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**Research Report**

## SOEP-Core - 2022: Catch-up individual (A-R+IAB-SOEP-M1-M8b)

SOEP Survey Papers, No. 1443

**Provided in Cooperation with:**

German Institute for Economic Research (DIW Berlin)

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# 1443<sup>2025</sup>

**SOEP** Survey Papers  
Series A – Survey Instruments (Erhebungsinstrumente)

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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:

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

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

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# SOEP-Core – 2022: Catch-up Individual (A-R+IAB-SOEP-M1-M8b)

infas

2025

# Questionnaire

## Catch-up Questionnaire

Kurzfragebogen Personen

### Dear Participant,

Our study aims above all at depicting the changes that occur in personal and professional contexts over the course of people's lives. To achieve this goal, we need complete information on some aspects of life, without any gaps.

This short supplementary questionnaire is only intended for people who did not take part in the 2021 survey. Please help us fill in the gaps that occurred as a result of missing this year.

Thank you very much!

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.

**This questionnaire is to be filled out by**  
(*ggf. vom Interviewer auszufüllen*):

First name:

<Vorname>

EN



# Questionnaire

## Catch-up Questionnaire

Kurzfragebogen Personen

**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.

 Falls eine Interviewerin/ein Interviewer vor Ort, bitte angeben:

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

LFD

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

Interviewernummer

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

Datum (Tag . Monat . Jahr)

**infas**

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53154 Bonn  
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7704/K-PE\_EN/2022

<LFD/Personen-Nr>

## 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!**

## Further information

If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.


You can call us during normal business hours at our toll-free number, 0800–6677876, or send us an e-mail at LiD@infas.de. We will respond to e-mails as quickly as possible. For more information on the study, please see the infas homepage at: [www.leben-in-deutschland.de](http://www.leben-in-deutschland.de)

- 1** Please think back again on the year 2020. Below is a kind of calendar. On the left are statements about what you might have been doing in 2020. Please go through the list and select one answer for each month – employed, unemployed, etc.

 Please select one answer for each month!

If you were unemployed, even if for less than a month, please select unemployed for that month.


	2020											
I was ...	Jan 1	Feb 2	Mar 3	Apr 4	May 5	Jun 6	Jul 7	Aug 8	Sep 9	Oct 10	Nov 11	Dec 12
... 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 reduced hours (short-time work)												
... working at a Mini-Job (up to 450€)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (betriebliche Erstausbildung) / apprenticeship (Lehre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (Fortbildung) / retraining (Umschulung), further occupational training (berufliche Weiterbildung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (Vorruhestand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (Mutterschutz)/ childcare leave (Erziehungsurlaub)/ parental leave (Elternzeit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (Fachschule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... military service, community service, voluntary social year, voluntary ecological year, federal volunteer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 please specify:





## 2 Did you leave a job or position at any time in the year 2020?

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

Yes ☐ <sup>1</sup> No ☐ <sup>2</sup> → Continue with question 6



## 3 In which month did you leave your job?

Months:

## 4 How long were you employed at your last job?

years   months

## 5 How did that job end?

 Please select only one answer!

- |  |                          |              |
|--|--------------------------|--------------|
| My place of work or office closed  | <input type="checkbox"/> | <sup>1</sup> |
| I resigned / quit  | <input type="checkbox"/> | <sup>2</sup> |
| I was fired / laid off by my employer  | <input type="checkbox"/> | <sup>3</sup> |
| I left by mutual agreement with employer   | <input type="checkbox"/> | <sup>4</sup> |
| The job / apprenticeship was temporary and came to an end  | <input type="checkbox"/> | <sup>5</sup> |
| I reached retirement age / retired   | <input type="checkbox"/> | <sup>6</sup> |
| I took a leave of absence (Beurlaubung) / maternity leave (Mutterschutz) / parental leave (Elternzeit) | <input type="checkbox"/> | <sup>7</sup> |
| I gave up self-employment / closed my business   | <input type="checkbox"/> | <sup>8</sup> |

## 6 Did you receive any of the following benefits or financial support at any point in 2020? If so, for how many months?

 Please give an answer in each line.

