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Research Report

SOEP-Core - 2022: Individual (A-R+IAB-SOEP-M1-M8b)

SOEP Survey Papers, No. 1440

Provided in Cooperation with:

German Institute for Economic Research (DIW Berlin)

Suggested Citation: infas (2025) : SOEP-Core - 2022: Individual (A-R+IAB-SOEP-M1-M8b), SOEP Survey Papers, No. 1440, Deutsches Institut für Wirtschaftsforschung (DIW), German Socio-Economic Panel (SOEP), Berlin

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1440²⁰²⁵

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

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

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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:

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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Please cite this paper as follows:

infas, 2025. SOEP-Core – 2022: Individual (A-R+IAB-SOEP-M1-M8b). SOEP Survey Papers 1440: Series A – Survey Instruments (Erhebungsinstrumente). Berlin: DIW Berlin/SOEP



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ISSN: 2193-5580 (online)

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

infas

2025

Questionnaire

Individuals

Personen

Dear Participant,

The questions contained in this questionnaire are for all household members who were born in or before 2004.

This questionnaire is for everyone in your household who was born in or before 2004. 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:

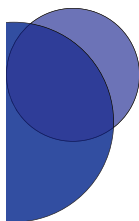
- allow our staff member to interview you or
- carefully fill out this questionnaire yourself.

This questionnaire is to be filled out by

(ggf. vom Interviewer auszufüllen):

First name

<Vorname>



EN



Questionnaire

Individuals

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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7704/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

A_1 Please state your birth date.

Day		Month		Year			

A_2 What gender was listed on your birth certificate when you were born?

Male ☐ ¹ Female ☐ ²

A3 What gender do you identify as?

Male ☐ ¹

Female ☐ ²


Another gender not listed here ☐ ³

↓ specifically



No gender ☐ ⁴

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.

	Completely dissatisfied										Completely satisfied	
	0	1	2	3	4	5	6	7	8	9	10	
How satisfied are you ...												
... with 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"/>	
... with 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"/>	
... (if employed) with 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"/>	
... (if you are a homemaker) with 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"/>	
... with 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"/>	
... with 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"/>	
... with 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"/>	
... with 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"/>	
... (if you have small children) with 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"/>	
... with 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"/>	
... with health, unemployment, pension, and care insurance in Germany, that is, with what is often referred to as the social welfare net?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2 Please state how often you have experienced each of the following feelings in the last four weeks.


How often have you felt ...	Very rarely ¹	Rarely ²	Occasionally ³	Often ⁴	Very often ⁵
... 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"/>
... lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Do you feel that what you are doing in your life is valuable and useful?

 Please answer according to the following scale: a value 0 means: "not at all valuable and useful" a value of 10 means: "completely valuable and useful". With the numbers in between, you can estimate your grade.

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

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

 Please mark 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"/>	<input type="checkbox"/>	

5 What is a typical day like for you? How many hours do you spend on the following activities on a typical weekday?

 Please answer in full hours only. Use "0" if the activity does not apply!

	Number of hours on a typical weekday
Job, apprenticeship, second job (including travel time to and from work)	<input type="text"/> <input type="text"/>
Errands (shopping, trips to local government administrative offices, etc.)	<input type="text"/> <input type="text"/>
Housework (laundry, cooking, cleaning)	<input type="text"/> <input type="text"/>
Childcare	<input type="text"/> <input type="text"/>
Care and support of persons in need of care	<input type="text"/> <input type="text"/>
Education or further training (also school / university)	<input type="text"/> <input type="text"/>
Repairs on and around the home, car repairs, garden or lawn work	<input type="text"/> <input type="text"/>
Physical activity (sports, fitness, gymnastics)	<input type="text"/> <input type="text"/>
Hobbies and other leisure-time activities	<input type="text"/> <input type="text"/>

6 How many hours do you sleep per night on average on a typical weeknight? How many hours per night on a typical weekend?

 Please give only whole hours.

Typical weeknight hours

Typical weekend night hours

Education or training

- 7** Are you currently in education or training? In other words, are you attending a school or university (including doctorate / Ph.D.), completing an apprenticeship or vocational training, or participating in further training or occupational rehabilitation?

Yes ☐ ¹ No ☐ ² → Continue with question 14



- 8** What type of education or training are you pursuing?

General education ☐ ¹ → Continue with question 9
Higher education ☐ ² → Continue with question 10
Vocational training ☐ ³ → Continue with question 12
Further training / retraining ☐ ⁴ → Continue with question 13

- 9** What type of general education is that exactly?

Lower secondary school (*Hauptschule*) ☐ ¹
Intermediate secondary school (*Realschule*) ☐ ²
Upper secondary school (*Gymnasium*) ☐ ³
Comprehensive school (*Gesamtschule*) ☐ ⁴ → Continue with question 14
Evening intermediate / upper secondary school
(*Abendrealschule* / *Abendgymnasium*) ☐ ⁵
Specialized upper secondary school (*Fachoberschule*) ☐ ⁶

→ Continue with question 14

- 10** What type of higher education is that exactly?

Dual degree college / university of cooperative education ☐ ⁴
Vocational university / university of applied sciences ☐ ¹
Other college / university
(art or music college / university) ☐ ⁵
University / technical university ☐ ²
Doctoral studies ☐ ³

- 11** Do you receive a grant/scholarship to pay for your undergraduate or graduate studies?
If so, from what organization?

No ☐ ¹
Yes, BaföG ☐
Yes, other ☐ → Continue with question 14

↓ Please state:



12 What type of vocational training is that exactly?

- Basic vocational training year (*Berufsgrundbildungsjahr*) / vocational preparation year (*Berufsvorbereitungsjahr*) 1 ☐
- Vocational school without apprenticeship (*Berufsschule ohne Lehre*) 2 ☐
- Apprenticeship (*Lehre*) 3 ☐
- Full-time vocational school (*Berufsfachschule*) / commercial college (*Handelsschule*) 4 ☐
- Health sector school (*Schule des Gesundheitswesens*) 5 ☐
- Higher-level trade or technical school (*Meisterschule, Technikerschule*) 6 ☐
- Training for civil servants (*Beamtenausbildung*) 7 ☐
- Other 8 ☐

↓ Please state:



→ Continue with question 14

13 What type of further training / retraining is that exactly?

- Occupational retraining (*berufliche Umschulung*) 1 ☐
- Further occupational training (*berufliche Fortbildung*) 2 ☐
- Occupational rehabilitation (*berufliche Rehabilitation*) 3 ☐
- Integration course / language course 6 ☐
- Other 5 ☐

↓ Please state:



14 Have you completed school, vocational training, or a university degree since January 1, 2021?

 We are also referring here to higher academic degrees!

