

Living in Germany

Survey 2013
on the social situation
of households

Individual Questionnaire

The questions contained in this questionnaire are for **all** household members who were **born in or before 1995**.

Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of every member of every household.

We therefore cordially request that you **either**:

– allow our staff member to interview you

or

– carefully fill out this questionnaire yourself.

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

Household number:

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Person number:

--	--

First name:

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Please print

How is it done?

Please complete the questionnaire by

- placing an X in the small boxes

Example:

Sex:	male.....	<input checked="" type="checkbox"/>
	female.....	<input type="checkbox"/>

- 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. 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

– your standard of living?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 to you a number of feelings. Please indicate for each feeling how often or rarely 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. What is your opinion on the following three statements?

 Please tick one of the boxes for each statement

	Strongly agree	Agree	Disagree	Strongly disagree
People can generally be trusted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nowadays you can't rely on anyone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are dealing with strangers, it is better to be careful before trusting them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you believe that most people ...

– would use you if they had the chance.....	<input type="checkbox"/>
– or that they would try to be fair to you?.....	<input type="checkbox"/>

5. Would you say that people usually ...

– try to be helpful	<input type="checkbox"/>
– or that they only pursue their own interests?	<input type="checkbox"/>

6. How many close friends would you say that you have?

<input type="text"/>	close friends
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7. How often do you ...

	Very often	Often	Sometimes	Seldom	Never
– miss the company of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– feel socially isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How often do you ...

 Please answer each question by ticking one box per row!

	Very often	Often	Some- times	Seldom	Never
– lend your personal belongings (such as CDs, books, car, bicycle) to your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– lend money to your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– leave the door to your home unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


9. Have you ever experienced spontaneous generosity from a stranger?

Yes..... ☐

No..... ☐

10. What is a typical day like for you?

How many hours do you spend on the following activities on a typical weekday, Saturday, and Sunday?

 Please give only whole hours.

Use zero if the activity does not apply!

	Typical weekday Number of hours	Typical Saturday Number of hours	Typical Sunday Number of hours
Job, apprenticeship, second job (including travel time to and from work)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Errands (shopping, trips to government agencies, etc.).....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Housework (washing, cooking, cleaning)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Child care	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Care and support for persons in need of care	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Education or further training (also school, university)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Repairs on and around the house, car repairs, garden work	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Physical activities (sports, fitness, gymnastics).....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other leisure activities and hobbies	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>


11. Now some questions about your leisure time.

Please indicate how often you take part in each activity:

daily, at least once per week, at least once per month, seldom or never?

	Daily	At least once per week	At least once per month	Seldom	Never
Going out for dinner or drinks (café, pub, restaurant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting or being visited by neighbors, friends, or acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting or being visited by family members or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping in touch with friends or relatives abroad (by telephone, e-mail, Internet phone, skype, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using online social networks (such as Facebook / Google+ / Xing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going on an excursion or short trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in political parties, municipal politics, citizens' initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing volunteer work in clubs, associations, or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to church, attending religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV or films at home (including DVDs, DVR, Internet etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the computer outside of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet usage outside of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic and musical activities (painting, music, photography, theater, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crafts / needlework / household repairs / gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car or motorcycle repairs or maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the cinema, pop concerts, dance events, clubs....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to cultural events such as opera, classical concerts, theater, exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. 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 ☐

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

Yes, maternity leave ☐

Yes, parental leave .. ☐

No ☐

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

Yes..... ☐

No ☐

15. Are you officially registered unemployed at the Federal Employment Agency (*Agentur für Arbeit*)?

Yes..... ☐

No ☐

16. 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 18!



17. 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:

18. 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 31!**
- In marginal (*geringfügig*) or irregular employment (*unregelmäßig erwerbstätig*) ☐ →
- In partial retirement, phase with zero working hours (*Altersteilzeit mit Arbeitszeit Null*) ☐ → **Question 77!**
- Voluntary military service (*freiwilliger Wehrdienst*) ☐ ↓
- Voluntary social / ecological year (*freiwilliges soziales / ökologisches Jahr*), federal volunteer service (*Bundesfreiwilligendienst*) ☐ ↓
- Not employed ☐ ↓

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

- No, definitely not ☐ → **Question 80!**
- Probably not ☐ ↓
- Probably ☐ ↓
- Yes, definitely ☐ ↓

20. 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 ☐ ↓

21. 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 ☐

22. 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 ☐ ↓

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

euros per month Can't say, it depends ☐ → **Question 25!**

↓

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

hours per week

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

Yes..... ☐

No..... ☐

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

Yes..... ☐

No..... ☐ ➔ Question 28!



