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Research Report

SOEP-Core - 2021: Early youth (13-14-year-olds)

SOEP Survey Papers, No. 1246

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1246²⁰²³

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Early Youth (13-14-year-olds)

SOEP Group and infas

Running since 1984, the German Socio-Economic Panel study (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/soepsurveyspapers>

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SOEP-Core – 2021: Early Youth (13-14-year-olds)

SOEP Group and infas

2023

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v38eu.

Questionnaire

Early Youth

Dear Participant,

This questionnaire addresses household members born in 2007 and who are participating for the first time ever.

The teen should have the opportunity to answer the questions without being influenced by the parents!

Of course, your participation is completely voluntary. For our study to produce scientifically valid results, it is important that every member of your household takes part.

We cordially request you

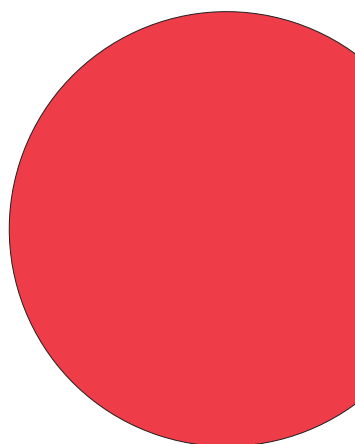
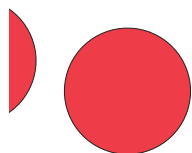
- to answer the questions for our Interviewer
- or to fill out the questionnaire by yourself accurately.

This questionnaire is to be filled out by
(may also be filled out by Interviewer):

First name:

<Vorname>





Questionnaire

Early Youth

We also offer an online questionnaire as an alternative to the paper version.


To complete the questionnaire online, please enter the following address into your Internet browser:

<LinkCAWI>

Your personal access code is:

<PWD-CAWI>

If you completed the questionnaire online, you don't need to return this printed questionnaire.

 *If an interviewer is present, please enter:*

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

LFD der Schülerin / des Schülers

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

Interviewernummer



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7701/FJU-EN/2021

How should the questionnaire be filled out?

Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

Example:

Yes ☒

No ☐

If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

Example:

Yes ☒

No ☒


When filling out the questionnaire, please pay attention to the instructions for each question:

Example:

 Please select one answer only.

If there is a blank for you to write your answer in, please print your answer in the blank:

Example:

Country: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:

If you should skip certain questions, there will be specific instructions:

Example:

Yes ☐ → Continue with question 11

Please make sure:

 that you fill out the questionnaire in black pen only.

 that your answers are clearly legible.

 and that your answers are inside the boxes.

This makes our work much easier. Thank you very much!

First, a Few Questions About You

1

Next come a few statements that begin, for example, with: “I am ...”, “I have ...” or “I try ...” and where you can think that it is exactly the same for you – i.e. that it “fully applies” or that it is not at all the case for you – i.e. that it “does not apply at all” or that it is only “partly true”. Please answer all the questions as best you can, even if you are not quite sure or if a question seems strange to you.

 Please select one answer per line only.

	Not true of me at all ¹	Partly true of me ²	Completely true of me ³
I try to be nice to other people, I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own; I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing; My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now About You and Your School

2 What grade are you in?

sc|grade

In the grade

3 How many students are there in your class?

sc|ppls

Total students

4 How many of your fellow students or their parents were not from Germany?

sc|pplsmig
sc|pplsdk

 *If you don't know exactly, you can give an approximation!*

Total number of students

Nobody ¹ ☐

I don't know ² ☐

5 Do you have the feeling that the teachers...

sc|teachr1
sc|teachr2
sc|teachr3
sc|teachr4

 *Please select one answer per line only.*

	Yes ¹	No ²
... call on you less often than your classmates?	<input type="checkbox"/>	<input type="checkbox"/>
... grade you harder than your classmates?	<input type="checkbox"/>	<input type="checkbox"/>
... scold you more often than your classmates?	<input type="checkbox"/>	<input type="checkbox"/>
... think that you are not as smart as your classmates?	<input type="checkbox"/>	<input type="checkbox"/>

6 What was your grade on your last report card in the following three subjects?

la|mark
mat|mark
fi|mark
no|mark

	German	Math	First foreign language
Grade from 1 to 6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does not apply, no school grades included in the report card ¹ ☐

7 What school-leaving qualification do you personally want to attain one day?

ide|grad

 *Please select one answer only.*

Lower secondary school-leaving certificate (Hauptschulabschluss)	¹ <input type="checkbox"/>
Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss)	² <input type="checkbox"/>
Upper secondary school-leaving certificate (Abitur)	³ <input type="checkbox"/>

8 How important is it to you to attain this school-leaving qualification?

imp|grad

Very important	¹ <input type="checkbox"/>
Important	² <input type="checkbox"/>
Unimportant	³ <input type="checkbox"/>
Very unimportant	⁴ <input type="checkbox"/>

9 And what do you think, what school-leaving qualification will you actually attain one day?

probgra

Please select one answer only.

