

1069²⁰²¹

SOEP Survey Papers
Series A - Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2020: Individual (A-L3, M1-M2 + N-Q)

Kantar Public

Running since 1984, the German Socio-Economic Panel (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing.

The SOEP Survey Papers is comprised of the following series:

- Series A** – Survey Instruments (Erhebungsinstrumente)
- Series B** – Survey Reports (Methodenberichte)
- Series C** – Data Documentation (Datendokumentationen)
- Series D** – Variable Descriptions and Coding
- Series E** – SOEPmonitors
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- Series G** – General Issues and Teaching Materials

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SOEP-Core – 2020: Individual (A-L3, M1-M2 + N-Q)

Kantar Public

Vorbemerkung

Im Befragungsjahr 2020 wurde der Stichprobe Q auch die Geschlechtskategorie "Divers" im Fragebogen angezeigt. Ab 2021 gilt dies für alle Stichproben. Dies ist die einzige Abweichung zwischen den Fragebögen A-P und Q.

Preliminary remark

In the 2020 survey year, Sample Q was also shown the gender category "divers" in the questionnaire. As of 2021, this applies to all samples. This is the only deviation between questionnaires A-P and Q.

LIVING IN GERMANY

Survey 2020

Individual Questionnaire

The questions contained in this questionnaire are for **all** household members who were **born in or before 2002**.

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:

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

First name:

Person number:

--	--

Please print

Birthdate and sex of respondent:

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

Day

Month


Year

Male.....

Female

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 <i>dissatisfied</i>	completely <i>satisfied</i>
– 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"/>	<input type="checkbox"/> = <input type="checkbox"/> = <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	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"/> = <input type="checkbox"/> = <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	0 1 2 3 4 5 6 7 8 9 10
<i>(if employed)</i>		
– 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"/>
	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
<i>(if you are a homemaker)</i>		
– 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"/> = <input type="checkbox"/> = <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	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"/> = <input type="checkbox"/> = <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	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"/> = <input type="checkbox"/> = <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	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"/> = <input type="checkbox"/> = <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	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"/> = <input type="checkbox"/> = <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	0 1 2 3 4 5 6 7 8 9 10
<i>(if you have small children)</i>		
– 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"/> = <input type="checkbox"/> = <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	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"/> = <input type="checkbox"/> = <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	0 1 2 3 4 5 6 7 8 9 10
– with democracy as it exists in Germany?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/> = <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	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. Do you have the feeling that what you are doing in your life is valuable and useful?

 Please answer on a scale from 0 to 10, where 0 means *not at all valuable or useful*, and 10 means *completely valuable and useful*.


not at all valuable or useful	completely valuable and useful
<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <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

4. Are you generally a person who is willing to take risks or do you try to avoid taking risks?

 Please tick a box on the scale, the value 0 means *not at all willing to take risks* and the value 10 means *very willing to take risks*.


not at all willing to take risks	very willing 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"/>	
0	10

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

 Please answer according to the following scale:
1 means *disagree completely*, and
7 means *agree completely*.

	Disagree completely	1	2	3	4	5	6	7	Agree completely
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"/>

6. To what degree do the following statements apply to you personally?

 Please answer according to the following scale:
1 means: does not apply to me at all,
7 means: applies to me perfectly.

Does not apply to me at all **Applies to me perfectly**

1 2 3 4 5 6 7

If someone does me a favor, I am prepared to return it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I suffer a serious wrong, I will take revenge as soon as possible, no matter what the cost.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If somebody puts me in a difficult position, I will do the same to him/her.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go out of my way to help somebody who has been kind to me before.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If somebody offends me, I will offend him/her back.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am ready to undergo personal costs to help somebody who helped me before.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get over it relatively quickly when someone hurts my feelings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When somebody has wronged me I often think about it for quite a while.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to bear grudges.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When other people wrong me I try to just forgive and forget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a positive attitude toward myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


7. What would you say:

How many close friends do you have and how many of them are co-workers?

 If it does not apply, use "0"!

close friends, of whom... of these are co-workers

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

 Please give only whole hours.
 Use zero if the activity does not apply!

Number of hours

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

9. 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

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

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

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

Yes..... No

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

Yes..... No

13. 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 or in vocational rehabilitation?

Yes..... No ➔ Question 15

↓

14. 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

- Dual university / college of advanced vocational studies (*Duale Hochschule / Berufsakademie*)
- Specialized college of higher education (*Fachhochschule*)
- Other university (e.g., university of arts or music) ..
- University / Technical university
- 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*)
- Integration course / language course
- Other

Please state:

How were things last year?

