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Research Report

SOEP-Core - 2019: Individual (A-L3, M1-M2 + N-P)

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SOEP Survey Papers

Series A - Survey Instruments (Erhebungsinstrumente)

SOEP – The German Socio-Economic Panel at DIW Berlin

2020

SOEP-Core – 2019: Individual (A-L3, M1-M2 + N-P)

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
Series F – SOEP Newsletters
Series G – General Issues and Teaching Materials

The SOEP Survey Papers are available at <http://www.diw.de/soepsurveypapers>

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SOEP-Core – 2019: Individual (A-L3, M1-M2 + N-P)

Kantar Public

München

LIVING IN GERMANY

Survey 2019

Individual Questionnaire

The questions contained in this questionnaire are for **all** household members who were **born in or before 2001**.

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
dissatisfied


completely
satisfied

– your health?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
– your sleep?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
(if employed)	
– your job?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
(if you are a homemaker)	
– your work in the home?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
– your household income?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
– your personal income?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
– your dwelling?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
– your leisure time?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
(if you have small children)	
the childcare available?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
– your family life?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10
– with your schooling and vocational training?	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/>
	0 1 2 3 4 5 6 7 8 9 10

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


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

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

5. What is a typical day like for you?

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

 Please give only whole hours.

Use zero if the activity does not apply!


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

6. Now some questions about your leisure time.

Please indicate how often you take part in each activity:
daily, at least once per week, at least once per month, seldom or never?

	Daily	At least once per week	At least once per month	Seldom	Never
Going out for dinner or drinks (café, pub, restaurant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting or being visited by neighbors, friends, or acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting or being visited by family members or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping in touch with friends or relatives abroad (by telephone, e-mail, Internet phone, skype, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using online social networks / chat services (for instance, Facebook / Instagram / Twitter / WhatsApp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going on an excursion or short trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in political parties, municipal politics, citizens' initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing volunteer work in clubs, associations, or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to church, attending religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching television / films, series, or videos (including media centers / Internet live streams / DVDs / etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing games online / on a computer / game console / smart phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading books (including eBooks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading (daily) newspapers (including ePapers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic and musical activities (painting, music, photography, theater, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing repairs around the house / fixing cars / doing garden work / car maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the cinema, pop concerts, dance events, clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to cultural events such as opera, classical concerts, theater, exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing nothing / taking it easy / daydreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. 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 ☐

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

Yes, maternity leave.. ☐

Yes, parental leave.. ☐ No ☐

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

Yes, I am taking full-time statutory care leave ☐

Yes, I am taking part-time statutory care leave ☐

Yes, I am taking short-term statutory care leave (up to 10 days)..... ☐

No ☐

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

Yes..... ☐ No ☐

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

Yes..... ☐ No ☐ ➡ Question 13



12 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*) ☐

Further general or political education ☐

Other ☐

Please state:

How were things last year?

13. Have you completed school, vocational training, or a university degree since January 1, 2018?

 This also includes advanced academic degrees!

Yes.....☐



No☐ ➔ Question 19

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

2018, in the month.....

or

2019, in the month ..

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

Yes.....☐



No☐ ➔ Question 19

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

In Germany.....☐



In another country☐



17. 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☐

18. 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☐

19. Did you take part in any further vocational training programs in 2018?

 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 23

20. How many further vocational training programs did you take part in in 2018?

further vocational training program(s)

21. 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) ➡

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

day(s)

23. Have you left a former position or job since January 1, 2018?

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

Yes.....☐
↓

No☐ ➡ Question 29


24. When did you leave your last job?

2018, in the month..... **or** 2019, in the month.....

