

# Questions on Adults Life

## 1 Demographic and Parents' Characteristics

The basic demographic variables collected in the SOEP and many other surveys are the following:

### Your sex

male

female

### Year of birth and month

Year

Month

### Where did you live before German unification, 1989?

In East Germany (including East Berlin).....

In West Germany (included West-Berlin).....

Abroad.....

### In which country were you born?

### When did you come to Germany?

Year

### What is your citizenship?

### Is German your mother language?

Yes.....  No.....

### What is your marital status?

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

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

Single.....

Divorced.....

Widowed.....

**Are you in a serious/permanent relationship?**

Yes..... No.....



**Does your partner live in the same household?**

Yes ..... No .....

**How many people currently live in your household, including children?**

Persons

**How many are 14 years and older?**

Persons

**How many are 18 years and older?**

Persons

**How many of those are ...**

employed full-time .....

employed part-time .....

registered unemployed .....

enrolled in higher education/training/apprenticeship.....

retired .....

other .....

**If you take a look at the total income of all household members: how high is the monthly household income today?**

Please state the net monthly income, which means after deductions for taxes and social security. Please include regular income such as pensions, housing allowance, child allowance, grants for higher education support payments, etc.

If you do not know the exact amount, please estimate the amount per month.

euros per month

**Are you currently enrolled in some sort of education? In other words, do you attend a school or educational institution, are you in an apprenticeship or are you enrolled in further education or training?**

Yes..... No.....



**What type of education or training is it?**

**General school:**

Secondary general school (“Hauptschule”).....

Intermediate School (“Realschule”).....

Upper Secondary School (“Gymnasium”).....

Comprehensive School (“Gesamtschule”) .....

Evening Intermediate School (“Abendrealschule”).....

“Fachoberschule” .....

**Vocational education:**

- Primary vocational training year, vocational preparatory year (“Berufsgrundbildungsjahr, Berufsvorbereitungsjahr”).....
- Vocational school without apprenticeship.....
- Apprenticeship .....
- Full-time vocational school (“Berufsfachschule, Handelsschule”).....
- School for health care professions.....
- Trade and technical school (“Fachschule”, for example, “Meister- Technikerschule”) .....
- Education as public employee .....
- Other: .....

**Higher Education:**

- “Fachhochschule”.....
- University, other higher education institution .....
- Doctorate, doctorate programm, “Habilitation” .....

**Please state type of degree and field of study:**

Type of degree: 

--

Field of study: 

--

**Are you receiving a scholarship for these studies?**

*If so, from what organization?*

- No. ....
- Yes, BAföG.....
- Yes, other .....
- Other: \_\_\_\_\_

**Further education (“Weiterbildung”)/ occupational retraining (“Umschulung”):**

- Professional or vocational retraining (“Umschulung”).....
- Further education in your profession.....
- Professional rehabilitation.....
- Further education in politics or general .....
- Other: \_\_\_\_\_

**What type of school degree do you have?**

- No degree, still attending school .....

**School-leaving certificate in the Federal Republic of Germany / West Berlin:**

- Secondary general school-leaving certificate (Volksschul- / Hauptschulabschluss)
- Intermediate school-leaving certificate (Mittlere Reife, Realschulabschluss)
- Fachhochschulreife, Abschluß Fachoberschule
- Upper secondary school-leaving certificate (Abitur, Hochschulreife)
- Other school-leaving certificate
- Left school without attaining school-leaving certificate

**School degree in the German Democratic Republic:**

- School-leaving certificate after 8 years of schooling (Abschluss 8. Klasse)
- School-leaving certificate after 10 years of schooling (Abschluss 10. Klasse)
- Upper secondary school-leaving certificate (Abitur, Hochschulreife)
- Other school-leaving certificate
- Left school without attaining school-leaving certificate

**School-leaving certificate attained abroad:**

Duration of schooling   years,

in particular:

- Compulsory schooling without school-leaving certificate.....
- Compulsory schooling school-leaving certificate.....
- School-leaving certificate from secondary schooling.....

**Did you complete school, vocational training, or university education?**

Yes  No .....

↓

**What kind of degree was it?**

→ Possible to tick more than one box.

- Apprenticeship .....
- Full-time vocational school .....
- Berufsfachschule, Handelsschule .....
- School for health care professions.....
- Trade and technical school for vocational education.....
- Training for public employees.....
- Fachhochschule .....
- University, technical university, other higher education institution .....
- Doctorate degree.....
- Other degree.....