15. Have you completed school, vocational training, or a university degree since January 1, 2019?

☞ This also includes advanced academic degrees!

Yes..... No ➔ Question 21

↓

16. When did you finish this school, vocational training, or university / higher education?

2019, in the month..... or 2020, in the month ..

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

Yes..... No ➔ Question 21

↓

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

In Germany..... In another country

↓

19. Is this degree / certificate / diploma recognized in Germany?

Yes, it is automatically recognized (e.g., Bachelor, Master, PhD)
 Yes, it has been recognized after successful completion
 of a recognition procedure
 No

20. 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 (*Mittlerer Schulabschluss* e.g., *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

Dual university / college of advanced vocational studies (*Duale Hochschule / Berufsakademie*)
 Specialized college of higher education (*Fachhochschule*)
 Other university (e.g., university of arts or music) ...
 University / Technical university
 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

21. Did you take part in any further vocational training programs in 2019?


 Here we are referring to all types of further vocational training measures that are designed to build on previous professional training or to pave the way for a change of profession, as is the case with occupational retraining. We are also referring to continuing education programs in science or academia, such as programs offered by universities or similar institutions. The amount of time spent in the program could range from just a few hours to several months or years. The idea to pursue further training may have come from you, your employer, or a government agency such as the Federal Employment agency.

Yes.....  No  **Question 28**

22. How many further vocational training programs did you take part in in 2019?

further vocational training program(s)

23. How many days in total did you spend in these further vocational training programs?

 Please count each day the course took place, even if the program only lasted a few hours per day!


day(s) 

24. How many days of the course were half-days or a few hours?


day(s)

25. Who paid for you to take part in the vocational training program?

 If the costs were shared, please mark all that apply!

- I did 
- My employer
- Employment office / job center
- Pension insurance
- Employer's insurance association
- Other funding provider
- The vocational training program did not cost anything

26. How much did you spend on the further vocational training programs?


 Please include all costs, including lost wages, travel expenses, child care, etc.

Euro

27. Was the organizer of the further vocational training program or one of the programs a university, technical college, or similar institution?

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

28. Have you left a former position or job since January 1, 2019?

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

Yes.....  No  **Question 34**

29. When did you leave your last job?

2019, in the month..... **or** 2020, in the month.....

30. How long were you employed at that job?

Years Months

31. How did that job end?

Please state **one** reason only!

- 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.....

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

- Yes..... How much in total? euros
- No.....

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

- Yes, a job prospect..... No, I did not have anything lined up.....
- Yes, a new contract I have not looked for a new job

34. 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 44
- In marginal (*geringfügig*) or irregular employment (*unregelmäßig erwerbstätig*)
- In partial retirement, phase with zero working hours (*Altersteilzeit mit Arbeitszeit Null*) Question 87
- Voluntary social / ecological year (*freiwilliges soziales / ökologisches Jahr*), federal volunteer service (*Bundesfreiwilligendienst*)
- Not employed.....

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

- No, definitely not..... Question 95
- Probably not
- Probably
- Yes, definitely

36. 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

37. 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

38. 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

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

euros per month \Rightarrow

Can't say, it depends.....

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

hours per week


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

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

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

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

43. 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 ...	That in the next two years you										
	Definitely <u>will not</u>					Definitely <u>will</u>					
– 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 95

Your current job

44. Have you changed positions or jobs since January 1, 2019, or started a new job?

 This includes starting working again after a break!

Yes.....

No..... ➔ Question 56



45. How often have you changed positions or jobs or started a new job since January 1, 2019?

Once.....

More than once (please state how many times)

46. When did you start your current position?

2019, in the month.....

or 2020, in the month.....

47. 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 an 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

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

Yes..... No ➔ Q.50



49. How many months did this break in employment last?

months

50. 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

51. 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 **without** an
activation and placement voucher.....
- Through a private recruitment agency **with** an
activation and placement voucher.....
- Through an advertisement in the newspaper.....
- Through an advertisement on the Internet.....
- Through a social network on the Internet.....
- Through friends or acquaintances.....
- Through family members.....
- Through co-workers.....
- I have returned to a former employer.....
- Other or not applicable.....

52. What is your current position / occupation?

 Please state the **exact** title in German. For example, do not write "kaufmännische Angestellte" (clerk), but "Speditonskauffrau" (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.


53. 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....

54. 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.....

55. 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).

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

If you are self-employed, please state when you started your current self-employed work.
In the case of temporary work, the temporary work agency is considered the employer.

