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Research Report

SOEP-Core - 2023: Catch-up individual (A-R+IAB-SOEP-M1-M8c)

SOEP Survey Papers, No. 1453

Provided in Cooperation with:

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1453²⁰²⁵

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2023: Catch-up Individual (A-R+IAB-SOEP-M1-M8c)

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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>

Editors:

Dr. Jan Goebel, DIW Berlin
Dr. Christian Hunkler, DIW Berlin
Prof. Dr. Philipp Lersch, DIW Berlin and Humboldt-Universität zu Berlin
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Prof. Dr. Carsten Schröder, DIW Berlin and Freie Universität Berlin
Prof. Dr. Sabine Zinn, DIW Berlin and Humboldt-Universität zu Berlin

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DIW Berlin
German Socio-Economic Panel (SOEP)
Mohrenstr. 58
10117 Berlin
Germany

soeppapers@diw.de

SOEP-Core – 2023: Catch-up Individual (A-R+IAB-SOEP-M1-M8c)

infas

2025

Questionnaire

Catch-up Questionnaire

Kurzfragebogen Personen

Dear Participant,

Our scientific study is mainly interested in tracing changes and developments in work and family life. That means that it's important to have some information every year, without any gaps.

This short supplementary questionnaire is only intended for people who did not take part in the 2022 survey. Please help us fill in the gaps that occurred as a result of missing this year.

Thank you very much!

Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of every member of every household.

We therefore cordially request that you either:

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

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

First name:

<Vorname>

EN





Questionnaire

Catch-up Questionnaire

Kurzfragebogen Personen

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

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

<LinkCAWI>

Your personal access code is:

<PWD-CAWI>

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

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

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

LFD

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

Interviewernummer

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

Datum (Tag . Monat . Jahr)

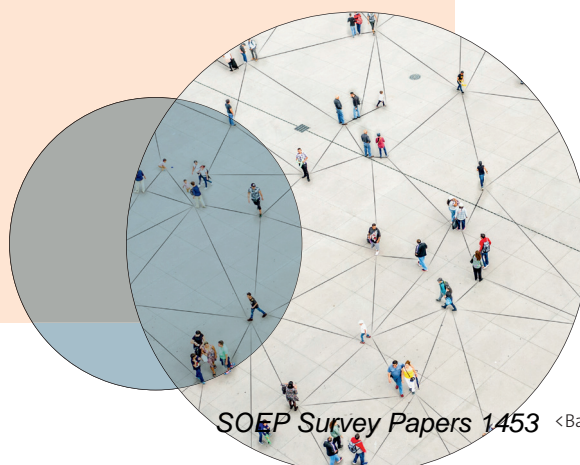
infas

infas Institut für angewandte
Sozialwissenschaft GmbH

Postfach 240101
53154 Bonn
Tel. 0800/66 77 876
LiD@infas.de
www.leben-in-deutschland.de

7707/K-PE_EN/2023

<LFD/Personen-Nr>



SOEP Survey Papers 1453 <Barcode>

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 pay attention:

 use only a black pen to fill out the questionnaire.

 that the information is clearly legible.

 and that the information is 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

- 1** Please think back again on the year 2021. Below is a kind of calendar. On the left are statements about what you might have been doing in 2021. Please go through the list and select one answer for each month – employed, unemployed, etc.

 Please select one answer for each month!

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

2021												
I was ...	Jan 1	Feb 2	Mar 3	Apr 4	May 5	Jun 6	Jul 7	Aug 8	Sep 9	Oct 10	Nov 11	Dec 12
... employed full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... employed part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... working reduced hours (short-time work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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€)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in first-time in-service training (betriebliche Erstausbildung) / apprenticeship (Lehre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in further training (Fortbildung) / retraining (Umschulung), further occupational training (berufliche Weiterbildung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... registered unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in retirement / early retirement (Vorruhestand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... on maternity leave (Mutterschutz)/ childcare leave (Erziehungsurlaub)/ parental leave (Elternzeit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... attending school / university / or vocational school (Fachschule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... military service, community service, voluntary social year, voluntary ecological year, federal volunteer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 please specify:



2 Did you leave a job or position at any time in the year 2021?

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

Yes ☐ ¹ No ☐ ² → Continue with question 6



3 In which month did you leave your job?

Month:

4 How long were you employed at your last job?

years months

5 How did that job end?

 Please select one answer only.

