

# Living in Germany

Survey 2012  
on the social situation  
of households

## Individual Questionnaire

The questions contained in this questionnaire are for the individual members of the household.

Your cooperation is voluntary. The scientific validity of this survey, however, depends on the cooperation of every member of every household.

Therefore, we ask that:

- You allow our representative to carry out this interview; **or**
- You carefully fill out the questionnaire yourself.

**Before handing in the questionnaire, please  
enter in accordance with the address log:**

Household number:

--	--	--	--	--	--	--	--

Person number:

--	--

First name:

--

***Please print***

How is it done?
-----------------

Please complete the questionnaire by

- placing an X in the small boxes

*Example:*     **Sex:**            male.....☒   
                       female.....☐

- entering numbers in the large boxes (flush right)

*Example:*                      Date of Birth: .... 

1	9	4	5
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- **filling in the long blanks with written answers**

*Example:* Other reason.....☒

### *Change of job*

A pointing finger  precedes further explanation to the question.

Please answer each question in turn.  
Skip questions only when expressly told to do so in the text.

*Example:*

**Are there children in your household?**

Yes ..... ☐

No ..... ☐ ➡ *Question...!*


*If you mark "yes" for this question,  
go to the next question.*

*If you mark "no" for this question,  
proceed directly to the question indicated.*

**SAMPLE**

# Your current life situation

## 1. 1.How satisfied are you today with the following areas of your life?

 Please answer on a scale from 0 to 10, where 0 means **completely dissatisfied** and 10 means **completely satisfied**.

How satisfied are you with ...

completely  
**dissatisfied**

completely  
**satisfied**

– your health?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

– your sleep?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

*(if employed)*

– your job?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

*(if you are a homemaker)*

– your work in the home?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

– your household income?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

– your personal income?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

– your dwelling?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

– your leisure time?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

*(if you have small children)*

– the childcare available?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

– your family life?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

– with insurance for health care, unemployment, pensions and nursing care in Germany, i.e., what is called the social security system?

<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"/>
0	1	2	3	4	5	6	7	8	9	10

2. I will now read off a number of feelings. For each one, please state how often you experienced this feeling in the last four weeks.

How often have you felt ...	Very rarely	Rarely	Occasionally	Often	Very often
– angry? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– worried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– happy? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– sad? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Different things are important to different people.  
How important are the following things to you?  
Very important, important, less important or not at all important?

	Very important	Important	Less important	Not at all important
Being able to afford things for myself .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being there for others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being personally fulfilled .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being successful in my career .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owning my own home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a happy marriage / relationship .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being politically and/or socially involved .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing the world and/or traveling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


4. What is a typical weekday like for you? How many hours per normal workday do you spend on the following activities?

 Please give only whole hours.

Use zero if the activity does not apply!

	Number of hours
Work, apprenticeship (including travel time to and from work) .....	<input type="text"/> <input type="text"/>
Errands (shopping, trips to government agencies, etc.) .....	<input type="text"/> <input type="text"/>
Housework (washing / cooking / cleaning) .....	<input type="text"/> <input type="text"/>
Childcare .....	<input type="text"/> <input type="text"/>
Care and support of persons in need of care .....	<input type="text"/> <input type="text"/>
Education or further training (also school / university) .....	<input type="text"/> <input type="text"/>
Repairs on and around the home, car repairs, garden or lawn work .....	<input type="text"/> <input type="text"/>
Hobbies and other leisure-time activities .....	<input type="text"/> <input type="text"/>

5. Have you done paid work during the last 7 days, even if only for an hour or a few hours?

 Please also answer "yes" if you would normally have worked in the last 7 days, but did not do so because of holidays, sickness, bad weather, or other reasons.

Yes.....☐

No .....☐

6. Are you currently on maternity leave (*Mutterschutz*) or on statutory parental leave (*Elternzeit*)?

Yes, maternity leave ☐

Yes, parental leave ..☐

No .....☐

7. Are you currently using the statutory period of care (*Pflegezeit*) to care for a relative?

Yes.....☐

No .....☐

8. Are you officially registered unemployed at the Employment Office (*Arbeitsamt*)?

Yes.....☐

No .....☐

9. Are you currently in education or training? In other words, are you attending a school or institution of higher education (including doctorate / Ph.D.), completing an apprenticeship or vocational training, or participating in further education or training?

Yes.....☐

No .....☐ ➡ Question 11!



10. What type of education or training are you pursuing?

**General education:**

Lower secondary school (*Hauptschule*) .....☐

Intermediate secondary School (*Realschule*) .....☐

Upper Secondary School (*Gymnasium*) .....☐

Comprehensive School (*Gesamtschule*) .....☐

Evening intermediate (*Abendrealschule*) or upper secondary school (*Abendgymnasium*) .....☐

Specialized upper secondary school (*Fachoberschule*) .....☐

**Vocational training:**

Basic vocational training year (*Berufsgrundbildungsjahr*) / vocational preparation year (*Berufsvorbereitungsjahr*) .....☐

Vocational school without apprenticeship (*Berufsschule ohne Lehre*) .....☐

Apprenticeship (*Lehre*) .....☐

Full-time vocational school (*Berufsfachschule*) / commercial college (*Handelsschule*) .....☐

Health sector school (*Schule des Gesundheitswesens*) .....☐

Technical college (*Fachschule*, e.g., *Meisterschule* / *Technikerschule*) .....☐

Training for civil servants (*Beamtenausbildung*) .....☐

Other .....☐

Please state:

**Higher education:**

Specialized college of higher education (*Fachhochschule*) .....☐

University / other institution of higher education ..☐

Doctoral studies (*Promotion*) .....☐

**Do you receive a grant/scholarship to pay for your undergraduate or graduate studies?**

 If so, from what organization?

No.....☐

Yes, BAföG.....☐

Yes. other .....☐

Please state:

**Further training (*Weiterbildung*) / retraining (*Umschulung*):**

Occupational retraining (*berufliche Umschulung*).....☐

Further occupational training (*berufliche Fortbildung*).....☐


Occupational rehabilitation (*berufliche Rehabilitation*).....☐

Further general or political education .....☐

Other .....☐

Please state:

**11. Are you currently employed? Which one of the following applies best to your status?**

 *Retirees or individuals in the federal volunteer service (Bundesfreiwilligendienst) who also work in addition to this, please state your job here.*

- Employed full-time ..... ☐
- Employed part-time ..... ☐
- Completing in-service training (*betriebliche Ausbildung*) / apprenticeship (*Lehre*) / in-service retraining (*betriebliche Umschulung*) ..... ☐ → **Question 21!**
- In marginal (*geringfügig*) or irregular employment (*unregelmäßig erwerbstätig*) ..... ☐
- In partial retirement, phase with zero working hours (*Altersteilzeit mit Arbeitszeit Null*) ..... ☐ → **Question 59!**
- Voluntary military service (*freiwilliger Wehrdienst*) ..... ☐
- Voluntary social / ecological year (*freiwilliges soziales / ökologisches Jahr*), federal volunteer service (*Bundesfreiwilligendienst*) ..... ☐
- Not employed ..... ☐