Yes 1 ☐ No 2 ☐ → Continue with question 23, page 9



15 When did you finish this school, vocational training, or university degree?

In 2021, in the month

or

In 2022, in the month

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

Yes 1 ☐ No 2 ☐ → Continue with question 23, page 9



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

Germany 1 ☐ → Continue with question 19, page 8

In another country 2 ☐ → Continue with question 18

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

Yes, it is automatically recognized 1 ☐

Yes, it has been recognized after successful completion of a recognition procedure 2 ☐

No 3 ☐

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

- Secondary school-leaving certificate 1 ☐ → Continue with question 20
- University degree 2 ☐ → Continue with question 21
- Vocational degree 3 ☐ → Continue with question 22

20 What type of secondary school-leaving certificate was that exactly?

- Lower secondary school-leaving certificate
(Hauptschulabschluss) 1 ☐
- Intermediate secondary school-leaving certificate
(Realschulabschluss, Mittlere Reife) 2 ☐
- Specialized upper secondary school-leaving certificate
(Fachoberschule) 3 ☐
- Upper secondary school-leaving certificate (Abitur) 4 ☐
- Other school-leaving certificate 5 ☐
- ↓ Please state other school-leaving certificate:



→ Continue with question 23

21 What type of university degree was that exactly?

- Dual university / college of advanced vocational studies
(Duale Hochschule / Berufsakademie) 4 ☐
- Specialized technical university /
university of applied sciences (Fachhochschule) 1 ☐
- Other university (for example, university of arts or music) 5 ☐
- University / technical university 2 ☐
- Doctorate / postdoctoral dissertation (Habilitation) 3 ☐

Please state degree:



Please also state major field of study:



→ Continue with question 23

22 What type of vocational degree was that exactly?


- Apprenticeship (Lehre) 1 ☐
- Full-time vocational school (Berufsfachschule) /
commercial college (Handelsschule) 2 ☐
- Health-sector school (Schule des Gesundheitswesens) 3 ☐
- Higher-level trade or technical school
(Meisterschule, Technikerschule) 4 ☐
- Training for civil servants (Beamtenausbildung) 5 ☐
- In-service retraining 6 ☐
- Other (further training, etc.) 7 ☐

Please state: specific field of vocational training



Your current job

23 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 vacation, illness, bad weather, or other reasons.

Yes 1 ☐

No 2 ☐

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

Yes, maternity leave 1 ☐

Yes, parental leave 2 ☐

No 3 ☐

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

Yes 1 ☐


No 2 ☐

26 Are you officially registered unemployed at the employment office (*Agentur für Arbeit*)?

Yes 1 ☐

No 2 ☐

27 Have you left a job or position since January 1, 2021?

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

Yes 1 ☐

No 2 ☐

→ Continue with question 33, page 10



28 When did you leave your last job?

2021, in the month

or

2022, in the month

29 How long were you employed at that job?

years months

30 How did that job end?

 Please select one answer only.

- | | | |
|---|---|--------------------------|
| My place of work or office closed | 1 | <input type="checkbox"/> |
| I resigned | 2 | <input type="checkbox"/> |
| I was dismissed by my employer | 3 | <input type="checkbox"/> |
| Mutual agreement with employer | 4 | <input type="checkbox"/> |
| I completed a fixed-term job or apprenticeship | 5 | <input type="checkbox"/> |
| I reached retirement age / retired | 6 | <input type="checkbox"/> |
| I took a leave of absence (<i>Beurlaubung</i>) / maternity leave (<i>Mutterschutz</i>) / parental leave (<i>Elternzeit</i>) | 7 | <input type="checkbox"/> |
| I gave up self-employment / closed my business | 8 | <input type="checkbox"/> |

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

- | | | | | | | | | | | |
|-----|---|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|
| Yes | 1 | <input type="checkbox"/> | → How much in total? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | euros |
| No | 2 | <input type="checkbox"/> | | | | | | | | |

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

 Please select one answer only.

- | | | |
|--------------------------------------|---|--------------------------|
| Yes, a job prospect | 1 | <input type="checkbox"/> |
| Yes, a new contract | 2 | <input type="checkbox"/> |
| No, I did not have anything lined up | 3 | <input type="checkbox"/> |
| I have not looked for a new job | 4 | <input type="checkbox"/> |

33 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 | 1 | <input type="checkbox"/> | } → Continue with question 44, page 12 |
| Employed part-time | 2 | <input type="checkbox"/> | |
| Working reduced hours (short-time work) | 10 | <input type="checkbox"/> | |
| Completing in-service training / apprenticeship / in-service retraining | 3 | <input type="checkbox"/> | |
| In marginal or irregular employment | 4 | <input type="checkbox"/> | } → Continue with question 98, page 20 |
| In partial retirement, phase with zero working hours | 5 | <input type="checkbox"/> | |
| Voluntary social / ecological year, federal volunteer service | 7 | <input type="checkbox"/> | } → Continue with question 34 |
| Not employed | 9 | <input type="checkbox"/> | |

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

- | | | | |
|--------------------|---|--------------------------|---------------------------------------|
| No, definitely not | 1 | <input type="checkbox"/> | → Continue with question 103, page 22 |
| Probably not | 2 | <input type="checkbox"/> | } → Continue with question 35 |
| Probably | 3 | <input type="checkbox"/> | |
| Definitely | 4 | <input type="checkbox"/> | |

35 When, approximately, would you like to start working?

- As soon as possible 1 ☐
- Next year 2 ☐
- In the next 2 to 5 years 3 ☐
- In the distant future, in more than five years 4 ☐

36 Are you interested in full-time or part-time employment, or would you be satisfied with either one?

- Full-time 1 ☐
- Part-time 2 ☐
- Either 3 ☐
- I'm not sure yet 4 ☐

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

Net income euros per month → Continue with question 38

Can't say, it depends 1 ☐ → Continue with question 39

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

hours per week

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

- Yes 1 ☐
- No 2 ☐

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

Yes 1 ☐ No 2 ☐ → Continue with question 43, page 12



41 Which of the following possible ways have you used to look for a job?

Please select all answers that apply.

- Employment office / Agentur für Arbeit 1 ☐
- Jobcenter / ARGE / social welfare office ☐
- Personnel service agency ☐
- Private recruitment agency ☐
- Job advertisement in the newspaper ☐
- Job advertisement on the Internet ☐
- Former co-workers ☐
- Friends, acquaintances, and neighbors ☐
- Family members ☐
- Other / does not apply ☐

42 And what do you think will be the most effective way of finding a job?

Please select one answer only.

Employment office / <i>Agentur für Arbeit</i>	1	<input type="checkbox"/>
Jobcenter / ARGE / social welfare office	2	<input type="checkbox"/>
Personnel service agency	3	<input type="checkbox"/>
Private recruitment agency	4	<input type="checkbox"/>
Job advertisement in the newspaper	5	<input type="checkbox"/>
Job advertisement on the Internet	6	<input type="checkbox"/>
Former co-workers	7	<input type="checkbox"/>
Friends, acquaintances, and neighbors	8	<input type="checkbox"/>
Family members	9	<input type="checkbox"/>
Other / does not apply	10	<input type="checkbox"/>

43 How likely is it that one or more of the following occupational changes will take place in your life within the next two years?

Please select only one answer in each line.

Please estimate the probability of such a change taking place on a scale from 0 to 100, where 0 means such a change will definitely not take place, and 100 means it definitely will take place

	Definitely not										Definitely will												
	0	10	20	30	40	50	60	70	80	90	100												
That you will ...																							
... take a paid job?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... become self-employed or work on a freelance basis?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... attend courses or seminars to gain additional training or qualifications?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

→ Continue with question 103, page 22

44 Have you changed jobs or started a new one since January 1, 2021?

This includes starting working again after a break!

Yes ☐ No ☐ → Continue with question 56, page 14



45 How often have you changed jobs or started a new one since January 1, 2021?

Once ☐
 Several times (please specify): ☐ → times

46 When did you start your current position?

2021, in the month

or

2022, in the month

47 What type of occupational change was that?

 *If you have changed positions several times, please choose the reason for the most recent change.*

I started working for the first time in my life 1 ☐ → **Continue with question 50**

I returned to a previous employer after a break in employment 2 ☐ → **Continue with question 48**

I started a new job with a different employer
(for temporary workers this includes working
in a temporary job) 3 ☐

I was hired by the company (in which I previously worked
as an apprentice / in a job creation measure (ABM) /
on a freelance basis) 4 ☐ → **Continue with question 50**

I changed positions within the same company 5 ☐

I became self-employed 6 ☐

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

Yes 1 ☐ No 2 ☐ → **Continue with question 50**



49 How many months did this break in employment last?

months

50 Were you actively looking for a job when you received your current position, or did it just come up?

Actively looking for job 1 ☐

Just came up 2 ☐

51 How did you find out about this job?

 *Please mark just one!*

Through the employment office / *Agentur für Arbeit*,
Jobcenter, ARGE, social security office 16 ☐

Through a private recruitment agency 17 ☐

A job advertisement in the newspaper 5 ☐

A job advertisement on the Internet 18 ☐

Through friends or acquaintances 13 ☐


Through family members 14 ☐


Through co-workers 15 ☐

I have returned to a former employer 8 ☐

Other or not applicable 9 ☐

52 What is your current position/occupation?

 Please state the exact title in German. For example, do not write "kaufmännische Angestellte" (clerk), but "Speditionskauuffrau" (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 are being trained.