- Lower secondary school-leaving certificate (Hauptschulabschluss) 1 ☐
- Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss) 2 ☐
- Upper secondary school-leaving certificate (Abitur) 3 ☐
- Will leave school without graduating 4 ☐

10 And what about your three best friends who you get together with regularly and who are about your age? What school-leaving qualifications do your three best friends want to attain?

frnd1grad
frnd2grad
frnd3grad

If you are not sure of the answers, state what you think.
If you don't have three friends, answer for one, two or none.

- | | 1st friend | 2nd friend | 3rd friend |
|--|----------------------------|----------------------------|----------------------------|
| Lower secondary school-leaving certificate (Hauptschulabschluss) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Upper secondary school-leaving certificate (Abitur) | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Don't know | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |

11 Think about your timetable. Can you please indicate for each day of the week, from Monday to Friday, at what time school starts and when it ends?

sclmobh
sclmobm
scltubh
scltubm
sclwebh
sclwebm
sclthbh
sclthbm
sclfrbh
sclfrbm

This refers only to school, that is, classes, AGs, free supervised time, lunch.
Please do not include the time spent in after-school care if you go there!

Time:	Monday		Tuesday		Wednesday		Thursday		Friday	
	Hour	Minute	Hour	Minute	Hour	Minute	Hour	Minute	Hour	Minute
Start:	<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"/>
End:	<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"/>

sclmoeh
sclmoem
scltueh
scltuem
sclweeh
sclweem
scltheh
sclthem
sclfreh
sclfrem

12 Do you also have school on Saturday?

sclsafreq

Here we are also referring just to school, that is, classes, AGs, free supervised time, lunch.
Please do not include the time spent in after-school care if you go there!

- Yes, every week 1 ☐
- Yes, every two weeks 2 ☐
- Yes, less often 3 ☐
- No, never 4 ☐
- Continue with question 13
- Continue with question 14

13 What time does school start on Saturday and what time does it end?

sclsabh
sclsabm
sclsahh
sclsahm

Time:	Saturday	
	Hour	Minute
Start:	<input type="text"/>	<input type="text"/>
End:	<input type="text"/>	<input type="text"/>

14 How much time do you usually spend on your homework and studying for school?

hwduration

Less than half an hour per day	1 <input type="checkbox"/>
A half hour to one hour per day	2 <input type="checkbox"/>
One to two hours per day	3 <input type="checkbox"/>
Two to three hours per day	4 <input type="checkbox"/>
Three to four hours per day	5 <input type="checkbox"/>
Four or more hours per day	6 <input type="checkbox"/>

15 How often do the following people help you with your homework or studying for school?

helphmwk1
helphmwk2
fhaus11
helphmwk3
helphmwk4
helphmwk5
helphmwk6
helphmwk7

 Please select one answer per line only.

	Never	Seldom	Sometimes	Often	Always	Person not present in my life
	1	2	3	4	5	6
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends or classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework supervision (for example, at school, youth center, community center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Have you ever been involved in one of the following areas at school (outside your normal classes)?

engage1
engage2
engage3
engage4
engage5
engage6
engage7
engage8
engage9

 Please select all that apply.

	1
Class representative	<input type="checkbox"/>
Student body president	<input type="checkbox"/>
School first-aider	<input type="checkbox"/>
Involved with school newspaper	<input type="checkbox"/>
Member of theater / dance club	<input type="checkbox"/>
Member of choir, orchestra, music group	<input type="checkbox"/>
Member of school sports club	<input type="checkbox"/>
Member of other school club	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

17 How often do you take part in the following recreational activities?

 Please select one answer per line only.

	Every Day 1	Every week 2	Every month 3	Less often 4	Never 5
Watching TV / Video / DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using online social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a phone call (including skype or similar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange via SMS or Messenger (e.g. WhatsApp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other surfing on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do something with the family, e.g. excursions or similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being together with girlfriends / boyfriends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance, theater, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting and handicrafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing nothing / relaxing / dreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to church, religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join a youth group (e.g. scouts, church groups, environmental groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work in a club / association / social organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for a pet / animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 Now we want to know how long you spend on the following activities. How many hours do you spend on them during the week, in other words, how many hours from Monday to Friday altogether? And how many hours do you spend on them on weekends, in other words, how many hours on Saturday and Sunday altogether?