**12. Do you intend to obtain (or resume) employment in the future?**

- No, definitely not ..... ☐ → **Question 62!**
- Probably not ..... ☐
- Probably ..... ☐
- Yes, definitely ..... ☐

**13. When, approximately, would you like to start working?**

- As soon as possible ..... ☐
- Next year ..... ☐
- In the next 2 to 5 years ..... ☐
- In the distant future, in more than five years ..... ☐

**14. Are you interested in full-time or part-time employment, or would you be satisfied with either one?**

- Full-time ..... ☐
- Part-time ..... ☐
- Either ..... ☐ I'm not sure yet ..... ☐

**15. If you were currently looking for a new job:**

**Is it or would it be easy, difficult, or almost impossible to find an appropriate position?**

- Easy ..... ☐
- Difficult ..... ☐
- Almost impossible ..... ☐

16. What would your net income have to be for you to accept a position?

euros per month



Can't say,

it depends.....☐



Question 18!

17. How many hours per week would you have to work to earn this net income?

hours per week

18. If someone offered you an appropriate position right now, could you start working within the next two weeks?

Yes.....☐

No.....☐

19. Have you actively looked for work within the last four weeks?

Yes.....☐



No.....☐



Question 62!

20. Have you received a placement voucher (*Vermittlungsgutschein*) from the Employment Office (*Arbeitsamt*), and if so what was the value?

Yes.....☐



Please state value:

euros

No.....☐

Skip now to Question 62!

## Your current job

### 21. Have you changed jobs or started a new one since December 31, 2010?

 This includes starting working again after a break!

Yes..... ☐



No ..... ☐ ➔ Question 34!

### 22. How often have you changed jobs or started a new one since December 31, 2010?

Once ..... ☐


More than once  
(please state how many times).....

### 23. When did you start your current position?

2011, in the month

2012, in the month

### 24. What type of occupational change was that?

 If you have changed positions several times,  
please choose the reason for the most recent change.

I entered employment for the  
first time in my life..... ☐

I returned to a past employer  
after a break in employment ..... ☐ ➔

**Was your career interrupted by  
the birth of one or more children,  
e.g., maternity leave (*Mutterschutz*)  
or parental leave (*Elternzeit*)?**

Yes..... ☐ No ..... ☐

I started a new position with a different employer  
(for temporary workers this includes working  
in an temporary workplace) ..... ☐

**How many months did this break  
in employment last?**

months

I have been taken on by the company in which  
I did my apprenticeship / worked as part of a  
state employmentprogram / was employed  
on a freelance basis ..... ☐

I changed positions within  
the same company ..... ☐

I became self-employed ..... ☐ ➔

**Did you receive funds from any government  
programs to start your own business?**

Yes, with a start-up grant or initial  
financial support (*Gründungs-  
zuschuss, Einstiegsgeld*) ..... ☐

Yes, with other grants ..... ☐

No ..... ☐



25. Were you actively looking for a job when you received your current position, or did it just come up?

Actively looking for job ..... ☐  
Just came up ..... ☐

26. How did you find out about this job?


 Please mark just **one**!

Through the Employment Office  
(*Arbeitsamt, Agentur für Arbeit*) ..... ☐  
Through a Job Center / ARGE /  
social services (*Sozialamt*) ..... ☐  
Through a personnel service agency (*PSA*) ..... ☐  
Through a private recruitment agency ..... ☐  
An advertisement in the newspaper ..... ☐  
An advertisement on the Internet ..... ☐  
Through acquaintances, friends, or relatives ..... ☐  
I have returned to a former employer ..... ☐  
Other or not applicable ..... ☐

27. Was the Employment Office involved in finding the job?

Yes, directly ..... ☐  
Yes, they provided a placement  
voucher (*Vermittlungsgutschein*)  
for a private recruitment agency ..... ☐ ➔ value  euros  
No ..... ☐

28. What is your current position/occupation?

 Please state the **exact** title in German. For example, do not write "*kaufmännische Angestellte*" (clerk), but "*Speditionskauffrau*" (shipping clerk); not "*Arbeiter*" (blue-collar worker), but "*Maschinenschlosser*" (machine metalworker). If you are a civil servant, please give your official title, for example, "*Polizeimeister*" (police chief) or "*Studienrat*" (secondary school teacher). If you are an apprentice or in vocational training, please state the occupation for which you were trained.

**Please print, using the German term only!**

29. Does this job correspond to the occupation for which you were trained?

Yes ..... ☐      Currently in education or training ..... ☐  
No ..... ☐      I have not been trained for a particular occupation .... ☐

**30. What type of education or training is usually required for this type of work?**

- No completed vocational training is required ..... ☐
- Completed vocational training is required ..... ☐
- Degree from a specialized college of higher education (*Fachhochschule*) is required ... ☐
- Degree from a university or other institution of higher education is required ..... ☐


**31. What type of introductory training is usually required for this type of work?**

- Just a short introduction on the job ..... ☐
- A longer in-firm training period ..... ☐
- Completion of special training or courses ..... ☐

**32. Do you work for a public sector employer?**

Yes..... ☐ No ..... ☐

**33. What sector of business or industry is your company or institution active in for the most part?**

 Please state the **exact** sector in German. For example, do not write "Industrie" (industry), but "Elektroindustrie" (electronics industry); not "Handel" (trade), but "Einzelhandel" (retail trade); not "öffentlicher Dienst" (public service), but "Krankenhaus" (hospital).

**Please print, using the German term only!**

**34. When did you start working for your current employer?**

 If you are self-employed, please state when you started your current work.

Since  month  year

**35. Approximately how many people does the company as a whole employ?**

**And approximately how many employees work in the same local franchise / branch office as you?**

			Whole company	Local franchise / branch office
	fewer than	5 people	<input type="checkbox"/>	<input type="checkbox"/>
from	5 up to	10 people	<input type="checkbox"/>	<input type="checkbox"/>
from	11 up to, but fewer than	20 people	<input type="checkbox"/>	<input type="checkbox"/>
from	20 up to, but fewer than	100 people	<input type="checkbox"/>	<input type="checkbox"/>
from	100 up to, but fewer than	200 people	<input type="checkbox"/>	<input type="checkbox"/>
from	200 up to, but fewer than	2.000 people	<input type="checkbox"/>	<input type="checkbox"/>
	2.000 or more people		<input type="checkbox"/>	<input type="checkbox"/>
Not applicable, because I am self-employed without employees			<input type="checkbox"/>	

36. How was it in the previous twelve months in the company where you currently work:  
Has the number of employees increased, decreased, or remained the same?