27. Have you received a placement voucher (*Vermittlungsgutschein*) from the Federal Employment Agency (*Agentur für Arbeit*), and if so what was the value?

Yes..... ☐ ➔ Please state value: euros

No..... ☐

28. People work for different reasons.
What is the most important reason to you:
is it to earn money, or are other reasons important?

Earning money ☐

Other reasons..... ☐

Both about the same ☐

29. Would you like to keep working in your current field or the field you were trained in, or would you rather do something new? Or does it not matter to you?

In my current field / the field
I was trained in ☐

Something new..... ☐

Does not matter to me..... ☐

Does not apply /
I do not (yet) have a job ☐

30. How likely is it that one or more of the following occupational changes will take place in your life within the next two years?

👉 Please estimate the probability of such a change taking place on a scale from 0 to 100, where 0 means such a change will definitely not take place, and 100 means it definitely will take place.

That you ...	Definitely <u>not</u>	Definitely
– take a paid 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 10 20 30 40 50 60 70 80 90 100	
– become self-employed or work on a freelance basis.....	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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 10 20 30 40 50 60 70 80 90 100	
– attend courses or seminars to gain additional training or qualifications.....	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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 10 20 30 40 50 60 70 80 90 100	

Skip now to Question 80!

Your current job

31. Have you changed jobs or started a new one since December 31, 2011?

 This includes starting working again after a break!

Yes..... ☐



No ☐ ➡ Question 38!

32. How often have you changed jobs or started a new one since December 31, 2011?

Once ☐


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

33. When did you start your current position?

2012, in the month

2013, in the month

34. 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..... ☐ ➡

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

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

I changed positions within
the same company ☐

I became self-employed ☐ ➡

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

Yes..... ☐ No ☐

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

months

**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 ☐

35. 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.....☐

36. How did you find out about this job?

 Please mark just **one**!

Through the Federal Employment Agency
(*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.....☐


37. Was the Federal Employment Agency (*Agentur für Arbeit*) involved in finding the job?

Yes, directly.....☐

Yes, they provided a placement
voucher (*Vermittlungsgutschein*)
for a private recruitment agency.....☐ ➔ value euros

No.....☐

38. 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!

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

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


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

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

41. 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 ☐

42. 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!

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

- less than 5 people ... ☐
- from 5 up to 10 people ... ☐
- from 11 up to, but less than 20 people ... ☐
- from 20 up to, but less than 100 people ... ☐
- from 100 up to, but less than 200 people ... ☐
- from 200 up to, but less than 2,000 people ... ☐
- 2,000 or more people ☐
- Not applicable, because I am self-employed without further employees ☐

**44. 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 ☐

45. When did you start working for your current employer?

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


Since

--	--

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Month Year

46. What is your current occupational status?

 If you currently have more than one job, please answer the following questions for your main job only.

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"/>	➔ Question 51!
Freelance professional, Self-employed academic (<i>selbständiger Akademiker</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family member working for self-employed relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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*) ☐

Civil servant (including judges and professional soldiers)

Lower level..... ☐

Middle level..... ☐

Upper level..... ☐

Executive level..... ☐

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 Führungsfunktion*) (e.g., managing director, business manager, head of a large firm or concern) .. ☐

47. Do you work for a public sector employer?

Yes..... ☐ No ☐

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

Yes..... ☐ No ☐

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

Permanent contract ☐ ➔ Question 52!

Fixed-term contract ☐

Not applicable, do not have an employment contract . ☐

50. Is it community work (a “1-Euro-Job”)?

Yes..... ☐ ➔ Question 52!

No..... ☐

51. Does some or all of your work involve being contracted to provide specific services (*Werkverträge*)?

Yes, all of it ☐

Yes, some of it..... ☐

No..... ☐

52. In your position at work, do you supervise others?
In other words, do people work under your direction?

Yes.....☐

No☐ ➡ Question 55!



53. How many people work under your direction?

people

54. What kind of leadership position do you hold?

Are you ...

– in top management (executive board, business director, division manager, etc.)☐

– in middle management (department head, regional director, etc.)☐

– in lower management (group supervisor, section head,
manager of branch office or small business, etc.)☐

– in a highly skilled specialist position (project head, etc.)☐

55. 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☐

56. Is the income that you earn at your current job just, from your point of view?

Yes.....☐ ➡ Question 59!