25. How long were you employed at that job?

Years Months

26. 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☐


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




Yes.....☐ ➡ How much in total? euros
No.....☐

28. 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☐

29. 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 ☐  **Question 38**
- Employed part-time ☐
- Completing in-service training (*betriebliche Ausbildung*) / apprenticeship (*Lehre*) / in-service retraining (*betriebliche Umschulung*) ☐
- In marginal (*geringfügig*) or irregular employment (*unregelmäßig erwerbstätig*) ☐
- In partial retirement, phase with zero working hours (*Altersteilzeit mit Arbeitszeit Null*) ☐  **Question 89**
- Voluntary social / ecological year (*freiwilliges soziales / ökologisches Jahr*), federal volunteer service (*Bundesfreiwilligendienst*) ☐
- Not employed ☐ 

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

- No, definitely not ☐  **Question 92**
- Probably not ☐
- Probably ☐
- Yes, definitely ☐ 

31. 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 ☐

32. 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 ☐

33. 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 ☐

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

euros per month 

Can't say, it depends ☐

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

hours per week

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

Yes ☐ No ☐

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

Yes ☐ No ☐

Skip now to Question 92

Your current job

38. Have you changed positions or jobs since January 1, 2018, or started a new job?

 This includes starting working again after a break!

Yes..... ☐



No..... ☐ ➔ Question 46

39. How often have you changed positions or jobs or started a new job since January 1, 2018?

Once..... ☐

More than once (please state how many times)

40. When did you start your current position?

2018, in the month.....

or

2019, in the month.....

41. 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 ☐

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

Yes..... ☐ No ☐ ➔ Q. 44



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

months

44. 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 ☐

45. 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..... ☐

46. What is your current position / occupation?

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


47. 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.... ☐



48. 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..... ☐

49. 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).

50. 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

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Month Year

51. 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		
Freelance professional, Self-employed academic.....	<input type="checkbox"/>		None	<input type="checkbox"/>	→ Question 60
Other self-employed worker / entrepreneur.....	<input type="checkbox"/>		1 – 9	<input type="checkbox"/>	→ Question 56
Family member working for self-employed relative	<input type="checkbox"/>		10 or more	<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 ☐ → 56

52. Do you work for a public sector employer?

Yes..... ☐ No..... ☐

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

Yes..... ☐ No ☐

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

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



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

Yes..... ☐
No..... ☐

56. 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 ☐

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

Yes..... ☐ 
 No..... ☐


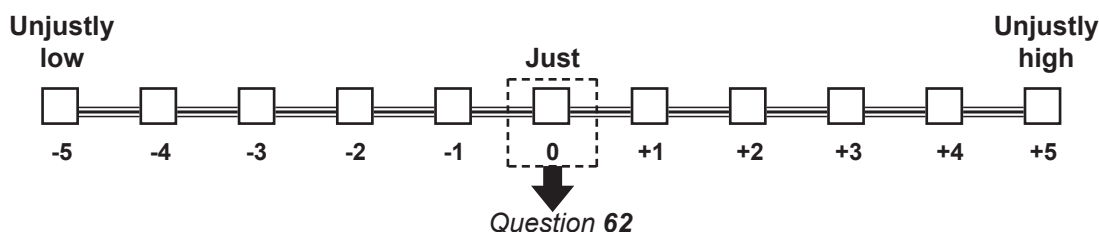
58. How many people work under your direction?

people

59. Does an employees' council exist at your place of work?

Yes..... ☐ No ☐

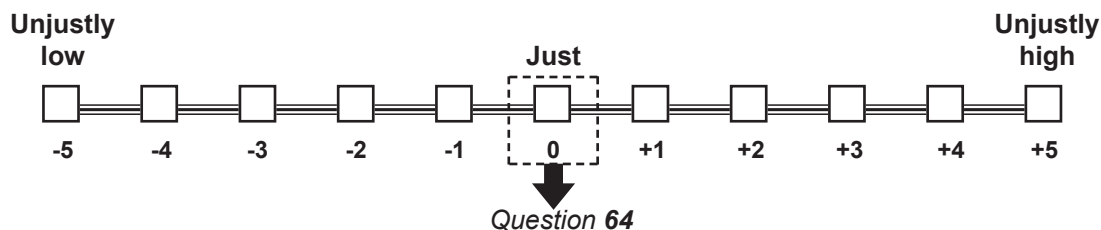
60. If you think about your current gross income, would you say that it is just, considering the type of work you do, or that it unjustly high or low?



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

Gross: euros per month Don't know ☐

62. If you think about your current net income, would you say that it is just, considering the type of work you do, or that it unjustly high or low?



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

Net: euros per month Don't know ☐

64. Nowadays, there are a number of different types of working hours available. Which of the following possibilities is most applicable to your work?