Since
 Month Year

57. 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)

Self-employed farmer	<input type="checkbox"/>	} Number of employees	None	<input type="checkbox"/>	➔ Question 63
Freelance professional, Self-employed academic.....	<input type="checkbox"/>		1 - 9	<input type="checkbox"/>	➔ Question 62
Other self-employed worker / entrepreneur.....	<input type="checkbox"/>		10 or more	<input type="checkbox"/>	
Family member working for self-employed relative	<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)

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, Industry or factory foreman / forewoman) ..
 Salaried employee with extensive managerial duties (*Angestellter mit umfassenden Führungsfunktion*) (e.g., managing director, business manager, head of a large firm or concern) ..
 Managing partner or similar white-collar employee in self-owned business / company ➔ 62

58. Do you work for a public sector employer?

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

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

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

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

Permanent contract.....
 Fixed-term contract
 Not applicable, do not have an employment contract.....

61. Is the job training measure sponsored by the employment office or a job center (also as a "1-Euro-Job")?

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

62. Approximately how many people does the company employ as a whole?
This does not refer to a local unit of the company, but to the entire company.

- 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

Now about your local unit of the company:

63. What is your employer's zip code (at the specific location where you work)?

--	--	--	--	--

Don't know exactly, but can give the first two digits

		?	?	?
--	--	---	---	---

Don't know exactly, but can give the first digit

	?	?	?	?
--	---	---	---	---

I work at different locations in different regions

I work outside the country

64. What means of transportation do you normally use to get to your place of work or educational training?

Multiple answers combining public and other means of transportation are possible.

- Public transport
- Car
- Motorcycle, moped, motorbike
- Car-sharing services
- Bicycle
- On foot
- None of the above / does not apply

65. Do you ever carry out your work activity at home?

Yes

No

66. How often do you work from home?

Daily

Several times a week

Once every 2 to 4 weeks

Rarely, only when needed

67. Is it stated in your employment contract or elsewhere that you are allowed to work from home?

Yes

No

68. 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
--	--	---	--	----------------

69. 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

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

, hours per week No set hours.....

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

, hours per week

If 30 hours or less: **If over 30 hours:** ➔ *Question 75*

↓

72. Is your job considered marginal employment according to the mini-job or midi-job regulation?

Yes, Mini-Job (up to 450 euros)..... ➔ **73. Do you make a voluntary pension contribution for your Mini-Job?**

Yes, Midi-Job (450.01 to 1300 euros)..... Yes.....

No..... No.....

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

Yes..... No

75. Is your job subject to social security contributions?

☞ The term "subject to social security contributions" is understood to mean any form of employment for which social security contributions must be paid.

Yes.....

No.....

76. Is an hourly wage specified in your employment contract or elsewhere?

Yes..... No

77. Aside from what is specified in your employment contract: Was your gross wage in the last month below 10 euros per hour, or was it 10 euros or more per hour?

10 euros per hour or above ➔ *Question 79*

Below 10 euros per hour

↓

78. What was your actual gross wage per hour in the last month?

, euros per hour

79. Do you keep track of your working hours?

Yes, I write down my hours by hand..... ➔ *Q. 81*

Yes, it's done through a system (time clock, electronic time-keeping)

No.....

80. Why don't you keep track of your working hours?

Work starts / ends at a set time

We work on an honor system (with no compensation for overtime or deficits in hours worked).....

Other reasons.....

81. Do you work overtime?

Yes.....

No.....
 Not applicable because
 I am self-employed

Question 87

82. 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

83. 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.....

84. And did you work overtime in the last month? If so, how many hours?

Yes.....

Please state the number: hours

No.....

85. 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.....

86. Did you receive financial compensation for overtime in the last month? If so, for how many hours?

Yes.....

Please state the number: hours

No.....

87. 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

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

Please mark all that apply.

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

→ Please state:

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

Please mark all that apply.

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

90. What is the gross monthly value calculated for your use of a company vehicle as a non-monetary benefit included in your total compensation package?

Please mark all that apply. If the value is not calculated into your total compensation package, or if you don't know the exact amount for other reasons, please estimate!

euros per month

→ Please state:

91. How often do you carry out the following tasks as part of your job?

Several times a day On a daily basis On a weekly basis Less often Never

	Several times a day	On a daily basis	On a weekly basis	Less often	Never
Search for, retrieve, or provide information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter data (bar codes, numbers, etc.) into information systems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guide technical processes or operate machines ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give instructions to other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use standard office software (e.g., MS-Office appli- cations, word processing, or e-mail programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate with clients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate with coworkers or supervisors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or evaluate texts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create or edit graphics (images, typography, layouts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use advanced programming functions (e.g., writing scripts, using programming languages).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop, change, or define work processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform mathematical calculations such as volumes or surface areas, integral calculations, or statistics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. How often do you use the following digital technologies as part of your job?