No.....☐



57. How high would your gross income have to be in order to be just?

Gross income: euros per month Don't know☐

58. How high would your net income have to be in order to be just?

Net income: euros per month Don't know☐

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

Yes.....☐ ➡ Question 61!

No.....☐



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

Every day☐

Once per week☐

Less often☐

61. 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.....☐

62. 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

63. 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 ☐

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

, hours

Varying, irregular ☐

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

, hours per week

No set hours..... ☐

66. 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 69!



67. Is it “marginal” part-time work in accordance with the 450/850-euro rule (*Mini-Job / Midi-Job*)?

Yes, Mini-Job (up to 450 euros)..... ☐

Yes, Midi-Job (450.01 to 850 euros)..... ☐

No..... ☐

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

Yes..... ☐ No ☐

69. Do you sometimes have to work in the evenings (after 7:00 p.m.) or at night (after 10:00 p.m.)? If so, how often?

	No, never	Yes			
		Every day	Several times a week	On a weekly basis (changing shifts)	Rarely (as needed)
Evenings (after 7.00 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nights (after 10:00 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Do you have to work weekends? If so, how often?

	No, never	Yes			
		Every week	Every other week	Every 3 - 4 weeks	Rarely
Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. 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*)☐

72. Do you work overtime?

Yes.....☐ No.....☐
Not applicable because I am self-employed☐ ➡ Question 77!

73. 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☐

74. 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.....☐

75. Leaving the question of what is normal for you aside:

Did you take time off in lieu of overtime in the last month? If so, how many hours?

Yes.....☐ ➡ Please state the number: hours
No.....☐

76. And did you work overtime in the last month?

If so, how many hours?

Yes.....☐ ➡ Please state the number: hours Please state how many of hours these hours were paid:
No.....☐ *Please enter "00" for unpaid overtime*

77. 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

78. 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?☐

79. How likely is it that you will experience the following career changes within the next two years?

 Please estimate the probability on a scale of 0 to 100, with 0 meaning that such a change definitely will not take place, and 100 meaning that such a change definitely will take place.

	this definitely <u>will not</u> <u>happen</u>	In the next two years,	this definitely <u>will</u> <u>happen</u>
– Will you seek a new job on your own initiative? ..	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will you lose 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"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will you receive a promotion at your current place of employment?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
<i>If you are not already self-employed / freelance:</i>			
– Will you start working on a self-employed and/or freelance basis?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will you stop working in your current field and start working in a different one?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will you give up your job either temporarily or permanently?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will you be demoted at your current place of employment?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
<i>If you are not already retired:</i>			
– Will you either retire at the standard retirement age or take early retirement?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will your working hours change significantly, from full-time to part-time or from part-time to full-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"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will you attend courses or seminars to obtain additional training or qualifications?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	
– Will you receive a salary or wage increase beyond the collectively negotiated wage increases?	<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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	10 20 30 40 50 60 70 80 90 100	

Now some more questions for everyone!

80. 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 86!

81. What type of work is it?

Please print, using the German term only!

82. Do you do part of your work on the basis of contracts for specific services (*Werkverträge*)?

Yes, all of it.....☐

Yes, some of it.....☐

No.....☐

83. How many days per month do you work at this side job?

days per month

84. How many hours do you work on average on these days?

hours a day

85. What was your gross income for this job last month?

euros


86. 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 ^{★)}
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;">Please include the amount in the household questionnaire!</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>)	<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?

87. Did you finish school, vocational training, or university / higher education after December 31, 2011?

 This also includes advanced academic degrees!

Yes.....☐



No☐ ➔ Question 91!

When?

2012, in the month

2013, in the month

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

Yes.....☐



No☐ ➔ Question 91!

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

In Germany.....☐

In another country☐

90. 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.....☐

91. Have you left a job since December 31, 2011?

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

Yes..... ☐
↓

No ☐ ➡ Question 97!

92. When did you leave your last job?

2012, in the month

2013, in the month

93. How long were you employed at that job?

years

months

94. 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..... ☐

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

Yes..... ☐ ➡ How much in total?

euros

No..... ☐

96. 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 ☐

97. And now think back on the entire last year, that is, 2012.

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 2											
	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
employed full-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"/>
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 military service (<i>freiwilliger Wehrdienst</i>) / reserve duty training (<i>Wehrübung</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 social year (<i>freiwilliges soziales Jahr</i>) / voluntary ecological year (<i>freiwilliges 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"/>
federal volunteer service (<i>Bundesfreiwilligendienst</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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 2012