	<b>Father</b>	<b>Mother</b>								
<b>In what year was your father / mother born?</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

**Does or did your father and/or mother have the German citizenship?**

	<b>Father</b>	<b>Mother</b>
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>

**What type of secondary school diploma/certificate do your parents have?**

	<b>Father</b>	<b>Mother</b>
No school-leaving certificate	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school-leaving certificate (“Volksschulabschluss”), secondary general school-leaving certificate (“Hauptschulabschluss”) or an 8 <sup>th</sup> grade school-leaving certificate from East Germany	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school-leaving certificate (“Mittlere Reife”, “Realschulabschluss”) or an 10 <sup>th</sup> grade leaving degree from East Germany	<input type="checkbox"/>	<input type="checkbox"/>
Upper secondary school-leaving certificate as qualification for university studies (“Abitur” or “Hochschulreife”)	<input type="checkbox"/>	<input type="checkbox"/>
Another type of school-leaving certificate	<input type="checkbox"/>	<input type="checkbox"/>
Don’t know	<input type="checkbox"/>	<input type="checkbox"/>

**Did your father and/or mother receive job training or an university degree?**

	<b>Father</b>	<b>Mother</b>
Yes, job training	<input type="checkbox"/>	<input type="checkbox"/>
Yes, university or higher education degree	<input type="checkbox"/>	<input type="checkbox"/>
No finished training or degree	<input type="checkbox"/>	<input type="checkbox"/>
Don’t know	<input type="checkbox"/>	<input type="checkbox"/>

If applicable: **What occupation did your parents have when you were aged 15?**

Father

Mother

**Does your father / mother belong to a church or other type of religious group?**

	<b>Father</b>	<b>Mother</b>
Yes: member of the Catholic Church	<input type="checkbox"/>	<input type="checkbox"/>
member of the (German) protestant church	<input type="checkbox"/>	<input type="checkbox"/>
member of another Christian group	<input type="checkbox"/>	<input type="checkbox"/>
member of another type of religious group	<input type="checkbox"/>	<input type="checkbox"/>
No: no religious affiliation	<input type="checkbox"/>	<input type="checkbox"/>

## 2 Labour Market

The following questions are aimed at measuring key information about individuals' labor market behaviour.

**Have you done any paid work during the last seven days, even if this work was only for an hour or just a few hours?**

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

Yes .....  No .....

**Are you currently on maternity leave or parental leave (“Elternzeit”)?**

Yes, maternity leave .....

Yes, parental leave .....  No .....

**Are you officially registered as unemployed at the Employment office (“Arbeitsamt”)?**

Yes .....  No .....

**Are you currently engaged in paid employment? Which of the following applies best to your employment status?**

Pensioners with a job contract are considered employed.

Employed full-time .....

Employed part-time .....

In occupational/professional education or retraining .....

Marginally (“geringfügig”) or irregularly employed .....

Approaching retirement in part-time employment  
with zero working hours .....

Doing compulsory military service .....

Doing community service as substitute for compulsory  
military service (“Zivildienst”)/voluntary social year .....

Not employed .....

**What is your current occupational status?**

Please give the exact title. For example, do not write “clerk”, but “shipping clerk”; not “blue-collar worker”, but “machine metalworker”. If you are engaged in public employment, please give your official title, for example, “police chief” or “Studienrat”. If you are an apprentice or in vocational training, please state the profession associated with your training.

Please write the German term only! \_\_\_\_\_

**Is this position the same as the profession for which you were educated or trained?**

Yes .....  Currently in education or training .....

No .....  I have not been trained or educated for a particular profession .....

**What type of education or training is usually necessary for this type of work?**

- No completed vocational training/apprenticeship required .....
- Completed vocational training/apprenticeship required .....
- “Fachhochschule” school-leaving certificate required .....
- Completed degree from a university or other institution of higher education .....

**What type of introduction or introductory training is usually necessary for this type of work?**

- Only brief on-the-job training .....
- A longer period of in-house training .....
- Participation in special training or courses .....

**Does the company in which you are employed belong to the public sector?**

- Yes .....       No .....

**Which business or industry sector is your company or institution active in for the most part?**

Please state the branch as exactly as possible, for example, not “industry”, but “electronics industry”; not “trade”, but “retail trade”; not “public service”, but “hospital”.

Please write the German term only! \_\_\_\_\_

**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 .....

**How high was your income from employment last month?**

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

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

Please fill in both:

- gross income, which means wages or salary before deduction of taxes and social security
- net income, which means the sum after deduction of taxes, social security, and unemployment and health insurance.