	No <sup>2</sup>	Yes <sup>1</sup>	Number of months in 2020
Unemployment benefit (also while attending further education / re-/training or while receiving a transitional allowance)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>
Unemployment Benefit II / social Benefit	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>
Parental allowance (Elterngeld) / maternity allowance (Mutterschaftsgeld)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>
BAföG grant / scholarship / vocational training allowance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>

## 7 Did you finish school, vocational training, or university / higher education in 2020?

Yes ☐ <sup>1</sup> No ☐ <sup>2</sup> → Continue with question 11



In which month?

**8 Did you complete this education / training with a degree, certificate, or diploma?**

Yes ☐ <sup>1</sup> No ☐ <sup>2</sup> → *Continue with question 11*



**9 Did you obtain this degree / certificate / diploma in Germany or in another country?**

Germany ☐ <sup>1</sup> → *Continue with question 10*

In another country ☐ <sup>2</sup>



**Is this degree / certificate / diploma recognized in Germany?**

Yes, it is automatically recognized (Bachelor, Master, PhD, etc.) ☐ <sup>1</sup>

Yes, it has been recognized after successful completion of a recognition procedure ☐ <sup>2</sup>

No ☐ <sup>3</sup>

**10 What type of a degree / certificate / diploma did you obtain?**

Secondary school-leaving certificate ☐ <sup>1</sup> → *Continue with question 11*

College / University Degree ☐ <sup>2</sup> → *Continue with question 12*

Vocational / Occupational degree ☐ <sup>3</sup> → *Continue with question 13*

**11 What kind of secondary school-leaving certificate did you obtain exactly?**

Lower secondary school-leaving Certificate  
(Hauptschulabschluss) ☐ <sup>1</sup>

Intermediate secondary school-leaving certificate  
(Realschulabschluss, Mittlere Reife) ☐ <sup>2</sup>

Specialized upper secondary school-leaving certificate  
(Fachoberschule) ☐ <sup>3</sup>

Upper secondary school-leaving certificate (Abitur) ☐ <sup>4</sup>

Other school-leaving certificate ☐ <sup>5</sup>

↓ please specify:



→ *Continue with question 14*

**12 What kind of college / university degree did you obtain exactly?**

Dual degree college / university of cooperative education ☐ <sup>4</sup>

University of applied sciences ☐ <sup>1</sup>

Other college / university  
(art or music college / university, etc.) ☐ <sup>5</sup>

University / technical university ☐ <sup>2</sup>

Doctorate, PhD / postdoctoral dissertation ☐ <sup>3</sup>

*Please state:* type:



*Please also state:* field of study:



→ *Continue with question 14*

---

**13** What kind of vocational / occupational degree did you obtain exactly?

Apprenticeship 1 ☐

Full-time vocational school, commercial college 2 ☐

Health sector school 3 ☐

Technical college 4 ☐

Training for civil servants 5 ☐


In-service retraining 6 ☐

Other, for example, further training 7 ☐

*Please state:* type of vocational training



**14** Did your family situation change in 2020? Please indicate if any of the following apply to you and if so, when this change occurred.

 If one of the following happened more than one time in 2020, please answer for the last time it occurred in 2020.

 Please select all that apply.

	1	2020 in the month
Started a new relationship	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Moved in with my partner	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Got married / also same-sex partnership	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Became a father / mother (again)	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
A child entered the household	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
My son / daughter left the household	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
I separated from my spouse / partner	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
I got divorced / also same-sex partnership	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
My spouse / partner died	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Father died	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Mother died	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Child died	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Another person who lived in the household died	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
Other family changes	<input type="checkbox"/> →	<input type="text"/> <input type="text"/>
 <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">↓</div> <div>please specify:</div> <div style="border: 1px solid black; width: 340px; height: 25px; margin-left: 5px;"></div> </div>		
No, none of the above	<input type="checkbox"/>	

---

**A** Finally, please provide the following information.

What is your date of birth?

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month			Year			

---

**B** Are you...

... male	1	<input type="checkbox"/>
... female	2	<input type="checkbox"/>
... nonbinary ( <i>divers</i> )	3	<input type="checkbox"/>

---

**C** When did you finish filling out the questionnaire?

Date:	<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?

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

---

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

 Please select all answers that apply.

Yes, spouse / partner	1	<input type="checkbox"/>	} → Continue with question F
Yes, other person who lives 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"/>	→ End of questionnaire

---

**F** Did any of the aforementioned people disturb you while filling out the questionnaire?

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:

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Postfach 24 01 01  
53154 Bonn