98. We have already asked about your current income.





In addition, please state what sources of income you received in the past calendar year, 2012, 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 2012 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 2012	Months in 2012	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"/>	 Additional questions 99 - 100
Income from self-employment, freelance work	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Income from second / additional job (<i>Nebenerwerbstätigkeit</i> / <i>Nebenverdienst</i>)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Retirement / pension	<input type="checkbox"/>	<input type="text"/>		Additional question 101
Widower's pension (<i>Witwenrente</i>) / orphan's pension (<i>Waisenrente</i>)	<input type="checkbox"/>	<input type="text"/>		Additional question 101
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"/>	Please include this amount in the household questionnaire!
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 military service (<i>Wehrsold bei freiwilligem Wehrdienst</i>), expense allowance during voluntary social / ecological year (<i>Aufwandsentschädigung für Freiwilliges soziales / ökologisches Jahr oder 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 2012	<input type="checkbox"/>			Question 102!

Additional questions for employed persons

99. Did you receive any of the following bonuses or extra pay from your employer last year (2012)?
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"/>				

100. Last year (2012), 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

101. Who pays your retirement / pension and what were the monthly payments in 2012?

 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

Now some more questions for everyone!

102. Do you have pension claims (*Anwartschaften*) from the statutory pension insurance (*gesetzlichen Rentenversicherung*)?

Yes..... ☐

No ☐

Does not apply, I am already receiving pension payments.. ☐

Question 104!

103. How high are the monthly pension claims that you have accrued so far? In other words, how much would you receive in monthly pension payments according to your current information from the German Pension Insurance?

This value is the second value in the box on the right-hand margin of your pension information from the German Pension Insurance. Please state the exact amount written there.

If you are unable to check, please try to remember and give the approximate amount.

Amount in euros: ☐ exactly ☐ approximately ☐

Did not receive pension information..... ☐

Muster: Ausschnitt aus der Renteninformation

Information 2014

Ihre zu erwartende Rente auswirken. Bitte beachten Sie, dass von der Rente auch Kranken- und Pflegeversicherungsbeiträge sowie gegebenenfalls Steuern zu zahlen sind. Auf der Rückseite finden Sie zudem wichtige Erläuterungen und zusätzliche Informationen.

Rente wegen voller Erwerbsminderung
Wären Sie heute wegen gesundheitlicher Einschränkungen voll-
ständig erwerbsgemindert, bekämen Sie von uns eine monatliche Rente von: 514,12 EUR

Höhe Ihrer künftigen Regelaltersrente
Ihre bislang erreichte Rentenanswartschaft entspräche nach heutigem Stand
einer monatlichen Rente von:
Sollten bis zur Regelaltersgrenze Beiträge wie im Durchschnitt der letzten fünf
Kalenderjahre gezahlt werden, bekämen Sie ohne Berücksichtigung von
Rentenanpassungen von uns eine monatliche Rente von: 382,69 EUR

514,12 EUR
382,69 EUR
854,89 EUR

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

Yes, a Riester pension plan (*Riester-Rente*)..... ☐

No ☐ **Question 107!**

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

105. Are you already receiving a Riester or Rürup pension?

No..... ☐

Yes..... ☐ **Question 107!**

**106. Did you make payments into your pension plan in 2012?
If so, for how many months and how much per month?**

Yes..... ☐ Please state: ☐ months ☐ euros per month

No..... ☐

107. Aside from your statutory pension, do you also have a supplementary company pension plan or a supplementary pension plan for public employees (such as bAV, VBL)?

Company pension provisions include company retirement accounts, pension funds, relief funds, deferred compensation, as well as what are known as direct commitments and direct insurance from employers (*betrieblichen Direktzusagen, Direktversicherungen*).

Yes..... ☐

No ☐

Does not apply, I am already receiving supplementary pensions ☐

Question 110!

108. What type of supplementary company pension plan or supplementary pension plan for public employees do you have?

paid for entirely by my employer ☐

paid for entirely by me ☐

A mixture of types ☐

Are you using deferred compensation?

Yes..... ☐

No ☐

109. How high are the claims you have accrued so far to company pensions?

Please state the pension payment amount from your last insurance statement.

If you are unable to check the statement, please try to remember and give the approximate amount.