Fixed daily working hours ☐

Working hours fixed by employer, which may vary from day to day ☐

No formally fixed working hours, decide my own working hours ☐

Flexitime within a working hours account and a certain degree of self-determination of daily working hours within this account ☐

65. Do your work time regulations include special work time arrangements such as emergency service, on-call service, or standby duty?

Yes, emergency service ☐

Yes, on-call service ☐

Yes, standby duty ☐

No, none of the above ☐

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

	No, never	Yes			
		Every day	Several times a week	On a weekly basis (changing shifts)	Rarely (as needed)
Evenings (7 to 10 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nights (10 p.m. to 6 a.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

68. At what time do you generally start work?

 hour minute

Varying ☐

69. 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

70. 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 ☐

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

, hours per week No set hours..... ☐

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

, hours per week

If 30 hours or less:

If over 30 hours:

➡ Question 76



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

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

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

No..... ☐

➡ 74. Do you make a voluntary pension contribution for your Mini-Job?

Yes..... ☐

No..... ☐

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

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 have a second dwelling where you stay during your work week?

No..... ☐ ➡ Question 82

Yes..... ☐



80. How far (in kilometers) is your place of work, or this second dwelling that is near your work, from your main dwelling?

km

81. How often do you commute from your main dwelling to your place of work or to your second dwelling that is near your work?

Several times a week ☐

Once per week (e.g., on weekends)..... ☐

Less often..... ☐

82. How far do you travel to work on a normal workday?

km

Can't say since I work in different locations ☐

Workplace and dwelling are in the same building or on the same property ☐

83. How long does it take for you to get to work on a normal work day?

minutes

84. Do you work overtime?

Yes.....☐
↓

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

→ Question 89

85. 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☐

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

Yes.....☐ →

Please state the number: hours

No.....☐

87. 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.....☐

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

Yes.....☐ →

Please state the number: hours

No.....☐

89. 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

90. Are you paid according to a collectively agreed wage agreement?

Yes.....☐ →

No☐

Don't know.....☐

91. Does the collective wage agreement include a fixed minimum wage?

Yes.....☐ → , euros per hour

No.....☐

Don't know...☐

92. 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 102

93. 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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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95. 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.....☐.....☐.....☐

96. Is that a volunteer job?

Yes.....☐.....☐.....☐

No.....☐.....☐.....☐

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

No.....☐ ➡ Q. 99☐ ➡ Q. 99☐ ➡ Q. 99

Yes.....☐.....☐.....☐

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

Yes.....☐.....☐.....☐

No☐.....☐.....☐

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

days per month...............

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

hours per week...............

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

euros

Unpaid work☐.....☐.....☐

102. 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 102
 first and then question 103!

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... ☐ ☐ Household questionnaire

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 ☐

**103. Which of the following sources of income did you
 receive in the past calendar year, 2018?**
**For each of the income sources that apply,
 please state how many months of 2018
 you received the income and what the average
 monthly income amount was.**

Received in 2018	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... ☐ ☐ add. questions
 104-105

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

Yes... ☐ ☐

Second job, side job

Yes... ☐ ☐

Retirement, pension

Yes... ☐ ☐ Additional question 106

Widower's pension, orphan's pension

Yes... ☐ ☐ Additional question 106

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

Yes... ☐ ☐

Unemployment benefit II / social benefit

Yes... ☐ ☐ Household questionnaire

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 2018 ☐

Additional questions for employed persons

- 104. Did you receive any of the following bonuses or extra pay from your employer last year (2018)?**
If yes, please state the gross amount.


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

- 105. Last year (2018), 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

- 106. Who pays your retirement / pension and what were the monthly payments in 2018?**


 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 type="text"/> euros	<input type="text"/> euros
Civil service pension scheme (<i>Beamtenversorgung</i>)	<input type="text"/> euros	<input type="text"/> euros
Supplementary insurance for public sector employees (<i>Zusatzversorgung des öffentlichen Dienstes</i> , e.g., VBL) ...	<input type="text"/> euros	<input type="text"/> euros
Occupational pension (<i>Betriebliche Altersversorgung</i> , e.g., <i>Werkspension</i>)	<input type="text"/> euros	<input type="text"/> euros
Professional pension scheme	<input type="text"/> euros	<input type="text"/> euros
Riester pension plan	<input type="text"/> euros	<input type="text"/> euros
Private pension scheme (not including Riester pensions, but including pension insurance policies provided directly by the employer)	<input type="text"/> euros	<input type="text"/> euros
Accident insurance (<i>Unfallversicherung</i> , e.g., provided by an employer's insurance association (<i>Berufsgenossenschaft</i>) ..	<input type="text"/> euros	<input type="text"/> euros
Pensions from another country	<input type="text"/> euros	<input type="text"/> euros
Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">Please state:</div>	<input type="text"/> euros	<input type="text"/> euros

