

Making it easier

- Some questions refer to the reference week. The reference week is given on the front cover. Please enter it on the name flap.
- Please keep the name flap folded out while you complete the questionnaire. Please observe the order of the columns for the respective persons as given on the name flap.
- Please do not complete the establishment flap before you are asked to do so in the course of completing the questionnaire (question 166 on page 44).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

We will guide you through the questionnaire.

- If possible, each person should answer the questions for him or herself. Information may be provided on behalf of children (under 15 years), people in need of care or people with disabilities who are not able to answer the questions for themselves.
- Not all questions will have to be answered by all persons. When there is an answer box with an arrow (jump instruction), the numeral beside the arrow indicates the question to be answered next by the relevant person.

Example:	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input checked="" type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10
No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the example, Person 1 answers "Yes" and goes to question 10.
Person 2 answers "No" and goes to the next question.

- Jump instructions may differ between persons. This is why you should not complete the questionnaire for several persons at the same time as jump instructions are easily overlooked.
- When entering figures, please do so right-aligned.

Example: Hours per week

- If you wish to correct an answer, please do so as follows.

Example: Yes
No

- Questions to be answered on a voluntary basis are marked by the word "voluntary" in a coloured bar.

Household and dwelling

1 Are there any other households in your dwelling apart from your own, e.g. subtenants?

i Other households in your dwelling consist of people with whom you do not live together or maintain a joint household. People living in a shared dwelling should usually be treated as separate households.

Yes, number of other households

No, no other households

2 How many people in total were living in your household on Thursday of the reference week?

i People who are temporarily away from home, for instance for job or health reasons, are part of your household if that is where they usually live.

Subtenants, visitors and domestic staff are not household members.

Number of people in your household (including yourself)

Note

The reference week is given on the front cover.

3 Who are the members of your household? Please fold out the flap at the side of page 2 and enter their names.

i If more than **5 people** live in the household, please contact the statistical office to request an extra questionnaire. The contact details are given on the front cover.

Note

Please observe the order of the columns for the respective persons.

4 What is your sex, as stated in the birth register?

Male

Female

Gender diverse

Not stated in the birth register

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 When were you born?

Month

Year

	Person 1	Person 2	Person 3	Person 4	Person 5
Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Is your birthday before the last day of the reference week in 2024?

Yes


No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 What is your marital status?

	Person 1	Person 2	Person 3	Person 4	Person 5
Single	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partnership	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partner has died	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partnership has been dissolved	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Do you occupy at least one more dwelling (including room, accommodation, residential establishment)?

Note  → 10 The arrow and the numeral 10 mean that question 10 should be answered next.

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I have another dwelling in Germany.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have another dwelling abroad.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I do not have another dwelling.	8 <input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10

9 Is this dwelling your main residence?
i If you have **more than one dwelling**, your main residence is the one where you usually live (centre of social and personal life, family home).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Are the people in the household present or temporarily absent?
i "Temporarily absent" means that people usually live in the household but are temporarily away (e.g. commuters who only come home at the weekend, students, apprentices, people in hospital/on holiday/doing volunteer service).

	Person 1	Person 2	Person 3	Person 4	Person 5
Present	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily absent	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Did you move into this household after the last interview?
i Please mark "Yes" for children born in the last 12 months.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 When did you move into this household, after the last interview?

i Please enter the month and year of birth for children born in the last 12 months.

Month

Year

Not applicable as I was living in the household before the last interview.

Person 1	Person 2	Person 3	Person 4	Person 5
<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="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14

13 Which life situation applied to you when you moved in?

In employment

Other life situation

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Have any household members moved out in the last 12 months?

Yes, enter how many people moved out

No

8 → 16

15 Please enter the first name of each person who moved out as well as the following information:

First name of the person who moved out

Move-out month

Move-out year

Where did the person move to?

To another private household

To a collective household (e.g. residential establishment, old people's home)

Abroad

To an unknown place

	1. moved out person	2. moved out person	3. moved out person
First name of the person who moved out	<input type="text"/>	<input type="text"/>	<input type="text"/>
Move-out month	<input type="text"/>	<input type="text"/>	<input type="text"/>
Move-out year	<input type="text"/>	<input type="text"/>	<input type="text"/>
To another private household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a collective household (e.g. residential establishment, old people's home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To an unknown place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Have any household members died in the last 12 months?

Yes, enter how many people died

No

8 → 18

17 Please enter the first name of each person who died:

First name of the person who died

1. deceased person	2. deceased person	3. deceased person
<input type="text"/>	<input type="text"/>	<input type="text"/>

People and household

18 Do you live in a one-person household?

Yes → 24

No

19 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my mother is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my father is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21 Does your spouse live in this household?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my spouse is number (see flap)	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22 Does your partner live in this household?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my partner is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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model questionnaire

23 What is your relationship to Person 1?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am Person 1.	<input type="checkbox"/>				
I am (his/her) ...					
wife, husband.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter, son (including stepchildren, adopted and foster children).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter-in-law, son-in-law.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
granddaughter, grandson.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-granddaughter, great-grandson.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother, father (including stepparents, adoptive and foster parents).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother-in-law, father-in-law.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
grandmother, grandfather.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-grandmother, great-grandfather.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister, brother.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister-in-law, brother-in-law.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
another relative by birth/marriage.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not related by birth/marriage.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Housing circumstances

i When answering the questions please use the statement of incidental rental expenses, any utilities contract you may have concluded and, if applicable, your tenancy agreement.

24 What type of building does your household live in?

- Detached single-family house 1
- Single-family house as a terraced house or semi-detached house 2
- Single-family house with an additional (granny) flat or two-family house 3
- Residential building with 3 to 9 dwellings 4
- Residential building with 10 or more dwellings 5
- Other type of building 6

25 What year was the building constructed in which you live?

i This refers to **the year in which the building was completed.**

If additions, alterations and extensions have been made to the building, the question refers to the original year of completion.

- Before 1919 1
- 1919 to 1948 2
- 1949 to 1978 3
- 1979 to 1990 4
- 1991 to 2000 5
- 2001 to 2010 6
- 2011 to 2019 7
- 2020 or later 10

26 What is the living floor space of the whole dwelling/single-family house?

i **The living floor space includes also** the kitchen, bathroom, toilet, corridor, loft, relevant balcony area and sublet rooms.

The living floor space **does not include** areas used for commercial purposes.

If you live in a single-family house with an additional (granny) flat, please only count the floor space you personally use.

See also p. 113: **i** "Living floor space".

Floor space in full square metres

model questionnaire

27 How many bedrooms, dining and living rooms are there in the dwelling/single-family house you live in?

i Bedrooms, dining and living rooms **do not include** the kitchen, bathroom, toilet, corridor, storerooms, balconies, and rooms used for commercial purposes.

If you live in a single-family house with an additional (granny) flat, please only count the bedrooms, dining and living rooms you personally use.

Number of rooms

28 When did your household move into the dwelling/single-family house?

i Please state the year when the occupant moved in who has lived longest in the dwelling/house.

If you live in a shared dwelling please state the year when you moved in yourself.

Move-in year

29 Does your household (co-)own or rent the dwelling/single-family house?

i Occupants of a cooperative dwelling please indicate "tenant".

If you have a right of residence, i. e. if rent-free occupation applies, please also mark "tenant".

(Co-)owner

Tenant → 36

30 Please indicate a household member who is an owner of the dwelling/the single-family house.

i If two or more household members are owners of the dwelling/single-family house, please enter the number of the oldest household member.

Number of person (see flap)

31 Was your household still paying back loans last month for the dwelling/single-family house your household lives in?

i This includes paying back mortgages and loans under savings and loan contracts regarding the dwelling your household lives in/the living floor space your household occupies in your house.

This does not include loans for the maintenance of the real property.

Number of loans

Yes

No → 33

Model questionnaire

32 How much did your household pay back last month on loans for the dwelling/single-family house?

i Please refer to your loan repayment plan or statement of account for the amounts. If your repayments are not made on a monthly basis, please enter the average monthly amount. If you are repaying a loan for more than one dwelling in the building, enter only the proportion of the overall loan that refers to the dwelling your household lives in.

Monthly amount of interest and repayment (full euros)

Monthly amount of interest (full euros)

Loan 1	Loan 2	Loan 3	Loan 4
_____	_____	_____	_____
_____	_____	_____	_____

33 What are the housing costs of the dwelling/single-family house your household lives in?

i Households belonging to a **commonhold association**: Under incidental expenses below, please enter only costs incurred in addition to your commonhold contribution.

Monthly commonhold contribution

i Owners not belonging to a commonhold association please mark "No".

Commonhold contribution 8 No 1 Yes Monthly amount (full euros) _____

Monthly energy costs

Electricity 8 No 1 Yes → _____

Heating and gas 8 No 1 Yes → _____

Annual real property tax

No Yes Annual amount (full euros)

8 1 → _____

Annual incidental expenses

Non-life or residential building insurance 8 No 1 Yes → _____

Waste collection 8 No 1 Yes → _____

Water costs (water consumption, wastewater) 8 No 1 Yes → _____

Chimney sweep 8 No 1 Yes → _____

Street cleaning 8 No 1 Yes → _____

Annual costs of maintenance and repairs

i Include regular maintenance and repairs within the last 12 months **to maintain the value of the property**. Do not include the costs of work conducted to increase the value of the property.

Maintenance and repairs 8 No 1 Yes Annual amount (full euros) _____

model questionnaire

34 How much are the monthly operating and incidental expenses for the dwelling/ single-family house your household lives in?

i Please take into account energy costs, real property tax, incidental expenses (see question 33) and commonhold contribution.

Please convert any expenses to monthly amounts and then add up these monthly amounts.

Monthly amount (full euros)

Operating and incidental expenses

35 What are the monthly expenses for interest on loans and for regular maintenance and repairs conducted to maintain the value of the dwelling/ single-family house you live in?

If you do not incur any expenses of this type, please enter the value "0".

Monthly amount (full euros)

Loan interest, maintenance and repairs

_____ → 44

36 Please indicate a household member who signed the tenancy agreement.

i If the person who signed the tenancy agreement does not live in your household, please enter the number of the oldest person in your household.

Number of person (see flap)

37 Which statement applies to your household regarding the rental circumstances?

i **Rent-free occupation** does not apply where the rent is paid by third parties (e.g. employment agency, public assistance office, parents for children).

The household **pays lower rent**, e.g. when it has a certificate of eligibility to live in a social dwelling. The rent may be lower also for private or other reasons (e.g. flat provided by the employer, student residence).

The household occupies the dwelling rent-free (except for any incidental expenses). 1

The household pays lower rent (e.g. with a certificate of eligibility). 2

The household lives in rented accommodation at market conditions. 3

38 What is the total amount you pay to your landlord/landlady or property management agency every month?

i When answering this and the following questions, please use your tenancy agreement and the statement of incidental rental expenses.

If you live in a shared dwelling, each of the occupants should enter the proportion they pay.

See also p. 113:

■ "Payment of rent in event of receipt of services from the Employment Agency (Employment Office)".

full euros

Monthly total amount

model questionnaire

39 Does the monthly total amount you pay to your landlord/landlady or property management agency include incidental rental expenses?

i The incidental rental expenses include allocated costs for heating, (hot) water supply, waste collection, street cleaning, house and caretaker services, property management, gardening, staircase lighting and cleaning, lift, cable connection, real property tax, building insurance.

They do **not** include telephone and radio and television licence fees, or rents for garages or parking spaces.

Yes 1

Yes, but the incidental rental expenses are not indicated. 7 } → 43

No 8

40 How much are these monthly incidental rental expenses?

Monthly amount full euros

41 Of this amount, how much are the monthly operating expenses ("cold" incidental expenses not including heating and hot water)?

Monthly amount full euros

42 Of this amount, how much are the monthly incidental expenses for heating and hot water ("warm" incidental expenses)?

Monthly amount full euros

43 Do you have additional housing costs that you do not pay to your landlord/landlady or the property management agency?

i This includes costs paid directly to the provider for electricity, gas and water, as well as maintenance costs for work conducted to maintain the value of the property and (smaller) repairs which are not paid by the landlord/landlady.

Please convert all expenses into monthly amounts and then sum up the monthly amounts.

Yes, the average monthly amount is full euros

No 8

Model questionnaire

Assessing the household's financial situation

44 In the last 12 months, has your household been in arrears on the following expenses?

Please mark only one box per type of expense.

Rent for the dwelling/house your household lives in

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

Interest on and/or repayment of mortgages on the dwelling/house your household lives in

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

Interest on and/or repayment of consumer loans, e.g. for a car or furniture (not including current account overdraft)

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

Electricity, heating or water bills

- Yes, once 1
- Yes, more than once 2
- No 8
- Not applicable as the household does not have expenses of this type. 9

45 Are following things available in your household?

A computer (including laptop, notebook, tablet PC and the like)

- Yes 1
- No, because the household cannot afford it. 2
- No, for other reasons 3

A car (not including company/official cars)

- Yes 1
- No, because the household cannot afford it. 2
- No, for other reasons 3

model questionnaire

46 What can your household afford financially?

Spending at least one week's holiday per year away from home (including with friends/relatives or in the household's own holiday accommodation).