	Several times a day	On a daily basis	On a weekly basis	Less often	Never
Stationary PC, work station, server	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop or notebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smart phone or tablet computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital measurement or diagnostic devices (such as smart glasses, smart watches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs or apps that send and receive messages (such as e-mail, WhatsApp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs or apps that specify the times, places, or resources for your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

93. Nowadays, some of the tasks performed in the workplace can be done by digital systems. In your job, how often do you work with digital systems that ...?


	Several times a day	On a daily basis	On a weekly basis	Less often	Never
– automatically recognize and process language or spoken commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– automatically recognize and process images, videos, and photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– automatically recognize and process texts, handwriting, or numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– automatically recognize and process information or data and evaluate this information independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– automatically answer questions requiring specialized knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94. If you think about your situation at work in the last month, how often...?

	Always	Often	Sometimes	Almost never	Never
– did you decide yourself how to do your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– did you set the pace of your work yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– did you determine the order in which you completed your tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– did you learn new things in doing your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– did you solve unanticipated problems i ndependently in doing your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– did you feel too tired after work to enjoy doing what you like to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– did your work prevent you from spending as much time as you would like to with your partner or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– did you work in your free time to fulfill the demands of your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

95. Sometimes people have a side or volunteer job alongside their main job. Do you currently have one or more side or volunteer jobs?

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

Yes.....  No  Question 105

96. How many side jobs, including volunteer jobs, do you current have?

Side jobs / volunteer jobs

First side job
or volunteer work

Second side job
or volunteer work

Third side job
or volunteer work

97. What kind of side or volunteer job is it?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

98. What is your current occupational status in this job?

Blue-collar / white-collar worker (including Mini-Job)

Self-employed / freelance worker (including work on a contract basis)

Helping out a family member in his / her business.....

Other job.....




99. Is that a volunteer job?

Yes.....

No.....

100. Is it "marginal" part-time work in accordance with the 450 euro rule (Mini-Job)?

No.....  Q. 102  Q. 102  Q. 102

Yes.....   

101. Do you make a voluntary pension contribution for that Mini-Job?

Yes.....

No

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

days per month.....

103. How many hours per week do you work at this job?

hours per week.....

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

euros


Unpaid work

There are numerous possibilities to earn money on the Internet even without an employer, or to earn a little extra on the side—for instance, by selling goods through a website or app, by renting out property, or by working odd jobs. What about you:

105. Have you used a website or app since January 1, 2019, to sell goods (new / used / products you produced yourself)?

Yes..... No ➔ Question 109
↓

106. What websites or apps have you used to sell goods?


 Please indicate everything that applies.

107. How many hours have you spent on average per month in the last calendar year, that is, in 2019, selling goods through a website or app?

Total..... Hours per month
Of that:
As part of your main job and side job Hours per month Does not apply.

108. How much have you earned on average per month in the last calendar year, that is, in 2019, selling goods through a website or app?

 Please state your net earnings (after deducting all costs).

 In the case of used objects that you used yourself and then sold again after some time, please state the sale value without any deductions.

Total..... euros per month
Of that:
As part of your main job and side job euros per month Does not apply.

109. Have you used a website or app since January 1, 2019, to rent out property (for instance, a room, a vacation apartment, or a car)?

Yes..... No ➔ Question 113
↓

110. What websites / apps have you used to rent out property?

 Please indicate everything that applies.

111. How many hours have you spent on average per month in the last calendar year, that is, in 2019, to rent out property through a website / app?

Total..... Hours per month
Of that:
As part of your main job and side job Hours per month Does not apply.

112. How much have you earned on average per month in the last calendar year, that is, in 2019, by renting property through a website / app?

 Please state your net earnings (after deducting all costs).

Total..... euros per month
Of that:
As part of your main job and side job euros per month Does not apply.

113. Have you used a website or app since January 1, 2019, to find odd jobs (paid work doing, for instance, household repairs, deliveries, or programming)?

Yes.....
 ↓

No ➔ Question 117

114. What websites / apps have you used to find odd jobs?

 Please indicate everything that applies.


115. How many hours have you spent on average per month in the last calendar year, that is, in 2019, to find odd jobs through a website / app?

Total..... Hours per month

Of that:

As part of your main job and side job Hours per month Does not apply.

116. How much have you earned on average per month in the last calendar year, that is, in 2019, through odd jobs that you found through a website / app?