 If you are currently working in more than one job, please answer the following questions for your main job only.



53 Does this job correspond to the occupation for which you were trained?

Yes 1 ☐

No 2 ☐

Still in education or training 3 ☐

I have not been trained for a particular occupation 4 ☐

54 What type of education or training is usually required for this type of work?


No completed vocational training is required 1 ☐

Completed vocational training 2 ☐

Degree from a vocational university / university of applied sciences (*Fachhochschule*) 3 ☐

Degree from a university or other institution of higher education 4 ☐

55 What sector of business or industry is your company or institution active in for the most part?

 Please state the exact sector in German. For example, do not write "Industrie" (industry), but "Elektroindustrie" (electronics industry); not "Handel" (trade), but "Einzelhandel" (retail trade); not "öffentlicher Dienst" (public service), but "Krankenhaus" (hospital).



56 When did you start working for your current employer?

 If you are self-employed, please state when you started your current work.


Since

--	--

--	--	--	--

months year

57 What is your current occupational status?

 If you are currently working in more than one job, please answer the following questions for your main job only.

Status:

Self-employed (including family members working for the self-employed) 1 ☐ → Continue with question 58

Blue-collar worker (*Arbeiter*) (also in agriculture) 2 ☐ → Continue with question 59

Civil servant (including judges and professional soldiers) 3 ☐ → Continue with question 60

Apprentice / vocational trainee / intern 4 ☐ → Continue with question 61

White-collar worker (*Angestellte*) 5 ☐ → Continue with question 62

58 What type of self-employment is that exactly?

- | | |
|---|----------------------------|
| Self-employed farmers | 1 <input type="checkbox"/> |
| Freelancers, independent academics | 2 <input type="checkbox"/> |
| Other self-employed workers / entrepreneurs | 3 <input type="checkbox"/> |
| Assisting family members in their business | 4 <input type="checkbox"/> |

→ Continue with question 63, page 16

59 What type of blue-collar worker are you exactly?

- | | |
|---|----------------------------|
| Unskilled worker (<i>ungelernt</i>) | 1 <input type="checkbox"/> |
| Semi-skilled worker (<i>angelernt</i>) | 2 <input type="checkbox"/> |
| Skilled worker (<i>gelernter Arbeiter / Facharbeiter</i>) | 3 <input type="checkbox"/> |
| Foreman / forewoman (<i>Vorarbeiter</i>) | 4 <input type="checkbox"/> |
| Master craftsperson (<i>Meister / Polierer</i>) | 5 <input type="checkbox"/> |

→ Continue with question 69, page 17

60 What type of civil servant are you exactly?

- | | |
|-----------------|----------------------------|
| Lower level | 1 <input type="checkbox"/> |
| Middle level | 2 <input type="checkbox"/> |
| Upper level | 3 <input type="checkbox"/> |
| Executive level | 4 <input type="checkbox"/> |

→ Continue with question 69, page 17

61 What type of apprentice / vocational trainee / intern are you exactly?

- | | |
|---|----------------------------|
| Apprentice / vocational trainee in industry or technology | 1 <input type="checkbox"/> |
| Apprentice / vocational trainee in trade or commerce | 2 <input type="checkbox"/> |
| Volunteer, intern, etc. | 3 <input type="checkbox"/> |

→ Continue with question 69, page 17

62 What type of white-collar worker are you exactly?

- | | |
|--|----------------------------|
| Salaried employee engaged in unskilled work without completed training / education | 2 <input type="checkbox"/> |
| Salaried employee engaged in unskilled work with completed training / education | 3 <input type="checkbox"/> |
| Salaried employee engaged in skilled work (administration, bookkeeping, technical drafting) | 4 <input type="checkbox"/> |
| Salaried employee engaged in highly skilled work or managerial activities (university research, engineering, production supervision, etc.) | 5 <input type="checkbox"/> |
| Salaried employee in senior management role (managing director, business manager, head of a large firm or organization, etc.) | 6 <input type="checkbox"/> |
| Managing partner or similar white-collar employee in self-owned business / company | 7 <input type="checkbox"/> |

→ Continue with question 69, page 17

→ Continue with question 73, page 17

63 Which of the following government benefits and measures for self-employed people and entrepreneurs have you received or made use of in 2021?

 Please select all that apply.

- | | | |
|--|--------------------------|---|
| Short-time work | <input type="checkbox"/> | 1 |
| Unemployment Benefit II (ALG II) | <input type="checkbox"/> | |
| Bridging Assistance | <input type="checkbox"/> | |
| New Start Aid | <input type="checkbox"/> | |
| Relaxation or suspension of insolvency rules | <input type="checkbox"/> | |
| State guarantees on loans | <input type="checkbox"/> | |
| Tax relief measures such as tax payment deferrals, adjustments to tax prepayments, loss carry-back to increase liquidity, etc. | <input type="checkbox"/> | |
| Auto loan | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | |

 please specify:



 Continue with question 64

None of the above ☐

 Continue with question 65

64 Have you paid back any of the money provided through the government's coronavirus-related relief measures?

- | | | |
|---|---|--------------------------|
| Yes, voluntarily without being requested to do so | 1 | <input type="checkbox"/> |
| Yes, after being requested to do so | 2 | <input type="checkbox"/> |
| No | 3 | <input type="checkbox"/> |

65 And how many employees do you currently have?

--	--	--	--	--

66 And what is your current monthly turnover?

Current monthly turnover:

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

 euros per month

67 How many hours do you work per week on average?

 If you don't know, please estimate.

--	--	--

 .

--

 hours per week

68 Thinking about the coming 12 months:

 Please select only one answer in each line.

How high would you say the risk is ...	Definitely not	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Definitely will
... that you will lay off employees?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will have to reduce company operations?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will have to shut down your business (or declare bankruptcy)?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that your personal income will suffer?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

➔ Continue with question 93, page 20

69 Do you work for a public-sector employer?

Yes 1 ☐

No 2 ☐

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

Yes 1 ☐

No 2 ☐

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

Permanent contract 1 ☐

Fixed-term contract 2 ☐

Not applicable / do not have an employment contract 3 ☐

72 Is the job part of a job-creation measure (ABM) or is it a "1-Euro Job" (community work)?

Yes 1 ☐

No 2 ☐

73 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.

fewer than 5 employees 1 ☐

5-10 employees 2 ☐

11-19 employees 3 ☐

20-99 employees 4 ☐

100-199 employees 5 ☐

200-1,999 employees 6 ☐

2,000 or more employees 7 ☐

74 Does an employee organization / works council exist at your place of work?

Yes 1 ☐

No 2 ☐

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

hours per week

No set hours ☐

76 And how many hours do you generally work per week, including any overtime?

hours per week

30 hours or less → *Continue with question 77*

More than 30 hours → *Continue with question 80*

77 Is your job considered marginal part-time employment according to the Mini-Job or Midi-Job regulation?

Yes, Mini-Job (up to 450 euros) ☐ → *Continue with question 78*

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

No ☐ → *Continue with question 79*

78 Do you provide voluntary contributions to pension insurance for your Mini-Job?

Yes ☐

No ☐

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

Yes ☐

No ☐

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

Yes ☐

No ☐

81 Leaving aside what is specified in your employment contract: Was your gross hourly wage less than 12 euros per hour in the last month, or was it 12 euros or more?