Increased..... ☐  
Decreased ..... ☐  
No change ..... ☐ Don't know ..... ☐

37. Is this work through a temporary employment agency (*Zeitarbeit, Leiharbeit*)?

Yes..... ☐ No ..... ☐

38. Do you have a fixed-term or permanent employment contract?

Permanent contract ..... ☐ ➔ Question 40!  
Fixed-term contract ..... ☐  
Not applicable,  
do not have an employment contract ..... ☐

39. Is the job part of a job-creation measure (*ABM*) or is it a "1-Euro Job" (community work)?

Yes, a job-creation measure (*ABM*)..... ☐  
Yes, a "1-Euro Job" (community work) ..... ☐  
No ..... ☐

40. What is your current occupational status?

☞ If you are currently working in more than one job, please answer  
the following questions for your main job only.

**Blue-collar worker (*Arbeiter*)**  
(also in agriculture)

Unskilled worker (*ungelernt*) ..... ☐  
Semi-skilled worker (*angelernt*) ..... ☐  
Trained worker (*gelernter Arbeiter*)  
or skilled worker (*Facharbeiter*) ..... ☐  
Foreman / forewoman (*Vorarbeiter*) ..... ☐  
Master craftsperson (*Meister*) ..... ☐

**Self-employed**  
(including family members working for the self-employed)

	Number of employees		
	None	1 – 9	10 or more
Self-employed farmer ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freelance professional, Self-employed academic ( <i>selbständiger Akademiker</i> ) ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other self-employed ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member working for self-employed relative..... <input type="checkbox"/>			<input type="checkbox"/>

**Apprentice / trainee / intern:**

Apprentice / trainee in industry or technology..... ☐  
Apprentice / trainee in trade or commerce..... ☐  
Volunteer, intern, etc. .... ☐

**White-collar worker (*Angestellte*)**

Industry or factory foreman / forewoman  
(*Industriemeister, Werkmeister*) in a  
salaried position ..... ☐  
Salaried employee engaged in unskilled activities  
(*Angestellter mit einfacher Tätigkeit*)  
– without completed training/education .... ☐  
– with completed training/education ..... ☐  
Salaried employee engaged in skilled activities  
(*Angestellter mit qualifizierter Tätigkeit*)  
(e.g., executive officer, bookkeeper,  
technical draftsman)..... ☐  
Salaried employee engaged in highly skilled  
activities (*Angestellter mit hochqualifizierter  
Tätigkeit*) or managerial function (e.g.,  
scientist, engineer, department head)..... ☐  
Salaried employee with extensive managerial  
duties (*Angestellter mit umfassenden Führungs-  
funktion*) (e.g., managing director, business  
manager, head of a large firm or concern) .. ☐

**Civil servant (including judges and professional soldiers)**

Lower level ..... ☐  
Middle level ..... ☐  
Upper level ..... ☐  
Executive level ..... ☐

41. If you lost your job today, would it be easy, difficult, or almost impossible for you to find a new job that is at least as good as your current one?

Easy ..... ☐

Difficult..... ☐

Almost impossible ..... ☐

42. Incomes vary in Germany. We would therefore like to ask you where you work:  
Is it ...

– in the former West Germany..... ☐

– in the former East Germany..... ☐

– in the former West Berlin ..... ☐

– in the former East Berlin ..... ☐

– outside Germany? ..... ☐

43. Do you currently work in the city where you live?

Yes..... ☐ ➡ Question 45!

No..... ☐



44. How often do you commute from your dwelling to your place of work?

Every day ..... ☐

Once per week ..... ☐

Less often..... ☐

45. How far (in kilometers) is it from where you live to where you work?

km

Difficult to say, location of workplace varies..... ☐

Workplace and home are in the same  
building / same property..... ☐

46. If you could choose your own working hours, taking into account that your income would change according to the number of hours:

How many hours would you want to work?

,  hours per week

47. How many days do you usually work per week?

days per week

Not applicable, because ...

– the number of days is not fixed..... ☐

– the number of days changes from week to week .... ☐

48. And how many hours do you work on a typical workday?

hours

Varying, irregular ..... ☐

49. At what time do you generally start work?

hour

minute

Varying ..... ☐

50. How many hours per week are stipulated in your contract (excluding overtime)?

hours per week

No set hours..... ☐

51. And how many hours do you generally work, including any overtime?

hours per week

If fewer than 30 hours:

If 30 hours or more:

➡ Question 54!



52. Is it "marginal" part-time work in accordance with the 400/800-euro rule (*Mini-Job, Midi-Job*)?

Yes, Mini-Job (up to 400 euros)..... ☐

Yes, Midi-Job (400 to 800 euros)..... ☐

No..... ☐

53. Is this part-time employment provided for under the Federal Parental Part-Time Work Act (under the *Bundeselterngehalt und Elternzeitgesetz, BEEG*)?

Yes..... ☐

No ..... ☐

54. Are you currently taking advantage of one of the legal provisions allowing for partial retirement (*Altersteilzeit*)?

Yes..... ☐ ➡ Please state: Reduced working hours..... ☐

No..... ☐ Reduced salary with temporarily unchanged working hours (in the saving phase, *Ansparphase*) .... ☐

55. Do you work overtime?

Yes..... ☐



No..... ☐

Not applicable because I am self-employed ..... ☐

➡ Question 59!

56. Can you also save your overtime in a working hours account that allows you to take time off for the overtime within a year or more?

Yes..... ☐ ➡ with the saved hours to be used ...

No..... ☐ – by the end of the year ..... ☐

– within a shorter period of time..... ☐

– within a longer period of time ..... ☐

57. If you do work overtime, is the work paid, compensated with time off, or not compensated at all?

Compensated with time off..... ☐

Partly paid, partly compensated with time off... ☐

Paid ..... ☐


Not compensated at all..... ☐

58. Have you worked overtime in the last month?  
If so, how many hours?

Yes..... ☐ ➡  hours, of which:  hours were paid

No..... ☐ Please enter "00" if unpaid

59. What did you earn from your work last month?

 If you received extra income such as vacation pay or back pay, please do **not** include this. Please do include overtime pay.

 If you are self-employed: Please estimate your monthly income before and after taxes.

Please state both:

- **gross** income, which means income before deduction of taxes and social security
- **net** income, which means income after deduction of taxes, social security, and unemployment and health insurance.

I earned:            gross       euros

                         net         euros

60. Have you received any of the following types of supplements or bonuses during the last month?

 Please mark all that apply!

- Bonuses for working certain shifts / late hours / weekends. ☐
- Overtime pay ..... ☐
- Bonuses for working under difficult conditions ..... ☐
- Supplement for added responsibilities  
(Funktionszulage / persönliche Zulage) ..... ☐
- Tips ..... ☐
- Other supplements / bonuses ..... ☐ ➡
- None of the above ..... ☐

Please  
state:

61. Do you receive other benefits from your employer besides your salary?

 Please mark all that apply!

- Discount on meals in the employee cafeteria or a meal stipend ..... ☐
- Company vehicle for personal use ..... ☐
- Cellular phone for personal use or reimbursement of telephone costs ..... ☐
- Expense allowance beyond reimbursement of expenditures ..... ☐
- Personal computer or laptop for personal use ..... ☐
- Other forms of additional benefits ..... ☐
- Please  
state:
- None of the above ..... ☐

## Now some more questions for everyone!

- 62. Sometimes people have a side job alongside their main job or their activities as homemaker or student, or work beyond retirement. Do you do any of the following?**

 Your main job described in the previous sections should not be included!