 Please state your net earnings (after deducting all costs).

Total..... euros per month

Of that:

As part of your main job and side job euros per month Does not apply.

117. Which of the following sources of income did you personally receive in the last month?
For all applicable income sources, please state the total gross amount in the last month.

*Gross amount means:
 Before deduction of taxes
 or social security contributions*

*Please answer question 117
 first and then question 118*

*If you do not receive income from
 any of the sources mentioned,
 please state that at the end of the
 questions!*

In the last month: received Gross amount

Retirement, pension

Yes...

Widower's pension, orphan's pension

Yes...

Unemployment benefit (also while attending further re-/training or while receiving a transitional allowance)

Yes...

Unemployment benefit II / social benefit

Yes...

**Parental allowance (Elterngeld) /
 maternity allowance (Mutterschaftsgeld)**

Yes...

**BAföG grant / scholarship / vocational
 training allowance**

Yes...

**Maintenance payments from former
 spouse or life partner, including child support**

Yes...

**Advance maintenance payment from
 child maintenance funds**

Yes...

**Other financial assistance to persons who
 do not live in the household**

Yes...

No, I did not receive income from any
 of these sources in the last month

118. Which of the following sources of income did you receive in the past calendar year, 2019?
For each of the income sources that apply, please state how many months of 2019 you received the income and what the average monthly income amount was.

Received in 2019	Number of months	Gross amount per month	Possible add. questions
---------------------	---------------------	---------------------------	----------------------------

Wages or salary as employee (including income received during training, partial retirement or sick leave)

Yes...

Income from independent / freelance / commercial activities / including profit distribution

Yes...

Second job, side job

Yes...

Retirement, pension

Yes...

Widower's pension, orphan's pension

Yes...

Unemployment benefit (also while attending further training / retraining or while receiving a transitional allowance)

Yes...

Unemployment benefit II / social benefit

Yes...

**Parental allowance (Elterngeld) /
 maternity allowance (Mutterschaftsgeld)**

Yes...

**BAföG grant / scholarship / vocational
 training allowance**

Yes...

**Maintenance payments from former
 spouse or life partner, including child support**

Yes...

**Advance maintenance payment from
 child maintenance funds**

Yes...

**Other financial assistance to persons who
 do not live in the household**

Yes...

No, I did not receive income from any of
 these sources in the calendar year 2019.....

Additional questions for employed persons

119. Did you receive any of the following bonuses or extra pay from your employer last year (2019)?
If yes, please state the gross amount.

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

120. Last year (2019), 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

121. Who pays your retirement / pension and what were the monthly payments in 2019?


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 (Half-) orphan's pension
German Pension Insurance (<i>Deutsche Rentenversicherung</i> , formerly LVA, BfA, Knappschaft)	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Civil service pension scheme (<i>Beamtenversorgung</i>)	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Supplementary insurance for public sector employees (<i>Zusatzversorgung des öffentlichen Dienstes</i> , e.g., VBL) ...	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Occupational pension (<i>Betriebliche Altersversorgung</i> , e.g., <i>Werkspension</i>)	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Professional pension scheme	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Riester pension plan	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Private pension scheme (not including Riester pensions, but including pension insurance policies provided directly by the employer)	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Accident insurance (<i>Unfallversicherung</i> , e.g., provided by an employer's insurance association (<i>Berufsgenossenschaft</i>) ..	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Pensions from another country	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros
Other Please state:	<input style="width: 100px;" type="text"/>	euros	<input style="width: 100px;" type="text"/> euros

122. And now think back on the entire last year, that is, 2019.

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 9											
	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 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 450 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>) or vocational rehabilitation (<i>beruflicher Rehabilitation</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>) / 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"/>
in a voluntary social year (<i>freiwilliges soziales Jahr</i>) / voluntary ecological year (<i>freiwilliges ökologisches Jahr</i>) / in the 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"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Please state:</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and Illness

123. How would you describe your current health?

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

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

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

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


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

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

Always Often Some- Almost Never
 times never

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

127. 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

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

Yes..... 

No.....


129. What is the degree of your reduced capability to work (*Erwerbsminderung*) or disability (*Schwerbehinderung*)?

130. When was the degree of your disability, or the degree of reduction in your capacity to work officially determined?

In the year


131. What type of impairment was decisive in the official determination of your reduced capacity to work or severe disability?


 Please mark all that apply.

- Physical
- Mental.....
- Intellectual/cognitive

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

 We are not referring here to e-cigarettes!

No..... 


Yes.....



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

 Please give the daily average of the previous week.