 Please specify whole hours only.

 Please enter "0" if something does not apply.

	Total hours Monday to Friday	Total hours Saturday and Sunday
Watching TV / Video / DVD	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Playing computer games	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Using online social media	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Playing music	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Doing sports	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

19 How late do your parents allow you to ...

evepermit1
evepermit2
evepermit3
evepermit4


 Please select one answer per line only.

	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	Mid- night	After Mid- night	No rule about this
	1	2	3	4	5	6	7	8	9
... be out alone the night before a school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be out alone the night before a day off from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... stay up at home the night before a school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... stay up at hom the night before a day off from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 Which of the following things have you ever done without your parents?

woparent1
woparent2

woparent3
woparent4

 For each activity, please say whether you have done it with adults, for example uncle/aunt, grandparents, parents of friends, summer camp counselors, and whether you have done it without adults, in other words, all by yourself, or only with friends or siblings who are not yet adults.

woparent5
woparent6

woparent7
woparent8

woparent9
woparent10

woparent11
woparent12

woparent13
woparent14

woparent15
woparent16

woparent17
woparent18

woparent19
woparent20

Without parents...	With adults		Without adults	
	Yes 1	No 2	Yes 1	No 2
... went on vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... took a trip by train or plane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... went to the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... bought clothes for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... cooked or baked by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... exchanged something at the store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... went to the movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drunk alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... smoked cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... smoked hookah / shisha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 How often do your parents interfere with who you spend your time with or who your friends are?

frndspar


Very often	1	<input type="checkbox"/>
Often	2	<input type="checkbox"/>
Sometimes	3	<input type="checkbox"/>
Seldom	4	<input type="checkbox"/>
Never	5	<input type="checkbox"/>

Your Friends, Siblings, Parents

22

The next question is about how your friends, your siblings, and your parents behave towards you.

sorrow1
sorrow2
sorrow3
sorrow4
fvso7

 If you don't have one of these people in your life, for example, if you don't have any siblings, answer "person not present in my life".

How often do you turn to the following people when you have concerns?

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do the following people encourage or help you when something is important to you?

support1
support2
support3
support4
fvwich7

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do the following people boss you around?

bossarnd1
bossarnd2
bossarnd3
bossarnd4
fvkom7

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

motivate1
motivate2
motivate3
motivate4
fvlob7

How often do the following people tell you that it is important that you do well at school, learn a lot?

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

quarrel1
quarrel2
quarrel3
quarrel4
fstr9

How often do you find yourself arguing with the following people?

	Very often	Often	Sometimes	Seldom	Never	Person not present in my life
Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: Second, social mother / father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 What would you say: How many close friends do you have?

frnds

If not applicable, please enter "0"!

Friends

24 How important are the following persons to you?

impperson1
impperson2
impperson3
impperson4
impperson5
impperson6
impperson7
impperson8
impperson9
fwichso

Please select one answer per line only.

	Very important	Important	Less important	Quite unimportant	Person not present in my life
My father	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: My second, social father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With same-sex parents: My second, social mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My brother / my sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My steady boyfriend / girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My group of friends / clique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↓ please specify:



25 Does everyone who lives here in the household speak only German with you or do they also speak another language?

language

Please select one answer only.

German only 1 ☐

Another language as well 2 ☐

Only another language 3 ☐

26 Do you get allowance or a regular financial support from your parents or other relatives?

allowp

Yes 1 ☐

No 2 ☐

→ Continue with question 28



27 How much allowance do you get per week / per month?

allowpw
allowpm

euros per week

or

euros per month

28 Are you able to put away some money in savings on a regular basis (for vacations, big purchases, etc.)?

savings1

Please select one answer only.

Yes, occasionally 1 ☐

Yes, regularly 2 ☐

No 3 ☐

→ Continue with question 29

→ Continue with question 30

29 How much do you save per month approximately?

savings2
savings3

About euros per month

Can't say, it's very irregular 1 ☐

30 Can you use the following devices at home? If so, also state whether you have these devices to yourself or whether you share them with other family members.

hhtech1a
hhtech1b

hhtech2a
hhtech2b

hhtech3a
hhtech3b

hhtech4a
hhtech4b

hhtech5a
hhtech5b

Please select one answer in every line.