Yes 1

No 8

Having a meal with meat, poultry or fish or an equivalent vegetarian meal every second day.

Yes 1

No 8

Making unexpected expenses of 1250 euros or more from the household's own financial resources.

Yes 1

No 8

Keeping the dwelling adequately warm.

Yes 1

No 8

47 In your household, can you replace furniture (bed, sofa, dresser, cupboard) when worn out or damaged?

Yes 1

No, because the household cannot afford it. 2

No, for other reasons 3

48 Thinking of your household's monthly income, is your household able to make ends meet?

i Include the income of all household members.

Please mark only one box.

With great difficulty 1

With difficulty 2

With some difficulty 3

Fairly easily 4

Easily 5

Very easily 6

model questionnaire

49 Is your household repaying consumer loans not used to finance owner-occupied housing?

- Yes 1
- No 8 → 51

50 Thinking of the repayment of those loans including interest, which of the following statements applies?

- The repayment is a heavy burden. 1
- The repayment is somewhat a burden. 2
- The repayment is not a burden at all. 3

51 Thinking of the total costs of public transport (bus, tram, train, underground etc.) for the household in the last 12 months, which of the following statements applies?

- The costs of public transport are...
- a heavy burden. 1
- somewhat of a burden. 2
- not a burden at all. 3
- No household member used public transport in the last 12 months. 4

Income situation of the household in 2023

Benefits received for children in 2023

52 Did your household receive children's allowance in 2023 for children living in the household?

- Yes 1
- No 8 → 54
- Not applicable as household members do not have children. 9 → 65

53 For how many children living in the household did your household receive children's allowance?

Number of children

54 Did your household receive children's allowance in 2023 for children not living in the household?

- Yes 1
- No 8 → 56

55 For how many children not living in the household did your household receive children's allowance?

Number of children

Model questionnaire

56 Did your household receive supplementary children's allowance from the family benefits office of the employment agency in 2023 for children living in the household?

Yes 1
 No 8 → 58

57 For which children did your household receive supplementary children's allowance?

Please enter for each child for how many months your household received the supplementary children's allowance and what the monthly amount was.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount per month (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

58 Did your household receive advance maintenance payments in 2023 for children living in the household?

Yes 1
 No 8 → 60

59 For which of the children did your household receive advance maintenance payments?

Please enter for each child for how many months your household received advance maintenance payments.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

60 Did your household receive foster child allowance in 2023 for foster children living in the household?

Yes 1
 No 8 → 62

61 For which of the children did your household receive foster child allowance?

For each child, please enter the number of months your household received foster child allowance and what the monthly amount was.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount per month (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

62 Did your household receive long-term care allowance in 2023 for children in need of care (under the Social Code, Book XII) who live in the household?

Yes 1
 No 8 → 64

model questionnaire

63 For which of the children did your household receive long-term care allowance for children in need of care?

For each child, please enter the number of months your household received long-term care allowance and what the monthly amount was.

Number of months
 Amount per month (full euros)

Person 1	Person 2	Person 3	Person 4	Person 5
<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"/>

64 Did your household receive benefits for education and participation or financial support for school supplies and school day trips in 2023?

Yes, an annual amount of
 No

full euros

 8

Income from public benefits in 2023

65 Did your household receive the following public benefits in 2023?

i Regarding the benefits received, please enter the number of months and the average monthly amount or the annual amount.

Citizen's benefit (basic income support for job-seekers; formerly: unemployment benefit II, social benefit)

i Please only enter the citizen's benefit here and not accommodation and heating costs.

Accommodation and heating costs (in connection with citizen's benefit)

Cost-of-living assistance/benefit according to the 5th to 9th chapter of the SGB XII

Basic security benefits in old age and in cases of reduced earning capacity

Housing allowance, housing allowance 'Plus' (not accommodation and heating costs under citizen's benefit)

	No	Yes	Number of months	Monthly amount (full euros)	or	Annual amount (full euros)
Citizen's benefit (basic income support for job-seekers; formerly: unemployment benefit II, social benefit)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>
Accommodation and heating costs (in connection with citizen's benefit)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>
Cost-of-living assistance/benefit according to the 5th to 9th chapter of the SGB XII	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>
Basic security benefits in old age and in cases of reduced earning capacity	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>
Housing allowance, housing allowance 'Plus' (not accommodation and heating costs under citizen's benefit)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>

Other income of the household in 2023

66 Did your household, or a household member, receive the following types of income in 2023?

i Regarding the payments received, please enter the number of months and the average monthly amount or the annual amount.

Maintenance payments from people not living in the household in 2023

Other regular payments from people not living in the household in 2023

	No	Yes	Number of months	Monthly amount (full euros)	or	Annual amount (full euros)
Maintenance payments from people not living in the household in 2023	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>
Other regular payments from people not living in the household in 2023	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>

67 Did your household receive income from renting or leasing (proceeds less expenses for maintenance or, perhaps, for interest on loans) in 2023?

	No	Yes	Number of months	Gross amount per month (full euros)	Gross annual amount (full euros)
Income from renting or leasing	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

68 Did your household receive income from savings or investments (capital assets) in 2023?

i This includes e.g. interest on saving accounts or building society savings agreements as well as dividends and profits from securities, shares, funds, or from business assets (participations).

Yes 1

No 8 → 70

69 What was the amount of income from these savings and investments (capital assets)?

Please add up all income amounts (after tax deducted by the credit institutions, if applicable) of the individual household members and allocate the total to one of the classes below.

Less than 250 euros 1

250 to less than 1 000 euros 2

1 000 to less than 2 500 euros 3

2 500 to less than 5 000 euros 4

5 000 to less than 10 000 euros 5

10 000 euros or over 6

70 In your household, did any children aged 14 or under on 31 December 2023 receive income from own employment in 2023?

Yes 1

No 8 → 72

71 Which child earned income from own employment?

i For each child who received income from employment, please enter the number of months and the amount per month or the annual amount.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or					
Annual amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

72 Did any children aged 15 or under and living in your household on 31 December 2023 receive orphan's pension/benefit?

Yes 1

No 8 → 74

model questionnaire

73 Which child received orphan's pension or orphan's benefit?

i For each child who received orphan's pension/benefit, please enter the number of months and the amount per month or the annual amount.

Number of months
 Monthly amount (full euros)
 or
 Annual amount (full euros)

Person 1	Person 2	Person 3	Person 4	Person 5
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

74 Did your household produce food for its own use in its own garden or by keeping small animals in 2023?

Yes 1
 No 8 → 76

75 Please estimate the annual amount you would have paid if you had had to buy that food.

Less than 50 euros 1
 50 to less than 100 euros 2
 100 to less than 200 euros 3
 200 to less than 300 euros 4
 300 euros or over 5

Payments made in 2023

76 Did your household pay real property tax on owner-occupied dwellings, buildings or land in 2023?

i This refers to real property for private use.

Yes 1
 No 8 → 79

77 How much real property tax did you pay on your owner-occupied main dwelling?

Annual amount full euros

Not applicable as the household does not own the main dwelling. 8

78 How much real property tax did you pay on your other real property for own use (e.g. second dwellings, holiday dwellings, plots of forest or meadow)?

Annual amount full euros

Not applicable as the household does not have any other real property. 8

model questionnaire

79 Did your household pay back loans in 2023 (repayment of mortgages and loans under savings and loan contracts) for the dwelling/ house your household lives in?

i If your household owns more than one property, the owner-occupied main dwelling is meant here.

Yes 1

No 8 → 81

80 How much did your household pay back on loans (repayment of mortgages and loans under savings and loan contracts) for the dwelling/ house your household lives in?

i Please refer to your loan repayment plan or statement of account for the amounts. If you are repaying a loan for more than one dwelling in the building, enter only the proportion of the overall loan that refers to the dwelling you live in. Please enter the average monthly amount.

Monthly amount of interest and repayment full euros

including: monthly amount of interest

81 Did your household make one of the following payments in 2023?

i If several people of your household made payments to people living outside of your household, please add up all amounts.

	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Maintenance payments to people not living in the household	<input type="checkbox"/>	1 <input type="checkbox"/> → <input type="text"/>	<input type="text"/>	or <input type="text"/>
Other regular payments to people not living in the household	8 <input type="checkbox"/>	1 <input type="checkbox"/> → <input type="text"/>	<input type="text"/>	oder <input type="text"/>

Information and communication technology in the household

82 Does your household have internet access?

i This refers to the possibility of accessing the internet **from home**. This includes internet access through fixed devices (e.g. desktop computer) and mobile devices (e.g. smartphone).

Yes 1

No 8

I don't know. 7

Childcare

83 Is there at least one child in your household who is aged 14 or under?

- Yes
- No → 92

84 For each child aged 14 or under, please indicate the type of care in the 12 months before the reference week.

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as the child is cared for only by his/her parents. 7	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86

85 For each child aged 14 or under, please indicate the type of care in the 4 weeks before the reference week.

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as the child is cared for only by his/her parents. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86 Is there at least one child in your household who is aged 12 or under?

- Yes
- No → 93

87 During a usual week, how many hours is the child cared for?

Please enter the number of full hours for each child aged 12 or under and for each applicable type of care.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional child minder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Au-pair, babysitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preschool institution (pre-primary education)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care services for pupils before and/or after school (offered by school or other facility)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relatives, friends, neighbours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable as the child is cared for only by his/her parents. 8	<input type="text"/> → 90	<input type="text"/> → 90	<input type="text"/> → 90	<input type="text"/> → 90	<input type="text"/> → 90

Formal childcare services

i Formal childcare services refer to childcare at day care centres, kindergartens or crèches and care services for pupils before and after school (offered by school or other facility).

88 Has your household paid parental contributions to, or fees for, formal childcare services in the last 12 months?

Please select the appropriate answer for each child aged 12 or under.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as child is not minded in a childcare facility. 9	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90

89 Is your household able to cope with the costs of formal childcare services?

- With great difficulty 1
- With difficulty 2
- With some difficulty 3
- Fairly easily 4
- Easily 5
- Very easily 6
- Not applicable as household does not pay parental contributions or childcare fees. 9

model questionnaire

90 Would you like to use formal childcare services for a child in your household, or increase the formal childcare services the child currently receives?

Please select the appropriate answer for each child 12 or under.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I would like to use (more) childcare services. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93

91 What is the main reason for not using any or more formal childcare services?

Please select the appropriate answer for each child aged 12 or under.

	Person 1	Person 2	Person 3	Person 4	Person 5
We cannot afford it (too expensive). 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No places are available. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places are available, but not nearby. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places are available, but the opening hours are not suitable. 4	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93
Places are available, but the quality or the services are not satisfactory. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable, do not require (more) childcare. 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health of children under 16 years

92 Is there at least one child in your household who was 15 years or younger on 31 December 2023?

Yes

No → 104

93 How is the health of the child or children in the household in general?

Please indicate the state of health of each child who was 15 years or younger on 31 December 2023.

	Person 1	Person 2	Person 3	Person 4	Person 5
Very good 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very bad 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94 Is your child limited because of a health problem in activities or prevented from undertaking activities most children of the same age usually do?

Would you say the child is ...

Please select the appropriate answer for each child who was 15 years or younger on 31 December 2023.

	Person 1	Person 2	Person 3	Person 4	Person 5
severely limited	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
limited but not severely	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not limited	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

95 How long has your child been affected by these limitations?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 6 months	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months or more	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as child is not limited	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96 Was there any time during the last 12 months when any of the children in your household really needed a dental or orthodontic examination or treatment?

Please select the appropriate answer for children who were 15 years or younger on 31 December 2023.

Yes 1

No, no need for any examination or treatment. 8 → 99

97 Did the children have a medical examination or treatment each time it was really needed?

Yes 1 → 99

No, there was at least one occasion when they did not have an examination or treatment. 8

98 What was the main reason for not having the dental/orthodontic examination or treatment?

If there are several reasons, please indicate the main one.

The household could not afford it (too expensive). 1

The waiting time for an appointment or treatment was too long. 2

No time because of work or family commitments. 3

Too far to travel/no means of transport. 4

Other reason 5

Model questionnaire

99 Was there any time in the last 12 months when any of the children in your household really needed some other medical examination or treatment?

Please select the appropriate answer for children who were 15 years or younger on 31 December 2023.

Yes 1

No, no need for any examination or treatment. 8 → 102

100 Did the children have the medical examination or treatment each time it was really needed?

Yes 1 → 102

No, there was at least one occasion when they did not have an examination or treatment. 8

101 What was the main reason for not having this other medical examination or treatment?

If there are several reasons, please indicate the main one.

The household could not afford it (too expensive). 1

The waiting time for an appointment or treatment was too long. 2

No time because of work or family commitments. 3

Too far to travel/no means of transport. 4

Other reason 5

model questionnaire

102 Which of the following statements apply to the children in your household who were 15 years or younger on 31 December 2023?

Each child has some new (not second-hand) clothes.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child has at least two pairs of properly fitting shoes in a good condition which are suitable for daily activities.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child has fresh fruits and vegetables every day.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child has a meal with meat, poultry or fish or a high-quality vegetarian meal every day.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child has books at home that are suitable for their age.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child has at least one piece of outdoor sports or leisure equipment (e.g. bicycle, kick scooter, inline skates, toys for toddlers).