Work in family business.....☐

Regularly paid secondary employment.....☐

Occasional paid work.....☐

No,  
none of these.....☐

  
**Question 68!**

- 63. What type of work is it?**

*Please print, using the German term only!*

- 64. How many days per month do you work at this side job?**

days per month

- 65. How many hours do you work on average on these days?**

hours a day

- 66. How many months a year do you work at this side job?**

months a year

- 67. What was your gross income for this job last month?**

euros


**68. Which of the following sources of income are you currently receiving?**

 Please mark all that apply!

**For all the applicable sources, please indicate the amount per month.**

**If you are unable to state the exact amount, please estimate.**

Source of income	Yes	Gross amount per month <sup>★)</sup>
My own pension / retirement <i>If you have more than one, please add them together! .....</i>	<input type="checkbox"/> ➡	<input type="text"/> euros
Widower's pension ( <i>Witwenrente</i> ), orphan's pension ( <i>Waisenrente</i> ) <i>If you receive more than one, please add them together! .....</i>	<input type="checkbox"/> ➡	<input type="text"/> euros
Unemployment benefit ( <i>Arbeitslosengeld</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Unemployment benefit II / social benefit ( <i>Arbeitslosengeld II / Sozialgeld</i> ) .....	<input type="checkbox"/> ➡	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>Please include the amount in the household questionnaire!</b></div>
Maintenance payments during further training ( <i>Unterhaltsgeld bei Fortbildung</i> ) / Transitional allowance ( <i>Übergangsgeld</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Maternity allowance during maternity leave ( <i>Mutterschaftsgeld</i> ), parental allowance ( <i>Elterngeld</i> ), child-raising allowance ( <i>Erziehungsgeld</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Child support ( <i>Kindesunterhalt</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Caregiver alimony ( <i>Betreuungsunterhalt</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Divorce alimony ( <i>Nachehelicher Unterhalt</i> ) / alimony during separation ( <i>Trennungsunterhalt</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Advance maintenance payment from child maintenance funds ( <i>Unterhaltszahlung aus Unterhaltsvorschusskassen</i> ) ..	<input type="checkbox"/> ➡	<input type="text"/> euros
BAföG grant /scholarship / vocational training allowance ( <i>Berufsausbildungsbeihilfe</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Pay for voluntary military service ( <i>Wehrsold</i> ), expense allowance during voluntary social / ecological year ( <i>Aufwandsentschädigung für Freiwilliges soziales/ ökologisches Jahr</i> ) or federal volunteer service ( <i>Bundesfreiwilligendienst</i> ) .....	<input type="checkbox"/> ➡	<input type="text"/> euros
Other financial assistance to persons who do not live in the household .....	<input type="checkbox"/> ➡	<input type="text"/> euros
None of these .....	<input type="checkbox"/>	

★)  The gross amount means before deduction of taxes, social security, etc.  
This is only of relevance to retirees and potentially to those on company pensions.



# How were things last year?

69. Did you finish school, vocational training, or university / higher education after December 31, 2010?

 This also includes advanced academic degrees!

Yes.....☐



No .....☐ ➔ Question 73!

**When?**

2011, in the month

2012, in the month

70. Did you complete this education / training with a degree, certificate, or diploma?

Yes.....☐



No .....☐ ➔ Question 73!

71. Did you obtain this degree / certificate / diploma in Germany or in another country?

In Germany.....☐

In another country .....☐

72. What type of a degree /certificate / diploma did you obtain?

## General education certificate / diploma

Lower secondary school-leaving certificate (*Hauptschulabschluss*) .....☐

Intermediate secondary school-leaving certificate (*Mittlere Reife, Realschulabschluss*) .....☐

Specialized upper secondary school-leaving certificate (*Fachhochschulreife*), qualification for studies at a specialized college of higher education, (*Fachhochschule*) .....☐

Upper secondary school-leaving certificate (*Abitur*) .....☐

Other school-leaving certificate .....☐

Please state:

## Higher education degree

Specialized college of higher education (*Fachhochschule*) .....☐

University, technical university, other institution of higher education .....☐

Doctorate / postdoctoral dissertation (*Habilitation*) .....☐

Please state degree:

Please also state major field of study:

## Vocational degree

**Name of the vocation:**

**Name of training occupation:**

Apprenticeship (*Lehre*) .....☐

Full-time vocational school (*Berufsfachschule*) / commercial college (*Handelsschule*) .....☐

Health sector school (*Schule des Gesundheitswesens*) .....☐


Technical college (e.g., *Meisterschule / Technikerschule*) .....☐

Training for civil servants (*Beamtenausbildung*) ..☐

In-service retraining (*betriebliche Umschulung*)...☐

Other, for example, further training.....☐

**73. Have you left a job since December 31, 2010?**

 This includes leaving a job due to a leave of absence (*Beurlaubung*) / maternity leave (*Mutterschutz*) / parental leave (*Elternzeit*).

Yes..... ☐  
↓

No ..... ☐ ➡ **Question 79!**

**74. When did you leave your last job?**

2011, in the month

2012, in the month

**75. How long were you employed at that job?**

years

months

**76. How did that job end?**

 Please check only **one!**

My place of work or office closed ..... ☐

I resigned..... ☐

I was dismissed by my employer..... ☐

Mutual agreement with employer ..... ☐

I completed a temporary job or apprenticeship ..... ☐

I reached retirement age / retired ..... ☐

I took a leave of absence (*Beurlaubung*) / maternity leave (*Mutterschutz*) / parental leave (*Elternzeit*)..... ☐

I gave up self-employment / closed my business..... ☐

**77. Did you receive any sort of compensation or severance package from the company?**

Yes..... ☐ ➡ How much in total?

euros

No..... ☐

**78. Did you have a new contract or job prospect before you left your last job?**

Yes, a job prospect..... ☐

Yes, a new contract ..... ☐


No, I did not have anything lined up... ☐

I have not looked for a new job ..... ☐

**79. And now think back on the entire last year, that is, 2011.**

**We have provided a kind of calendar below. Listed on the left are various employment characteristics that may have applied to you last year.**

**Please go through the various months and check all the months in which you were employed, unemployed, etc.**

 *Please mark at least one box for each month! For unemployment: Even if you were unemployed for less than one month, please mark the box "unemployed" for that month.*

