusgesetz" (MZG)).

² The EU legal acts in their up-to-date versions and in the German language are available on the website of the Publications Office of the European Union at <http://eur-lex.europa.eu/>.

Auxiliary variables, reference numbers, separation and deletion

The first names and surnames of the household members, the contact details of the household members, residential address, location of the dwelling in the building, first name and surname of the main tenant/owner-occupier of the dwelling, name and address of the household members' places of work, and the building age group are auxiliary variables which will only be used for the technical conduct of the survey. As soon as the survey and auxiliary variables have been checked for conclusiveness and completeness, the auxiliary variables will be separated from the information on the survey variables and will be kept separately or stored separately.

- Pursuant to Section 14 (5), first sentence, of the Microcensus Act, the first names and surnames and the municipality, street, house number and contact details of the persons surveyed may also be used with regard to household relationships to conduct follow-up surveys in accordance with Section 5 (1) of the Microcensus Act.
- Pursuant to Section 14 (5), second sentence, of the Microcensus Act, the information on the variables pursuant to Section 14 (5), first sentence, of the Microcensus Act may also be used as a basis for recruiting suitable persons and households to conduct household budget surveys and other voluntary surveys.
- Pursuant to Section 9 (3) of the Act regarding the testing of a register census, the statistical offices of the Länder store the first names and surnames, residential address, municipality and association of municipalities, sex, calendar month and calendar year of birth, marital status, country of birth, calendar year of arrival in Germany, or calendar year of return to Germany in case of absence of more than twelve months, and citizenships as well as the education variables pursuant to Article 6 (1) no. 7 letters a to c and no. 8 of the Microcensus Act. First names and surnames as well as the residential address shall be deleted not later than six years after microcensus processing has been finished.

Information on the survey variables is processed and stored for as long as necessary to comply with the legal obligations.

All survey documents and the auxiliary variables will be destroyed or deleted after the processing of the last follow-up survey has been finished.

The household number and the person number are used as reference numbers. The household number is used to distinguish the households participating in the survey. It consists of a code for the Land and a serial number for the household. The person number is a serial number of the household members.

Rights and duties of the interviewers, ways of providing information

Volunteer interviewers are employed to reduce the burden for the respondents, but the survey may also be conducted in writing. The interviewers have to provide proof of their authorisation. Their reliability and discretion must be ensured and they have specially been obligated to maintain confidentiality. They must not use information gained in the course of their activity in other processes or for other purposes. This obligation continues to apply after their activity has ended.

The interviewers should help the respondents to answer the questions. The answers to the questions in the questionnaires may be provided orally to the interviewers or by electronic means or in writing.

For the written survey, the respondents receive the questionnaires, including information on how to complete them, direct from the interviewer or from the survey office responsible for them. If the information is provided in writing, the completed questionnaires may be given to the interviewer or may be handed in or sent to the survey office. Please do not send the written questionnaires by electronic means as this is not a secure transmission channel.

Rights of data subjects, contact details of the data protection officers, right to lodge a complaint

Respondents whose personal data are processed have the right to request

- access and information as per Article 15 of the General Data Protection Regulation,
 - rectification as per Article 16 of the General Data Protection Regulation,
 - erasure as per Article 17 of the General Data Protection Regulation, and
 - restriction of processing as per Article 18 of the General Data Protection Regulation
- with regard to their respective personal data.

The rights of data subjects can be claimed against any controller responsible. If the above rights are exercised, the competent public agency will check whether the relevant legal requirements are met. The person making the request may be asked to prove his or her identity before further measures are taken.

Questions and complaints concerning compliance with legal data protection rules may be addressed at any time to the official data protection commissioner of the statistical office responsible or to the competent data protection supervisory authority (Article 77 of the General Data Protection Regulation). Their contact details are available at:

<https://www.statistikportal.de/de/datenschutz>.

model questionnaire

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