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child has indoor toys or games (e.g. baby toys, dolls, building blocks, board games, computer games).

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

model questionnaire

still:

102 Each child regularly participates in leisure activities that cost money (e.g. sports club, music lessons, youth groups, cinema).

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child has celebrations to mark special occasions (e.g. birthdays, name days, religious events).

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child invites friends round to play or eat from time to time.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

Each child spends at least one week per year on holiday away from home, either on their own or with the family (including stays with friends/relatives or at the family's own holiday accommodation).

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3

103 Which of the following statements apply to the schoolchildren?

Each schoolchild participates in school trips and outings or school events even if they cost money.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3
- Not applicable as there are no schoolchildren in the household. 9 → 104

Each schoolchild has a suitable place at home to study or do homework, with enough light and peace and quiet.

- Yes 1
- No, for financial reasons 2
- No, for other reasons 3
- Not applicable as there are no schoolchildren in the household. 9

model questionnaire

104 Is there at least one person living in your household who needs care or help due to long-term physical or mental ill-health, disabilities or problems associated with old age?

i "Long-term" refers to health problems or limitations lasting at least six months.

- Yes 1
- No 8 → 110

105 Does someone in your household receive home care provided by professional care workers (home care services or home support services)?

- Yes 1
- No 8 → 108

106 How are the professional home care services funded?

The costs of the professional care workers are ...

fully covered by public or private long-term care insurance or other public providers 1 → 108

partially paid by the person in need of care or the household 2

fully paid by the person in need of care or the household 3

I don't know. 4

107 Is your household able to cope with the costs of professional home care services?

With great difficulty 1

With difficulty 2

With some difficulty 3

Fairly easily 4

Easily 5

Very easily 6

108 Does your household need home care for (additional) individuals, or does your household need more hours of professional home care services per week than it currently receives?

Yes, household requires (more) home care 1

No, no need for (more) home care 8 → 110

model questionnaire

109 What is the main reason for your household not receiving (more) professional home care services?

Please mark only one box.

- We cannot afford it (too expensive) 1
- Home care services refused by the person needing the services. 2
- Home care services are not available. 3
- The quality of the home care services available is not satisfactory. 4
- Other reasons 5

Participation in the survey

110 Have questions 1 to 109 been answered by a household member?

- Yes, person number (see flap)
- No 8

111 How many minutes did it take to answer this part of the questionnaire?

Number of minutes

Citizenship and duration of residence

112 Were you born in Germany?

i The place of birth is Germany also in the following cases:

- the place of birth was part of Germany’s national territory at the time of birth, but today it is not (e.g. Breslau before 1945).
- the place of birth is part of Germany’s national territory today, but it was not at the time of birth (e.g. the person concerned was born in Dresden between 1949 and 1990, which was GDR territory at the time, or in Saarland between 1947 and 1956).

- | | | | | | | |
|-----|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| Yes | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> → 114 | <input type="checkbox"/> → 114 | <input type="checkbox"/> → 114 | <input type="checkbox"/> → 114 | <input type="checkbox"/> → 114 |

113 Were you born in the Federal Republic of Germany (today’s territory)?

i “Today’s territory” refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

- | | | | | | | |
|-----|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| Yes | 1 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| No | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

model questionnaire

114 In which country (today's borders) were you born?

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

115 When did you (first) arrive in the Federal Republic of Germany (today's territory)?

i See also p. 113: **E** "Today's territory".

Year	Person 1	Person 2	Person 3	Person 4	Person 5
	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

116 What was your (main) reason for moving to the Federal Republic of Germany (today's territory)?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Employment: job found before moving to Germany 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment: no job found before moving to Germany 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic studies or other education, advanced training 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved to Germany with a family member or followed a family member (family reunification) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/partnership with a person living in Germany (family formation) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight, persecution, expulsion, asylum 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free movement within the EU: wished to settle in Germany 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

117 What language/languages do you speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
I only speak German at home. 1	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119
I speak German and at least one other language at home. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not speak German at home but another language/other languages. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

118 What language do you mainly speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
Albanian	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bosnian	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	31 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macedonian	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	19 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romanian	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian	22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	24 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	32 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungarian	25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	33 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	26 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another European language	27 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another African language	28 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Asian language	29 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another language	30 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

119 Have you ever interrupted your stay in the Federal Republic of Germany (today's territory) and lived abroad for at least one year?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121

120 In what year did you return to the Federal Republic of Germany (today's territory) after you last stayed abroad for at least one year?

Year	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

121 Do you have German citizenship?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, German citizenship only	1 <input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126
Yes, German citizenship and citizenship of at least one foreign country	2 <input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

122 Of which foreign country do you have citizenship?

i If you cannot furnish proof of citizenship, please enter "uncertain". If you do not have citizenship of any country, please enter "stateless".

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

123 Do you have citizenship of another foreign country?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

124 Of which second foreign country do you have citizenship?

Person 1	<input type="text"/>	} → 137
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

125 Of which other country do you have citizenship?

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

126 How did you obtain German citizenship?

i See also p. 113: **4** "Citizenship".

By birth 1
 As a non-naturalised (ethnic) German repatriate 2
 As a naturalised (ethnic) German repatriate 3
 By naturalisation (no ethnic German repatriate) 4
 By adoption by German parent(s) 5

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129
2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

127 When were you naturalised?

Year

Person 1	Person 2	Person 3	Person 4	Person 5
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

128 Which citizenship did you have before your naturalisation?

i You may also enter citizenship of the following former countries: Yugoslavia, Serbia and Montenegro, Soviet Union, Czechoslovakia.

If you were stateless before your naturalisation, please enter "stateless".

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

} → 137

129 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

Yes
 No

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

130 Has your mother moved to Germany (today's territory)?

i See also p. 113: **E** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↳ 132	↳ 132	↳ 132	↳ 132	↳ 132
Yes, but I do not know the year of arrival. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132

131 When did your mother move to Germany (today's territory)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Before 1950 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1950 or later 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

132 Is/was your mother a German citizen?

i See also p. 113: **A** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I do not know how it was obtained. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

133 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
No 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

134 Has your father moved to Germany (today's territory)?

i See also p. 113: **E** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↳ 136	↳ 136	↳ 136	↳ 136	↳ 136
Yes, but I do not know the year of arrival. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136

135 When did your father move to Germany (today's territory)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Before 1950 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1950 or later 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

136 Is/was your father a German citizen?

i See also p. 113: **4** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I do not know how it was obtained.	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

137 Was your father born in Germany (today's territory)?

i See also p. 113: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 139	<input type="checkbox"/> → 139	<input type="checkbox"/> → 139	<input type="checkbox"/> → 139	<input type="checkbox"/> → 139
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

138 In which country (today's borders) was your father born?

Person 1

Person 2

Person 3

Person 4

Person 5

139 Was your mother born in Germany (today's territory)?

i See also p. 113: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

140 In which country (today's borders) was your mother born?

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

School or university attendance

141 Were you a pupil, apprentice, student in the 12 months before the reference week?

i Please mark "Yes" even if this applied only to part of the period.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149

142 Were you a pupil, apprentice, student in the 4 weeks before the reference week?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, because I switched to another school, higher education institution or apprenticeship, because of university vacation, school holidays, practical training phase in an establishment, studies at a higher education institution or school abroad, illness, maternity leave	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	8 <input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145

143 Were you aged 16 years or over on 31 December 2023?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145

144 Which qualification do you wish to obtain by pursuing this education/training?

	Person 1	Person 2	Person 3	Person 4	Person 5
Secondary general school certificate	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University entrance qualification (general or subject-restricted)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship or comparable full-time vocational school certificate	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman certificate	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade and technical school certificate or equivalent	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education degree	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other qualification	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state the other qualification you wish to obtain.

Person 1

Person 2

Person 3

Person 4

Person 5

145 Which school/higher education institution did you last attend?

Schools of general education

	Person 1	Person 2	Person 3	Person 4	Person 5
Primary school	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation stage in grades 5/6 (e.g. at primary or secondary schools, diagnostic stage)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special school, special needs school, special needs assistance	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School offering several courses of education	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school, evening secondary general school	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school, evening intermediate school	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive school	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waldorf school	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar school	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational grammar school, also grammar school specialising in economics or technical subjects	10 <input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149
Evening grammar school, adult education college	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vocational schools offering a general school certificate

Vocational school offering an intermediate school certificate (e.g. full-time vocational school)	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational school offering an entrance qualification for higher education institutions					
Specialised upper secondary school	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time vocational school	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-year full-time vocational school	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vocational schools

Pre-vocational training year	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic vocational training year	17 <input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149
Vocational school (dual system)	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time vocational school providing a vocational qualification	19 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant)	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant)	21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care)	22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for educators	23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman training programme at trade and technical schools	24 <input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147
Trade and technical school e.g. for technicians, business economists	25 <input type="checkbox"/> } → 149	<input type="checkbox"/> } → 149	<input type="checkbox"/> } → 149	<input type="checkbox"/> } → 149	<input type="checkbox"/> } → 149
Specialised academy (in Bayern only)	26 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn the page for more schools.

still:

145 Higher education institutions

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational academy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences, Cooperative State University (in Baden-Württemberg, Schleswig-Holstein and Thüringen)	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
University (also college of art and music, college of education, college of theology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral studies	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149

146 Which are the highest grades you attended at a school of general education?

	Person 1	Person 2	Person 3	Person 4	Person 5
Grades 1 to 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades 5 to 9/10	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149
Upper secondary grades in grammar school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

147 What is the title of your master craftsman/ craftswoman specialisation?

i This refers to master craftsman/craftswoman training programmes at **trade and technical schools**, e.g. master carpenter, master hairdresser, master electrician, master home economist, master plumber and the like.

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/> → 149
Person 4	<input type="text"/>
Person 5	<input type="text"/>

model questionnaire

148 What course of study did you take?

	Person 1	Person 2	Person 3	Person 4	Person 5
Bachelor's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplom degree or comparable course of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

149 Are you 15 years or older?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

Employment situation in the reference week

150 Did you do at least 1 hour of paid work in the reference week?
Please take into account also self-employment and minor jobs.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

151 Did you work for at least 1 hour in the reference week as an unpaid family worker in a family business?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

152 Do you normally have work or a job from which you were absent in the reference week?
Possible reasons are e.g. holidays, illness or parental leave.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

153 Did you do any casual work or small work for payment in the reference week, such as those listed below? This refers to work that you did not do for your own family.

i It includes working, for example, as/in ...

- | | |
|---|---|
| – waiter/waitress, service employee or temporary helper in a bar, restaurant or hotel | – harvesting |
| – household helper or cleaner | – preparing analyses or reports, scientific work |
| – delivery services driver for restaurants, online shops; or as courier | – academic assistant |
| – babysitter | – bookkeeping |
| – carer of children or of people in need of care | – translator |
| – deliverer of advertising leaflets or free newspapers | – coach in a sports club |
| – hostess/gentleman host | – temporary security worker |
| – private tutor | – freelancer on online platforms |
| – renovation or construction helper (e.g. painting, wallpapering, plastering, installing electrics, plumbing) | – artist or performer |
| – gardening (mowing the lawn, cutting hedges or trees, etc.) | – blogger, influencer, or creating other online content for pay |
| | – pet carer |
| | – preparing events |
| | – other activities |

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158
No 8	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206

154 Why did you not work in the reference week?

i See also p. 113:
5 "Partial retirement" and
6 "Caregiver Leave Act/Family Caregiver Leave Act".

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness, accident (including spa treatment, rehabilitation)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, special leave	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation leave (within the framework of a working time account or an annualised hours contract)	3 <input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158
Maternity leave	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial retirement	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational and continuing training	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act ...	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season	9 <input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
Strike, lockout	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-time work for technical or economic reasons ...	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General and continuing education, school attendance	13 <input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156
Personal, family responsibilities	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have already found a job but did not yet work in that job in the reference week.	16 <input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206

155 Are you still receiving continued pay, public or social benefits as full or partial wage/salary replacement?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

156 Indicate the total period of your absence from work.

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less	1 <input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158
More than 3 months	8 <input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207

157 Do you do any work in that job during the off-season?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207	<input type="checkbox"/> → 207

Job during the reference week

158 What was your status in employment in the reference week?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 114: **z** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	3 <input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160
Public official (not including candidates), judge	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship)	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier	10 <input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160
In voluntary military service	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year)	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other employee with a small-scale job	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

159 With whom did you conclude/enter into your apprenticeship contract?

i This refers to remunerated apprenticeships/traineeships.