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

6 Did you receive any of the following benefits or financial support at any point in 2021? If so, for how many months?

 Please select all that apply.

- | | | Number of
months
in 2021 |
|---|---------------------------------------|---|
| Unemployment Benefit (also while attending further education / re-/training or while receiving a transitional allowance) (Arbeitslosengeld) | <input type="checkbox"/> ¹ | <input type="text"/> → <input type="text"/> |
| Unemployment Benefit II / social benefit (Arbeitslosengeld II / Sozialgeld) | <input type="checkbox"/> | <input type="text"/> → <input type="text"/> |
| Parental allowance (Elterngeld) / maternity allowance (Mutterschaftsgeld) | <input type="checkbox"/> | <input type="text"/> → <input type="text"/> |
| BAföG grant / scholarship / vocational training allowance | <input type="checkbox"/> | <input type="text"/> → <input type="text"/> |

7 Did you finish school, vocational training, or university / higher education in 2021?

 This also includes higher academic degrees!

Yes ☐ ¹ No ☐ ² → Continue with question 14



In which month?

8 Did you complete this education / training with a degree, certificate, or diploma?Yes ☐ ¹ No ☐ ² → *Continue with question 14***9 Did you obtain this degree / certificate / diploma in Germany or in another country?**Germany ☐ ¹ → *Continue with question 10*In another country ☐ ²**Is this degree / certificate / diploma recognized in Germany?**Yes, it is automatically recognized (e.g., Bachelor, Master, PhD) ☐ ¹Yes, it has been recognized after successful completion of a recognition procedure ☐ ²No ☐ ³**10 What type of a degree / certificate / diploma did you obtain?**Secondary school-leaving certificate ☐ ¹ → *Continue with question 11*University Degree ☐ ² → *Continue with question 12*Vocational degree ☐ ³ → *Continue with question 13***11 What kind of secondary school-leaving certificate did you obtain exactly?**Lower secondary school-leaving certificate
(Hauptschulabschluss) ☐ ¹Intermediate secondary school-leaving certificate
(Realschulabschluss, Mittlere Reife) ☐ ²Specialized upper secondary school-leaving certificate
(Fachoberschule) ☐ ³Upper secondary school-leaving certificate (Abitur) ☐ ⁴Other school-leaving certificate ☐ ⁵

↓ please specify:

→ *Continue with question 14***12 What kind of college / university degree did you obtain exactly?**Dual university / college of advanced vocational studies
(Duale Hochschule / Berufsakademie) ☐ ⁴Specialized technical university /
university of applied sciences (Fachhochschule) ☐ ¹Other university (for example, university of arts or music) ☐ ⁵University / technical university ☐ ²Doctorate / postdoctoral dissertation (Habilitation) ☐ ³

Please state: type:



Please also state: field of study:

→ *Continue with question 14*

13 What type of vocational degree was that exactly?

Apprenticeship 1 ☐

Full-time vocational school, commercial college 2 ☐

Health sector school 3 ☐

Technical college 4 ☐

Training for civil servants 5 ☐


In-service retraining 6 ☐

Other, for example, further training 7 ☐


Please state: specific field of vocational training



14 Did your family situation change in 2021? Please indicate if any of the following apply to you and if so, when this change occurred.

 If one of the following happened more than one time in 2021, please answer for the last time it occurred in 2021.

 Please select all that apply.

	1	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"/>
Got divorced / same-sex partnership was officially dissolved	<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:		<input type="text"/>
No, none of the above	<input type="checkbox"/>	

A Finally, please provide the following information.

What is your date of birth?

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

B Are you...

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

C When did you finish filling out the questionnaire?

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	Minutes
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E Was anyone else present while you were filling out the questionnaire?

 Please select all that apply.

Yes, spouse / partner	1	<input type="checkbox"/>	} → Continue with question F
Yes, another person who lives here in this household		<input type="checkbox"/>	
Yes, another person who does not live here in this household		<input type="checkbox"/>	
No		<input type="checkbox"/>	→ End of questionnaire

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

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

Thank you for taking part.

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

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