12 euros per hour or above ☐ → *Continue with question 83*

Below 12 euros per hour ☐ → *Continue with question 82*

82 What was your actual gross hourly wage in the last month?

euros per hour

83 Do you ever work overtime?

Yes ☐ ¹ No ☐ ² → *Continue with question 91*



84 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 ☐ ¹ No ☐ ² → *Continue with question 86*



85 What is the compensation period for this working hours account – when do you have to have taken time off for the overtime you accumulated?

by the end of the calendar year ☐ ¹

within a shorter period of time ☐ ²

within a longer period of time ☐ ³

86 If you do work overtime, is the work paid, do you get time off for overtime, or is there no form of compensation at all?

Compensated with time off ☐ ¹

Partly paid, partly compensated with time off ☐ ²

Paid ☐ ³

Not compensated at all ☐ ⁴

87 Have you worked overtime in the last month?

Yes ☐ ¹ No ☐ ² → *Continue with question 89*



88 How many hours of overtime did you work last month?

hours

89 Have you taken time off for overtime in the last month? If so, how many hours?

Yes ☐ ¹ → hours

No ☐ ²

90 Were you paid for working overtime in the last month? If so, for how many hours?

Yes ☐ ¹ → hours

No ☐ ²

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

No ☐ ² Yes ☐ ¹ → *Continue with question 93, page 20*



92 If your employer would allow you to temporarily work from home, would you accept this offer?

Yes ☐ ¹ → *Continue with question 93, page 20*

No ☐ ² → *Continue with question 93, page 20*

Not possible with my work ☐ ³ → *Continue with question 96, page 20*

93 Have you worked from home in your current job in the last 6 months?

Yes ☐ ¹ No ☐ ² → Continue with question 96



94 How often have you worked from home in your current job in the last 6 months?

Every day ☐ ¹
Several days per week ☐ ²
Once per week ☐ ⁵
Every 2 to 4 weeks ☐ ³
More rarely, only when needed ☐ ⁴ → Continue with question 96



95 And how many hours per week do you generally work from home on average (including any overtime)?

hours per week

96 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?

This refers to total working hours – regardless of whether you work at a workplace, at home, or on the road.

. hours per week

97 How many days do you usually work per week?

days per week

Not applicable, because ...

... the number of days is not contractually agreed ☐ ¹

... the number of days changes from week to week ☐ ²

98 What did you earn from your work last month? Please state both: gross income, which means income before deduction of taxes and social security, and net income, which means income after deduction of taxes, social security, and unemployment and health insurance.

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.

The earnings were:

I earned gross: euros

I earned net: euros

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

 Please select all answers that apply.

1

Bonuses for working certain shifts / late hours / weekends ☐



Overtime pay ☐

Bonuses for working under difficult conditions ☐

Supplement for added responsibilities
(Funktionszulage / persönliche Zulage) ☐

Tips / gratuities ☐

Other premiums / bonuses ☐

  please specify:

None of the above ☐

100 Do you receive benefits from your employer in addition to your salary?

 Please select all answers that apply.

1

Discount on meals in employee cafeteria or meal allowance ☐

 Continue with question 102,
page 22

Company vehicle for personal use ☐

 Continue with question 101,
page 22



Mobile phone for personal use or reimbursement of telephone expenses ☐

Expense allowances / per diems beyond simple expense reimbursement ☐

Personal computer or laptop for personal use ☐

Other forms of additional benefits ☐

 Continue with question 102,
page 22

  please specify:

None of the above ☐

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

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

euros per month

102 Now about your local unit of the company: What is the zip code at the specific location where you work?

Zip code:

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

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

I work at different locations in different regions ☐ 1

I work outside the country ☐ 2

103 People sometimes have a side job or do volunteer work in addition to their main job. Do you have any of the following side jobs or volunteer positions?

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


Yes ☐ ¹ No ☐ ² → Continue with question 113, page 24



104 How many side jobs, including volunteer positions, do you currently have in total?

side jobs / volunteer positions

105 What kind of side job or volunteer position is it?


 Please answer questions 105 to 112 column by column, that is, first all questions for the first side job / volunteer position, then for a possible second, and finally for the third, if applicable.

	First side job or volunteer position	Second side job or volunteer position	Third side job or volunteer position
	<input type="text"/>	<input type="text"/>	<input type="text"/>
106 Is that a volunteer position?			
Yes	¹ <input type="checkbox"/> → Question 110	¹ <input type="checkbox"/> → Question 110	¹ <input type="checkbox"/> → Question 110
No	² <input type="checkbox"/> → Question 107	² <input type="checkbox"/> → Question 107	² <input type="checkbox"/> → Question 107
107 What is your current occupational status in this job?			
Blue-collar / white-collar worker (also Mini-Job)	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>
Self-employed / freelance (also with contract)	² <input type="checkbox"/>	² <input type="checkbox"/>	² <input type="checkbox"/>
Assisting family member	³ <input type="checkbox"/>	³ <input type="checkbox"/>	³ <input type="checkbox"/>
Other occupational status	⁴ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁴ <input type="checkbox"/>
108 Is it marginal part-time work in accordance with the 450 euro rule (Mini-Job)?			
Yes	¹ <input type="checkbox"/> → Question 109	¹ <input type="checkbox"/> → Question 109	¹ <input type="checkbox"/> → Question 109
No	² <input type="checkbox"/> → Question 110	² <input type="checkbox"/> → Question 110	² <input type="checkbox"/> → Question 110
109 Do you make a voluntary pension contribution for that Mini-Job?			
Yes	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>
No	² <input type="checkbox"/>	² <input type="checkbox"/>	² <input type="checkbox"/>

	First side job or volunteer position	Second side job or volunteer position	Third side job or volunteer position
	<div></div>	<div></div>	<div></div>
110 How many days per month do you work at this side job?	Days per month <div></div>	Days per month <div></div>	Days per month <div></div>
111 How many hours per week do you work at this job?	Hours per week <div></div>	Hours per week <div></div>	Hours per week <div></div>
112 What was your gross income for this job last month?	Euros <div></div>	Euros <div></div>	Euros <div></div>
Unpaid work	<div></div>	<div></div>	<div></div>
	<div>↓</div> Please continue with your second side job or volunteer position. Question 105, page 22	<div>↓</div> Please continue with your third side job or volunteer position. Question 105, page 22	<div>↓</div> Continue with question 113, page 24

113 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 and social security contributions.*

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

	1	(In the last month:) Gross income								
My own retirement / pension	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Widow's / widower's / orphan's pension	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Unemployment benefits (also while attending further education / retraining or while receiving a transitional allowance)	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Unemployment Benefit II / social benefit	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Sick pay from health insurance	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Parental allowance / maternity allowance	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
BAföG grant, scholarship, vocational training allowance	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Maintenance payments from former spouse or life partner / including child support	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Advance maintenance payment from child maintenance funds	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Other support from persons who do not live in the household	<input type="checkbox"/> →	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
No, I did not receive income from any of these sources in the last month.	<input type="checkbox"/>									

114 Which of the following sources of income did you receive in the past calendar year, 2021? For each of the income sources that you received, please specify how many months of 2021 you received the income and what the average monthly gross amount was.