My income was:                    gross                     euros

   net                     euros

## For Non-Employed Respondents

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

Yes .....

No.....

Have you actively looked for work within the last two weeks?

Yes .....

No.....

## 3 Health

Health status is important for several kinds of activities and preferences. We recommend collecting the following variables:

**How would you describe your current health?**

Very good.....

Good.....

Satisfactory.....

Poor.....

Bad.....

**When you climb the stairs, i.e., go up several floors on foot, does your state of health affect you severely, slightly, or not at all?**

Severely.....

Slightly.....

Not at all.....

**What about your ability to do other tiring everyday tasks such as lifting something heavy or activities requiring agility: Does your state of health affect you severely, slightly, or not at all?**

Severely.....

Slightly.....

Not at all.....

**Please think about the last four weeks. How often did it occur within this period of time ...**

	Always	Often	Some- times	Seldom	Never
• that you felt rushed or pressed for time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you felt run-down and melancholy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you felt relaxed and well-balanced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you expended a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that you experienced severe physical pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• that due to physical health problems you achieved less than you wanted to at work or in everyday tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- that due to mental health or emotional problems you achieved less than you wanted to at work or in everyday tasks?
- your carried out your work or everyday tasks less thoroughly than usual?

**How tall are you?**

If you don't know, please estimate.

cm

**How much do you currently weight (in kilograms)?**

If you don't know, please estimate.

kg

**Are you legally classified as disabled or having a reduced ability to work for medical reasons?**

Yes .....

What is the extent of your disability according to the most recent diagnosis? .....

No. ....

**Are you naturally right-handed or left-handed?**

Right-handed.....

Left-handed.....

**Which hand do you actually write with?**

Right hand .....

Left hand.....

In addition to these two questions, the SOEP collects (for a random subsample) physical measurements of hand grip strength (cf. Schupp 2007).

## 4 Personality, Preferences, and Subjective Orientations

Personal traits and preferences are important for describing individual differences in behavior (see, for example, Dohmen et al., 2006 and Dohmen et al., 2008). We recommend the following variables<sup>4</sup>:

**I will now read to you a number of feelings. Please indicate for each feeling how often or seldom you experienced this feeling in the last four weeks.**

How often have you felt ...	Very rarely	Rarely	Occasio- nally	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"/>

**What is your opinion on the following three statements?**

Please tick one of the boxes for each statement.

	Totally agree	Agree slightly	Disagree slightly	Totally disagree
• On the whole you can trust people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nowadays one can't rely on anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If one is dealing with strangers, it is better to be careful before trusting them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you believe that most people ...**

- would exploit you if they had the opportunity? .....
- Or would they try to be fair with you? .....

**Would you say that most of the time, people ...**

- try to be helpful? .....
- Or do they only act in their own interest?.....

---

<sup>4</sup> For two ultra-short cognitive tests which we were applied in SOEP 2006, see Schupp et al. (2008).

In the SOEP, the following 15-item question version aims at eliciting respondents' personality traits through the "Big Five Inventory (BFI)".

**Now a completely different subject: everyday actions. While our actions are influenced by our basic beliefs, there is very limited scientific knowledge available on this topic.**

**Below are different qualities that a person can have. You will probably find that some apply to you completely and that some do not apply to you at all. With others, you may be somewhere in between.**

Please answer according to the following scale:

1 means "does not apply to me at all",

7 means "applies to me completely".

With values between 1 and 7, you can express where you lie between these two extremes.

I see myself as someone who	<b>Does not apply to me at all</b>					<b>Applies to me completely</b>	
	1	2	3	4	5	6	7
• does a thorough job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is communicative, talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is sometimes somewhat rude to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is original, 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"/>
• worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• has a forgiving nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• tends to be lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is outgoing, sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• values artistic experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• gets nervous easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• does things effectively and efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is 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"/>
• has an active imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• is relaxed, handles stress well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are aimed at measuring individuals' locus of control, which goes back to the work of Rotter (1966). In the SOEP, locus of control is surveyed with 10-items.

The following statements apply to different attitudes towards life and the future. To what degree do you personally agree with the following statements?

Please answer according to the following scale:

1 means: "disagree completely",

7 means: "agree completely".