Cigarettes per day
 Pipes / Cigars / Cigarillos..... per day

134. Do you smoke e-cigarettes?

Yes..... 


No.....


135. How much liquid do you use per day?

 Please state the average amount per day over the last week.

Milliliters (ml)..... per day

136. How often do you drink alcohol?

- Every day
 - Four to six days a week
 - Two to three days a week
 - Two to four days a month
 - Once a month or less frequently
- 

Never  Question 138

137. When you drink alcohol, how many drinks do you consume in a day? Please calculate based on the following example.

 One-eighth (.125) of a liter of wine or champagne counts as one drink.

- A .75 liter bottle of wine would count as six drinks.

or .33 liters of beer would count as one drink.

- Two of the half-liter beers that are common in many regions would count as three drinks.

Or 1 shot of hard liquor such as schnapps, whisky, brandy, etc. would count as one drink

- A double shot of hard liquor would count as two drinks.

With mixed drinks, please try to estimate the amount yourself.

- One to two drinks
- Three to four drinks
- Five to six drinks.....
- Seven to nine drinks
- Ten or more drinks.....

138. How often do you eat meat, fish, or poultry?

	Meat	Fish	Poultry
Every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four to six days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two to three days a week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two to four days a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a month or less frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

139. Do you follow a mainly vegetarian or vegan diet?

- Yes, vegetarian
- Yes, vegan
- No, none of the above

140. How tall are you?

 If you don't know, please estimate.

cm

141. How many kilograms do you currently weigh?

 If you don't know, please estimate.

kg



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

- Yes.....
- No.....

143. 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.....

144. What about hospital stays in the last year - were you admitted to a hospital for at least one night in 2019?

Yes.....  No.....  Question 146

145. How many nights total did you spend in the hospital last year, that is, in 2019?

nights

And how often did you have to go to the hospital in the year 2019?

times

146. 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 2019..... ➔ Question 149

147. How many days were you unable to work in 2019 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

148. Leaving aside sick leave and vacation:

Was there any other point in 2019 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, to care for a relative..... How many days total? days

Yes, for other reasons How many days total? days

No.....

149. Do you have a private supplemental long-term care insurance (Pflegezusatzversicherung)?

Yes.....
↓

No ➔ Question 151

150. How much do you pay for it per month?

euros per month Don't know.....

151. Have you changed health insurance providers since January 1, 2019?

Yes.....

No.....

152. 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 153.

In statutory health insurance
↓

Exclusively privately insured..... ➔ Question 159

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

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

Barmer / GEK... TK..... KKH..... LKK.....

Other company health insurance ... ➔
Other ➔ Please state:

154. 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 / unemployed / student or as someone who is in voluntary military service (*Wehrdienst*) / voluntary social or ecological year / federal volunteer service (*Bundesfreiwilligendienst*)

155. Sometimes doctors suggest medical tests or treatments that patients have to pay for themselves because the services are not covered by their health insurance. Sometimes patients also request these "individual health services" (*Individuelle Gesundheitsleistungen, or IGeL*) themselves. Such services may include ultrasounds, blood tests, glaucoma and cancer screenings, and many others. In the last year - that is, in 2019 - did you utilize any "individual health services"?

- Yes, once.....
- Yes, more than once.....
- No.....

156. Do you have supplementary private health insurance?

- Yes.....
 
- No ➔ **Question 164**

157. What do you pay for that per month?

euros per month Don't know

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

 Please mark all that apply.

- Hospital stay
- Dentures
- Corrective devices (e.g., glasses) ..
- Health care coverage abroad
- Other Don't know

Skip now to Question 164

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

- Other family member ➔ **Question 164**
- Your own.....
 

160. What do you pay per month for health insurance?

euros per month Don't know

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

- Just for me.....
- In addition to myself persons are covered
 Number

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

Yes.....
↓

No → Question 164

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

Co-payment of..... %

General deductible in the amount of ... euros

164. Have you donated blood in the last 5 years?

Yes.....
↓

No
↓

165. Did you donate blood at least once last year, that is, in 2019?

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

166. Are there medical reasons why you cannot donate blood?

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

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

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

168. 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"/>
Your own retirement pension.....	<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"/>
Crime in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social cohesion in society	<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"/>
That you won't be able to keep up with technological progress....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That your occupational qualifications are being devalued.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That it is impossible to balance professional and private life	<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?

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

- Very interested
- Moderately interested
- Not interested
- Disinterested

170. 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 173

171. Which party do you lean toward?

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

172. And to what extent?

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

173. Refugees are a controversial topic of discussion in Germany. What would you personally say about the following questions?