 *Gross amount means: before deduction of taxes and social security contributions.*

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

		1	Number of months	Gross amount in euros per month		
Wages or salary as employee (including income received during training, partial retirement, or sick leave)	<input type="checkbox"/>	→	<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"/> <input type="text"/>	→ Continue with question 115, page 26
Income from independent / freelance / commercial activities, including profit distribution	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
Second job, side job	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
My own retirement / pension	<input type="checkbox"/>	→	<input type="text"/> <input type="text"/>	→ Continue with question 121, page 27		
Widow's / widower's / orphan's pension	<input type="checkbox"/>	→	<input type="text"/> <input type="text"/>			
Unemployment benefits (also while attending further education / retraining or while receiving a transitional allowance)	<input type="checkbox"/>	→	<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"/> <input type="text"/>	→ Continue with question 122, page 27
Unemployment Benefit II / social benefit	<input type="checkbox"/>	→	<input type="text"/> <input type="text"/>			
Sick pay from health insurance	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
Parental allowance / maternity allowance	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
BAföG grant, scholarship, vocational training allowance	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
Maintenance payments from former spouse or life partner, including child support	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
Advance maintenance payments from child maintenance funds	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
Other support from persons who do not live in the household	<input type="checkbox"/>	→	<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"/> <input type="text"/>	
No, I did not receive income from any of these sources in the last calendar year, 2021.	<input type="checkbox"/>					

115 Did you receive any of the following bonuses or extra pay from your employer last year (in 2021)?
If yes, please specify the gross amount.

	¹	Gross amount	
13th month salary (please specify):	<input type="checkbox"/>	→ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	euros
14th month salary (please specify):	<input type="checkbox"/>	→ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	euros
Christmas bonus (please specify):	<input type="checkbox"/>	→ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	euros
Vacation pay (please specify):	<input type="checkbox"/>	→ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	euros
Profit-sharing, premiums, bonuses (please specify):	<input type="checkbox"/>	→ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	euros
Other (please specify):	<input type="checkbox"/>	→ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	euros
No, none of the above	<input type="checkbox"/>		

116 Last year (in 2021), did you receive money to cover travel expenses or an allowance to cover use of local public transit (for example, a Jobticket)? If so, please indicate the value thereof:

Yes (please specify): ¹ ☐ →

 euros

No ² ☐

117 Did you receive short-time allowance (*Kurzarbeitergeld*) last year (2021)?

Yes ¹ ☐ No ² ☐ → Continue with question 122

↓

118 How many weeks did you receive short-time allowance (*Kurzarbeitergeld*) in 2021?

weeks

119 By how many hours per week were your working hours reduced during short-time work?


By

 hours per week

120 What was your average gross monthly income during short-time work?

euros → Continue with question 122

121 Who pays your retirement / pension and what were the monthly payments in 2021?

 Please state the gross amount, excluding taxes. If you receive more than one pension, please select each that applies. If you do not know the exact amount, please estimate.

	Own retirement / pension Euros per month	Widow's / widower's / (Half-) orphan's pension Euros per month
German Pension Insurance (<i>Deutsche Rentenversicherung</i> , formerly LVA, BfA, Knappschaft)	<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"/> <input type="text"/>
Civil service pension scheme (<i>Beamtenversorgung</i>)	<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"/> <input type="text"/>
Supplementary insurance for public sector employees (<i>Zusatzversorgung des öffentlichen Dienstes</i> , for example, VBL)	<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"/> <input type="text"/>
Occupational pension (<i>Betriebliche Altersversorgung</i> , for example, <i>Werkspension</i>)	<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"/> <input type="text"/>
Professional pension scheme	<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"/> <input type="text"/>
Riester pension plan	<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"/> <input type="text"/>
Private pension scheme (incl. <i>Arbeitgeberdirektversicherung</i> or <i>berufständische Versorgung</i>)	<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"/> <input type="text"/>
Accident insurance (<i>Unfallversicherung</i> , for example, provided by an employer's insurance association (<i>Berufsgenossenschaft</i>))	<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"/> <input type="text"/>
Pensions from another country	<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"/> <input type="text"/>
Other	<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"/> <input type="text"/>

 please specify:



122 Do you have a Riester or Rürup pension plan?


 Please select all answers that apply.

1

- Yes, Riester pension plan ☐
- Yes, Rürup pension plan ☐
- No ☐

Further education and training

123 Did you take part in any further occupational training programs in 2021?


 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 employment office (Bundesagentur für Arbeit).

Yes ☐ ¹ ☐ No ☐ ² ☐ → Continue with question 137, page 32

124 How many further occupational training programs did you take part in in 2021?



further occupational training programs (courses)

We would now like to know more about the programs you took part in in 2021.
If you took part in several courses in 2021, please give information for the last three only.


 Please answer questions 125 to 136 column by column, that is, first all questions for the most recent or current course, then for the second-most recent course (if you took more than one), and finally for the course before that (if you took more than two).

	Most recent or current course (1)	The course before that (2)	The course before that (3)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
125 How long does / did the course last?	Days <input type="text"/> <input type="text"/> <input type="text"/> Weeks <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	Days <input type="text"/> <input type="text"/> <input type="text"/> Weeks <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	Days <input type="text"/> <input type="text"/> <input type="text"/> Weeks <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>
126 About how many hours of instruction are / were provided each week?	Number of hours: <input type="text"/> <input type="text"/> <input type="text"/>	Number of hours: <input type="text"/> <input type="text"/> <input type="text"/>	Number of hours: <input type="text"/> <input type="text"/> <input type="text"/>
127 Does / did the course take place online?			
Yes, completely	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>
Yes, partially	² <input type="checkbox"/>	² <input type="checkbox"/>	² <input type="checkbox"/>
No	³ <input type="checkbox"/>	³ <input type="checkbox"/>	³ <input type="checkbox"/>

 Please state the course again:

	Most recent or current course (1)	The course before that (2)	The course before that (3)
	<div></div>	<div></div>	<div></div>
128 What was your objective in taking this course?  Please select all answers that apply.	1	1	1
Retraining for a different profession or job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Induction / onboarding into a new job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaining qualifications for career development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new demands in my current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129 And what was your personal motivation for taking part in this course?  Please select all answers that apply.	1	1	1
To increase my job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To increase my chances of getting a raise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To increase my chances of promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To increase my attractiveness to other employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130 Did your employer encourage you to take this course?			
Yes, participation was compulsory	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, participation was voluntary	2 <input type="checkbox"/> → Question 131	2 <input type="checkbox"/> → Question 131	2 <input type="checkbox"/> → Question 131
No, I decided on my own to take the course	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Does not apply, was not employed at the time	4 <input type="checkbox"/> → Question 133	4 <input type="checkbox"/> → Question 133	4 <input type="checkbox"/> → Question 133
131 Was this course provided by your employer directly?			
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

 Please state the course again:


	Most recent or current course (1)	The course before that (2)	The course before that (3)
	<div></div>	<div></div>	<div></div>
132 Did the course take place during working hours?			
Yes, during working hours	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>	¹ <input type="checkbox"/>
Partly during / partly outside working hours	² <input type="checkbox"/>	² <input type="checkbox"/>	² <input type="checkbox"/>
No, outside working hours	³ <input type="checkbox"/>	³ <input type="checkbox"/>	³ <input type="checkbox"/>
133 Who paid for you to take part in the course?			
 If the costs were shared, please mark all that apply!			
I did	¹ <input type="checkbox"/> → Question 134	¹ <input type="checkbox"/> → Question 134	¹ <input type="checkbox"/> → Question 134
My employer	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]
Employment office / Jobcenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension insurance	<input type="checkbox"/> → Question 135	<input type="checkbox"/> → Question 135	<input type="checkbox"/> → Question 135
Employer's insurance association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other funding provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course did not cost anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134 How much did you spend on the course?			
	Euros <div><div></div><div></div><div></div><div></div><div></div></div>	Euros <div><div></div><div></div><div></div><div></div><div></div></div>	Euros <div><div></div><div></div><div></div><div></div><div></div></div>

 Please state the course again:

	Most recent or current course (1)	The course before that (2)	The course before that (3)
	<div></div>	<div></div>	<div></div>
135 To what extent did your participation in the course....			
... reduce your chances of losing your job?			
A lot	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Somewhat	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Not at all	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
I don't know, can't tell yet	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
... increase your chances of promotion?			
A lot	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Somewhat	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Not at all	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
I don't know, can't tell yet	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
... increase your chances of getting a raise?			
A lot	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Somewhat	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Not at all	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
I don't know, can't tell yet	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
... increase your chances of getting a job offer from another employer?			
A lot	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Somewhat	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Not at all	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
I don't know, can't tell yet	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
136 To what extent could you use the newly acquired skills if you got a new job in a different company?			
Not at all	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Only to a limited extent	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
To a large extent	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Completely	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

2021 calendar year

137 And now think back on the entire last year, that is, 2021. We have provided a kind of calendar below. Listed on the left are various characteristics that may describe your employment situation last year. Please go through the various months and check all the months in which you were employed, unemployed, etc.