I was ...	2 0 1 1											
	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
employed full-time (including full-time <i>ABM</i> / <i>SAM</i> job creation measures) .....	<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"/>
employed doing short-time work ( <i>Kurzarbeit</i> ) .....	<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"/>
employed part-time .....	<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"/>
working at a <i>Mini-Job</i> (up to 400 euros/month).....	<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"/>
in first-time in-service training ( <i>betriebliche Erstausbildung</i> ) / apprenticeship ( <i>Lehre</i> ).....	<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"/>
in further training ( <i>Fortbildung</i> ) / retraining ( <i>Umschulung</i> ), further occupational training ( <i>berufliche Weiterbildung</i> ) .....	<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"/>
registered unemployed .....	<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"/>
in retirement / early retirement ( <i>Vorruhestand</i> ).....	<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"/>
on maternity leave ( <i>Mutterschutz</i> ) / childcare leave ( <i>Erziehungsurlaub</i> ) / parental leave ( <i>Elternzeit</i> ).....	<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"/>
attending school / university / or vocational school ( <i>Fachschule</i> ) .	<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"/>
voluntary or compulsory military service ( <i>Wehrdienst</i> ) / reserve dutytraining ( <i>Wehrübung</i> )..... <input type="checkbox"/>												
Community service ( <i>Zivildienst</i> )..... <input type="checkbox"/>												
voluntary social / ecological year ( <i>freiwilliges soziales / ökologisches Jahr</i> ) ..... <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"/>
federal volunteer service ( <i>Bundesfreiwilligendienst</i> ) ..... <input type="checkbox"/>												
Homemaker .....	<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"/>
Other												
Please state:	<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"/>

# Income in 2011

80. We have already asked about your current income.





In addition, please state what sources of income you received in the past calendar year, 2011, independent of whether the income was received all year or only in certain months.

Look over the list of income sources and mark all that apply.

For all sources that apply, please indicate how many months you received this income in 2011 and how much this was on average per month.

(Please state the gross amount, which means before deduction of taxes and social security).

 Please answer all the questions on this page and, if necessary, the additional questions.

Source of income	Received in 2011	Months in 2011	Gross amount per month in euros	
Wages or salary as employee (including income received during training ( <i>Ausbildung</i> ), partial retirement ( <i>Altersteilzeit</i> ), or sick leave ( <i>Lohnfortzahlung</i> )) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	 <b>Additional-questions 81 - 82</b>
Income from self-employment, freelance work .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Income from second / additional job ( <i>Nebenerwerbstätigkeit / Nebenverdienst</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Retirement / pension .....	<input type="checkbox"/>	<input type="text"/>		<b>Additional question 83</b>
Widower's pension ( <i>Witwenrente</i> ) / orphan's pension ( <i>Waisenrente</i> ) .....	<input type="checkbox"/>	<input type="text"/>		<b>Additional question 83</b>
Unemployment benefit ( <i>Arbeitslosengeld</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Unemployment benefit II ( <i>Arbeitslosengeld II</i> ) / social benefit ( <i>Sozialgeld</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<b>Please include this amount in the household questionnaire!</b>
Maintenance allowance ( <i>Unterhaltsgeld</i> ) for further training or retraining / transitional allowance ( <i>Übergangsgeld</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Maternity allowance ( <i>Mutterschaftsgeld</i> ) during maternity leave / child-raising allowance ( <i>Erziehungsgeld</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
BAföG grant / scholarship / vocational training allowance ( <i>Berufsausbildungsbeihilfe</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Pay for voluntary or compulsory military service ( <i>Wehrsold</i> ) or community service ( <i>Zivildienstvergütung</i> ), expense allowance during voluntary social / ecological year ( <i>Aufwandsentschädigung für Freiwilliges soziales/ ökologisches Jahr</i> ) or federal volunteer service ( <i>Bundesfreiwilligendienst</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Statutory spousal support ( <i>Ehegattenunterhalt</i> ) / child support ( <i>Kindesunterhalt</i> ) / caregiver alimony ( <i>Betreuungsunterhalt</i> ) .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Advance maintenance payment from child maintenance funds .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Other financial assistance to persons who do not live in the household .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
I received no income from the sources named in 2011 .....	<input type="checkbox"/>			<b>Question 84!</b>

## Additional questions for employed persons

81. Did you receive any of the following bonuses or extra pay from your employer last year (2011)?  
If yes, please state the gross amount.

13th month salary .....	<input type="checkbox"/> in total	<input type="text"/>	euros
14th month salary .....	<input type="checkbox"/> in total	<input type="text"/>	euros
Additional Christmas bonus .....	<input type="checkbox"/> in total	<input type="text"/>	euros
Vacation pay .....	<input type="checkbox"/> in total	<input type="text"/>	euros
Profit-sharing, premiums, bonuses .....	<input type="checkbox"/> in total	<input type="text"/>	euros
Other .....	<input type="checkbox"/> in total	<input type="text"/>	euros
No, I received none of these ..... <input type="checkbox"/>			


82. Last year (2011), did you receive money to cover travel expenses or an allowance to cover use of local public transit (e.g., a *Jobticket*)?  
If so, please indicate the value thereof:

Yes..... ☐ please state  euros

No..... ☐

## Additional questions for retirees / pensioners

83. Who pays your retirement / pension and what were the monthly payments in 2011?

 Please state the gross amount, **excluding** taxes. If you receive more than one pension, please mark each that applies. If you do not know the exact amount, please estimate.

	Own retirement / pension	Widower's pension / ( <i>Witwenrente</i> ), orphan's pension ( <i>Waisenrente</i> )
German Pension Insurance ( <i>Deutsche Rentenversicherung</i> , formerly LVA, BfA, Knappschaft) .....	<input type="text"/> euros	<input type="text"/> euros
Civil service pension scheme ( <i>Beamtenversorgung</i> ) .....	<input type="text"/> euros	<input type="text"/> euros
Supplementary insurance for public sector employees ( <i>Zusatzversorgung des öffentlichen Dienstes</i> , e.g., VBL) ...	<input type="text"/> euros	<input type="text"/> euros
Occupational pension ( <i>Betriebliche Altersversorgung</i> , e.g., <i>Werkspension</i> ) .....	<input type="text"/> euros	<input type="text"/> euros
Private pension scheme (incl. <i>Arbeitgeberdirektversicherung</i> or <i>berufsständische Versorgung</i> ) .....	<input type="text"/> euros	<input type="text"/> euros
Accident insurance ( <i>Unfallversicherung</i> , e.g., provided by an employer's insurance association ( <i>Berufsgenossenschaft</i> )) .....	<input type="text"/> euros	<input type="text"/> euros
Compensation and assistance for war victims ( <i>Kriegsopferversorgung</i> ) .....	<input type="text"/> euros	<input type="text"/> euros
Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">Please state:</div> .....	<input type="text"/> euros	<input type="text"/> euros

84. The German social security system is split into different branches such as health care, unemployment insurance, pension insurance, and long-term care insurance. The system is designed to provide for people in need, illness, and old age.

How would you evaluate your financial security in the following situations?

	Very good	Good	Satisfactory	Poor	Bad	Don't know/ does not apply
Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old age .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In need of long-term care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. Do you think the social security contributions or premiums that you pay are –

– too high ..... ☐

– appropriate ..... ☐ Don't know ..... ☐

– too low ..... ☐ Does not apply... ☐

86. What would you personally consider the minimum net household income you would need in your current living situation?

We are referring here to the net monthly income that your household would need to get by.

euros Don't know ..... ☐

87. Are you already retired or a pensioner?

No ..... ☐ Yes ..... ☐ ➔ Question 90!