☞ On the scale, the further to the right you mark the box, the more you agree with the statement on the right. The further to the left you mark the box, the more you agree with the statement on the left.

Is it generally good or bad for the German economy that refugees are coming here?

Bad for the economy = = = = = = = = = = = Good for the economy

Will refugees erode or enrich cultural life in Germany?

Erode = = = = = = = = = = Enrich

Will Germany become a better or worse place to live because of the refugees?

A worse place = = = = = = = = = = A better place

Does a large influx of refugees mean more risks or more opportunities in the short term?

More risks in the short term = = = = = = = = = = More opportunities in the short term

Does a large influx of refugees mean more risks or more opportunities in the long term?


More risks in the long term = = = = = = = = = = More opportunities in the long term

174. Which of the following activities relating to refugee issues have you engaged in since last year, and which do you plan to (also) engage in in the future?

	Have you done that since last year?		Do you plan to (also) do that in the future?	
	Yes	No	Yes	No
Donating money or goods to help refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with refugees directly (e.g., accompanying them to government agencies, providing support in language learning).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to demonstrations or collecting signatures for initiatives to help refugees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background

175. Do you have German citizenship?

Yes.....



No..... ➔ Question 180

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


Yes.....


No ➔ Question 178

177. What is your second nationality?

 If you have more than two nationalities,
 please state the third and further nationalities in the space below.

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

Since birth



At a later date .. ➔ Question 182

179. Were both of your parents born in Germany?

Yes, both of my parents were born in Germany ➔ Question 187

No, at least one of my parents was born outside Germany ➔ Question 182

180. What is your country of citizenship?

 If you have more than one nationality,
 please state the second and further nationalities in the space below.

181. What is your residency status in Germany?

Citizenship of a country in the EU or
 European Economic Area.....

Blue Card (EU)

Visa





Residence permit, that is, permanent residency
 in Germany

Limited residence permit (*Befristete Aufenthaltserlaubnis*)

Temporary residence permit (*Aufenthaltsgestattung*)

Temporary suspension of deportation (*Duldung*)

182. What country would you consider your country of origin?

-  "Country of origin" refers primarily to the country where you were born if you immigrated to Germany. But it could also be the country where your parents were born if your they immigrated to Germany.
-  If you have more than one country of origin according to this definition, please state the one that seems most important to you.
-  Since you have an immigration background, please do not give Germany as an answer.
-  The questions below numbered 183-186 relate to the country of origin you have stated.

**183. Have you visited your country of origin in the last two years?
If so, for how long in total?**

Yes..... 

No.....



184. How long were you there in total?

Less than 1 month.....

Between 1 and 3 months....


Between 4 and 6 months....

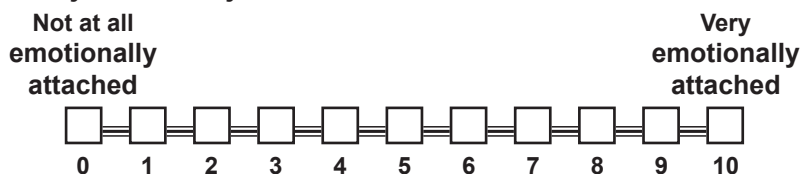
More than 6 months

185. If you use the media (newspapers, television, radio, Internet, etc.) to stay informed about world events: Do you use these media ...


- only in the language of your country of origin?
- mainly in the language of your country of origin?
- in the language of your country of origin and in German or other languages in approximately equal proportions?
- mainly in German?
- only in German?
- Does not apply, I do not use any of these media

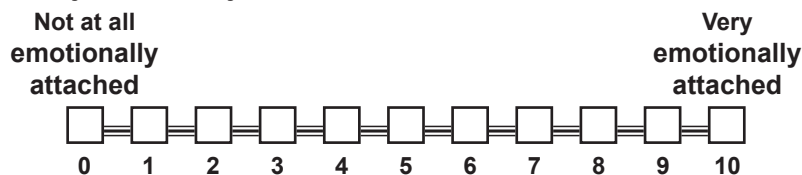
186. How emotionally attached do you feel to your country of origin?

-  Please answer on a scale from 0 to 10, where 0 means: **Not at all emotionally attached.** and 10 means :**Very emotionally attached.**

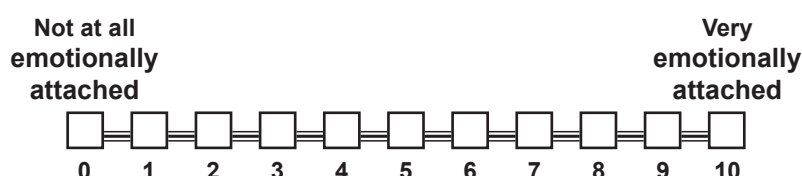


187. How emotionally attached do you feel to Germany?

-  Please answer on a scale from 0 to 10, where 0 means: **Not at all emotionally attached.** and 10 means :**Very emotionally attached.**



188. How emotionally attached do you feel to Europe?



189. What language or languages do you speak / use most often at home with your family?

Please indicate everything that applies.