 Please select at least one box for each month! For unemployment: Even if you were unemployed for less than one month, please select the box "unemployed" for that month.

	2021											
I was...	Jan 1	Feb 2	Mar 3	Apr 4	May 5	June 6	July 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Mini-Job (up to 450 euros)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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), or occupational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) / 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"/>
... doing a voluntary social / ecological year (freiwilliges soziales / ökologisches Jahr) or federal volunteer service (Bundesfreiwilligendienst)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 state:



Health and Illness

138 How would you describe your current health?

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"/>

139 Does your health limit your ability to climb several flights of stairs? Does it cause severe, moderate, or no limitations at all?

Severe	1	<input type="checkbox"/>
Moderate	2	<input type="checkbox"/>
No limitations	3	<input type="checkbox"/>

140 And what about other demanding everyday activities, such as when you have to lift something heavy or do something requiring physical mobility: Does your health cause severe, moderate, or no limitations at all?

Severe	1	<input type="checkbox"/>
Moderate	2	<input type="checkbox"/>
No limitations	3	<input type="checkbox"/>

141 During the last four weeks, how often did you:

	Always	Often	Sometimes	Almost never	Never
	1	2	3	4	5
... feel rushed or pressed for time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel down or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel calm and relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel energetic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have severe physical pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel that you achieved less than you wanted to at work or in everyday activities due to physical health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel that you were limited in some way at work or in everyday activities due to physical health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel that you achieved less than you wanted to at work or in everyday activities due to mental health or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel that you did your work or everyday tasks less carefully than usual due to mental health or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel that you were limited socially, that is, in your contact with friends, acquaintances, or relatives, due to physical or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes

1 ☐

No

2 ☐

→ Continue with question 146



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

--	--	--

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

In the year

--	--	--	--

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

Please select all answers that apply.

Physical	¹ <input type="checkbox"/>
Mental	<input type="checkbox"/>
Intellectual / cognitive	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

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

We are not referring here to e-cigarettes!

Yes

1 ☐

No

2 ☐

→ Continue with question 148



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

Please give your daily average for last week.

Cigarettes:

--	--	--

Pipes / cigars:

--	--	--

148 Do you smoke e-cigarettes?

Yes

1 ☐

No

2 ☐

→ Continue with question 150



149 How much liquid do you use per day?

Please give your daily average for last week.

Milliliters (ml):

--	--	--

150 Do you use cannabis?

 Please select all answers that apply.

1

Yes, for medical reasons
(for example, to treat or decrease symptoms of a health condition) ☐

Yes, for non-medical reasons (for example, to have fun or fit in) ☐

No ☐

151 How often do you eat meat, fish, or poultry?

	Every day	4-6 days a week	2-3 days a week	2-4 days a month	Once a month or less	Never
	1	2	3	4	5	6
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

152 Do you follow a mainly vegetarian or vegan diet?

Yes, vegetarian ☐ 1

Yes, vegan ☐ 2

No, neither of the above ☐ 3

153 How tall are you in centimeters?

 If you don't know, please estimate.

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

 cm

154 How many kilograms do you currently weigh?

 If you don't know, please estimate.

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

 kg

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

Yes ☐ 1

No ☐ 2

156 Have you ever been diagnosed by a doctor with a coronavirus infection (COVID-19)?

Yes ☐ 1

No ☐ 2

157 Regardless of whether you have previously had a COVID-19 infection: Have you personally spent one day or more in home quarantine in the last 12 months?

This refers to both government-imposed (mandatory) and self-imposed (voluntary) quarantine.

Yes ☐ ₁ No ☐ ₂ → Continue with question 159



158 How many days have you personally spent in home quarantine in the last 12 months?

If you don't know, please estimate.

days

159 Have you been vaccinated against COVID-19?

Answer "yes" even if you have only recieved one dose of vaccine so far.

Yes ☐ ₁ No ☐ ₂ → Continue with question 161



160 Have you received a booster dose of any COVID-19 vaccine?

Yes ☐ ₁
No ☐ ₂ } → Continue with question 162

161 We are interested in hearing what you personally think about COVID-19 vaccination.

	Strongly agree	Agree	Partly agree, partly disagree	Disagree	Strongly disagree
	1	2	3	4	5
I trust the safety of COVID-19 vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 is not a serious threat, so vaccination against COVID-19 is unnecessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's complicated for me to get the COVID-19 vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

162 (If you have children under the age of 12): What do you personally think about vaccination against COVID-19 for your child / children under the age of 12?

	Strongly agree	Agree	Partly agree, partly disagree	Disagree	Strongly disagree
	1	2	3	4	5
I trust the safety of the COVID-19 vaccines for children under the age of 12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covid-19 is not a serious threat to the health of my children / children under the age of 12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's complicated for me to get the COVID-19 vaccination for my child / children under the age of 12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

163 Have you gone to a doctor in the last 3 months? If so, please state how many times.

Number of visits to a doctor in the last 3 months
Have not gone to the doctor in the last 3 months ☐ ₁

164 What about hospital stays in the last year: Did you spend one night or more in the hospital in 2021?

Yes ☐ ¹ No ☐ ² → Continue with question 167



165 How many nights total did you spend in the hospital last year, that is, in 2021?

nights

166 And how often did you have to go to the hospital in the year 2021?

times

167 Were you on sick leave from work for more than 6 weeks at any time last year?

Yes, once ☐ ¹

Yes, several times ☐ ²

No ☐ ³

168 How many days were you unable to work in 2021 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 ☐ ¹

A total of days

169 Leaving aside sick leave and vacation: Was there any other point in 2021 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 my child was sick ☐ ¹ → for days

Yes, because I was caring for a relative ☐ → for days

Yes, for other reasons ☐ → for days

No ☐

170 Have you changed health insurance providers since January 1, 2021?

Yes ☐ ¹

No ☐ ²

171 What kind of health insurance do you have: Do you have statutory health insurance or do you have private insurance only?

 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 172.