107. And now think back on the entire last year, that is, 2018.

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 8											
	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>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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												
<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"/>

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

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

108. Are you personally the owner of the house or apartment where you live?

Yes.....☐
↓

No ☐ ➡ **Question 114**

109. What is the market value of your residential property, that is, your apartment or house and the property it is situated on (if applicable)? The market value is what you would earn if you put the apartment or house up for sale.


☞ If you don't know the exact amount: **please estimate!**

_____ euros

110. Are you paying off a loan on your house or apartment?

Yes..... ☐ ➡

111. To estimate the value of your residential property, think of how much you have left to repay on your loan (excluding interest). Approximately how much is left to repay?

No.....

👉 If you don't know the exact amount: **please estimate!**

euros

112. Are you personally the sole owner of the house or apartment or are you a co-owner? (e.g., with your spouse)?

Co-owner.....☐ ➡

113. What percentage do you own as co-owner?

Sole owner ☐

Value in %	
------------	--

114. Apart from the home you live in, do you own any other homes or land?

Yes.....☐

No ☐ ➡ **Question 121**

115. What types of property are they?

Please state how many of these properties you own and where they are located.

 Please state all that apply.

		Amount	In a big city	In a medium-sized city	In a small town	In a rural area
Single-family home / apartment (not used by you)	<input type="checkbox"/> ➡	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family home / apartment building	<input type="checkbox"/> ➡	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation home / weekend home	<input type="checkbox"/> ➡	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undeveloped residential property in a town / city	<input type="checkbox"/> ➡	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undeveloped agricultural or forest land	<input type="checkbox"/> ➡	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other property	<input type="checkbox"/> ➡	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

116. What do you estimate the current total market value of these properties to be (excluding owner-occupied housing)? The market value is what you would earn if you put the properties up for sale.

☞ If you don't know the exact amount: **please estimate!**

euros

117. Are you the sole owner of these properties or are you a co-owner?
(e.g., with your spouse)?

Co-owner.....☐⇒

Sole owner☐



118. What percentage of the properties stated do you own as co-owner?

Value in %

119. Are you paying off a loan on any of the properties you own (excluding owner-occupied housing)?

Yes.....☐⇒

No.....☐



120. To estimate the value of your properties, think of how much you have left to repay on your loan (excluding interest).
Approximately how much is left to repay?

☞ If you don't know the exact amount: **please estimate!**

euros

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

Yes.....☐⇒

No.....☐



122. What is your current building loan credit balance (*Bausparguthaben*), including interest and dividends?

☞ If you have more than one such agreement,

please add them together and state the total sum!

☞ If you don't know the exact amount: **please estimate!**

euros

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

Yes.....☐



No☐⇒ Question 127

124. What is the total value of your financial assets?

☞ If you don't know the exact amount: **please estimate!**

euros

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

Including joint accounts.....☐⇒

Sole Owner.....☐



126. What share of the financial assets stated above do you own?

Your personal share in %

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

Yes.....☐⇒

No.....☐



128. What is the current cash surrender value or balance of these insurance plans?

☞ If you don't know the exact amount: **please estimate!**

euros


129. Do you have an entry in an official industry or trade registry (Gewerberegister, Handelsregister) as owner / co-owner or shareholder in a company?

We are referring here to entries as an individually liable partner (Vollhafter, Komplementär), as a partner with limited liability (Teilhafter, Kommanditist) or entries in the list of shareholders in the case of individuals with a stake in a corporation?

Yes..... ☐

No..... ☐

130. Are you the sole owner or co-owner of a company (for instance, a GmbH or AG) or of a business (for instance, a legal firm, doctor's office, a commercial or agricultural enterprise)?

 We are NOT referring here to diversified shareholdings in the form of shares, options, funds, or cooperative shares!