Amount in euros: ☐ exactly ☐ approximately ☐


Did not receive an insurance statement..... ☐

Health and Illness

110. How would you describe your current health?

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

111. 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

112. Has a doctor ever diagnosed you to have one or more of the following illnesses?

- Sleep disorder ☐
- Diabetes ☐
- Asthma ☐
- Cardiac disease
(also cardiac insufficiency, weak heart)..... ☐
- Cancer..... ☐
- Stroke ☐
- Migraine..... ☐
- High blood pressure ☐
- Depression ☐
- Dementia..... ☐
- Joint diseases (including arthritis, rheumatism) ☐
- Chronic back trouble ☐
- Other illness ☐ →
- No illness diagnosed ☐

113. 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 ☐

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

- Yes..... ☐ → **What is the degree of your reduced capability to work
(*Erwerbsminderung*) or disability (*Schwerbehinderung*)? ...**
- No..... ☐

115. Are you receiving a pension for partial or full reduction in earning capacity?

- Yes..... ☐ No ☐

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

Number of trips to the doctor
in the last three months

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

117. What about hospital stays in the last year — were you admitted to a hospital for at least one night in 2012?

Yes..... ☐
↓

No ☐ ➔ **Question 119!**

118. How many nights total did you spend in the hospital last year, that is, in 2012?

nights

And how often did you have to go to the hospital in the year 2012?

times

119. 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 2012..... ☐ ➔ **Question 122!**

120. How many days were you unable to work in 2012 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

121. Leaving aside sick leave and vacation:

Was there any other point in 2012 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..... ☐


122. Have you changed health insurance providers since December 31, 2011?

Yes..... ☐

No ☐

**123. 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 124.

In statutory
health insurance ☐


Exclusively
privately insured ☐ ➔ **Question 130!**

124. 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:

125. 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*) ☐

**126. 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 ☐

127. Do you have supplementary private health insurance?

Yes ☐

No ☐ ➔ **Question 130!**

128. What do you pay for that per month?

euros per month

Don't know ☐

129. 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 ☐

Attitudes and opinions

130. Generally speaking, how interested are you in politics?

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

131. 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 133!



132. Which party do you lean toward?

- SPD ☐
- CDU ☐
- CSU ☐
- FDP ☐
- Bündnis 90 / Die Grünen ☐
- Die Linke ☐
- Piratenpartei ☐
- NPD / Republikaner / Die Rechte... ☐
- Other ☐
- Please state:

And to what extent?

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

133. 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"/> |
| The rise in inflation | <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

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

Male..... ☐Female ☐

--	--

month

1	9		
---	---	--	--

year

135. What is your marital status?

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

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

Question 137!

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

136. Are you in a serious / permanent relationship?

Yes..... ☐

No ☐ ➡ **Question 137!**

Does your partner live in the same household?

Yes..... ☐ ➡

First name:

No..... ☐


137. Do you or did you have any siblings?

 Siblings includes biological, half, step, and adoptive brothers and sisters.

Yes. Please state number: siblings

No ☐ ➡ **Question 138!**

 For each of your brothers and sisters (or a maximum of ten), please give us the following information. Please start with your oldest sibling and continue by age, ending with the youngest.

 Please state whether you spent your entire childhood living—up to the age of 15—living in the same household with the particular sibling.

**Did you spend your
entire childhood
living together?**

Yes No, only:

Birth year

Month

Brother

Sister


Sex

Type of sibling

Code number from the list:

[illegible]

138. Now some questions about your native language—the language spoken by the family you grew up in. Is German the native language of you and both of your parents?

No.....☐  Yes☐ ➔ **Question 141!**

139. What about you —

How well do you know German?

How well do you know the language of your native country / your parents' language?

	Speaking	Writing	Reading	Speaking	Writing	Reading
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

140. What language do you speak here in Germany ...

- mostly German☐
- mostly the language of my native country / my parents' language☐
- or half and half☐

The following questions deal with contact between people of different nationalities in Germany. So we'd like to ask you:

141. In the last 12 months,

Yes No


- have you visited people of German origin in their home?.....☐.....☐
- have you visited people whose parents are not from Germany in their home?☐.....☐

142. In the last 12 months,

Yes No

- have people of German origin visited you in your home?.....☐.....☐
- did people whose parents are not from Germany visit you in your home?☐.....☐

143. Do you have German citizenship?


Yes.....☐  No.....☐ ➔ **Question 147!**

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

Yes.....☐ ➔ please state:

No.....☐

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

Since birth☐  At a later date ..☐ ➔ **Question 148!**

146. Were both of your parents born in Germany?

Yes.....☐ ➔ **Question 151!**

No.....☐ ➔ **Question 148!**

147. What is your country of citizenship?

Please state:

148. How often have you felt disadvantaged in the last two years because of your ethnic origins?

- Often..... ☐
 Seldom ☐
 Never..... ☐

149. Do you want to stay in Germany forever?

- Yes..... ☐ ➔ Question 151!
 No..... ☐
 ↓

150. How long do you want to stay in Germany?

- A year at the most ☐
 A few more years..... ☐ ➔ How many? years Don't know..... ☐

151. People can have many different qualities—some are listed below.

You will probably find that some of these descriptions fit you completely and that some do not fit you at all. Others may fit to a certain extent.