Statutory health insurance 1 ☐

Private insurance only 2 ☐ → Continue with question 177

172 Which of the following is your health insurance provider?

AOK 1 ☐

Barmer / GEK 2 ☐

DAK-Gesundheit 3 ☐

TK 4 ☐

IKK / BIG 5 ☐

KKH 6 ☐

Knappschaft 8 ☐

LKK 9 ☐

Other employer health insurance 10 ☐

↓ please specify:



Other 11 ☐

↓ please specify:



173 In this health insurance, are you personally...

... a compulsory, paying member? 1 ☐

... a voluntary, paying member? 2 ☐

... covered by a family member's insurance? 3 ☐

... insured as a retiree / student / unemployed or as someone who is in voluntary military service / voluntary social or ecological year / federal volunteer service? 4 ☐

174 Do you have supplementary private health insurance?

Yes 1 ☐

No 2 ☐

→ Continue with question 182, page 40



175 How much do you pay for that per month?

euros per month

Don't know 1 ☐

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

 Please select all answers that apply. 1

- | | |
|---|--------------------------|
| Hospital Stays | <input type="checkbox"/> |
| Dentures | <input type="checkbox"/> |
| Corrective devices (for example, glasses) | <input type="checkbox"/> |
| Health care abroad | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

→ Continue with question 182, page 40

177 Who is the policyholder in your private health insurance: another family member or you?

Other family member 1 ☐ → Continue with question 182, page 40

You 2 ☐ → Continue with question 178

178 How much do you pay per month for health insurance?

euros per month

Don't know 1 ☐

179 Does that insurance cover you alone, or are other people covered?

Just me 1 ☐

In addition to myself people are covered (number)

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

Yes 1 ☐ No 2 ☐ → Continue with question 182, page 40



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

Co-payment of %

General deductible in the amount of euros

Discrimination

182 Now we have a few questions on the topic of discrimination. Discrimination means that a person is treated worse than other people based on their race, ethnic background, gender, religion or beliefs, disabilities, age, sexual orientation, or other characteristics.

183 What was it like for you in the following areas of life here in Germany during the last 12 months?

 Please select one answer in each line.

	Yes 1	No 2
Did you have a job during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you look for a job or an apprenticeship / training place during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you go to hairdressers, bars, restaurants, or similar places during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use financial services (for example, banks or insurance providers) during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you look for an apartment or house during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Were you in contact with schools (as a parent or as a student) during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Were you in contact with health or care providers (for example, doctor's offices, hospitals, care facilities) during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Were you in contact with the police during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Were you in contact with government administrative offices or agencies (for example, <i>Jobcenter</i> , local registration office, etc.) during that period?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use public transport such as trains or buses during that period?	<input type="checkbox"/>	<input type="checkbox"/>

184 Have you personally felt discriminated against in any of the following areas during the last 12 months – for example, because of your ethnic origin, for racist reasons, or due to your gender, your religion or beliefs, a disability, your age, or your sexual orientation?

 Please select one answer in each line.

	Yes 1	No 2
1 workplace	<input type="checkbox"/>	<input type="checkbox"/>
2 in looking for a job or apprenticeship / training place	<input type="checkbox"/>	<input type="checkbox"/>
3 hairdressers, bars, restaurants, or similar places	<input type="checkbox"/>	<input type="checkbox"/>
4 financial service providers	<input type="checkbox"/>	<input type="checkbox"/>
5 in looking for an apartment or house	<input type="checkbox"/>	<input type="checkbox"/>
6 school	<input type="checkbox"/>	<input type="checkbox"/>
7 health or care providers	<input type="checkbox"/>	<input type="checkbox"/>
8 police	<input type="checkbox"/>	<input type="checkbox"/>
9 government administrative offices or agencies	<input type="checkbox"/>	<input type="checkbox"/>
10 public transport	<input type="checkbox"/>	<input type="checkbox"/>
11 on the street	<input type="checkbox"/>	<input type="checkbox"/>
12 in shops or businesses	<input type="checkbox"/>	<input type="checkbox"/>

























If you have not felt discriminated against in any area in the last 12 months, please continue with question 190, page 42 

185 We would like to ask you more about the reasons why you felt discriminated against in up to two areas.

If you felt discriminated against in at least one area in the last 12 months, please enter the number of the most important area from question 184 (for example, enter 1 for workplace):

186 Why did you feel discriminated against in this area in the last 12 months?

 Please select one answer in each line.

	Yes 1	No 2
Ethnic origin (for example, language, name, culture), for racist reasons, or because I'm from another country	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Sexual orientation (for example, gay, lesbian, bisexual)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Gender or gender identity (for example, female, male, transgender, intersex)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Religion or beliefs	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Appearance (for example, weight, clothing style, tattoos)	<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"/>
Chronic illness	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Age (for example, too young or too old)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Too low-income	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Degree or level of education	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Profession	<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 specify:



























 If you felt discriminated against in only one area in the last 12 months, please continue with question 189, page 42.

187 If you felt discriminated against in at least two areas in the last 12 months, please enter the number of the second-most important area from question 184:

188 Why did you feel discriminated against in this area in the last 12 months?

 Please select one answer in each line.

	Yes 1	No 2
Ethnic origin (for example, language, name, culture), for racist reasons, or because I'm from another country	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Sexual orientation (for example, gay, lesbian, bisexual)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Gender or gender identity (for example, female, male, transgender, intersex)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Religion or beliefs	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Appearance (for example, weight, clothing style, tattoos)	<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"/>
Chronic illness	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Age (for example, too young or too old)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Too low-income	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Degree or level of education	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
Profession	<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 specify:



189 You said that you felt discriminated against in the last 12 months. Which of the following steps did you take to address the discrimination?

 Please select all answers that apply.

1

I talked to the person or authority that was responsible for the discrimination. ☐


I sought legal advice on my options. ☐

I looked for information on my legal options on my own (for example, on the Internet, in law texts). ☐

I filed an official complaint (for example, with my employer, school administration). ☐

I took legal action (for example, filed a lawsuit). ☐

Other, ☐

 please specify:



I didn't do anything. ☐

Attitudes and opinions

190 The German social security system is split into different branches such as health care, unemployment insurance, pension insurance, and long-term care insurance. The system is designed to provide for people in need, illness, and old age.

How would you evaluate your financial security in the following situations?

	Very good	Good	Satisfactory	Poor	Bad	Don't know/ Does not apply
	1	2	3	4	5	6
Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In need of long-term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

191 What would you personally consider the minimum household income you would need in your current living situation?

 We are referring here to the net monthly income that your household would need to get by.

euros per month

Don't know ☐

192 How concerned are you about the following issues?

	Very concerned 1	Some- what concerned 2	Not concerned at all 3
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 provision for old age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The impacts of climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining peace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social cohesion in society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration to Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostility towards foreigners or minorities in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are employed: Your job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

193 Generally speaking, how interested are you in politics?

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"/>

194 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	1 <input type="checkbox"/>	No	2 <input type="checkbox"/>	→ Continue with question 197, page 44
-----	----------------------------	----	----------------------------	---------------------------------------

195 Which party do you lean toward?

 Please select only one answer!

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"/>



196 And to what extent?

- | | | |
|-------------|---|--------------------------|
| 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"/> |

197 Which party did you vote for in the last general election (*Bundestagswahl*) on September 26, 2021?

 *This refers to your second vote ("Zweitstimme").*

- | | | |
|-------------------------|----|--------------------------|
| 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"/> |
| Other party | 8 | <input type="checkbox"/> |

  please specify:

- | | | |
|---------------------------|----|--------------------------|
| I did not vote | 28 | <input type="checkbox"/> |
| I wasn't eligible to vote | 29 | <input type="checkbox"/> |

Country of Origin**198 Do you have German citizenship?**

- | | | | | | | |
|-----|---|--------------------------|----|---|--------------------------|---|
| Yes | 1 | <input type="checkbox"/> | No | 2 | <input type="checkbox"/> |  <i>Continue with question 203</i> |
|-----|---|--------------------------|----|---|--------------------------|---|

**199 Do you have a second citizenship in addition to German citizenship?**

- | | | | | | | |
|-----|---|--------------------------|----|---|--------------------------|---|
| Yes | 1 | <input type="checkbox"/> | No | 2 | <input type="checkbox"/> |  <i>Continue with question 201</i> |
|-----|---|--------------------------|----|---|--------------------------|---|

**200 What is your second country of citizenship?**

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

Second country of citizenship



Further country of citizenship

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


- | | | | |
|-----------------|---|--------------------------|---|
| Since birth | 1 | <input type="checkbox"/> |  <i>Continue with question 202</i> |
| At a later date | 2 | <input type="checkbox"/> |  <i>Continue with question 205</i> |

202 Were both of your parents born in Germany?

Yes, both of my parents were born in Germany 1 ☐ → Continue with question 216, page 47

No, at least one of my parents was born outside Germany 2 ☐ → Continue with question 205

203 What is your country of citizenship?

 If you have citizenship in more than two countries, please state the second and further countries in the space below.