↓

88. Do you have a Riester or Rürup pension plan?

Yes, Riester pension plan (*Riester-Rente*) ..... ☐ No ..... ☐

Yes, Rürup pension plan (*Rürup-Rente*) ..... ☐

89. How well are you able to, or would you be able to, cover your living costs in old age solely with the statutory retirement or pension?

Very well ..... ☐

Well ..... ☐

Not so well ..... ☐

Badly ..... ☐

Very badly ..... ☐

90. The following questions are about “Your personal assets and liabilities”.

Asset accumulation is an important topic of discussion throughout all strata of society at present, especially with regard to provisions for old age. We are therefore trying to gain an accurate picture of asset accumulation in the population of Germany. You are invited to take part in this project. We would like to work with you to create your personal “assets and liabilities statement,” which may also help you get a better picture of your financial situation. You can be absolutely sure that your details will be handled with confidentiality and will only be used for research purposes.

👉 Please continue to questions (A) to (H) on the following pages.

Do you possess the following types of property or assets?  
If yes, then please estimate their current value.

**(A) Are you personally the owner of the house or apartment in which you live?**

Yes.....☐⇒  
No.....☐  
↓

**Value:**

If you were to sell it today, how much would you receive for your house/apartment including land?

euros .....

**Loans:**

If you are still paying off a loan on your house/apartment, how much is left to repay (excluding interest)?

euros .....

All loans are paid off in full. ...

☐

**Personal share of property:**

Are you the sole owner (100%) or co-owner (e.g., with your spouse)?

Sole owner .....

☐

If co-owner, what share do you own?

Share in %.....

**(B) Apart from the home you live in, do you own any other homes or land?**

Yes.....☐⇒  
No.....☐  
↓

**Type and number of properties:**

What types of property are they?

Single-family home / apartment (not used by you).....

☐

Multi-family home / apartment building.....

☐

Vacation home / weekend home .....

☐

Undeveloped land .....

☐

Other property .....

☐

How many of these properties do you own (excluding the one where you live)?

Amount.....

**Value:**

If you were to sell your property today (excluding the one where you live), how much would you receive?

euros .....

**Personal share of property:**

Are you the sole owner (100%) or co-owner (e.g., with your spouse)?

Sole owner .....

☐

If co-owner, what share do you own?

Share in %.....

**Loans:**

If you are still paying off a loan on your property, how much is left to repay (excluding interest)?

euros .....

All loans are paid off in full. ...

☐

**(C) Do you personally have a building loan agreement (*Bausparvertrag*)?**

Yes.....☐⇒  
No.....☐  
↓

**Value:**

What would you estimate the building loan credit balance (*Bausparguthaben*) to be, including interest and dividends?

If you have more than one such agreement, please add them together and state the total sum!

euros

- D** Do you own financial assets in the form of a savings account, bonds (*Sparbrief* / *Pfandbrief*), shares, or investments?

Yes..... ☐ ➡

No..... ☐  
↓

**Value:**

What do you estimate to be the value of your financial assets?

euros

**Personal share of property:**

Are these financial assets in your name or do you share them through joint accounts, i.e., with your spouse?

Sole owner.....

☐

If shared, what share do you own?

Share in % .....

- E** Do you have a life insurance policy or private retirement plan (including Riester or Rürup pensions), with contributions paid either by you or by your employer?

Yes..... ☐ ➡

No..... ☐  
↓

**Value:**

What do you estimate the current cash surrender value or balance of these plans to be?

euros

- F** Are you the owner of a commercial enterprise, i.e., a company, a shop, an office, a practice, or farm, or are you co-owner of one of these types of enterprises?

Yes..... ☐ ➡

No..... ☐  
↓

**Personal share of property:**

Are you the sole owner or co-owner of this enterprise, e.g., GBR, GmbH, or KG?

Sole owner.....

☐

Co-owner .....

☐

**Value:**

What do you estimate the current value of your enterprise or your share thereof to be? This is the price before taxes that you would receive on the sale of your enterprise or your share thereof, after deducting any remaining debts.

euros

- G** Do you own any tangible assets in the form of gold, jewelry, coins, or valuable collections?

Yes..... ☐ ➡

No..... ☐  
↓

**Value:**

If you could sell these assets, what would their total value be?

euros

- H** Leaving aside any mortgages on homes and property or building loans:  
**Do you currently owe money on loans that were granted to you personally by a bank, other institution, or individual for which you personally are liable?**

*Not including mortgages or building loans!*

Yes..... ☐ ➡

No..... ☐  
↓

**Loans:**

What are your outstanding debts?

euros

**Question 91**  
**next page!**



# Health and Illness

## 91. How would you describe your current health?

- Very good ..... ☐
- Good..... ☐
- Satisfactory..... ☐
- Poor..... ☐
- Bad ..... ☐

## 92. When you have to climb several flights of stairs on foot, does your health limit you greatly, somewhat, or not at all?

- Greatly..... ☐
- Somewhat ..... ☐
- Not at all ..... ☐

## 93. And what about other demanding everyday activities, such as when you have to lift something heavy or do something requiring physical mobility: Does your health limit you greatly, somewhat, or not at all?

- Greatly..... ☐
- Somewhat ..... ☐
- Not at all ..... ☐

## 94. During the last four weeks, how often did you:

Always    Often    Some-  
times    Almost    Never

- |                                                                                                                                                       |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • feel rushed or pressed for time? .....                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • feel down and gloomy? .....                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • feel calm and relaxed? .....                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • feel energetic? .....                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • have severe physical pain? .....                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • feel that due to physical health problems                                                                                                           |                          |                          |                          |                          |                          |
| – you achieved less than you wanted to at work or in everyday activities? .....                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – you were limited in some way at work or in everyday activities? .....                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • feel that due to mental health or emotional problems                                                                                                |                          |                          |                          |                          |                          |
| – you achieved less than you wanted to at work or in everyday activities? .....                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – you carried out your work or everyday tasks less thoroughly than usual? .....                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • feel that due to physical or mental health problems you were limited socially, that is, in contact with friends, acquaintances, or relatives? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

95. Have you ever smoked? In other words, have you smoked more than 100 cigarettes or other tobacco products in your life?

Yes.....☐  
↓

No .....☐ ➔ Question 98!

96. How old were you when you first began to smoke regularly?

years old

Have never smoked on a regular basis.. ☐ ➔ Question 98!

97. Do you currently smoke, whether cigarettes, a pipe, or cigars?

Yes.....☐  
↓

How many cigarettes, pipes or cigars do you smoke per day?

👉 Please give the daily average of the previous week.

Cigarettes ..... per day

Pipes ..... per day

Cigars/Cigarillos ..... per day

No .....☐  
↓

When did you give up smoking?