	Person 1	Person 2	Person 3	Person 4	Person 5
With an establishment (company, shop, office, hospital, public authority)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With an inter-company or external institution as vocational training provider, e.g. a vocational training centre for disabled young people (Berufsbildungswerk), educational centre (Bildungszentrum)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

160 Are you in marginal employment?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 114: **8** “Marginal employment”.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 520-euros job, mini-job (average maximum earnings of 520 euros per month)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen’s benefit, unemployment benefit II)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

161 How often do you work in your job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Regularly	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregularly, occasionally	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a seasonal basis	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

162 Please provide some keywords to describe your current job.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1	<input style="width: 400px; height: 25px;" type="text"/>
Person 2	<input style="width: 400px; height: 25px;" type="text"/>
Person 3	<input style="width: 400px; height: 25px;" type="text"/>
Person 4	<input style="width: 400px; height: 25px;" type="text"/>
Person 5	<input style="width: 400px; height: 25px;" type="text"/>

model questionnaire

163 What is the title of your current job?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

Person 1

Person 2

Person 3

Person 4

Person 5

164 Do you mainly perform executive or supervisory duties in your job?

Yes, executive duties
(including the authority to take staff, budget and strategy decisions)

Yes, supervisory duties
(guiding and supervising staff, distributing work and checking the outcome)

No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

165 Enter the branch of activity of the establishment (location) you currently work in.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you are a **temporary employee**, please enter the relevant branch of activity you currently work in.

Please state the **branch of activity** as accurately as possible, for example

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114:  "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

166 Please fold out the flap at the side of page 2 and enter the name and address of the establishment.

i The name and address of the establishment will only be used to identify its branch of activity and will not be stored.

167 Are you employed in the public service?

i The public service comprises the federal, Land and municipal authorities, publicly maintained schools, the employment agency, the social security institutions, the police and the Federal Armed Forces.

If you work in a privatised successor company of Deutsche Post/Bundesbahn or are employed by a church, please indicate "No".

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

168 How many people work in the establishment (location) you currently work in?

i If you are self-employed and have several establishments/locations, your answer regarding the size of the establishment should refer to the establishment with the highest number of employees.

		Person 1	Person 2	Person 3	Person 4	Person 5
Up to 10 people	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 19 people	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 to 49 people	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 to 249 people	4	<input type="checkbox"/> → 170	<input type="checkbox"/> → 170	<input type="checkbox"/> → 170	<input type="checkbox"/> → 170	<input type="checkbox"/> → 170
250 to 499 people	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
500 people or more	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

169 Please enter the exact number of people working in the establishment.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

model questionnaire

Change of job or occupation

170 Did you change your job/line of business in the reference week or the preceding 12 months?

i If you are **self-employed** or a **freelancer** and you changed your line of business, please mark "Yes".

If you are an employee and you **started a new job** with your current or a new employer, please mark "Yes".

A **change of job** includes a switch from dependent employment to self-employment or freelance work and vice versa.

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172

171 Why did you change your job/line of business?

If there are several reasons, please mark the main one.

		Person 1	Person 2	Person 3	Person 4	Person 5
Start of or search for a better job	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

172 Did you change your occupation in the reference week or the preceding 12 months?

i This includes a change of occupation without retraining.

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scope and scale of current job

173 Do you currently have a full-time or part-time job?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

If you are **in partial retirement or on parental leave** please mark the category relating to the time before you entered partial retirement or went on parental leave

		Person 1	Person 2	Person 3	Person 4	Person 5
Full-time	1	<input type="checkbox"/> → 176	<input type="checkbox"/> → 176	<input type="checkbox"/> → 176	<input type="checkbox"/> → 176	<input type="checkbox"/> → 176
Part-time	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

174 Why do you work part-time?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Could not find full-time work	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School education, studies, other education or advanced training	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal reasons	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to work part-time.	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

175 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

176 Are you self-employed/a freelancer or an unpaid family worker?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178

177 How many hours per week do you usually work?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

Please round to the nearest half hour (e.g. 38.5).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	↳ 184	↳ 184	↳ 184	↳ 184	↳ 184

178 Does your job involve temporary agency work?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

179 Do you have a fixed-term working contract?

i An apprenticeship or training contract is considered as a fixed-term contract.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, fixed-term contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, open-ended contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

180 Were you aged 16 years or over on 31 December 2023?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 182	<input type="checkbox"/> → 182	<input type="checkbox"/> → 182	<input type="checkbox"/> → 182	<input type="checkbox"/> → 182

181 Do you have a written employment contract or a verbal agreement?

	Person 1	Person 2	Person 3	Person 4	Person 5
Written employment contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal employment agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

182 Do you usually work as many hours per week as contractually agreed?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

183 How many hours a week do you usually work, including regular extra hours and stand-by duty?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.
See also p. 114: **10** "Stand-by duty".

Please round to the nearest half hour (e.g. 40.5).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

184 In the reference week, were there any days when you did not work because of vacation or public holidays?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186

185 How many days in total did you not work in the reference week because of vacation or public holidays?

i Please include half days and count them as 0.5.

Number of days

Person 1	Person 2	Person 3	Person 4	Person 5
□.□	□.□	□.□	□.□	□.□

186 In the reference week, were there (other) days when you did not work because of illness, injury or a temporary disability?

Yes

No

Person 1	Person 2	Person 3	Person 4	Person 5
1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <input type="checkbox"/> → 188	<input type="checkbox"/> → 188	<input type="checkbox"/> → 188	<input type="checkbox"/> → 188	<input type="checkbox"/> → 188

187 How many days in total did you not work in the reference week because of illness?

i Please include half days and count them as 0.5.

Number of days

Person 1	Person 2	Person 3	Person 4	Person 5
□.□	□.□	□.□	□.□	□.□

188 In the reference week, were there (other) days when you did not work because of other reasons?

Yes

No

Person 1	Person 2	Person 3	Person 4	Person 5
1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190

189 How many days in total did you not work in the reference week for other reasons?

i Please include half days and count them as 0.5.

Number of days

Person 1	Person 2	Person 3	Person 4	Person 5
□.□	□.□	□.□	□.□	□.□

190 How many hours did you actually work in the reference week?

i The number of hours actually worked may differ from the hours usually worked because of overtime, holidays, extra shifts, public holidays, illness and the like.

The number of hours actually worked includes continuing and advanced training, stand-by duty, mobile work hours and work done at home provided that it is a normal part of your job.

If you did not work in the reference week, please enter "0".

Please round to the nearest half hour (e. g. 28.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
□□.□	□□.□	□□.□	□□.□	□□.□

Second or additional jobs

191 Did you have more than one paid job in the reference week?

i This includes working as a self-employed person or unpaid family worker.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I had 2 jobs.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I had more than 2 jobs.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201

192 Are you in marginal employment in your additional job?

i If you have **more than one additional job**, please answer the questions below for the additional job in which you work the most hours.

See also p. 114: **8** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 520-euros job, mini-job (average maximum earnings of 520 euros per month)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's benefit, unemployment benefit II)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

193 How often do you work in your additional job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Regularly	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregularly, occasionally	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a seasonal basis	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

194 What is your status in your additional job?

i See also p. 114: **7** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer without employees	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer with employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official, judge	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

195 Please provide some keywords to describe your additional job.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1

Person 2

Person 3

Person 4

Person 5

196 What is the title of your additional job?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

197 Do you mainly perform executive or supervisory duties in your additional job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, executive duties (including the authority to take staff, budget and strategy decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

198 Enter the branch of activity of the establishment (location) in which you work in your additional job.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you are a **temporary employee**, please enter the branch of activity in which you work in your additional job.

Please state the **branch of activity** as accurately as possible, for example

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114: **9** "Establishment (location)".

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

199 How many hours a week do you usually work in your additional job, including regular extra hours and stand-by duty?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

Please round to the nearest half hour (e. g. 10.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

200 How many hours did you actually work in your additional job in the reference week?

If you did not work in the reference week, please enter "0".

Please round to the nearest half hour (e. g. 9.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Desired number of working hours

201 Would you like to retain your normal weekly working hours or to change them, subject to a corresponding adjustment in earnings?

i The **weekly working hours** include the hours worked in the main job as well as in second and additional jobs.

Retain 1
 Increase 2
 Reduce 3

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204

202 How would you like to increase your working hours?

	Person 1	Person 2	Person 3	Person 4	Person 5
Exclusively by working more hours in the current job(s)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusively by taking up one or more additional jobs	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusively by moving to a job with more working hours	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without committing to one of the above options	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By combining some of the above options	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**203 Thinking of the 2 weeks following the reference week:
Would you be able to start working more hours in these 2 weeks?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

204 How many hours a week would you like to work?

i The **weekly working hours** include the hours worked in the main job as well as in second and additional jobs.

Please round to the nearest half hour (e. g. 32.5).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Search for work by persons in employment/persons with a second job

205 Did you look for different or additional work in the reference week or the preceding 3 weeks?

i **Looking for work includes** any search for paid work, including second or mini-jobs, self-employed or freelance activities, or small-scale activities.

Forms of search are, for instance, looking through job offers in newspapers or on the internet, searching for job vacancies on notice boards, asking acquaintances and relatives.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234
No	8 <input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234	<input type="checkbox"/>] → 234

Last job or absence from work

206 Have you ever done paid work as an employee or self-employed person?

i Retired people and former apprentices please mark "Yes" if they worked for a total of **more than 3 months**.

Former unpaid family workers please mark "Yes".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 218	<input type="checkbox"/> → 218	<input type="checkbox"/> → 218	<input type="checkbox"/> → 218	<input type="checkbox"/> → 218

207 Did you work for more than 3 months in that job?

i If you did paid work several times for a shorter period (e.g. seasonal work or as a student assistant), please mark "Yes" if you worked for a total of more than 3 months.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

208 Why did you leave your last paid job or are absent from it?

If there are several reasons, please mark the main one.

Reasons related to the labour market

	Person 1	Person 2	Person 3	Person 4	Person 5
Dismissal (including closure of establishment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of a fixed-term working contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale or closure of own enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family reasons

Have to look after children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal reasons

Own resignation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or vocational education, studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other reasons

Other main reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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209 When did you leave your last paid job/since when have you been absent from it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

210 What was your status in your last job/the job from which you are absent?

i See also p. 114: **■** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official (not including candidates), judge 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship) 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person doing compulsory military/civilian service 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In voluntary military service 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year) 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

211 With whom did you conclude/enter into your apprenticeship contract?

i This refers to remunerated apprenticeships/traineeships.

	Person 1	Person 2	Person 3	Person 4	Person 5
With an establishment (company, shop, office, hospital, public authority) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With an inter-company or external institution as vocational training provider, e.g. a vocational training centre for disabled young people (Berufsbildungswerk), educational centre (Bildungszentrum) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

212 Please provide some keywords to describe your last job/the job from which you are absent.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1

Person 2

Person 3

Person 4

Person 5

213 What was/is the title of your last job/the job from which you are absent?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

214 Did you mainly perform executive or supervisory duties in your last job/the job from which you are absent?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, executive duties (including the authority to take staff, budget and strategy decisions)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

215 Enter the branch of activity of the establishment (location) you last worked in/from which you are absent.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you were a **temporary employee**, please enter the branch of activity of the establishment (location) you last worked in or the branch of activity of the job from which you are absent.

Please state the **branch of activity** as accurately as possible, for example:

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114:

9 "Establishment (location)".

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

216 In your last job/the job from which you are absent: Were you employed in the public service?

i **The public service comprises** the federal, Land and municipal authorities, publicly maintained schools, the employment agency, the social security institutions, the police and the Federal Armed Forces.

If you worked in a privatised successor company of Deutsche Post/Bundesbahn most recently or were employed by a church, please indicate "No".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

217 What type of employment contract did you have in your last main job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Open-ended work contract	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed-term work contract	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Search for work

218 Did you make any effort to find (new) work in the reference week or the preceding 3 weeks? This includes any search for a job with only a few hours or activities to start a business.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 220	<input type="checkbox"/> → 220	<input type="checkbox"/> → 220	<input type="checkbox"/> → 220	<input type="checkbox"/> → 220

219 What did you do in the reference week or the preceding 3 weeks to find new work?

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Contacted the employment agency (job centre) or other employment authority	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacted private employment organisations	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placed job wanted advertisements	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded to job offers	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent off unsolicited applications	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked friends, relatives, acquaintances	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looked through job offers	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took tests, interviews, exams	8 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Placed or updated online CVs	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Searched for premises, offices, equipment for self-employment or a freelance job	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied for licences, concessions or financial resources for self-employment or a freelance job	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took other action for self-employment or a freelance job	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took other action	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

220 Did you find a job in the reference week?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I found a job in the reference week and have started it.	1 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Yes, I found a job in the reference week but have not started it yet.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not look for or find a job in the reference week.	8 <input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222

221 When will you start your new job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Within the 3 months after the reference week	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Later, that is, more than 3 months after the reference week	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	} → 230	} → 230	} → 230	} → 230	} → 230

222 If you are not looking for a job, would you nevertheless like to work?

i This also refers to jobs with only a few hours.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	→ 228	→ 228	→ 228	→ 228	→ 228

223 Why did you not look for a job in the reference week and the preceding 3 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
No suitable job available	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am awaiting re-employment (following temporary lay-off)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or vocational education, studies	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	} → 225	} → 225	} → 225	} → 225	} → 225

224 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

225 If a paid job had been available in the reference week, could you have started it within the following 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

226 Why would you not be able to start a new job within the following 2 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	2 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Permanently reduced earning capacity, permanent disability	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities	8 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Retirement	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

227 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	2 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Adequate care is too expensive.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

228 Why do you not want to, or why are you not able to work?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	2 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Permanently reduced earning capacity, permanent disability	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities	8 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Retirement	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

229 Why do you yourself look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	2 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Adequate care is too expensive.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

230 How long have you looked or did you look for (other) work?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 1 month	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 3 months	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to less than 6 months	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to less than 12 months	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 1 ½ years	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 ½ to less than 2 years	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 to less than 4 years	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 years or more	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

231 If a paid job had been available in the reference week, could you have started it within the following 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

232 Why would you not be able to start a new job within the following 2 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Permanently reduced earning capacity, permanent disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

233 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

234 Regarding your situation in the reference week: which category best describes it?

i See also p. 113:
5 "Partial retirement" and
6 "Caregiver Leave Act/Family Caregiver Leave Act".

Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) and currently

	Person 1	Person 2	Person 3	Person 4	Person 5
on parental leave 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in partial retirement 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fully or partly released from work under the Caregiver Leave Act 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partly released from work under the Family Caregiver Leave Act 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) not on parental leave or in partial retirement and not released from work 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer					
without employees 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil, student 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired or in early retirement 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife/househusband, looking after children or people in need of care 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently unfit for work 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

235 Were you aged 16 years or over on 31 December 2023?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

236 In what year did you enter employment for the first time?

i This also includes apprenticeships/company-based vocational training and training at a vocational academy/cooperative state university.
Please mark “Not applicable” even if so far you have done only a (second) job as a pupil or student.

	Person 1	Person 2	Person 3	Person 4	Person 5
Year of entering employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

237 How many years have you been in employment since then?

i Only count the years in which you were actually in employment.
This also includes apprenticeships/company-based vocational training and training at a vocational academy/cooperative state university.

Please round up to full years.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

238 Do you do at least 1 hour of paid work (second job) in a usual week, although you are mainly not in employment (see question 234, answers 10-15)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 243	<input type="checkbox"/> → 243	<input type="checkbox"/> → 243	<input type="checkbox"/> → 243	<input type="checkbox"/> → 243

239 What was your status in your last main job?

i See also p. 114: “Categorisation of job”

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official (not including candidates), judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person doing compulsory military/civilian service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In voluntary military service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

model questionnaire

240 Please provide some keywords to describe your last main job.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

241 What was the title of your last main job?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

model questionnaire

242 Enter the branch of activity of the establishment (location) in which you last worked in your main job.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you were a temporary employee, please enter the branch of activity of your last main job.

Please state the **branch of activity** as accurately as possible, for example

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 114: **9** "Establishment (location)".

Person 1	<input style="width: 400px; height: 20px;" type="text"/>
Person 2	<input style="width: 400px; height: 20px;" type="text"/>
Person 3	<input style="width: 400px; height: 20px;" type="text"/>
Person 4	<input style="width: 400px; height: 20px;" type="text"/>
Person 5	<input style="width: 400px; height: 20px;" type="text"/>

243 Please think of the last 5 years. What was the duration of your last unemployment?

No unemployment in the last 5 years

Duration of the last unemployment in months

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_ _	_ _	_ _	_ _	_ _

model questionnaire

244 Which are your main sources of livelihood?

i See also p. 114:
m "Main sources of livelihood".

Main sources of livelihood:

Code from List 244

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 244	
Own employment	1
Unemployment benefit I	2
Citizen's benefit	3
Public assistance, e. g. basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments	4
Pension based on my own entitlements	5
Surviving dependant's pension	15
Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk)	6
Parental allowance	7
Income of the parents	8
Income of the partner, spouse or other relatives	14
Maintenance payments or other regular payments received from other private households	9
Training assistance (BAföG), scholarship/grant	10
Benefits for asylum seekers	11
Benefits from own long-term care insurance (long-term care allowance)	12
Other financial support, e.g. early retirement payments, foster child allowance, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act, Covid-19 emergency aid	13

model questionnaire

245 What was your personal net income (total of all income sources) in the month before the reference week?

i The personal net income

is calculated as gross earnings less taxes and less contributions to health, long-term care and unemployment insurance as well as to statutory pension insurance.

This includes:

- earnings from main and second job(s), extra payments (e.g. Christmas bonus, severance pay, bonus payments)
- pensions
- unemployment benefit I, citizen's benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits
- heating and housing benefits, housing allowance, children's allowance, long-term care allowance, parental allowance, training assistance (BAföG), child bonus, Covid-19 emergency aid, and other public payments
- maintenance payments or other regular payments received from other private households
- further income and receipts (e.g. entrepreneurial income, income from renting and leasing, interest, dividends)

See also p. 114:  "Net income".

Personal net income:

Code from List 245

I had no income. 90

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List 245			
Less than 250 euros	1	3 250 or to less than 3 250 euros	13
250 to less than 500 euros	2	3 250 to less than 3 500 euros	14
500 to less than 750 euros	3	3 500 to less than 4 000 euros	15
750 to less than 1 000 euros	4	4 000 to less than 4 500 euros	16
1 000 to less than 1 250 euros	5	4 500 to less than 5 000 euros	17
1 250 to less than 1 500 euros	6	5 000 to less than 6 000 euros	18
1 500 to less than 1 750 euros	7	6 000 to less than 7 000 euros	19
1 750 to less than 2 000 euros	8	7 000 to less than 8 000 euros	20
2 000 to less than 2 250 euros	9	8 000 to less than 10 000 euros	21
2 250 to less than 2 500 euros	10	10 000 to less than 15 000 euros	22
2 500 to less than 2 750 euros	11	15 000 to less than 25 000 euros	23
2 750 to less than 3 000 euros	12	25 000 euros or over	24

246 What was the total net income of your household in the month before the reference week?

i The net **income of the household** is the sum of the net incomes of all people in the household.

Net household income

Monthly amount (full euros)

If you are not able to state an exact amount, please enter the size class of List 245 that corresponds to the amount of your monthly net household income.

Code from List 245

Development of the household income

247 How has net household income changed compared with the previous year?

i Please take into account the income of all household members.

- The net household income has increased. 1
- The net household income is more or less unchanged. 2 → 250
- The net household income has decreased. 3 → 249

248 What is the main reason for the increase in net household income?

- Pay rise or working more hours 1
- Return to work after illness, parental leave, childcare or looking after ill people or people in need of care 2
- Change of job or new job 3
- Change in household composition 4 → 250
- Increase in social benefits or transfer payments 5
- Indexation or reassessment of salary (only for employees in Belgium or Luxembourg) 6
- Other reasons 7

249 What is the main reason for the decrease in net household income?

- Lower wage/salary or working fewer hours (includes also involuntary switch to self-employment) 1
- Parental leave, childcare or looking after ill people or people in need of care 2
- New job 3
- Loss of job, unemployment (including closure of own enterprise in case of self-employment) 4
- Inability to work due to illness, need of care or disability 5
- Divorce, dissolution of partnership or other changes in household composition 6
- Retirement 7
- Reduction of social benefits or transfer payments 8
- Other reasons 9

model questionnaire

250 What development of your net household income do you expect for the next 12 months?

The future net household income ...

- will increase. 1
- will remain unchanged. 2
- will decrease. 3

251 Are you 15 years or older?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

For persons aged under 15 years, the questionnaire ends here!

Educational and vocational attainment

252 Do you hold a general school certificate?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No/No yet	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256

253 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

	Person 1	Person 2	Person 3	Person 4	Person 5
School certificate obtained after no more than 7 years of school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school certificate (also former school type starting with grade 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of general education in the GDR					
school certificate obtained after grade 8 or 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
school certificate obtained after grade 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate, intermediate school-leaving certificate or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education entrance qualification (general or subject-restricted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of special school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

254 Did you obtain your general school certificate in Germany or abroad?

	Person 1	Person 2	Person 3	Person 4	Person 5
Germany	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256
Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

255 How long did you attend school?

Please round to the nearest year.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of years in school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

256 Do you have a vocational training qualification or a higher education degree?

i Vocational training also includes a pre-vocational training year, on-the-job training or an internship of at least 12 months.

A higher education degree also includes a degree from a university of applied sciences.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258
No/Not yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

257 In what year did you obtain your highest qualification from a school of general education?

Year

Not applicable as I have no general school certificate (yet).

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
↳ 264	↳ 264	↳ 264	↳ 264	↳ 264	↳ 264
<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264

258 In what year did you obtain your highest vocational qualification or your higher education degree?

Year

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

259 Did you obtain your highest vocational qualification or higher education degree in Germany or abroad?

Germany

Abroad

	Person 1	Person 2	Person 3	Person 4	Person 5
Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

260 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

	Person 1	Person 2	Person 3	Person 4	Person 5
On-the-job training 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internship 2	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264
Pre-vocational training year 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship, vocational training in the dual system 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparatory training for the intermediate service in public administration 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant) 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 8	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery teacher/educator 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's qualification or equivalent trade and technical school certificate 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised and engineering schools of the ZDR 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised academy (in Bayern only) 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Higher education institutions

Diplom degree, Bachelor's, Master's, state examination e.g. for the teaching profession:

Vocational academy 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg, Schleswig-Holstein and Thüringen) 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology) 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral degree 19	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262

261 What is the title of the highest degree you obtained from a higher education institution?

	Person 1	Person 2	Person 3	Person 4	Person 5
Bachelor's 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplom degree, state examination e.g. for the teaching profession, artistic and comparable degrees 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

262 Did you work on your doctorate in the reference week or the preceding 12 months?

i This refers only to doctorates that are supported by a doctoral supervisor.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

263 In what (main) field did you obtain your highest vocational qualification or higher education degree?

i Fields of vocational training are
e.g. care for the elderly, floristry, bricklayer, mechatronics technician, care assistant, industrial clerk.

Fields of study are
e.g. mechanical engineering, production engineering, agricultural science, teacher training course (grammar school).

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

Continuing education and training

264 In the 4 weeks before the reference week, did you participate in continuing general or vocational training, such as courses, seminars, training sessions or workshops?

i By training, we mean all continuing education measures

- in your free time or in a professional context,
- in person, online or directly at the workplace
- irrespective of their duration (over a longer period or just one hour).

It also includes further training, which is currently ongoing.

Continuing general training includes measures such as language courses, computer courses, training courses, health education or political education courses, first-aid courses, private lessons, training for voluntary work.

Continuing vocational training includes measures such as training by superiors, colleagues or trainers, advanced training (e.g. EDP, IT, rhetoric, soft skills) or courses and further training programmes to adapt to new (technological) developments or to prepare for new tasks in the job.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pension insurance

265 Do you receive an old-age pension from statutory pension insurance?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

266 Were you insured under the statutory pension insurance scheme in the reference week?

i See also p. 114:

IB "Statutory pension insurance".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, compulsorily insured	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, voluntarily insured	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internet access and internet use

267 Did you use the internet in the last 3 months?

i You may have used the internet at any location (at home, at work or other places) via any internet-enabled device (e.g. desktop PC, laptop, tablet, smartphone, game console, e-book reader).

Please note: Internet use also includes receiving/sending emails, messaging (e.g. via WhatsApp), gaming, streaming, online/mobile banking.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

268 Were you aged 16 years or over on 31 December 2023?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

model questionnaire

Health insurance coverage

269 What kind of health insurance did you have in 2023?

i For each kind of insurance, please enter the number of months in which you were covered by the respective insurance policy.

By statutory health insurance ...

	Person 1	Person 2	Person 3	Person 4	Person 5
Compulsory insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family member's insurance (number of months) ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student covered by students' health insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student covered by voluntary insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private health insurance ...					
Insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family member's insurance (number of months) ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I was entitled to free statutory medical care for soldiers etc. (number of months).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I was not insured (number of months).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your health

270 How is your health in general?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
Very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

271 Do you have any chronic illness or long-standing health problem?

i This refers to illnesses or health problems that have lasted or are expected to last for at least 6 months.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

272 Are you restricted from activities in normal everyday life due to a health problem?

Would you say you are ...

	Person 1	Person 2	Person 3	Person 4	Person 5
severely limited	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
limited but not severely	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not limited	8 <input type="checkbox"/> → 274	<input type="checkbox"/> → 274	<input type="checkbox"/> → 274	<input type="checkbox"/> → 274	<input type="checkbox"/> → 274

273 How long have you been affected by these limitations?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 6 months	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months or more	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

274 Was there any time in the last 12 months when you really needed dental or orthodontic examination or treatment for yourself?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, no need for any examination or treatment.	8 <input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277

275 Did you have a dental/orthodontic examination or treatment each time you needed it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277
No, there was at least one occasion when I did not have an examination or treatment.	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

276 What was the main reason for not having a dental/orthodontic examination or treatment?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
I could not afford it (too expensive).	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt the waiting time for an appointment or examination was too long.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not take the time because of work or family responsibilities.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was too far away for me./I had no means of transport.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of dentists/orthodontists, hospitals, examinations or treatment.	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to wait and see if the problem got better on its own.	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know any good dentist or orthodontist.	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had other reasons.	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

277 Was there any time in the last 12 months when you really needed any other medical examination or treatment for yourself?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, no need for any examination or treatment. 8	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280

278 Did you have a medical examination or treatment each time you needed it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280
No, there was at least one occasion when I did not have an examination or treatment. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

279 What was the main reason for not having a medical examination or treatment?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
I could not afford it (too expensive). 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt the waiting time for an appointment or examination was too long. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not take the time because of work or family responsibilities. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was too far away for me./I had no means of transport. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of doctors, hospitals, examinations or treatment. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to wait and see if the problem got better on its own. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know any good doctor. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had other reasons. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Assessment of your life situation

280 Which of the following statements apply to your life situation?

I can replace worn-out clothes by new (not second-hand) ones.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have at least two pairs of properly fitting shoes in a good condition that are suitable for daily activities.

Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I get together with friends or relatives for a drink/meal at least once a month.

Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I regularly participate in leisure activities, even if they cost money (e.g. exercise, sporting events, cinema, concerts).

Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I spend a small amount of money each week on myself (e.g. for magazines, small gifts or going out for ice cream).

Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have an internet connection for personal use when I need it (e.g. via smartphone, computer, laptop or tablet).

Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I cannot afford it	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

281 Overall, how satisfied are you with your life?

i Please answer on a scale from 0 to 10 where "0" is "Not at all satisfied" and "10" is "Completely satisfied".

Please mark only one box.

	Not at all satisfied							Completely satisfied					
	0	1	2	3	4	5	6	7	8	9	10		
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

282 Some say that you can trust most people. Others think that you cannot be careful enough with other people.

Do you think that one can trust most people?

i Please answer on a scale from 0 to 10 where "0" is "You cannot trust anyone" and "10" is "You can trust most people".

Please mark only one box.

	You cannot trust anyone							You can trust most people					
	0	1	2	3	4	5	6	7	8	9	10		
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

283 Do you have relatives, friends or neighbours you could ask for help? Help of any kind is meant here, e.g. assistance in day-to-day life, or someone to talk to, or material or financial assistance.

i This refers to people not living in your household.

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public transport

284 During the last 12 months, how often did you use public transport (bus, tram, train, underground etc.)?

i Regular use in most months over the last 12 months is meant here.

Please select "Daily" for regular use on at least 5 days in a typical week.

	Person 1	Person 2	Person 3	Person 4	Person 5
Daily	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every week (but not every day)	2 <input type="checkbox"/> → 286	<input type="checkbox"/> → 286	<input type="checkbox"/> → 286	<input type="checkbox"/> → 286	<input type="checkbox"/> → 286
Every month (but not every week)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a month	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

285 What is the main reason for not using public transport, or not using it more often?

	Person 1	Person 2	Person 3	Person 4	Person 5
It is too expensive.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No public transport available in the area.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to means of transport, bus stop or train station is too difficult due to physical or age-related impairments.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconvenient schedules or frequency of public transport services too low.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel time is too long.	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety or security concerns	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Experience with discrimination

286 In the last 12 months, have you personally felt discriminated against when in contact (in person, over the phone or via e-mail) with an administrative office or public service (including the job centre, and health or social services)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288
I have not been in contact with any administrative offices or public services	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

287 Which of the following was the main reason you personally felt discriminated against when in contact with administrative offices or public services?

Mainly due ...	Person 1	Person 2	Person 3	Person 4	Person 5
to age	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sex	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to disability or long-term health problem	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to immigrant or ethnic origin	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to religion/belief	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sexual orientation	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to other reason	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

288 In the last 5 years, have you personally felt discriminated against when trying to rent or buy an apartment or house?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have not tried to rent or buy an apartment or house in the last 5 years	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

} → 290

289 Which of the following was the main reason you personally felt discriminated against when trying to rent or buy an apartment or house?

Mainly due ...	Person 1	Person 2	Person 3	Person 4	Person 5
to age	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sex	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to disability or long-term health problem	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to immigrant or ethnic origin	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to religion/belief	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sexual orientation	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to other reason	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

290 In the last 12 months, have you personally felt discriminated against, either as a parent/guardian or as a pupil or student, when in contact with somebody from an educational institution (e.g. school, university)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was neither a pupil or student nor a parent/guardian of pupils or students in the last 12 months.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

} → 292

291 Which of the following was the main reason you personally felt discriminated against, either as a parent/guardian or as a pupil or student, when in contact with somebody from an educational institution?

Mainly due ...	Person 1	Person 2	Person 3	Person 4	Person 5
to age	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sex	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to disability or long-term health problem	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to immigrant or ethnic origin	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to religion/belief	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sexual orientation	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to other reason	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

292 In the last 12 months, have you personally felt discriminated against in a shop, café or restaurant, or when using leisure, cultural or sports facilities, etc.?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 294	<input type="checkbox"/> → 294	<input type="checkbox"/> → 294	<input type="checkbox"/> → 294	<input type="checkbox"/> → 294

293 Which of the following was the main reason you personally felt discriminated against in a shop, café or restaurant, or when using leisure, cultural or sports facilities, etc.?

Mainly due ...	Person 1	Person 2	Person 3	Person 4	Person 5
to age	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sex	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to disability or long-term health problem	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to immigrant or ethnic origin	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to religion/belief	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to sexual orientation	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to other reason	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Entitlements in case of unemployment or sickness

294 If you were unemployed, would you be entitled to receive support benefits, such as unemployment benefit or citizen's benefit?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as I am not in employment or in the (federal) volunteer service	<input type="checkbox"/> → 296	<input type="checkbox"/> → S. 89 296	<input type="checkbox"/> → S. 95 296	<input type="checkbox"/> → S.101 296	<input type="checkbox"/> → S. 107 296

295 If you were absent from work due to illness or an accident, would you be entitled to receive support benefits, such as continued pay or sickness benefit?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as I am not in employment or in the (federal) volunteer service	<input type="checkbox"/>	<input type="checkbox"/> → S. 89 296	<input type="checkbox"/> → S. 95 296	<input type="checkbox"/> → S. 101 296	<input type="checkbox"/> → S. 107 296

model questionnaire

Note !

Please enter your name in the box at the side.

Person 1:

296 Was your situation unchanged over the entire year of 2023?

If yes, please enter the code from List 296. → 297

If no, please enter for each month the code from List 296 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 296	
Employee, public official (including temporary or professional soldier)	Apprentice receiving apprenticeship pay 10
Full-time 1	Unpaid family worker in a family business
Part-time 2	Full-time 11
Self-employed person, freelancer	Part-time 12
Full-time 3	In the Federal Volunteer Service (also social, ecological or cultural year) 13
Part-time 4	In voluntary military service 14
In marginal employment 5	Pupil, person in non-remunerated vocational training, student 15
Person in employment ...	Pensioner 16
on parental leave 6	Unemployed 17
in partial retirement 7	Housewife/househusband 18
fully or partly released from work under the Caregiver Leave Act 8	Permanently unfit for work 19
partly released from work under the Family Caregiver Leave Act 9	Other 20

Income from employment in 2023

297 Did you receive income (wage/salary) as an employee in 2023?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1
 No 8 → 301

298 Did you receive the following types of income (wage/salary) as an employee or public official in 2023?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

299 Did you receive one or more of the following extra payments in 2023?

i Please enter the net amount.

	No	Yes	Annual net amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

300 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2023?

i If you do not know the amount of the non-cash benefit, you may enter 1% of the list price of the company car, plus 0.03% of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3% of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

model questionnaire

301 Did you receive income from self-employment or freelance work in 2023?

Yes 1

No 8 → 303

302 What was your income from self-employment or freelance work in 2023?

i Please also take into account withdrawals in kind or profits from the business assets. If you generated negative income (losses) in total in 2023, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2023

303 Did you receive pensions based on your own entitlements in 2023?

Yes 1

No 8 → 305

304 What income from pensions based on your own entitlements did you receive in 2023?

i Please enter the amount received, not including health insurance contributions.

		Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

305 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2023?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

306 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2023?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...

- from statutory pension insurance 1
- in accordance with the Public Officials Pensions Act 2
- from supplementary pension funds, company pension 3
- from occupational pension funds or the agricultural pension fund 4
- from another country (pension from abroad) 5
- from statutory accident insurance 6
- Other public widow's or orphan's pension 7
- Not applicable 8

model questionnaire

Income from other public institutions in 2023

307 Did you receive unemployment benefit or other benefits from the employment agency in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up/start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

308 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1 000 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1 500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

309 Did you receive any of the following benefits in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Energy price allowance for students/pupils of trade and technical schools (200 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	Number of days	Annual amount (full euros)
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	Number of months	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		

310 Did you receive Covid-19 child sickness benefit in 2023 due to the Covid-19 crisis? 8 No 1 Yes → Number of days Annual amount (full euros)

Private old-age provision and benefits from private old-age provision in 2023

311 Did you make contributions to private old-age provision in 2023 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)? 8 No 1 Yes → Number of months Amount per month (full euros)

312 Did you receive a pension from private old-age provision in 2023 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)? 8 No 1 Yes → Number of months Amount per month (full euros)

Participation in the survey

313 Have you answered the questions yourself from 122?
 Yes 1 → 315
 No, another household member has answered the questions. 2
 No, someone not living in the household has answered the questions. → 315

314 Which household member has answered the questions?
 Please enter the number (see flap) of the person who has answered the questions.

315 How many minutes did it take you to complete the questionnaire?
 Number of minutes

model questionnaire

Note 

Please enter your name in the box at the side.

296 Was your situation unchanged over the entire year of 2023?

If yes, please enter the code from List 296. → 297

If no, please enter for each month the code from List 296 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 296

Employee, public official (including temporary or professional soldier)		Apprentice receiving apprenticeship pay	10
Full-time	1	Unpaid family worker in a family business	
Part-time	2	Full-time	11
Self-employed person, freelancer		Part-time	12
Full-time	3	In the Federal Volunteer Service (also social, ecological or cultural year)	13
Part-time	4	In voluntary military service	14
In marginal employment	5	Pupil, person in non-remunerated vocational training, student	15
Person in employment ...		Pensioner	16
on parental leave	6	Unemployed	17
in partial retirement	7	Housewife/househusband	18
fully or partly released from work under the Caregiver Leave Act	8	Permanently unfit for work	19
partly released from work under the Family Caregiver Leave Act	9	Other	20

Person 2:

Income from employment in 2023

297 Did you receive income (wage/salary) as an employee in 2023?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1
 No 8 → 301

298 Did you receive the following types of income (wage/salary) as an employee or public official in 2023?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

299 Did you receive one or more of the following extra payments in 2023?

i Please enter the net amount.

	No	Yes	Annual net amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

300 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2023?

i If you do not know the amount of the non-cash benefit, you may enter 1% of the list price of the company car, plus 0.03% of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3% of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

model questionnaire

301 Did you receive income from self-employment or freelance work in 2023?

Yes 1

No 8 → 303

302 What was your income from self-employment or freelance work in 2023?

i Please also take into account withdrawals in kind or profits from the business assets. If you generated negative income (losses) in total in 2023, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2023

303 Did you receive pensions based on your own entitlements in 2023?

Yes 1

No 8 → 305

304 What income from pensions based on your own entitlements did you receive in 2023?

i Please enter the amount received, not including health insurance contributions.

		Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

305 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2023?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

306 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2023?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...

- from statutory pension insurance 1
- in accordance with the Public Officials Pensions Act 2
- from supplementary pension funds, company pension 3
- from occupational pension funds or the agricultural pension fund 4
- from another country (pension from abroad) 5
- from statutory accident insurance 6
- Other public widow's or orphan's pension 7
- Not applicable 8

Income from other public institutions in 2023

307 Did you receive unemployment benefit or other benefits from the employment agency in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up/start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

308 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2023?

	No	Yes	Number of months		
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1 000 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1 500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	Amount per month (full euros) or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	Amount per month (full euros) or <input type="text"/>

309 Did you receive any of the following benefits in 2023?

Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	No	Yes	→ <input type="text"/>	Number of months	Amount per month (full euros)	Annual amount (full euros)
Energy price allowance for students/pupils of trade and technical schools (200 euros)	8 <input type="checkbox"/>		<input type="checkbox"/>				
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>		<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>		<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>	Number of days		Annual amount (full euros)
Maternity payments from statutory health insurance	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>	Number of months		
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>		<input type="checkbox"/>				
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>			
Sickness pay from statutory health insurance	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>			
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>			
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>			
Blindness benefit	8 <input type="checkbox"/>		<input type="checkbox"/>	→ <input type="text"/>			

310 Did you receive Covid-19 child sickness benefit in 2023 due to the Covid-19 crisis? 8 No Yes → Number of days Annual amount (full euros)

Private old-age provision and benefits from private old-age provision in 2023

311 Did you make contributions to private old-age provision in 2023 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)? 8 No Yes → Number of months Amount per month (full euros)

312 Did you receive a pension from private old-age provision in 2023 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)? 8 No Yes → Number of months Amount per month (full euros)

Participation in the survey

313 Have you answered the questions yourself from 122?
 Yes 1 → 315
 No, another household member has answered the questions. 2
 No, someone not living in the household has answered the questions. → 315

314 Which household member has answered the questions?
 Please enter the number (see flap) of the person who has answered the questions.

315 How many minutes did it take you to complete the questionnaire?
 Number of minutes

model questionnaire

Note 

Please enter your name in the box at the side.