	No	Yes	Just used by me	Shared with others
	2	1	1	2
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>	<input type="checkbox"/>
Computer / Laptop	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>	<input type="checkbox"/>
(Game) Console	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>	<input type="checkbox"/>
Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>	<input type="checkbox"/>
Another mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>	<input type="checkbox"/>

Attitudes and opinions

31 Generally speaking, how interested are you in politics?

polparty1

- | | | |
|--------------------------|---|--------------------------|
| Very interested | 1 | <input type="checkbox"/> |
| Moderately interested | 2 | <input type="checkbox"/> |
| Not so interested | 3 | <input type="checkbox"/> |
| Completely disinterested | 4 | <input type="checkbox"/> |

32 Many people in Germany lean towards one political party in the long term, even if they occasionally vote for another party or are not eligible to vote. Do you lean towards a particular political party?

polparty2

- | | | | | | | |
|-----|---|--------------------------|----|---|--------------------------|-----------------------------|
| Yes | 1 | <input type="checkbox"/> | No | 2 | <input type="checkbox"/> | → Continue with question 35 |
|-----|---|--------------------------|----|---|--------------------------|-----------------------------|



33 Which party do you lean towards?

polparty3

 Please select one answer only.

- | | | |
|---------------------------------|----|--------------------------|
| SPD | 1 | <input type="checkbox"/> |
| CDU | 2 | <input type="checkbox"/> |
| CSU | 3 | <input type="checkbox"/> |
| FDP | 4 | <input type="checkbox"/> |
| Bündnis 90 / Die Grünen | 5 | <input type="checkbox"/> |
| Die Linke | 6 | <input type="checkbox"/> |
| AfD | 27 | <input type="checkbox"/> |
| NPD / Republikaner / Die Rechte | 7 | <input type="checkbox"/> |
| Other | 8 | <input type="checkbox"/> |


34 And to what extent do you lean towards this party?

polparty4

- | | | |
|-------------|---|--------------------------|
| Extremely | 1 | <input type="checkbox"/> |
| Strongly | 2 | <input type="checkbox"/> |
| Moderately | 3 | <input type="checkbox"/> |
| Weakly | 4 | <input type="checkbox"/> |
| Very weakly | 5 | <input type="checkbox"/> |

How Do You See Yourself?

- 35** There are a lot of different qualities that people can have - some are listed below. You will probably think that some of these describe you perfectly whereas others do not describe you at all. And with some of them, you might be unsure or somewhere in between.

 Please answer on the following scale, where 1 means "Does not describe me at all", and 7 means "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 and 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"/>
... someone with a positive attitude toward myself	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
... someone who can easily do without something if I want to save up for something special	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
... someone who would rather have fun today and not think about tomorrow	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
... someone who tries to solve even very difficult tasks	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>

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

srhealth

Very good	1	<input type="checkbox"/>
Good	2	<input type="checkbox"/>
Satisfactory	3	<input type="checkbox"/>
Poor	4	<input type="checkbox"/>
Bad	5	<input type="checkbox"/>

37 How tall are you (body height in cm)?

height

 If you don't know, please estimate.

--	--	--

 cm

38 How many kilograms do you currently weigh?

weight


 If you don't know, please estimate.

--	--	--

 kg

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


char30

 Please tick a box on the scale, where 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				
0	1	2	3	4	5	6	7	8	9	10				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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


char31
char32

 Please answer on the following scale, where 1 means "Disagree completely", and 7 means "Agree completely".

	Disagree completely										Agree completely	
	1	2	3	4	5	6	7					
What a person achieves in life is above all a question of fate or luck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
You have to work hard to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

41 In conclusion, we would like to ask you how satisfied you are with your life in general.

lifesati

 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?

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

A Please state your date of birth.

gebt
gebm
gebj

Day		Month		Year					

B Are you...

sex_n

... male	1	<input type="checkbox"/>
... female	2	<input type="checkbox"/>
... "divers"	3	<input type="checkbox"/>

C When did you finish filling out the questionnaire?

datt, datm
datst, datmi

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

D Approximately how long did it take you to complete this questionnaire?

dauer2

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

E Were other persons present while you were filling out the questionnaire?

anw5
anw2
anw3
anw4

 Please select all answers that apply.

1

Yes, my father / my mother	<input type="checkbox"/>
Yes, other person who is living in the same household	<input type="checkbox"/>
Yes, other person who does not live in the same household	<input type="checkbox"/>
No	<input type="checkbox"/>

→ Continue with question F

→ End of questionnaire

F Did any of the aforementioned people bother you while you were filling out the questionnaire?

abl

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

Thank you for taking part.

Please give the completed questionnaire to our interviewer or send it back to infas in the enclosed postage-paid envelope:

infas Institut für angewandte
Sozialwissenschaft GmbH
Postfach 24 01 01
53154 Bonn