👉 Please provide the year and if possible, the month.

year month

98. How much attention do you pay to maintaining a healthy diet?

A lot .....☐

Some .....☐

A little .....☐

None .....☐

99. How many hours do you sleep on average on a normal day during the working week?  
How many hours on a normal weekend day?

👉 Please give only whole hours.

Normal working day..... hours

Normal weekend day .... hours

100. How tall are you?

👉 If you don't know, please estimate.

cm

101. How many kilograms do you currently weigh?

👉 If you don't know, please estimate.


kg

102. Have you been suffering from any conditions or illnesses for at least one year or chronically?


Yes.....☐

No .....☐

103. Do you have a health problem that limits you in normal everyday life?

Yes, severely ..... ☐  Have you had this health problem for more than half a year?  
Yes, somewhat ..... ☐ Yes ..... ☐ No ..... ☐  
No, not at all ..... ☐

104. Have you been officially assessed as being severely disabled (*Schwerbehindert*) or partially incapable of work (*Erwerbsgemindert*) for medical reasons?

Yes ..... ☐  What is the extent of your reduced capability to work (*Erwerbsminderung*) or disability (*Schwerbehinderung*) according to the most recent diagnosis? .....  %  
No ..... ☐

105. Have you gone to a doctor within the last three months? If yes, please state how often.

Number of trips to the doctor .....  I have not gone to the doctor in the last three months ..... ☐

106. What about hospital stays in the last year — were you admitted to a hospital for at least one night in 2011?

Yes ..... ☐  No ..... ☐  Question 108!


107. How many nights total did you spend in the hospital last year?

nights


And how often did you have to go to the hospital in the year 2011?

times

108. Were you on sick leave from work for more than 6 weeks at one time last year?

Yes, once ..... ☐  
Yes, several times ..... ☐  
No ..... ☐ Does not apply, I was not employed in 2011 ..... ☐  Question 111!


109. How many days were you unable to work in 2011 due to illness?

 Please state the total number of days, not just the number of days for which you had an official note from your doctor.

None ..... ☐  
A total of .....  days

110. Leaving aside sick leave and vacation:

Was there any other point in 2011 when you did not work for other, personal reasons?

 Possible reasons may include, for example, caring for a sick child, business with the authorities that could not be postponed, or important family events.


Yes, because of a sick child ..... ☐ How many days total?  days  
Yes, for other reasons ..... ☐ How many days total?  days  
No ..... ☐

111. Have you changed health insurance providers since December 31, 2010?


Yes..... ☐

No ..... ☐

112. What kind of health insurance do you have:  
statutory health insurance or are you exclusively privately insured?

 Please also answer this question if you do not pay for the insurance yourself,  
but are covered by another family member.

Statutory health insurance providers are listed in Question 113.

In statutory  
health insurance ..... ☐  


Exclusively  
privately insured ..... ☐ ➔ Question 119!

113. Which of the following is your health insurance provider?

AOK..... ☐ DAK-Gesundheit... ☐ IKK / BIG ..... ☐ Knappschaft ..... ☐

Barmer / GEK... ☐ TK..... ☐ KKH / Allianz ..... ☐ LKK..... ☐

Other company health insurance. ☐  
Other ..... ☐ ➔

Please  
state:

114. Are you personally in this health insurance ...

- a compulsory, paying member ..... ☐
- a voluntary, paying member ..... ☐
- covered by a family member's insurance ..... ☐
- insured as a retiree / student / unemployed or as someone  
who is in voluntary military service (*Wehrdienst*) / voluntary  
social or ecological year / federal volunteer service  
(*Bundesfreiwilligendienst*) ..... ☐

115. Public health insurance funds can charge additional fees  
or pay refunds to members.

Do you currently pay additional fees or receive refunds?

Yes, I already pay additional fees ..... ☐

Yes, I already receive refunds ..... ☐

No ..... ☐ ➔

Would you change to a different public health  
insurance fund if your current fund charged  
additional fees?

Yes..... ☐

No ..... ☐

**116. Do you have supplementary private health insurance?**

Yes.....☐  
↓

No .....☐ ➡ **Question 124!**

**117. What do you pay for that per month?**

euros per month

Don't know ....☐

**118. Which of the following are covered by your supplementary health insurance?**

👉 Please mark all that apply!

Hospital stay .....☐

Dentures .....☐

Corrective devices (e.g., glasses) ..☐

Health care coverage abroad .....☐

Other .....☐

Don't know ....☐

**Skip to question 124!**

**119. In whose name is your private health insurance:  
another family member's or your own?**

Other family member .....☐ ➡ **Question 124!**

Your own.....☐  
↓

**120. What do you pay per month for health insurance?**

euros per month

Don't know ....☐

**121. Is that amount just for you or are other people covered?**

Just for me.....☐

In addition to myself ..... persons are covered  
Number

**122. Is it health insurance with a deductible or co-payment?**

Yes.....☐  
↓

No .....☐ ➡ **Question 124!**

**123. What type of deductible or co-payment do you have?**

Co-payment of..... %



General deductible in the amount of ... euros

# Attitudes and opinions

## 124. Generally speaking, how interested are you in politics?

- Very interested ..... ☐
- Moderately interested ..... ☐
- Not interested ..... ☐
- Disinterested ..... ☐

## 125. Many people in Germany lean towards one party in the long term, even if they occasionally vote for another party. Do you lean towards a particular party?

- Yes..... ☐  No..... ☐  **Question 127!**

## 126. Which party do you lean toward?

- SPD ..... ☐
- CDU ..... ☐
- CSU ..... ☐
- FDP ..... ☐
- Bündnis 90 / Die Grünen ..... ☐
- Die Linke ..... ☐
- Piratenpartei ..... ☐
- DVU / Republikaner / NPD ..... ☐
- Other ..... ☐



### And to what extent?

- Very strongly ..... ☐
- Rather strongly ..... ☐
- Somewhat ..... ☐
- Weakly ..... ☐
- Very weakly ..... ☐

Please state:

## 127. How concerned are you about the following issues?

Very concerned      Somewhat concerned      Not concerned at all

- |                                                             |                          |                          |                          |
|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| The economy in general .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your own economic situation .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The stability of the financial markets .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your health .....                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental protection .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The impacts of climate change .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining peace .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Global terrorism .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crime in Germany .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immigration to Germany .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hostility towards foreigners or minorities in Germany ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stability of the euro .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If you are employed:</i>                                 |                          |                          |                          |
| Your job security .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Or what else are you concerned about?

Please state:

# Family situation and background

128. Your sex, birth month, and birth year:

Male.....☐            

Female .....☐             1 9

month                                  year

129. What is your marital status?

Married, living together with my spouse .....☐ 

Registered same-sex partnership (*eingetragene gleichgeschlechtliche Partnerschaft*), living together .....☐

Married, living (permanently) separated from my spouse .....☐


Registered same-sex partnership (*eingetragene gleichgeschlechtliche Partnerschaft*), living separately .....☐


Single .....☐

Divorced / registered same-sex partnership (*eingetragene gleichgeschlechtliche Partnerschaft*) annulled .....☐


Widowed / life partner from registered same-sex partnership (*eingetragene gleichgeschlechtliche Partnerschaft*) deceased .....☐

130. Are you in a serious / permanent relationship?

Yes.....☐      No .....☐ 



Does your partner live in the same household?