296 Was your situation unchanged over the entire year of 2023?

If yes, please enter the code from List 296. → 297

If no, please enter for each month the code from List 296 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 296	
Employee, public official (including temporary or professional soldier)	Apprentice receiving apprenticeship pay 10
Full-time 1	Unpaid family worker in a family business
Part-time 2	Full-time 11
Self-employed person, freelancer	Part-time 12
Full-time 3	In the Federal Volunteer Service (also social, ecological or cultural year) 13
Part-time 4	In voluntary military service 14
In marginal employment 5	Pupil, person in non-remunerated vocational training, student 15
Person in employment ...	Pensioner 16
on parental leave 6	Unemployed 17
in partial retirement 7	Housewife/househusband 18
fully or partly released from work under the Caregiver Leave Act 8	Permanently unfit for work 19
partly released from work under the Family Caregiver Leave Act 9	Other 20

Person 3:

Income from employment in 2023

297 Did you receive income (wage/salary) as an employee in 2023?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1
 No 8 → 301

298 Did you receive the following types of income (wage/salary) as an employee or public official in 2023?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

299 Did you receive one or more of the following extra payments in 2023?

i Please enter the net amount.

	No	Yes	Annual net amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

300 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2023?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

model questionnaire

301 Did you receive income from self-employment or freelance work in 2023?

Yes 1

No 8 → 303

302 What was your income from self-employment or freelance work in 2023?

i Please also take into account withdrawals in kind or profits from the business assets. If you generated negative income (losses) in total in 2023, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2023

303 Did you receive pensions based on your own entitlements in 2023?

Yes 1

No 8 → 305

304 What income from pensions based on your own entitlements did you receive in 2023?

i Please enter the amount received, not including health insurance contributions.

		Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

305 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2023?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

306 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2023?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...

- from statutory pension insurance 1
- in accordance with the Public Officials Pensions Act 2
- from supplementary pension funds, company pension 3
- from occupational pension funds or the agricultural pension fund 4
- from another country (pension from abroad) 5
- from statutory accident insurance 6
- Other public widow's or orphan's pension 7
- Not applicable 8

model questionnaire

Income from other public institutions in 2023

307 Did you receive unemployment benefit or other benefits from the employment agency in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up/start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

308 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2023?

	No	Yes	Number of months		
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1 000 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1 500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	Amount per month (full euros) or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	Amount per month (full euros) or <input type="text"/>

309 Did you receive any of the following benefits in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Energy price allowance for students/pupils of trade and technical schools (200 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	Number of days	Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	Number of months	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		

310 Did you receive Covid-19 child sickness benefit in 2023 due to the Covid-19 crisis? 8 No Yes → Number of days Annual amount (full euros)

Private old-age provision and benefits from private old-age provision in 2023

311 Did you make contributions to private old-age provision in 2023 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)? 8 No Yes → Number of months Amount per month (full euros)

312 Did you receive a pension from private old-age provision in 2023 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)? 8 No Yes → Number of months Amount per month (full euros)

Participation in the survey

313 Have you answered the questions yourself from 122?
 Yes 1 → 315
 No, another household member has answered the questions. 2
 No, someone not living in the household has answered the questions. → 315

314 Which household member has answered the questions?
 Please enter the number (see flap) of the person who has answered the questions.

315 How many minutes did it take you to complete the questionnaire?
 Number of minutes

model questionnaire

Note 

Please enter your name in the box at the side.

296 Was your situation unchanged over the entire year of 2023?

If yes, please enter the code from List 296. → 297

If no, please enter for each month the code from List 296 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 296

Employee, public official (including temporary or professional soldier)		Apprentice receiving apprenticeship pay	10
Full-time	1	Unpaid family worker in a family business	
Part-time	2	Full-time	11
Self-employed person, freelancer		Part-time	12
Full-time	3	In the Federal Volunteer Service (also social, ecological or cultural year)	13
Part-time	4	In voluntary military service	14
In marginal employment	5	Pupil, person in non-remunerated vocational training, student	15
Person in employment ...		Pensioner	16
on parental leave	6	Unemployed	17
in partial retirement	7	Housewife/househusband	18
fully or partly released from work under the Caregiver Leave Act	8	Permanently unfit for work	19
partly released from work under the Family Caregiver Leave Act	9	Other	20

model questionnaire

Person 4:

Income from employment in 2023

297 Did you receive income (wage/salary) as an employee in 2023?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1
 No 8 → 301

298 Did you receive the following types of income (wage/salary) as an employee or public official in 2023?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

299 Did you receive one or more of the following extra payments in 2023?

i Please enter the net amount.

	No	Yes	Annual net amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

300 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2023?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

model questionnaire

301 Did you receive income from self-employment or freelance work in 2023?

Yes 1

No 8 → 303

302 What was your income from self-employment or freelance work in 2023?

i Please also take into account withdrawals in kind or profits from the business assets. If you generated negative income (losses) in total in 2023, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2023

303 Did you receive pensions based on your own entitlements in 2023?

Yes 1

No 8 → 305

304 What income from pensions based on your own entitlements did you receive in 2023?

i Please enter the amount received, not including health insurance contributions.

		Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

305 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2023?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

306 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2023?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...

- from statutory pension insurance 1
- in accordance with the Public Officials Pensions Act 2
- from supplementary pension funds, company pension 3
- from occupational pension funds or the agricultural pension fund 4
- from another country (pension from abroad) 5
- from statutory accident insurance 6
- Other public widow's or orphan's pension 7
- Not applicable 8

model questionnaire

Income from other public institutions in 2023

307 Did you receive unemployment benefit or other benefits from the employment agency in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up/start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

308 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2023?

	No	Yes	Number of months		
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	
Continuing education and training bonus for passing an intermediate examination (1 000 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1 500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	Amount per month (full euros) <input type="text"/> or Annual amount (full euros) <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	Amount per month (full euros) <input type="text"/> or Annual amount (full euros) <input type="text"/>

309 Did you receive any of the following benefits in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	or <input type="text"/>
Energy price allowance for students/pupils of trade and technical schools (200 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	Number of days <input type="text"/> Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	Number of months <input type="text"/>
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→	<input type="text"/>	

310 Did you receive Covid-19 child sickness benefit in 2023 due to the Covid-19 crisis? 8 No 1 Yes → Number of days Annual amount (full euros)

Private old-age provision and benefits from private old-age provision in 2023

311 Did you make contributions to private old-age provision in 2023 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)? 8 No 1 Yes → Number of months Amount per month (full euros)

312 Did you receive a pension from private old-age provision in 2023 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)? 8 No 1 Yes → Number of months Amount per month (full euros)

Participation in the survey

313 Have you answered the questions yourself from 122?
 Yes 1 → 315
 No, another household member has answered the questions. 2
 No, someone not living in the household has answered the questions. → 315

314 Which household member has answered the questions?
 Please enter the number (see flap) of the person who has answered the questions.

315 How many minutes did it take you to complete the questionnaire?
 Number of minutes

model questionnaire

Note !

Please enter your name in the box at the side.

296 Was your situation unchanged over the entire year of 2023?

If yes, please enter the code from List 296. → 297

If no, please enter for each month the code from List 296 that mainly applied in that month.

January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

List 296	
Employee, public official (including temporary or professional soldier)	
Full-time	1
Part-time	2
Self-employed person, freelancer	
Full-time	3
Part-time	4
In marginal employment	5
Person in employment ...	
on parental leave	6
in partial retirement	7
fully or partly released from work under the Caregiver Leave Act	8
partly released from work under the Family Caregiver Leave Act	9
Apprentice receiving apprenticeship pay	10
Unpaid family worker in a family business	
Full-time	11
Part-time	12
In the Federal Volunteer Service (also social, ecological or cultural year)	13
In voluntary military service	14
Pupil, person in non-remunerated vocational training, student	15
Pensioner	16
Unemployed	17
Housewife/househusband	18
Permanently unfit for work	19
Other	20

model questionnaire

Income from employment in 2023

297 Did you receive income (wage/salary) as an employee in 2023?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1
 No 8 → 301

298 Did you receive the following types of income (wage/salary) as an employee or public official in 2023?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

299 Did you receive one or more of the following extra payments in 2023?

i Please enter the net amount.

	No	Yes	Annual net amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

300 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2023?

i If you do not know the amount of the non-cash benefit, you may enter 1 % of the list price of the company car, plus 0.03 % of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3 % of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

model questionnaire

301 Did you receive income from self-employment or freelance work in 2023?

Yes 1

No 8 → 303

302 What was your income from self-employment or freelance work in 2023?

i Please also take into account withdrawals in kind or profits from the business assets. If you generated negative income (losses) in total in 2023, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2023

303 Did you receive pensions based on your own entitlements in 2023?

Yes 1

No 8 → 305

304 What income from pensions based on your own entitlements did you receive in 2023?

i Please enter the amount received, not including health insurance contributions.

		Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

305 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2023?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

306 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2023?

Please mark all relevant boxes.

Widow's or orphan's pension/benefit ...

- from statutory pension insurance 1
- in accordance with the Public Officials Pensions Act 2
- from supplementary pension funds, company pension 3
- from occupational pension funds or the agricultural pension fund 4
- from another country (pension from abroad) 5
- from statutory accident insurance 6
- Other public widow's or orphan's pension 7
- Not applicable 8

Income from other public institutions in 2023

307 Did you receive unemployment benefit or other benefits from the employment agency in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up/start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

308 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2023?

	No	Yes	Number of months		
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1 000 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1 500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	Amount per month (full euros) <input type="text"/>	or Annual amount (full euros) <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>

309 Did you receive any of the following benefits in 2023?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant, vocational training allowance), grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Energy price allowance for students/pupils of trade and technical schools (200 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	Number of days <input type="text"/>	Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	Number of months <input type="text"/>	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>		

310 Did you receive Covid-19 child sickness benefit in 2023 due to the Covid-19 crisis? 8 No Yes → Number of days Annual amount (full euros)

Private old-age provision and benefits from private old-age provision in 2023

311 Did you make contributions to private old-age provision in 2023 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)? 8 No Yes → Number of months Amount per month (full euros)

312 Did you receive a pension from private old-age provision in 2023 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)? 8 No Yes → Number of months Amount per month (full euros)

Participation in the survey

313 Have you answered the questions yourself from 122?
 Yes 1 → 315
 No, another household member has answered the questions. 2
 No, someone not living in the household has answered the questions. → 315

314 Which household member has answered the questions?
 Please enter the number (see flap) of the person who has answered the questions.

315 How many minutes did it take you to complete the questionnaire?
 Number of minutes

model questionnaire

1 Living floor space

The total living floor space of the dwelling is the cumulative floor space of all rooms in the dwelling. Rooms outside the self-contained dwelling (e.g. mansards) and cellar and attic rooms converted for residential use also form part of the dwelling. The living floor space of a rented dwelling is usually stated in the tenancy agreement. If you calculate the living floor space yourself please include the individual areas as follows:

- the full living floor space of rooms with a clear height of at least 2 metres;
- half the living floor space of rooms or of floor areas under a sloping ceiling in rooms with a clear height of at least 1 metre but less than 2 metres;
- a quarter of the floor space of balconies, loggias, roof gardens.

2 Payment of rent in event of upon receipt of services from the Employment Agency (Employment Office)

Recipients of services whose rent is paid in full or in part by the employment agency (job centre) are to state the full amount of rent and incidental rental expenses paid to the landlord/landlady or property management.

3 Today's territory

"Today's territory" refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

4 Citizenship

German by birth

Please mark "German by birth" also in these cases:

- Expellees:
People who did not acquire German citizenship by birth but acquired it due to their **recognition as persons of ethnic German origin** in accordance with Section 1 of the Federal Expellees Act **and** who **immigrated** to today's territory of Germany **before 1950**, please mark "German by birth". For those who immigrated in 1950 or later, please see the notes on ethnic German repatriates.
- If you were temporarily deprived of German citizenship that you had acquired by birth, please mark "German by birth".
- Children of a parent of German citizenship:
Children born within marriage to a German mother and a foreign father after 1 April 1953 and before 1 January 1975 and who, consequently, acquired German citizenship by means of a declaration or by naturalisation please mark "German by birth".
- Children born outside marriage to a German father and a foreign mother before 1 July 1993 and who acquired German citizenship by naturalisation please mark "German by birth".
- People who acquired German citizenship by legitimation (e.g. subsequent marriage of the parents of a child born outside marriage) by 30 June 1998 please mark "German by birth".
- People who have acquired German citizenship since 2021 by means of a declaration in accordance with Section 5 of the Nationality Act please mark "German by birth".
- People born in Saarland:
People born in Saarland between 1947 and 1956, at least one of whose parents had German citizenship when the child was born, please mark "German by birth" even if they had French citizenship at the time of birth.

Ethnic German repatriates with and without naturalisation

- People who came to Germany as ethnic German repatriates between 1993 and 2000 received an official certificate of naturalisation (not a certificate in accordance with Section 7 of the Nationality Act). In this case, please mark "As a naturalised (ethnic) German repatriate".
- For people who have been granted German citizenship on the grounds of their eligibility for naturalisation as an ethnic German repatriate: please mark "As a naturalised (ethnic) German repatriate".
- For people with a certificate in accordance with Section 7 of the Nationality Act: please mark "As a non-naturalised (ethnic) German repatriate".