Yes..... ☐



No ☐ ➡ Question 133

131. How many companies or businesses do you own alone, and how many do you co-own?

Sole owner of companies / businesses etc.


Co-owner of..... companies / businesses etc.

132. What would the current total value of all of your shares in companies or businesses be if you would sell them, taking into account any outstanding loans, and before taxes?

 If you don't know the exact amount: **please estimate!**

euros

133. Do you personally own one or more vehicles such as a car, motorcycle, motor home, or privately used truck?

 Please list any vehicles that you own more as collector's items than for actual use in the question on tangible assets.

 Please do not list leased vehicles.

 Please list jointly owned vehicles only if they are registered in your name.

Yes..... ☐ ➡

No..... ☐



134. What is the market value of your vehicle or all of your vehicles, that is, the amount you would earn if you sold them?

 If you don't know the exact amount: **please estimate!**

euros

135. Do you own any tangible assets in the form of gold, jewelry, coins, or valuable collections?

Yes..... ☐ ➡

No..... ☐



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

euros

137. To calculate total assets and liabilities, you have to deduct any debts. Leaving out any loans you might have on homes or property and any building loans: Do you currently owe money on loans made to you personally by a bank, other institution, or individual and for which you personally are liable?

Not including mortgages or building loans!

Not including student loans / BAföG.

Yes..... ☐ ➡

138. How much do you have left to pay off on these loans?

No..... ☐

euros



139. Do you currently have any student loan or BAföG debt?

Yes..... ☐ ➡

140. How much do you have left to pay off on these loans?

No..... ☐

euros



141. Have you personally ever received an inheritance or large gift?

We are referring mainly to transfers of home or property ownership, securities, participating interests, and other assets or larger sums of money.

Yes..... ☐

No ☐ ➡ **Question 143**

142. Please answer questions a) to d) with regard to the inheritance or endowment.

If you have received more than one inheritance or endowment, please give your answers about these in the columns for the second and third inheritance or endowment..

	First Inheritance Endowment	Second Inheritance Endowment	Third Inheritance Endowment
a) What year was that?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Was it an ...			
– inheritance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– endowment or transfer of property?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) What type of assets did it consist of?			
Please state all that apply.			
Building and property ownership, owner-occupied housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Securities (treasury bills, stocks, investment funds, etc.)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash, bank balances, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company ownership or partial ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assets or non-cash gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) What was the value of the inheritance or endowment at that time?			
In the case of building and land ownership, please state the <u>market value</u> at that time! euros ...	<input type="text"/>	<input type="text"/>	<input type="text"/>
Don't know ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

143. To what extent have the following factors affected the development of your current assets?



Please answer on the scale below,
ranging from **-5**, meaning **reduced significantly**,
to **+5**, meaning **increased significantly**.

My assets were ____ by the following:	Reduced significantly				Unaffected / Does not apply			Increased significantly			
	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Self-employment / Entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gift / transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lottery / gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

144. How would you describe your current health?

Very good ☐

Good ☐

Satisfactory ☐

Poor ☐

Bad ☐

**145. 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

146. Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	(Nearly) every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- Yes, severely ☐ →
- Yes, somewhat ☐ →
- No, not at all ☐ ↓

149. Have you had this health problem for more than half a year?

Yes ☐ No ☐

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

- Yes ☐ →
- No ☐ ↓

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

152. What type of disability do you have? ..

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

Yes ☐ No ☐

154. 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 ☐

155. What about hospital stays in the last year - were you admitted to a hospital for at least one night in 2018?

Yes ☐ ↓ No ☐ → **Question 157**

156. How many nights total did you spend in the hospital last year, that is, in 2018?

nights

And how often did you have to go to the hospital in the year 2018?


times

157. 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 2018.....☐ ➔ **Question 160**

158. How many days were you unable to work in 2018 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

159. Leaving aside sick leave and vacation:

Was there any other point in 2018 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.....☐

160. Have you changed health insurance providers since January 1, 2018?

Yes.....☐ No.....☐

161. 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 162.

In statutory
health insurance☐

Exclusively
privately insured.....☐ ➔ **Question 164**

162. 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:

163. 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*).....☐

Attitudes and opinions

164. People can have many different qualities—some are listed below. You will probably find that some of these descriptions fit you completely and that some do not fit you at all. Others may fit to a certain extent.