	Disagree completely							Agree completely	
	1	2	3	4	5	6	7		
• How my life goes depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Compared to other people, I have not achieved what I deserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• What a person achieves in life is above all a question of fate or luck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If a person is socially or politically active, he/she can have an effect on social conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I frequently have the experience that other people have a controlling influence over my 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"/>
• One has to work hard in order to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If I run up against difficulties in life, I often doubt my own abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The opportunities that I have in life are determined by the social conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Inborn abilities are more important than any efforts one can make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have little control over the things that happen in my 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"/>

How would you describe yourself:

Are you generally an impatient person, or someone who always shows great patience?

Please tick a box on the scale, where the value 0 means: "very impatient" and the value 10 means "very patient". You can use the values in between to make your estimate.

Very impatient											Very patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	

How would you describe yourself:

Are you generally willing to take risks, or do you try to avoid risks?

Please tick a box on the scale, where the value 0 means: "risk averse" and the value 10 means "fully prepared to take risks". You can use the values in between to make your estimate.

Risk averse											Fully prepared to take risks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	

**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 time – in other words, are you very impulsive?^**

Please tick a box on the scale, where the value **0** means: “**not at all impulsive**” and the value **10** means “**very impulsive**”. You can use the values in between to make your estimate.

<b>Not at all impulsive</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Very impulsive</b>
	0	1	2	3	4	5	6	7	8	9	10

**Different things can be important to different people. Are the following things currently important for you?**

**Very important, important, less important or not at all important?**

	Very important	Important	Less important	Not at all important
• Being able to afford to buy something for yourself	<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 self-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 a house	<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 travelling widely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To what extent do the following statements apply to you?**

	Completely	More or less	Not so much	Not at all
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"/>

## 5 Subjective Wellbeing

Researchers working on subjective well-being (SWB) might be interested in collecting the following SOEP indicators. For a discussion on affective and cognitive components of SWB see Schimmack et al. (2008).

**How satisfied are you today with the following areas of your life?**

Please answer according to the following scale:

**0** means “**totally unhappy**”,

**10** means “**totally happy**”.

**How satisfied are you with ...**

	<b>totally unhappy</b>					<b>totally happy</b>					
• 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"/>	
	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"/>	
	0	1	2	3	4	5	6	7	8	9	10
• (if working in household) your housework?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	
	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"/>	
	0	1	2	3	4	5	6	7	8	9	10
• your place of 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"/>	
	0	1	2	3	4	5	6	7	8	9	10
• your free 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"/>	
	0	1	2	3	4	5	6	7	8	9	10
• (if you have small children) the child care 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"/>	
	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"/>	
	0	1	2	3	4	5	6	7	8	9	10
• (if you do volunteer work) with your volunteer work in clubs, associations, or other special service organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<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

In the SOEP questionnaire, the question about satisfaction with life is generally asked at the end of the personal questionnaire. We recommend doing so in other studies as well, because the answer to this question depends—at least to a certain extent—on the context of this question.

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

Please answer according to the following scale:

**0** means “**completely dissatisfied**”, **10** means “**completely satisfied**”.

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

<b>completely dissatisfied</b>												<b>completely satisfied</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	

# 6 Political Involvement and Participation

Researchers working on involvement, citizenship and political participation might be interested in collecting the following information:

**Which of the following activities do you take part in during your free time?  
Please check how often you do each activity:  
at least once a week, at least once a month, less often, never.**

	At least once a week	At least once a month	Less often	Never
Going to cultural events (such as concerts, theater, lectures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the movies, pop music concerts, dancing, disco, sports events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing sports yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic or musical activities (playing music/singing, dancing, acting, painting, photography)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting with friends, relatives or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping out friends, relatives or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work in clubs or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in a citizens' group, political party, local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending church, religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Are you a member of a church or religious community? If so, are you**

- ...Catholic .....
- ...Protestant .....
- ...a member of a different Christian denomination  
or religious community .....
- ...a member of an Islamic religious community .....
- ...a member of another religious community .....
- ...No, I am not a member of a religious community .....

**Are you a member of one of the following organizations or unions?**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| •...trade union? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| •...professional body? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| •...works or staff council at your place of work? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| •...group or organization that supports the conservation<br>and protection of the environment and/or nature? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| •...club or similar organization? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Generally speaking, how interested are you in politics?**

- Very much.....
- Much .....

Not so much .....

Not at all.....

**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.....

**Which party do you lean toward?**

SPD .....

CDU .....

CSU .....

FDP .....

Bündnis 90/Die Grünen.....

Die Linke/PDS/WASG .....

DVU/Republikaner/NPD.....

Other .....

**And to what extent?**

Very strongly.....

Rather strongly .....

Somewhat.....

Weakly .....

Very weakly .....