190. What language or languages do you speak / use most often at home with your family?

Please indicate everything that applies.

Family situation

191. What is your marital status?

Married

Registered same-sex partnership, living together
Registration was possible up to September 2017. It may still be valid

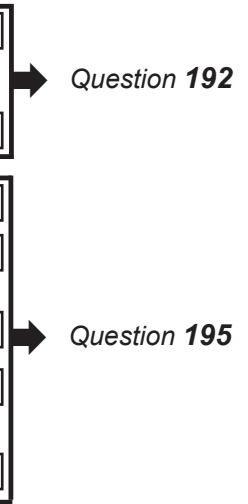
Single, never been married

Divorced

registered same-sex partnership (*eingetragene
gleichgeschlechtliche Partnerschaft*) annulled

Widowed.....

life partner from registered same-sex partnership
(*eingetragene gleichgeschlechtliche Partnerschaft*) deceased



192. Do you have a marriage contract or a registered life partnership contract (Lebenspartnerschaftsvertrag)?

Yes.....

No.....

193. Do you live in the same household as your spouse?

Yes.....

We're together but
live in separate homes

No, we're separated

We're separated but
(still) live together



194. What is the first name of your spouse?

➔ Question 198

195. Are you in a serious / permanent relationship?

Yes.....
 ↓

No → Question 198

196. Does this partner live here in the household?

Yes.....

No.....

197. What is this partner's first name?

198. In the last year, that is, in 2019, 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 2019 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"/>				

199. Private support can also be provided in kind, for instance, in the form of clothing, gifts, vacation, or a meal at a restaurant.

Have you personally provided in-kind support to relatives or other people outside your household in the last year, that is, in 2019?

Yes..... →

200. What was the total value of in-kind support in the year 2019?

If you are not sure of the exact value, please estimate!

No.....
 ↓

euro

201. Now we have a question about donations. We understand donations to mean money given for social, religious, cultural, non-profit, and charitable purposes without the expectation of receiving anything directly in return. It can consist of larger sums or smaller sums like those saved in a piggy bank. We also consider offerings collected at church as donations.

Did you donate money last year, that is, in 2019, not including membership fees?

Yes..... →

202. How much money did you donate in total in the last year?

If you are not sure of the exact amount, please estimate!

No.....
 ↓

euro

203. Has your family situation changed since January 1, 2019?

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

	Yes	2020 in month	2019 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"/>
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"/>
Divorced / dissolved a registered same-sex partnership.....	<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 <u>who lived in</u> <u>the household</u> died.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other family changes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please state:

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

→ Please complete the questionnaire "The deceased person"

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

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

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

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

Implementation of the interview

A When did you finish filling out the questionnaire?

Date Time :
 Day Month Hour Minute

B How did you complete the interview?

Oral interview
 Respondent completed the questionnaire him/herself
 Please specify:
 – in the presence of the interviewer
 – without the interviewer present
 Partly as an oral interview, partly him/herself

C Duration of the interview:

The oral (part of the) interview lasted minutes
 The respondent needed minutes to complete the questionnaire
 (please ask respondent)

D Were other people present when the questionnaire was being filled out?

Please tick all that apply, if applicable without interviewer!
 Yes, spouse / life partner
 Yes, other person who lives here in the household
 Yes, other person who does not live here in the household ..
 No

E Did you use a translated version of the questionnaire or did someone translate the questions for you?

Yes, the English translation <input type="checkbox"/>	Yes, someone who lives here in the household ... <input type="checkbox"/>
Yes, the Turkish translation <input type="checkbox"/>	Yes, a professional interpreter <input type="checkbox"/>
Yes, the Russian translation <input type="checkbox"/>	Yes, someone who does not live here in the household <input type="checkbox"/>
Yes, the Romanian translation <input type="checkbox"/>	No, none of the above <input type="checkbox"/>
Yes, the Polish translation <input type="checkbox"/>	

F Other notes:

Thank you for your assistance!

Ich bestätige die korrekte Durchführung des Interviews:

Listen-Nr.

Lfd. Nr.

Abrechnungs-Nummer

Unterschrift des Interviewers