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

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

165. People have different ideas about what makes a society just. What's your opinion about the following statements?

	Disagree completely				Agree completely		
	1	2	3	4	5	6	7
A society is just when people who work hard earn more than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A society is just when people from respected families have advantages in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A society is just when it takes care of the weak and needy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A society just when the income and wealth in society are equally distributed among all people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Disagree completely	1	2	3	4	5	6	Agree completely	7
It's good that legislators take into account that not everyone can be classified as either male or female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It should be accepted in our society that not everyone identifies with their biological sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's completely natural that some people are born with both male and female biological features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex assignment is not so important for a person's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools and preschools should promote non-gender-typical activities that are not typical for children's gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It should be accepted in our society that same-sex couples want to have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Very interested ☐

Moderately interested ☐

Not interested ☐

Disinterested ☐

168. 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 171

↓

169. Which party do you lean toward?

SPD	<input type="checkbox"/>
CDU.....	<input type="checkbox"/>
CSU.....	<input type="checkbox"/>
FDP	<input type="checkbox"/>
Bündnis 90 / Die Grünen	<input type="checkbox"/>
Die Linke	<input type="checkbox"/>
AfD	<input type="checkbox"/>
NPD / Republikaner / Die Rechte ...	<input type="checkbox"/>
Other	<input type="checkbox"/>
Please state: <input style="width: 200px; height: 20px;" type="text"/>	

170. And to what extent?

Very strongly..... ☐

Rather strongly ☐

Somewhat ☐

Weakly..... ☐

Very weakly ☐

171. In politics, people often talk about "left" and "right" when describing different political views. When you think about your own political views, how would you rate them on the scale below?

☞ Please answer using the following scale:
0 means **far left**, 10 means **far right**.

far left																				far right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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										

172. How would you personally rate your own opportunities to have an impact on public decisions at the following levels?

	No opportunities				Diverse opportunities		
	1	2	3	4	5	6	7
At the municipal levels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the regional level.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the state (Land) level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the federal level.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the international level.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

173. Are you a member of one of the following organisations 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"/>
Club or similar organisation.....	<input type="checkbox"/>	<input type="checkbox"/>

174. 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"/>
Stability of financial markets.....	<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"/>
<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?

175. When you think about the future, are you –

optimistic	<input type="checkbox"/>
more optimistic than pessimistic.....	<input type="checkbox"/>
more pessimistic than optimistic.....	<input type="checkbox"/>
pessimistic?.....	<input type="checkbox"/>

Background

176. Do you have German citizenship?

Yes..... ☐

No ☐ ➡ Question 178



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

Yes..... ☐ ➡ please state:

No ☐

Skip now to Question 180

178. What is your country of citizenship?

Please state:

179. 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*) ☐

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

No..... ☐

Yes ☐ ➡ Question 183



181. What about you —

How well do you know German?

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

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

**182. Here in Germany,
what language do you speak with ...**

	your family members	your friends	at work
mainly German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mainly the language of my country of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mainly a different language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
both languages in approximately equal proportions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does not apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

183. In the last 12 months,

	Yes	No
– have you visited people of German origin in their home?	<input type="checkbox"/>	<input type="checkbox"/>
– have you visited people who are not from Germany or people whose parents are not from Germany in their homes?	<input type="checkbox"/>	<input type="checkbox"/>

184. In the last 12 months,

	Yes	No
– have people of German origin visited you in your home?	<input type="checkbox"/>	<input type="checkbox"/>
– have people who are not from Germany or people whose parents are not from Germany visited you in your home?	<input type="checkbox"/>	<input type="checkbox"/>

185. How strong a connection do you feel with the place or region where you live here?

Very strong	<input type="checkbox"/>
Strong	<input type="checkbox"/>
Weak	<input type="checkbox"/>
None at all	<input type="checkbox"/>

186. Could you imagine moving away from here because of family or career reasons?

Yes	<input type="checkbox"/>
It depends, I wouldn't discount it	<input type="checkbox"/>
No, out of the question, I would hardly dream of doing so	<input type="checkbox"/>

187. For those people living in the new Federal States, or East-Berlin:

Could you also imagine moving to the west part of Germany, i.e. the old Federal States?

For those people living in the old Federal States, or West-Berlin:

Could you also imagine moving to the east part of Germany, i.e. the new Federal States?