👉 Please answer on a scale from 1 to 7, where
 1 means "does not describe me at all", and
 7 meaning "describes me perfectly".

I am:	Does not describe me at all				Describes me perfectly		
	1	2	3	4	5	6	7
– a thorough worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– communicative, talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– sometimes a bit rude to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– original, someone who comes up with new ideas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– forgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– somewhat lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– outgoing, sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– someone who values artistic, aesthetic experiences....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– effective and efficient in completing tasks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– considerate and kind to others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– imaginative.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– relaxed, able to deal with stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– eager for knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

152. To what extent do you agree with the following statements?


	Agree completely	Agree	Disagree	Disagree completely
When I think about the future, I'm actually quite optimistic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't really enjoy my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things have gotten so complicated that I almost can't manage anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

153. Would you describe yourself as an impatient or a patient person in general?

 Please answer on a scale from 0 to 10, where
0 means **very impatient** and 10 means **very patient**.

Very impatient		Very patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	10


154. Would you describe yourself as someone who tries to avoid risks (risk-averse) or as someone who is willing to take risks (risk-prone)?

 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"/>
0	1	10

155. How would you describe yourself:

Do you generally think things over for a long time before acting – in other words, are you not impulsive at all? Or do you generally act without thinking things over for long, in other words, are you very impulsive?

 Please answer on a scale from 0 to 10, where
0 means **not at all impulsive** and 10 means **very impulsive**.

Not at all impulsive		Very impulsive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	10

156. In the last year, that is, in 2012, 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 type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>	
To children (also son-in-law / daughter-in-law)	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>	
To spouse or divorced spouse.....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>	
To other relatives	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>	
To non-relatives	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>	
No, I have not given any money or financial support of this kind <input type="checkbox"/>					

157. Has your family situation changed since December 31, 2011?

Please indicate if any of the following apply to you and if so, when this change occurred.


	Yes	2013 in month	2012 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"*

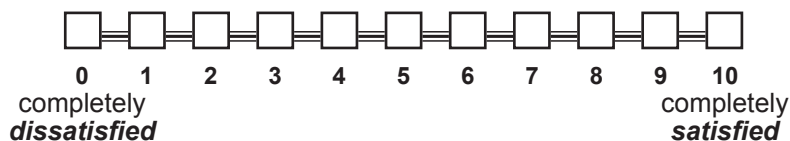
Please
state:

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

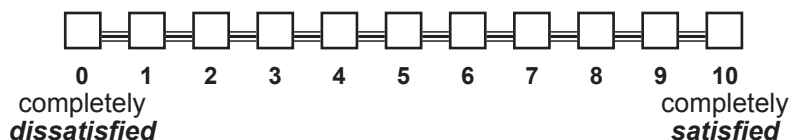
158. In conclusion, we would like to ask you about your satisfaction with your life in general.

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

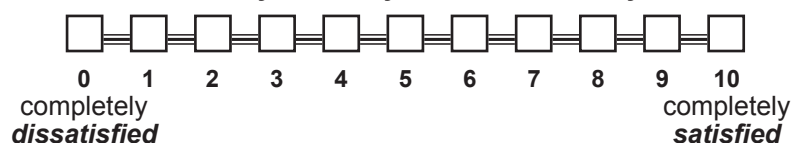
How satisfied are you with your life, all things considered?



And how do you think you will feel in one year?












And how do you think you will feel in five years?



159. When you think about how your personal living conditions have changed over the last 10 years (since about 2003), which of these pictures would represent that development best?

Please state the number of the picture

1 	2 	3 
4 	5 	6 
7 	8 	9 

160. How do you think your life will go in the next 5 years, from today until 2018?
Which of the pictures would represent that development best?

Please state the number of the picture

Implementation of the interview

A What is the date today and at what time did you finish filling out the questionnaire?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Hour		Minute	

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!

<input type="text"/>	<input type="text"/>
Listen-Nr.	Lfd. Nr.

Ich bestätige die korrekte
Durchführung des Interviews:

Abrechnungs-Nummer

Unterschrift des Interviewers