Notes on "**German by naturalisation**" in case of marriage
People who acquired German citizenship by marriage or by a declaration or naturalisation due to marriage please mark "German by naturalisation".

5 Partial retirement

The Act on Facilitating a Smooth Transition to Retirement provides the framework conditions for partial retirement agreements between employers and employees. The employment agency promotes part-time work arrangements for employees who reduce their working hours to half of the regular working time when they are 55 years old or older.

If you are in the release phase of partial retirement under the block model, please base all your answers regarding your job on the conditions that applied before the release phase commenced.

Example: Before the release phase, you were working full-time in an establishment and had a 39.5 hour working week. Then please enter this information in any questions regarding your occupation, branch of economic activity, duration of employment etc. For the question on the usual number of hours worked, you would then enter the contractually agreed working time of 39.5 hours. Your actual hours of work would be 0 hours.

6 Caregiver Leave Act/Family Caregiver Leave Act

Employees have the right to be temporarily released from work to look after close relatives at home. They may choose between two different release options:

Under the Caregiver Leave Act, employees may be released from work on a full-time or part-time basis for a maximum of six months to look after a close relative in need of care.

Since 2015 there has been a legal right to family caregiver leave. This allows employees to reduce their weekly working hours if they care for relatives in need of care in their home environment.

7 Categorisation of job

If you are self-employed and only employ unpaid family workers (no wage or salary), please mark the category "Self-employed without employees". Those who work freelance or on a contract basis are considered as self-employed, including people who provide tuition, give private lessons or babysit. If you work without pay in a business owned by a family member or relative, you are an unpaid family worker. If you receive pay for your work, please indicate "salary earner, wage earner".

Public officials include officials employed by the Protestant Church and the Roman Catholic Church. "Insurance officers" and "bank officers" should classify themselves as salary earners, wage earners. This category also includes skilled workers, semi-skilled workers and unskilled workers.

If you are an intern, a (paid) trainee or a volunteer in the Federal Volunteer Service in your additional job, please indicate "salary earner, wage earner".

8 Marginal employment

In the case of marginal employment, that is, a 520-euros job (also referred to as mini-job; with a pay of up to 520 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

A job is also considered to be marginal employment if it is limited to a maximum of three months or 70 days worked per year.

People in a one-euro job continue to receive citizen's benefit, unemployment benefit II plus an additional expenses allowance of usually 1 to 2 euros per hour worked.

9 Establishment (location)

An establishment is the location where you work (e.g. a shop, freelancer's office, agricultural holding, location of an enterprise, body governed by public law, etc.).

A location (e.g. a specific establishment of an enterprise) may comprise several separate work places (such as a production site, a warehouse and an administrative building all on the business premises). The people working at those work places belong to one and the same establishment.

The people working in an establishment include part-time workers, apprentices, working proprietors and unpaid family workers.

10 Stand-by duty

The whole period of stand-by duty is to be included in the weekly working hours. Stand-by duty means that an employee has to be on stand-by at a place specified by the employer to perform work if necessary.

This is to be distinguished from on-call duty. On-call duty means that the employee is free to decide where to stay. The employee is required to start work within reasonable time if the need arises. In this case, only the actual hours worked and the travelling time count as working time.

11 Main sources of livelihood

If you are in employment, this does not have to be your main source of livelihood (e.g. the living expenses of apprentices are often paid by their parents). If you pay your living expenses mainly from what you earn in marginal employment, please enter employment. Pensioners who are still in employment may live mainly on what they earn or on their pension, depending on the amount of benefits they receive.

Regular payments of life assurance companies (including benefits paid by pension funds of specific liberal professions such as doctors or pharmacists) are regarded as maintenance payments from own property.

12 Net income

Please also include:

- benefits paid to encourage capital formation,
- advances,
- rent paid for company-owned housing,
- interest received, dividends, other property income and similar amounts,
- income in kind (e.g. foodstuffs, free coal for miners).

Long-term care benefits in kind (provided by care homes and home care services) are not to be included here.

13 Statutory pension insurance

You have statutory pension insurance if you are insured with the German Federal Pension Insurance (Deutsche Rentenversicherung Bund, formerly BfA, LVA) or the German Pension Insurance Miners, Railway and Maritime (Knappschaft-Bahn-See). This includes the statutory pension insurance of a foreign country (e.g. people who live in Germany but are employed subject to social insurance contributions in a neighbouring country).

You also have statutory pension insurance if you

- pay contributions to the agricultural pension fund,
- work in a Federal Volunteer Service,
- do a year of voluntary work in the social, cultural or ecological sector,
- do voluntary military service, or
- do reserve duty training as a soldier.

Statutory pension insurance is compulsory mainly for wage earners, salary earners and certain self-employed persons (e.g. home workers with no more than two assistants from outside their family). Public officials and comparable salary earners (employees of health insurance institutions with public official status), self-employed persons (with few exceptions) and unpaid family workers without a working contract are exempted from compulsory pension insurance.

Contributions are paid for unemployed persons who receive unemployment benefit I. They are therefore regarded as liable to compulsory statutory pension insurance. With effect from 1 January 2011, contributions are no longer paid for unemployed persons receiving citizen's benefit, unemployment benefit II (Hartz IV). They are not liable to compulsory insurance.

This does not refer to company old-age pension schemes, public officials' pension scheme, occupational pension schemes and private old-age pension schemes (e.g. state-sponsored private pension plan according to "Riester", life assurance and the like).

Notification in accordance with Section 17 of the Federal Statistics Act (BStatG)¹ and with the General Data Protection Regulation (EU) 2016/679 (GDPR)²

Purpose, type and scope of the survey

The microcensus collects statistical data on the population and the labour market as well as on income, living conditions and housing circumstances of households on a representative basis. The data are collected based on different survey components. The survey units are persons, households and dwellings.

The purpose of the microcensus is to provide statistical data, with a detailed subject-related breakdown, on the population structure, the economic and social situation of the population, of families and households, on the labour market, the occupational structure and education of the labour force, and on the housing circumstances. It also serves to meet European obligations. Every year, up to one percent of the population may be surveyed. In every sampling district, the survey is conducted not more than four times within five consecutive calendar years. Data for the additional survey component concerning income and living conditions will be collected from a maximum of 12 percent of the microcensus respondents.

Legal basis, voluntariness

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Implementing Regulations (EU) No 2019/2180, (EU) No 2019/2181, (EU) No 2019/2242, (EU) No 2022/2498, Delegated Regulations (EU) No 2020/256, (EU) No 2020/258, (EU) No 2020/2175, (EU) No 2023/167 and (EU) No 2023/212 in conjunction with the Federal Statistics Act (BStatG) and Article 6 (1) letter e of the General Data Protection Regulation.

Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10 and Section 8 (1) to (3) of the Microcensus Act.

Providing information is voluntary in accordance with Section 8 (3) in conjunction with Section 13 (7), second sentence, of the Microcensus Act.

The legal basis for evaluations of data on the type and extent of the provision of information (e.g. device used or time spent) is Section 6 (1), first sentence, no. 2 of the Federal Statistics Act.

Controller

The controller responsible for processing your data is the statistical office responsible for your Land.

The contact details are available at:
<https://www.statistikportal.de/de/statistische-aemter>.

Confidentiality

The individual data collected are always kept confidential in accordance with Section 16 of the Federal Statistics Act. Individual data may be passed on only in exceptional cases explicitly regulated by law.

Individual data may in particular be transmitted to:

- public agencies and institutions within the official statistics network which are entrusted with the production of federal or European statistics (e.g. the statistical offices of the Länder, the Deutsche Bundesbank, the Statistical Office of the European Union [Eurostat]),
- service providers with whom a contractual relationship exists (here: Federal Information Technology Centre (ITZBund) as the IT service provider of the Federal Statistical Office, computer centres of the Länder).

A list of regularly contracted IT service providers can be found here:
<https://www.statistikportal.de/de/statistische-aemter>.

Pursuant to Section 16 (6) of the Federal Statistics Act, institutions of higher education or other institutions tasked with independent scientific research may, for the purpose of carrying out scientific projects, be provided

1. with individual data if attributing the anonymised individual data to the relevant respondents or data subjects requires unreasonable effort in terms of time, cost and manpower (de facto anonymised individual data),
2. with access to individual data not including name and address (formally anonymised individual data) within specially protected areas of the Federal Statistical Office and the statistical offices of the Länder, if effective measures are in place to safeguard confidentiality.

Article 11 of Regulation (EU) No 2019/1700 establishing a common framework for European statistics relating to persons and households provides for the transmission of individual data to the Commission (Eurostat).

Pursuant to Article 7 (1) of Regulation (EU) No 557/2013 concerning access to confidential data for scientific purposes, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat - grant access to individual data not including name and address for scientific purposes.

Pursuant to Article 7 (2) of the Regulation, Eurostat may also share individual data for scientific purposes if the data have been modified in a way that reduces the risk of identifying the statistical unit to an appropriate level. Access pursuant to paragraph 2 may be granted provided that appropriate safeguards are in place in the research entity requesting access.

Persons receiving individual data are also obliged to maintain confidentiality.

¹ The up-to-date wording of the relevant national legal provisions can be found at <https://www.gesetze-im-internet.de/> (search terms "Bundesstatistikgesetz" (BStatG) or "Mikrozensusgesetz" (MZG)).

² The EU legal acts in their up-to-date versions and in the German language are available on the website of the Publications Office of the European Union at <http://eur-lex.europa.eu/>.

Auxiliary variables, reference numbers, separation and deletion

The first names and surnames of the household members, the contact details of the household members, residential address, location of the dwelling in the building, first name and surname of the main tenant/owner-occupier of the dwelling, name and address of the household members' places of work, and the building age group are auxiliary variables which will only be used for the technical conduct of the survey. As soon as the survey and auxiliary variables have been checked for conclusiveness and completeness, the auxiliary variables will be separated from the information on the survey variables and will be kept separately or stored separately.

- Pursuant to Section 14 (5), first sentence, of the Microcensus Act, the first names and surnames and the municipality, street, house number and contact details of the persons surveyed may also be used with regard to household relationships to conduct follow-up surveys in accordance with Section 5 (1) of the Microcensus Act.
- Pursuant to Section 14 (5), second sentence, of the Microcensus Act, the information on the variables pursuant to Section 14 (5), first sentence, of the Microcensus Act may also be used as a basis for recruiting suitable persons and households to conduct household budget surveys and other voluntary surveys.
- Pursuant to Section 9 (3) of the Act regarding the testing of a register census, the statistical offices of the Länder store the first names and surnames, residential address, municipality and association of municipalities, sex, calendar month and calendar year of birth, marital status, country of birth, calendar year of arrival in Germany, or calendar year of return to Germany in case of absence of more than twelve months, and citizenships as well as the education variables pursuant to Article 6 (1) no. 7 letters a to c and no. 8 of the Microcensus Act. First names and surnames as well as the residential address shall be deleted not later than six years after microcensus processing has been finished.

Information on the survey variables is processed and stored for as long as necessary to comply with the legal obligations.

All survey documents as well as the auxiliary variables and the reference numbers originally allocated will be destroyed or deleted after the processing of the last follow-up survey has been finished.

The household number and the person number are used as reference numbers. The household number is used to distinguish the households participating in the survey. It consists of a code for the Land and a serial number for the household. The person number is a serial number of the household members.

Rights and duties of the interviewers, ways of providing information

Volunteer interviewers may be employed to reduce the burden on the respondents. The survey may also be conducted in writing, however. The interviewers have to provide proof of their authorisation. Their reliability and discretion must be ensured and they have specially been obligated to maintain confidentiality. They must not use information gained in the course of their activity in other processes or for other purposes. This obligation continues to apply after their activity has ended.

If interviewers are used for telephone or face-to-face surveys, their task is to help the respondents to answer the questions. The answers to the questions in the questionnaires may be provided orally to the interviewers or the survey office staff, or by electronic means or in writing.

For the written survey, the respondents receive the questionnaires, including information on how to complete them, directly from the interviewer or from the relevant survey office. If the information is provided in writing, the completed questionnaires may be given to the interviewer during the onsite, face-to-face interview or may be handed in or sent to the survey office. Please do not send the written questionnaires by electronic means as this is not a secure transmission channel.

Rights of data subjects, contact details of the data protection officers, right to lodge a complaint

Respondents whose personal data are processed have the right to request

- access and information as per Article 15 of the General Data Protection Regulation,
 - rectification as per Article 16 of the General Data Protection Regulation,
 - erasure as per Article 17 of the General Data Protection Regulation, and
 - restriction of processing as per Article 18 of the General Data Protection Regulation
- with regard to their respective personal data, or they may object to the processing of their personal data as per Article 21 of the General Data Protection Regulation.

The rights of data subjects can be claimed against any controller responsible. If the above rights are exercised, the competent public agency will check whether the relevant legal requirements are met. The person making the request may be asked to prove his or her identity before further measures are taken.

Questions and complaints concerning compliance with legal data protection rules may be addressed at any time to the official data protection commissioner of the statistical office responsible or to the competent data protection supervisory authority (Article 77 of the General Data Protection Regulation). Their contact details are available at:

<https://www.statistikportal.de/de/datenschutz>.

model questionnaire