Yes, happily	<input type="checkbox"/>
Yes, under certain circumstances	<input type="checkbox"/>
Rather not	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

188. Do you have regular contact with friends or acquaintances abroad?

Yes.....☐

No.....☐

189. Have you ever lived longer than three months abroad, whether for professional or personal reasons?

Yes, within the last 10 years.....☐

Yes, but it was more than 10 years ago☐

No.....☐

190. Have you, in recent times, seriously considered moving abroad for an extended period or forever?

Yes.....☐

No.....☐ ➡ *Question 194*



191. How long would you like to spend living abroad?

A few months.....☐

A few years.....☐

Forever.....☐

192. What country do you intend to move or emigrate to?

193. Do you intend to move or emigrate abroad within the next 12 months?

Yes.....☐

No.....☐

194. Do you belong to a church or religious community?

Yes, a Christian religious community.....☐ ➡ *Question 195*

Yes, to an Islamic religious community.....☐ ➡ *Question 196*

Yes, to another religious community

Please state:

➡ *Question 197*

No, I do not belong to any religious community☐

195. Which Christian religious community do you belong to?

The Catholic Church.....☐

A protestant church☐

The Eastern Orthodox Church

Another Christian religious community.....☐

➡ *Question 197*

196. Which Islamic religious community do you belong to?

The Shiite religious community☐

The Sunni religious community☐

The Alevi religious community.....☐

Another Islamic religious community.....☐

Family situation

197. What is your marital status?

- Married ☐ → Question 198
- 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 ☐ → Question 201
- Widowed / life partner from registered same-sex partnership
(*eingetragene gleichgeschlechtliche Partnerschaft*) deceased ☐

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

- Yes..... ☐
- No..... ☐

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

- Yes..... ☐ → 200. What is the first name of your spouse?
- We're together but
live in separate homes ☐ → Question 204
- No, we're separated ☐
- We're separated but
(still) live together ☐

201. Are you in a serious / permanent relationship?

- Yes..... ☐ ↓
- No ☐ → Question 204

202. Does this partner live here in the household?

- Yes..... ☐
- No..... ☐

203. What is this partner's first name?

204. In the context of relationships, the question of sexual orientation arises. Would you describe yourself as ...?

- Heterosexual or straight (that is, attracted to the opposite sex) ☐
- Homosexual (gay or lesbian, that is, attracted to the same sex)..... ☐
- Bisexual (attracted to both sexes) ☐
- No answer / Prefer not to say ☐

**205. Leaving all the obstacles aside:
How many children would you ideally like to have in total?**

Number of children

No children ☐

Don't know..... ☐

206. Do you plan to have a child in the next two years?

Yes, definitely ☐

Yes, maybe..... ☐

No, probably not..... ☐

No, definitely not..... ☐


I have never thought about it..... ☐

207. The following is a list of personal characteristics that people may experience discrimination for. Please state whether and how often you personally have been discriminated against in Germany in the last two years due to the following characteristics?

	Frequently	Occasionally	Rarely	Never
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion / worldview.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racist reasons / (ethnic) background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

please
state:

208 . In the last year, that is, in 2018, 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 2018 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"/>	

209. Has your family situation changed since January 1, 2018?

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

	Yes	2019 in month	2018 in month
Started a new relationship	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Moved in with my partner	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Married	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Became a father / mother (again).....	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A child entered the household	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
My son or daughter left the household	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
I separated from my spouse / partner	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Divorced / dissolved a registered same-sex partnership.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
My spouse / partner died	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Father died	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Mother died	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Child died	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<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"/>	<input type="text"/> <input type="text"/>
Other family changes	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Please state:</div>			
There have been no changes in my family.....	<input type="checkbox"/>		


**Please
complete the
questionnaire
"The deceased
person"**

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

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

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

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

 The following question is for people born before 1980:

211. Looking back over the last 30 years since 1989, the year prior to German reunification, what would you say:

Are you overall more or less satisfied with your life today?

More satisfied	<input type="checkbox"/>
Less satisfied.....	<input type="checkbox"/>
Same	<input type="checkbox"/>

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
Yes, the Romanian translation <input type="checkbox"/>	here in the household <input type="checkbox"/>
Yes, the Polish translation <input type="checkbox"/>	No, none of the above <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