First country of citizenship



Second country of citizenship



204 What is your residence status in Germany?

Citizenship of a country in the EU or European Economic Area 8 ☐

Blue Card (EU) 2 ☐

Visa 5 ☐


Permanent residency (*Niederlassungserlaubnis*) 1 ☐

Limited residence permit (*Befristete Aufenthaltserlaubnis*) 3 ☐

Temporary residence permit (*Aufenthaltsgestattung*) 7 ☐

Temporary suspension of deportation (*Duldung*) 4 ☐

205 What country would you consider your country of origin or your parents' country of origin?

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

Country of origin



206 Would you describe yourself as an immigrant or person with a migration background?

Yes 1 ☐

No 2 ☐

207 Is the fact that you are an immigrant or person with a migration background currently important in your life?

Yes, always 1 ☐

Yes, often 2 ☐

Yes, occasionally 3 ☐

Yes, rarely 4 ☐

No, never 5 ☐

208 Do other people here in Germany describe you as an immigrant or person with a migration background?

Yes ☐ ¹ No ☐ ² → Continue with question 210



209 Is the fact that other people describe you as an immigrant or person with a migration background currently important in your life?

Yes, always ☐ ¹

Yes, often ☐ ²

Yes, occasionally ☐ ³

Yes, rarely ☐ ⁴

No, never ☐ ⁵

210 Some people say you can tell whether or not someone is “German”.
To what extent do you agree with the following statement?

Strongly disagree ☐ ¹ Disagree ☐ ² Partly agree, partly disagree ☐ ³ Agree ☐ ⁴ Strongly agree ☐ ⁵ Don't know ☐ ⁶

People of German origin perceive me as “German”.

☐ ¹ ☐ ² ☐ ³ ☐ ⁴ ☐ ⁵ ☐ ⁶



Continue with question 212

211 What characteristics do you think cause people to not perceive you as “German”?

Please select all answers that apply.

¹

Because of my skin color ☐

Because of my clothing or other outward characteristics ☐

Because of my body or facial features ☐

Because of my accent ☐

Because of my name ☐

Don't know ☐

Other ☐

↓ please specify:



212 Have you visited your country of origin in the last two years?

Yes ☐ ¹ No ☐ ² → Continue with question 214



213 How long were you there in total?


Up to one month ☐ ¹

1 to 3 months ☐ ²

4 to 6 months ☐ ³

More than 6 months ☐ ⁴

214 How connected do you feel to your country of origin?


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

Not at all emotionally connected						Very emotionally connected					
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"/>	

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

... only in the language of your country of origin?	1	<input type="checkbox"/>
... mainly in the language of your country of origin?	2	<input type="checkbox"/>
... approximately the same amount of time in the language of your home country and in German or other languages?	3	<input type="checkbox"/>
... mainly in German?	4	<input type="checkbox"/>
... only in German	5	<input type="checkbox"/>
Does not apply, do not use any of these media	6	<input type="checkbox"/>

216 How connected do you feel to Germany?

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

Not at all emotionally connected						Very emotionally connected					
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"/>	

217 And how connected do you feel to Europe?

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

Not at all emotionally connected						Very emotionally connected					
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"/>	

Family situation

218 How many close friends would you say that you have, and how many of them are co-workers?

 If it does not apply, use "0"!

Close friends:

Of that number, are co-workers

219 What is your circle of friends like: How many of your friends are not from Germany or have parents who are not from Germany, in other words, have a migration background?

All of them have a migration background 1 ☐

Most 2 ☐

About half 3 ☐

About a quarter 4 ☐

Less than a quarter 5 ☐

None of them has a migration background 6 ☐

220 What is your marital status?

Married 1 ☐

Registered same-sex partnership
(Registration was possible until September 2017.
It may still be valid.) 2 ☐

Single, never been married 3 ☐

Divorced 4 ☐

Registered same-sex partnership annulled 5 ☐

Widowed 6 ☐

Life partner from registered same-sex
partnership deceased 7 ☐

→ Continue with question 221

→ Continue with question 226

221 Do you have a marriage contract or a registered life partnership contract (*Lebenspartnerschaftsvertrag*)?

Yes 1 ☐

No 2 ☐

222 Do you and your spouse or partner live together in this household?

Yes 1 ☐ → Continue with question 225

We are a couple but we live in different dwellings. 2 ☐ → Continue with question 223

No, we separated 3 ☐

We separated but we are still living together 4 ☐ → Continue with question 226

223 Where does this spouse / partner currently live?

In Germany 1 ☐ → Continue with question 225

Abroad 2 ☐ → Continue with question 224

224 Are you planning to bring your spouse / partner to Germany?

Yes 1 ☐

No 2 ☐

Don't know 3 ☐

225 What is the name of your spouse or partner?

→ Continue with question 231

226 Are you in a serious / permanent relationship?

Yes 1 ☐ No 2 ☐ → Continue with question 231

↓

227 Does your partner live with you in this household?

No 2 ☐ Yes 1 ☐ → Continue with question 230

↓

228 Where does this spouse / partner currently live?

In Germany 1 ☐ → Continue with question 230

Abroad 2 ☐ → Continue with question 229

229 Do you plan to bring this partner to Germany?

Yes 1 ☐

No 2 ☐


Don't know 3 ☐

230 What is your partner's first name?**231** In the last year, that is, in 2021, have you personally given money or financial support to relatives or other people outside this household? Approximately how much did you give in the year 2021 as a whole?

Please select all answers that apply.

		Amount Euros in 2021	Where does the recipient live?	
			Germany	abroad
	1		1	1
To parents / parents-in-law	<input type="checkbox"/> →	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To your children (also son-in-law / daughter-in-law)	<input type="checkbox"/> →	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To spouse or divorced spouse	<input type="checkbox"/> →	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To other relatives	<input type="checkbox"/> →	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To non-relatives	<input type="checkbox"/> →	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not given any money or financial support of this kind	<input type="checkbox"/>			

232 Has your family situation changed since January 1, 2021? Please indicate if any of the following apply to you and if so, when this change occurred.

 If any of the following has taken place more than once since January 1, 2021, please refer to the most recent change.

 Please select all answers that apply.

	1	2022, in the month	2021, 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	<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"/>
A child 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"/>

↓ please specify:



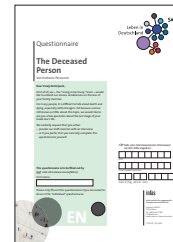
No, none of the above ☐

→ Continue with
question 233

233 Did the person contract a coronavirus infection immediately before dying?

	Yes	No	Person not deceased
	1	2	3
My spouse / partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another person who lived in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ If, in questions 232 and 233, you answered that one or more people close to you have died, please complete the questionnaire "The Deceased Person" after finishing this questionnaire.



234 In conclusion, we would like to ask you about your satisfaction with your life in general. How satisfied are you with your life, all things considered?

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

Completely dissatisfied						Completely satisfied				
0	1	2	3	4	5	6	7	8	9	10
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 Finally, please provide the following information.

When did you finish filling out the questionnaire?

date: time: :
 day month hour minute

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

minutes

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

 Please select all that apply.

Yes, spouse / partner

1

☐

Yes, other person who is living in the same household

☐

Yes, other person who does not live in the same household

☐

No

☐

→ Continue with question D

→ End of questionnaire

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

Yes ¹ ☐

No ² ☐

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