Yes.....☐  First name:

No.....☐

131. How do you and your partner (or spouse) decide what to do with the income that one or both of you receive?

Each keeps track of his/her own money.....☐

I keep track of our money and give some to my partner .....☐

My partner keeps track of our money and gives some to me.....☐

We pool the money and each take what we need.....☐

We each contribute to a common fund and keep part of our money for ourselves .....☐

132. Who has the last word in your relationship / marriage when making important financial decisions?


Me .....☐

My partner .....☐

Both of us equally .....☐

**133. What city or town were you born in?**


**If there are more than one town with the same name, please also state the name of the nearest city.**

 Please write the name of the town in the left blank and any additional information in the right blank. For example, write "Düsseldorf," "Frankfurt an der Oder," "Frankfurt am Main," in the left blank and in the case of "Roßdorf bei Schmalkalden,," write "Roßdorf" in the left and "bei Schmalkalden" in the right blank.

 Please follow the same procedure for birthplaces outside Germany.

Please give the current and/or German name!

**134. Is your place of birth within the current borders of Germany?**


No.....☐  


Yes.....☐ ➡ Question 139!

**135. What country were you born in?**

Please state the current name of the country!

**136. Since moving to Germany have you ever gone back to your country of origin?**

Yes.....☐  


No .....☐ ➡ Question 139!

**137. How long were you there in the last two years?**

Not at all .....☐

Up to 3 weeks.....☐

1-3 months .....☐

4-6 months .....☐

More than 6 months .....☐

**138. Sometimes when people have lived in Germany for a long time and visit their (former) home country, things have changed. What about you—how do you feel when you go back to visit?**

I feel at home right away on the first day,  
as if I hadn't even been away .....☐

I feel at home within a short time.....☐

At first I feel like a stranger, but after a few days I feel at home.....☐

It takes quite a long time until I feel more or less at home .....☐

I feel like a stranger in my own land .....☐



139. Do you have German citizenship?

Yes.....☐  
↓

No.....☐ ➡ Question 143!

140. Do you have second citizenship in addition to German citizenship?

Yes.....☐ ➡ please state:

No.....☐

141. Have you had German citizenship since birth or did you acquire it at a later date?

Since birth .....☐  
↓

At a later date ..☐ ➡ Question 145!

142. Were both of your parents born in Germany?

Yes.....☐ ➡ Question 148!

No.....☐ ➡ Question 145!

143. What is your country of citizenship?

Please state:

144. Do you intend to apply for German citizenship in the next two years?

Yes, definitely .....☐

Yes, probably .....☐

Probably not .....☐

Definitely not.....☐

When we use the term “country of origin” below, we are referring to the country where you were born if you immigrated to Germany, as well as to the country where your parents or grandparents were born if you are the child or grandchild of immigrants to Germany.

145. When you read the newspaper: do you read ...

– only newspapers from your country of origin? .....☐

– mostly newspapers from your country of origin? .....☐

– both German newspapers and newspapers from your country of origin about equally? .....☐

– mostly German newspapers? .....☐

– only German newspapers? .....☐

Doesn't apply, I don't read newspapers.....☐

**146. How connected do you feel to your country of origin?**

- Very strongly.....☐
- Strongly .....☐
- In some respects .....☐
- Hardly .....☐
- Not at all .....☐

**147. To what extent do you feel German?**

- Completely .....☐
- For the most part .....☐
- In some respects .....☐
- Hardly at all .....☐
- Not at all .....☐


**148. How do you see yourself:**

**Are you generally willing to take risks (risk-prone), or do you try to avoid risks (risk-averse)?**

 Please answer on a scale from 0 to 10, where 0 means **risk-averse** and 10 means **risk-prone**.

Risk-averse										Risk-prone				
<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"/>
0	1	2	3	4	5	6	7	8	9	10				

**149. In the last year, that is, in 2011, have you personally given money or financial support to relatives or other people outside this household?**

 Please mark all appropriate answers!

		How much in the year as a whole?		Where does the recipient live?	
				Germany	Abroad
To parents / parents-in-law.....	<input type="checkbox"/> ➔	<input style="width: 100px;" type="text"/>	euros	<input type="checkbox"/>	<input type="checkbox"/>
To children (also son-in-law / daughter-in-law) .....	<input type="checkbox"/> ➔	<input style="width: 100px;" type="text"/>	euros	<input type="checkbox"/>	<input type="checkbox"/>
To spouse or divorced spouse.....	<input type="checkbox"/> ➔	<input style="width: 100px;" type="text"/>	euros	<input type="checkbox"/>	<input type="checkbox"/>
To other relatives .....	<input type="checkbox"/> ➔	<input style="width: 100px;" type="text"/>	euros	<input type="checkbox"/>	<input type="checkbox"/>
To non-relatives .....	<input type="checkbox"/> ➔	<input style="width: 100px;" type="text"/>	euros	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not given <b>any</b> money or financial support of this kind ..... <input type="checkbox"/>					

150. Has your family situation changed since December 31, 2010?  
Please indicate if any of the following apply to you and if so, when this change occurred.

	Yes	2012 in month	2011 in month
Started a new relationship .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Moved in with my partner .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Got married .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Became a father / mother (again).....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A child entered the household .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
My son or daughter left the household .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
I separated from my spouse / partner .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
I got divorced.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
My spouse / partner died.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Father died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Mother died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Another person who lived in the household died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other family changes .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please  
complete the  
questionnaire  
"The deceased  
person"

Please  
state:

There have been no changes in my family..... ☐

151. In conclusion, we would like to ask you about your satisfaction with your life in general.

 Please answer on a scale from 0 to 10,  
where 0 means **completely dissatisfied** and 10 means **completely satisfied**.

How satisfied are you with your life, all things considered?

<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="text"/>
0	1	2	3	4	5	6	7	8	9	10
completely dissatisfied					completely satisfied					

# Implementation of the interview

## A What is the date today?

Day		Month	

## B How was the interview conducted?

Oral interview ..... ☐

Respondent completed the questionnaire him/herself  
Please specify:

- in the presence of the interviewer ..... ☐
- in the absence of the interviewer ..... ☐

Partly as an oral interview, partly him/herself ..... ☐

## C Duration of the interview:

The oral (complete or partial) interview lasted .....  minutes

The respondent needed .....  minutes to complete the questionnaire  
(please ask)

## D Other notes:


**Thank you for your cooperation!**

Listen-Nr.	Lfd. Nr.

Ich bestätige die korrekte  
Durchführung des Interviews:

--

Abrechnungs-Nummer

--

Unterschrift des Interviewers